NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator IND243

The percentage of patients aged 79 years or under with a history of stroke or TIA in whom the last recorded 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.

Importance

Considerations	Assessment
The NHS Long Term Plan highlights that cardiovascular disease, causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. This is the single biggest area where the NHS can save lives over the next 10 years.	The indicator reflects a specific priority area identified by NHS England.
This indicator uses a tighter blood pressure for people using home or ambulatory monitoring in line with NICE guidance. Home or ambulatory monitoring became increasingly important during the COVID 19 pandemic as it allowed people to monitor their blood pressure without having to attend clinic. NHS England report that since October 2020, the Future NHS Blood Pressure at Home programme has distributed over 220,000 additional home blood pressure monitors around England. Improvement programmes such as the UCL Proactive Care Programme are using remote monitoring to help restore routine care that has been disrupted.	
An existing indicator in 2022/23 QOF (STIA010) uses a single target for people aged 79 and under but does not apply a tighter target if home or ambulatory monitoring is used. QOF data for 2019/20 shows a national achievement rate of 79% and a national intervention rate of 74%. There is considerable variation at practice level.	The indicator relates to an area where there is known variation in practice. The indicator addresses under-treatment.
National data is not available on the number of people for whom the tighter target should be used because of home or ambulatory monitoring. However, there is concern that the increase in use of home and ambulatory monitoring could lead to substantial undertreatment if the 140/90mmHg target is used for all people with a history of stroke or TIA aged 79 and under.	

Considerations	Assessment
This indicator measures the intermediate outcome of maintaining blood pressure levels in patients with coronary heart disease aged 79 years or under. Its intent is to promote the secondary prevention of cardiovascular disease through satisfactory blood pressure control. The intermediate outcome can be achieved through lifestyle advice or the use of drug therapy.	The indicator will lead to a meaningful improvement in patient outcomes.

Evidence base

Considerations	Assessment
NICE's guideline on hypertension in adults: diagnosis and management (2019), recommendations 1.4.20, 1.4.22 and 1.4.23. This indicator is replacement to an existing indicator that the uses a target of 140/90 mmHg or less, with no tighter target when home or ambulatory monitoring is used (NM69).	The indicator is derived from a high-quality evidence base. The indicator aligns with the evidence base.

Specification

Considerations	Assessment
Numerator: The number of patients in the denominator 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 Denominator: The number of patients aged 79 years or under on the stroke or TIA register. Calculation: Numerator divided by denominator, multiplied by 100 Exclusions: None. Personalised care adjustments or exception reporting should be considered to account for situations when patients decline to have blood pressure recorded or when the target is not appropriate.	The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.
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. STIA010 QOF data for 2019/20 compared with ONS population statistics shows that an average practice with 10,000 patients would have around 122 eligible patients.	The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.

Feasibility

Considerations	Assessment
The data can be collected annually from GP clinical systems with slight adjustments to the existing business rules for QOF STIA010.	The indicator is repeatable.
Existing data can be used to search for the last recorded blood pressure reading in the previous 12 months, and whether that reading used home or ambulatory monitoring. Different targets can be applied depending on the type of monitoring.	The indicator is measuring what it is designed to measure. The indicator uses existing data fields.

Acceptability

Considerations	Assessment
The majority of stakeholders were supportive of the use of tighter targets if home or ambulatory monitoring is used, to avoid undertreatment of some patients. The committee were confident that recording of home or ambulatory readings was current practice and within the control of general practice. Some concern was raised about an increased attendance in clinic to avoid the tighter target.	The indicator assesses performance that is attributable to or within the control of the audience
Results could be used to understand national performance and compare practices. The indicator would be suitable for inclusion in an incentivised performance framework such as the Quality and Outcomes Framework.	The results of the indicator can be used to improve practice

Risk

Considerations	Assessment
No risks have been identified. This is an update to an indicator that has been used in the QOF for a number of years.	The indicator has an acceptable risk of unintended consequences.

NICE indicator advisory committee recommendation

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