Kidney conditions: CKD and blood pressure when ACR less than 70

NICE indicator
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Indicator

The percentage of patients on the CKD register and with an albumin to creatinine ratio (ACR) of less than 70 mg/mmol, without moderate or severe frailty, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if monitored in clinic.

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.

Rationale

Chronic kidney disease (CKD) is a long-term condition characterised by abnormal function or structure (or both). Optimal blood pressure control can slow progression of CKD and reduce the risk of cardiovascular disease. A focus on people without moderate or severe frailty allows for an individualised management approach that adjusts care according to frailty status. The General Medical Service (GMS) contract requires practices to use an appropriate tool (such as the electronic frailty index) to identity moderate and severe frailty in patients 65 years and over. It also requires secondary validation.

Source guidance

- Chronic kidney disease: assessment and management. NICE guideline NG203 (2021), recommendation 1.6.1
- Hypertension in adults: diagnosis and management. NICE guideline NG136 (2019, updated 2023), recommendations 1.4.10, 1.4.18, 1.4.20 and 1.4.22

Specification

Numerator: The number of patients in the denominator whose last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if monitored in clinic.

Denominator: The number of patients on the CKD register and with an albumin to creatinine ratio (ACR) of less than 70 mg/mmol, without moderate or severe frailty.

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 the blood pressure target 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 151 patients for an average practice with 10,000 patients.

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