

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INDICATOR DEVELOPMENT PROGRAMME

Consultation report

Indicator area: Diabetes blood pressure targets

Consultation period: 22 March to 21 April 2022

Date of Indicator Advisory Committee meeting: 14 June 2022

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Executive summary

Overview

1. This paper presents consultation responses to 3 indicators focussed on blood pressure management in people with diabetes:
 - IND2022-122: The percentage of patients with diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.
 - IND2022-123: The percentage of patients with type 1 diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg
 - IND2022-124: The percentage of patients with type 2 or other diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.

Development

2. The indicators were proposed at the March 2022 IAC meeting to address a misalignment between a current QOF indicator and NICE guidance. Consultation started in March 2022.

Potential benefits

3. The current QOF indicator target of 140/80 mmHg does not match NICE guidance for type 1 or type 2 diabetes.

Validity concerns

4. Stakeholders have raised concerns that the indicators exclude people with a learning disability and do not reflect tighter targets when people have signs of kidney disease.
5. In May 2022, an exceptional update decision was made in relation to [NICE's guideline on type 1 diabetes](#) to ensure consistency with recommendations in [NICE's guideline on chronic kidney disease](#). If progressed, indicator 2022-123 may need to be amended to use a higher target of below 140/90 mmHg potentially making separate indicators unnecessary.

Committee decision

6. The committee is asked to approve publication of the indicators on the NICE menu as suitable for use in the QOF. The blood pressure target for type 1 diabetes will be amended if the NICE guidance does change.

General comments

- General support for these indicators.
- Stakeholders emphasised the importance of combining health checks into the same appointment is an important resource consideration.
- Stakeholders noted the need to specify how frailty will be determined. this term is sometimes mistakenly applied to people with a learning disability. Excluding people with 'moderate' or 'severe' frailty may lead to the misassumption that people with a learning disability should be excluded.
- May be more difficult to ensure that people with a learning disability and autistic people are included on a practical level; this could mean that the entire patient group does not actually receive the care.

IND 2022-122: Blood pressure target for all types of diabetes

The percentage of patients with diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.

Rationale

Lowering blood pressure in people with diabetes reduces the risk of cardiovascular problems such as heart disease and stroke. A focus on people without moderate or severe frailty aims to reduce under-treatment and support better control of blood pressure in people with the greatest capacity to benefit.

This indicator is a minor update to existing NICE indicator NM159 (included in QOF as DM019) that uses a target of 140/80 mmHg. Amending the target to 'less than 140/90 mmHg' matches NICE guidance on diabetes for people aged under 80 with type 2 diabetes and has been chosen for the purposes of a performance measure that does not differentiate between type 1 or type 2 diabetes, or age.

Summary of consultation comments

- Support for the change, with alignment to NICE guidelines welcomed to help resolve possible confusion in practice.
- A lower target of less than 130/80 mmHg should be used for people with chronic kidney disease and ACR of 70 or more.
- Reasonable adjustments are needed when taking readings, to ensure that people with diabetes and a learning disability who find having their blood pressure taken difficult or stressful are not excluded.

Considerations for the advisory committee

The committee is asked to consider whether a single target of 140/90 mmHg risks undertreatment in people with diabetes and kidney disease. NICE guidance recommends a target of 130/80 mmHg when ACR is 70 mg/mmol or more.

IND 2022-123: Blood pressure target for people with type 1 diabetes

The percentage of patients with type 1 diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg

Rationale

Lowering blood pressure in people with diabetes reduces the risk of cardiovascular problems such as heart disease and stroke. A focus on people without moderate or severe frailty has been included in line with existing NICE indicator NM159 (included in QOF as DM019). The aim is to reduce under-treatment and support better control of blood pressure in people with the greatest capacity to benefit.

Summary of consultation comments

- Some support for the indicator, with stakeholders highlighting alignment with [NICE's guideline on type 1 diabetes](#), however it was suggested that a lower target of less than 130/80 mmHg should be used for some people with kidney disease.
- One stakeholder suggested that a target of 140/90 mmHg should be used for people with type 1 diabetes to help avoid confusion in primary care.
- An additional indicator using a target of 150/90 mmHg may be useful for people with type 1 diabetes and moderate or severe frailty.

Specific question included at consultation

NICE's guideline on hypertension recommends using clinical judgement when setting treatment targets for people with frailty; NICE's guideline for type 1 diabetes does not reflect this recommendation. Should this indicator include all people with type 1 diabetes irrespective of frailty?

