NICE National Institute for Health and Care Excellence

NICE

Kidney conditions: eGFR for long-term NSAID use

NICE indicator
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www.nice.org.uk/indicators/ind232

Indicator

The percentage of patients (excluding those on the CKD register) prescribed long-term (chronic) oral non-steroidal anti-inflammatory drugs (NSAIDs) who have had an eGFR measurement in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

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Rationale

Non-steroidal anti-inflammatory drugs (NSAIDs) are 1 of the most commonly prescribed drug groups in the UK and can adversely affect kidney function. Early detection of chronic kidney disease (CKD) in patients prescribed these medications long-term can help to prevent or delay progression and complications.

Source guidance

Chronic kidney disease: assessment and management. NICE guideline NG203 (2021), recommendation 1.1.20

Specification

Numerator: The number of patients in the denominator who have had an eGFR measurement in the preceding 12 months.

Denominator: The number of patients (excluding those on the CKD register) prescribed long-term (chronic) oral non-steroidal anti-inflammatory drugs (NSAIDs).

Definition: Long-term prescription is defined as 12 prescriptions in the preceding 24 months.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if measurement of eGFR is not appropriate.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level. To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator before application of personalised care adjustments. Piloting data showed an estimated 82 patients for an average practice with 10,000 patients.

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