

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator IND246

The percentage of patients aged 80 years or over with peripheral arterial disease in whom the last recorded blood pressure reading (measured in the preceding 12 months) is less than 145/85 mmHg if using ambulatory or home monitoring, or less than 150/90 mmHg if monitored in clinic.

Importance

| Considerations | Assessment |
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| <p>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.</p> <p>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.</p> | <p>The indicator reflects a specific priority area identified by NHS England.</p> |
| <p>A retired indicator from the 2018/19 QOF (PAD002) used a single target for people of any age but did not apply a tighter target if home or ambulatory monitoring is used. QOF data for 2018/19 showed a national achievement rate of 91% and a national intervention rate of 86%.</p> <p>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 150/90mmHg target is used for all people with peripheral arterial disease aged 80 and over.</p> | <p>The indicator relates to an area where there is known variation in practice.</p> <p>The indicator addresses under-treatment.</p> |

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| <p>This indicator measures the intermediate outcome of maintaining blood pressure levels in patients with peripheral arterial disease aged 80 years or over. 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.</p> | <p>The indicator will lead to a meaningful improvement in patient outcomes.</p> |
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Evidence base

| Considerations | Assessment |
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| <p>NICE's guideline on hypertension in adults: diagnosis and management (2019), recommendations 1.4.21, 1.4.22 and 1.4.23.</p> <p>This indicator is replacement to an existing indicator that the uses a target of 150/90 mmHg or less, with no tighter target when home or ambulatory monitoring is used (NM193).</p> | <p>The indicator is derived from a high-quality evidence base.</p> <p>The indicator aligns with the evidence base.</p> |

Specification

| Considerations | Assessment |
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| <p>Numerator: The number of patients in the denominator in whom the last blood pressure reading (measured in the preceding 12 months) is less than 145/85 mmHg if using ambulatory or home monitoring, or less than 150/90 mmHg if monitored in clinic</p> <p>Denominator: The number of patients aged 80 years or over on the peripheral arterial disease register.</p> <p>Calculation: (Numerator/denominator)*100</p> <p>Exclusions: None.</p> <p>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.</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 outside the QOF. 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 for the original indicator NM67 estimated that 30% of the peripheral arterial disease register would be people 80 years or over. QOF 2020-21 data shows a PAD prevalence of 0.59% which would equate to 46 patients in an average practice of 10,000 patients. If 30% are 80 years or over, this equates to 14 patients per practice.</p> | <p>The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.</p> |

Feasibility

| Considerations | Assessment |
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| The data can be collected annually from GP clinical systems with slight adjustments to the existing business rules for QOF PAD002. | 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 |
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| 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 as part of a quality improvement programme. However, given the potential population size, it would not be suitable for inclusion in the Quality and Outcomes Framework. | The results of the indicator can be used to improve practice |

Risk

| Considerations | Assessment |
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| 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.