

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE indicator validity assessment

### Indicator IND232

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.

### Importance

Considerations	Assessment
NHS England referred chronic kidney disease (CKD) as a topic for exploring possible indicators. There is a single indicator for CKD in the current 2021/2022 QOF. CKD is recognised as a risk factor for other conditions such as cardiovascular disease and identification and management of CKD has been included in data collection for the <a href="#">CVD Prevent audit</a> .	The indicator reflects a specific priority area identified by NHS England.
No data identified. This area is based on the indicator advisory committee and stakeholder's knowledge.	The indicator relates to an area where there is assumed variation in practice.  The indicator is proposed to address under-treatment.
Non-steroidal anti-inflammatory drugs (NSAIDs) are one of the most commonly prescribed drug groups in the UK and can adversely affect kidney function. Early detection of CKD in patients prescribed these medications long-term can help to prevent or delay progression and complications.	The indicator will lead to a meaningful improvement in patient outcomes.

### Evidence base

Considerations	Assessment
<a href="#">NICE's guideline on chronic kidney disease</a> (2021), recommendation 1.1.20 Monitor GFR at least annually in adults, children and young people who are taking medicines that can adversely affect kidney function, such as calcineurin inhibitors (for example, ciclosporin or tacrolimus), lithium or non-steroidal anti-inflammatory drugs (long-term chronic use of NSAIDs).	The indicator is derived from a high-quality evidence base.  The indicator aligns with the evidence base.

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### Specification

Considerations	Assessment
<p>Numerator: The number of patients in the denominator who have had an eGFR measurement in the preceding 12 months.</p> <p>Denominator: The number of patients (excluding those on the CKD register) prescribed long-term (chronic) oral non-steroidal anti-inflammatory drugs (NSAIDs).</p> <p>Exclusions: None.</p> <p>Definition: Long-term prescription is defined as 12 prescriptions in the preceding 24 months.</p> <p>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.</p>	<p>The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.</p>
<p>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 prior to application of personalised care adjustments. Piloting data showed an estimated 82 patients for an average practice with 10,000 patients.</p>	<p>The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.</p>

### Feasibility

Considerations	Assessment
<p>Data can be collected from GP systems using SNOMED coding.</p>	<p>The indicator is repeatable.</p>
<p>NHS Digital suggest the following clusters can be used: ORALNSAIDDRUG_COD CKD_COD EGFR_COD</p> <p>Similar logic is used in QOF, INLIQ, CVD Prevent, lipid management and NCD datasets.</p>	<p>The indicator is measuring what it is designed to measure.</p> <p>The indicator uses existing data fields.</p>

### Acceptability

Considerations	Assessment
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<p>The indicator denominator does not include people who use over the counter NSAIDs. This is not recorded in GP systems and there are no SNOMED codes available.</p> <p>Stakeholders raised concerns about the workload associated with this indicator. Data presented in the feedback report for piloted indicators and the report on contextual data in support of the piloted indicators (presented to IAC in June 2022) indicates an average of 82 patients per practice (10,000 population).</p>	<p>The indicator assesses performance that is attributable to or within the control of the audience</p>
<p>Data can be extracted and used to compare practice within the GP practice or with other GP practices.</p>	<p>The results of the indicator can be used to improve practice</p>

### Risk

<b>Considerations</b>	<b>Assessment</b>
<p>Stakeholders raised concerns that people using over the counter NSAIDs would be excluded from this indicator. There are currently no SNOMED codes for this so cannot be collected as part of the dataset for this indicator. The indicator advisory committee and the working group noted that an indicator on people receiving prescriptions would focus on those who use larger quantities of NSAIDs.</p> <p>Stakeholders noted different patterns of prescribing of NSAIDs that may impact on the accuracy of the definition used in the denominator. Prescribing data from the NHSBSA was extracted and analysed and suggested that the definition will capture the majority of long-term NSAID users. This definition may miss a small number of users who fall just outside this threshold or have less regular pattern of NSAID use.</p>	<p>The indicator has an acceptable risk of unintended consequences.</p>

### NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu.