



Resource impact statement

Resource impact

Published: 31 August 2019

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Indicator

The contractor establishes and maintains a register of:

- Patients with a clinical diagnosis of COPD before (start date), and
- Patients with a clinical diagnosis of COPD on or after (start date) whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7 between 3 months before or 3 months after diagnosis.

Introduction

Demonstration of the presence of airflow obstruction is critical to making a diagnosis of COPD, with [NICE's guidance on chronic obstructive pulmonary disease in over 16s: diagnosis and management](#) recommending spirometry. For people with a clinical diagnosis on or after 1 April 2020 the new proposed indicator incentivises a diagnosis of COPD supported by objective testing 3 months before or 3 months after initial diagnosis. The new indicator is prospective, only being applicable to new cases of COPD.

Evidence from Wales ([Fisk et al. 2019](#)) highlights that 25% of people on the COPD register had spirometry incompatible with COPD, similar data for England would be expected. Linking diagnosis and objective testing to entry onto the QOF COPD disease register aims to contribute towards a reduction in both misdiagnosis and the risk of overtreatment in people with COPD.

Resource impact

This revised indicator changes the timeframe to conduct spirometry after diagnosis from 12 months to 3 months.

No extra resource is required to conduct spirometry or maintain the register. There may be a saving from treatments avoided due to reducing misdiagnosis.

The overall resource impact of the proposed indicator is unlikely to be significant.