One stakeholder responded, and agreed that people with type 1 diabetes and moderate or severe frailty should not be included, due to the complications they may experience if their blood pressure is lowered beyond the maximum tolerated.

Considerations for the advisory committee

The committee is asked to consider:

- The risk of undertreatment in people with kidney disease.

- [NICE's guideline on type 1 diabetes](#) does not explicitly recommend adjusting blood pressure targets because of the presence of moderate or severe frailty.

IND 2022-124: Blood pressure target for people with type 2 or other diabetes

The percentage of patients with type 2 or other diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.

Rationale

Lowering blood pressure in people with diabetes reduces the risk of cardiovascular problems such as heart disease and stroke. A focus on people without moderate or severe frailty has been included in line with existing NICE indicator NM159 (included in QOF as DM019). The aim is to reduce under-treatment and support better control of blood pressure in people with the greatest capacity to benefit.

Summary of consultation comments

- General support for this indicator.
- A lower target of less than 130/80 mmHg should be used for some people with kidney disease.
- Support for excluding people with type 2 diabetes and moderate or severe frailty due to the complications they may experience if their blood pressure is lowered beyond the maximum tolerated.
- People with frailty need a more individualised plan, which supports ensuring that all the benefits outweigh all the risks.

Considerations for the advisory committee

Before progressing this indicator to the NICE menu, the committee is asked to consider the risk of undertreatment in people with diabetes and kidney disease.

Appendix A: Consultation comments

General comments

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
001	General	Kidney Research UK	<p>We strongly advocate inclusion of an indicator for annual monitoring for moderately raised albuminuria in all people with diabetes (see NG18 1.2.119 and 1.3.42 for children and young adults; NG 203 1.1.21 for adults). Diabetes is the commonest cause of end-stage kidney failure in the UK: detection of albuminuria should trigger additional preventive treatment; and repeated audits have shown failure to test for albuminuria in large numbers of people with diabetes in the UK.</p> <p>In 2017 we published a joint statement with Diabetes UK. The statement sets out the close link between diabetes and kidney disease and the life-threatening impact of kidney disease on diabetes patients. We believe much more needs to be done to monitor diabetes patients and prevent them developing renal failure.</p>	<p>Thank you for your comments.</p> <p>Thank you for your comment. NICE menu indicators NM59 and CCG70 measure the percentage of patients with diabetes who have a record of urine ACR in the preceding 12 or 15 months</p>

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
002	General	NHS England & Improvement (NHSE&I): Learning Disability and Autism Programme	For people with a learning disability, the importance of understanding the context of their general health, how it is progressing, the importance of a holistic annual health check. In relation to all the indicators (and not just for people with a learning disability): important that the checks are done together rather than in multiple health appointments.	Thank you for your comment.
003	General	NHSE&I: Learning Disability and Autism Programme	It might be practically more difficult to ensure that people with a learning disability and autistic people are included and so a risk that they are left out of the denominator: which would in turn create an appearance that care of whole patient group is being given. Very important that all the denominators do not inadvertently exclude people.	Thank you for your comment. No population groups are excluded from the denominator
004	General	NHSE&I: Learning Disability and Autism Programme	Cross reference to NICE guidance on learning disability and autism to make sure the indicator is inclusive. This applies to all of the proposed indicators. There needs to be accessible appointment letters.	Thank you for your comment. The importance of accessibility is highlighted in the equality impact assessment.

