NICE National Institute for Health and Care Excellence

NICE

Kidney conditions: CKD and eGFR

NICE indicator
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Indicator

The percentage of patients with a new diagnosis of CKD stage G3a–G5 (on the register, within the preceding 12 months) who had eGFR measured on at least 2 occasions separated by at least 90 days, and the second test within 90 days before the diagnosis.

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

Chronic kidney disease (CKD) is a long-term condition characterised by abnormal kidney function or structure (or both) present for more than 3 months. Having 2 eGFR tests 90 days apart helps ensure that appropriate advice, treatment and support can be provided and can help to preserve kidney function and reduce the risk of developing comorbidity. The indicator advisory committee noted that eGFR results from an acute secondary care episode should not be used to confirm the diagnosis of chronic kidney in this indicator.

Source guidance

- Chronic kidney disease: assessment and management. NICE guideline NG203 (2021), terms used in this guideline, chronic kidney disease

Specification

Numerator: The number of patients in the denominator who had eGFR measured on at least 2 occasions separated by at least 90 days, and the second test within 90 days before the diagnosis.

Denominator: The number of patients with a new diagnosis of CKD stage G3a–G5 (on the register, within the preceding 12 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 40 patients for an average practice with 10,000 patients.

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