

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator IND249

The percentage of patients with diabetes on the register, aged 79 years and under 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 measured in clinic.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

Importance

Considerations	Assessment
<p>The NHS Long Term Plan identifies priorities for diabetes care (Better care for major conditions, 3.81) which include supporting delivery through investment across primary care to:</p> <p>Enable more people to achieve the recommended treatment targets and reduce variation between practices and commissioning areas.</p> <p>Minimise people's risk of future complications.</p> <p>This indicator uses a tighter blood pressure target 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 specific priority areas identified by NHS England.</p>

Considerations	Assessment
<p>This indicator updates and replaces NM159 (included in QOF as DM019) which used a target of 140/80 mmHg or less for people without moderate or severe frailty. It also replaces NM218 which did not include an age limit.</p> <p>Although using a different target and no age stratification, 2021/22 QOF achievement data shows a national achievement rate for DM019 of 61.70% and the intervention rate of 55.65%.</p> <p>Please note that NHS Digital have stated data from 2021/22 may have been affected by the COVID-19 pandemic.</p>	<p>The indicator relates to an area where there is known variation in practice.</p> <p>The indicator addresses under-treatment.</p>
<p>Lowering blood pressure in people with diabetes reduces the risk of cardiovascular problems such as heart disease and stroke.</p> <p>This indicator focuses on people without moderate or severe frailty. It aims to reduce under-treatment and support better control of blood pressure in people with the greatest capacity to benefit.</p> <p>Applying universal BP target levels to all people with diabetes regardless of comorbidities may inadvertently lead to both under-treatment and over-treatment (Kearney et al. 2017).</p> <p>This indicator also aims to avoid overtreating people with moderate to severe frailty. It allows for an individualised management approach that adjusts care according to an individual's frailty status. The General Medical Service (GMS) contract requires practices to use an appropriate tool (such as the electronic frailty index) to identify moderate and severe frailty in patients 65 years and over. It also requires secondary validation.</p>	<p>The indicator will lead to a meaningful improvement in patient outcomes.</p>

Evidence base

Considerations	Assessment
<p>NICE's guideline on type 1 diabetes: diagnosis and management (2015, updated 2022), recommendation 1.13.8.</p> <p>NICE's guideline on hypertension in adults: diagnosis and management (2019, updated 2022), recommendations 1.4.20 and 1.4.22.</p> <p>This indicator replaces previous indicators that use a target of 140/80 mmHg or less, and with no tighter target when home or ambulatory monitoring is used (NM159) and uses the same target for people of all ages with no higher target for those aged 80 years and over (NM218).</p> <p>The targets in this indicator differ to those in the NICE guideline for people with type 1 diabetes and a urine albumin:creatinine ratio (ACR) of 70 mg/mmol or more. For the purpose of a pay-for-performance indicator that does not differentiate between type 1 or type 2 diabetes, a BP target level of less than 140/90 mmHg or less has been used. Stakeholders agreed that a single target irrespective of type of diabetes was acceptable for a performance measure.</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
<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 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if measured in clinic.</p> <p>Denominator: The number of patients on the diabetes register, aged 79 years and under without moderate or severe frailty.</p> <p>Exclusions: Patients aged under 17 years.</p> <p>Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if these blood pressure targets are not appropriate for them.</p>	<p>The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.</p>

Considerations	Assessment
<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. Estimates provided by the National Collaborating Centre for Indicator development (see paper 'Frailty and age stratification, a data analysis paper) highlight that 11.51% of patients aged 80 and over with no or mild frailty could be at risk of overtreatment. Comparing DM019 QOF data for 2021/22 with ONS population statistics and applying the estimates for those at risk of overtreatment shows that an average practice with 10,000 patients would have around 479 patients with diabetes, aged 79 years and under without moderate or severe frailty.</p>	<p>The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.</p> <p>Available data does suggest that the number of eligible patients per average practise would be above this minimum number.</p>

Feasibility

Considerations	Assessment
<p>The data can be collected annually from GP clinical systems with slight adjustments to the existing business rules for QOF DM019.</p>	<p>The indicator is repeatable.</p>
<p>Existing data can be used to search for the last recorded blood pressure reading in the previous 12 months in people aged 79 years and under, and whether that reading used home or ambulatory monitoring. Different targets can be applied depending on the type of monitoring.</p> <p>NHS Digital have confirmed that new business rules can be constructed to support measurement for patients with HBPM and ABPM.</p>	<p>The indicator primarily uses existing data fields.</p> <p>The indicator is measuring what it is designed to measure.</p>

Acceptability

Considerations	Assessment
<p>This indicator updates and replaces NM159 (included in QOF as DM019) which uses a target of 140/80 mmHg or less for people without moderate or severe frailty. It was supported by stakeholders at consultation.</p> <p>It further updates NM218 by including an age range. This was supported by the Indicators Advisory Committee as it was in line with NICE guidance.</p>	<p>The indicator assesses performance that is attributable to or within the control of the audience</p>
<p>Data tables for QOF achievement are published on the NHS Digital website in order to compare practice and assist in quality improvement cycles.</p>	<p>The results of the indicator can be used to improve practice</p>

Risk

Considerations	Assessment
<p>Stakeholders highlighted a potential risk relating to the inadvertent exclusion of people with diabetes who also have learning disabilities.</p> <p>A specific concern was that inaccurate coding of frailty status could lead to this population being excluded from receiving monitoring for optimum blood pressure control for their diabetes.</p> <p>The committee advised that extra care should be taken when excluding people identified to have moderate or severe frailty and particularly, people with moderate frailty.</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.