005	General	Royal College of General Practitioners (RCGP)	<p>Background information</p> <ul style="list-style-type: none"> The RCGP is calling for an independent review of contractual requirements, such as the Quality Outcomes Framework (QOF). Reforming contractual requirements such as QOF will not only enable high-trust environments that encourage quality improvement processes and professional judgement, rather than top-down edicts which perversely incentivise tick-box approaches to medicine. A focus on patients, especially those who are more disadvantage, not targets is essential. We need an independent review of how to better ensure vulnerable patients get the care they need without resorting to some of the box ticking exercises in the current Quality Outcomes Framework (QOF). The problems that were identified linked to health inequalities during the COVID19 pandemic suggest to us that a careful review of the model and its impact and value is overdue – as is the fundamental need to prioritise workload over the next couple of years with significant, varied waiting times for care and delays in review. <p>It is important that patients get appointments when they need them or when their GP feels it is</p>	<p>Thank you for your comment.</p> <p>NICE has no role in the negotiations for QOF.</p> <p>The committee has previously discussed the feasibility of indicators specifically focussed on review of women of child-bearing age who are prescribed valproate. Denominator numbers on average are too small to be suitable for use in the QOF. However, the committee agreed that the NICE team are to explore the value of an indicators for use outside the QOF.</p> <p>The suggestion to develop indicators focused on chronic fatigue syndrome has been shared with NHS England.</p>
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ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
			<p>clinically appropriate to reach out to them. Unfortunately, the current QOF system incentivises check-ups based on a strict artificial calendar determined nationally, rather than on the needs of individual patients. In Scotland they have managed to maintain high standards of care and put greater faith in patients and clinicians to make judgements. Learning from models across the UK should form part of a review into the ideal model for England</p> <p>In view of the safety issues surrounding Valproate, we are surprised that there is not a quality indicator being considered for review of females of child bearing age who are prescribed valproate and wonder whether this should be considered (both for people with epilepsy and those given valproate for another reason).</p> <p>In view of the recent ME CFS guidance and the need for increased capacity of appointments in primary care, we are surprised that this is not considered as one of the indicators for QOF</p>	
006	General	Royal College of Physicians	The RCP is supportive of the proposed indicators for blood pressure targets in people living with diabetes.	Thank you for your comment.

IND 2022-122: The percentage of patients with diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
007	IND 2022-122	NHSE&I: CVD Prevention Team	This needs to be aligned with existing NICE guidance as suggested – currently GPs are expected to treat to a BP target lower than in NICE guidance	Thank you for your comment. This indicator, with its revised target, has been progressed.
008	IND 2022-122	NHSE&I: Learning Disability and Autism Programme	'Frailty' needs a definition in the indicator as it has potential impact upon equality. 'Frailty' is sometimes wrongly ascribed to all people with a learning disability so the exclusions of 'moderate' and 'severe' frailty could lead to a mis-assumption that some or all people with a learning disability should be excluded from the indicator. Would it be more useful to talk about multi- morbidity rather than 'frailty' or give detail about what you mean by 'frailty'. This comment will apply to other indicators where 'frailty' is used.	Thank you for your comment. The identification of frailty is aligned to the requirements on general practice as part of the GP contract.

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
009	IND 2022-122	NHSE&I: Learning Disability and Autism Programme	Type 2 diabetes is very prevalent in the learning disability population. Some people with a learning disability may find it difficult// stressful to have their BP taken. Need for reasonable adjustments for doing the readings to ensure that nobody is excluded on the basis of any difficulty.	Thank you for your comment. Increased prevalence of type 2 diabetes among people with learning disabilities and the need for reasonable adjustment when taking readings is highlighted in the indicator's equality impact assessment.
010	IND 2022-122	NHSE&I: Learning Disability and Autism Programme	In deciding appropriate measurements for individuals, need to understand that people with a learning disability are more likely to have multiple co-occurring conditions which may have a bearing on baseline BP measures.	Thank you for your comment. The indicator specification highlights that consideration should be given to the use of personalised care adjustments.
011	IND 2022-122	Primary Care Cardiovascular Society	This needs to be aligned with existing NICE guidance as suggested – currently GPs are expected to treat to a BP target lower than in NICE guidance. Alignment of targets will aid practice as the differences often cause confusion. Should type 1 diabetes be excluded (IND 2022 – 123 see below). Personalised care adjustments should be used to set individualised BP targets for people with frailty.	Thank you for your comment. This indicator has been progressed.

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
012	IND 2022-122	RCGP	<p>We support this indicator to bring it in line with current guidance Q1 None identified Q2 None identified Q3 None identified Q4 None identified</p> <p>Exclusions should include those on maximum tolerated antihypertensive treatment.</p>	<p>Thank you for your comment.</p> <p>The indicator specification highlights that consideration should be given to the use of personalised care adjustments.</p>
013	IND 2022-122	UK Kidney Association	<p>Reasonable assuming the blood pressure reading is random and not standardised. However many Nephrology guidelines recommend a non-standardised blood pressure target of 130/80 mmHg or less if UACR more than 3 mg/mmol (which I believe is consistent with the evidence). This needs to map on to albuminuria – a substantial proportion of individuals with diabetes have a very high ACR and lower blood pressure targets should be in place for this group.</p>	<p>Thank you for your comment.</p> <p>Separate indicators are being developed that focus on blood pressure in people with kidney disease.</p>
014	IND 2022-122	Individual comment - GP	<p>BP target for all patient with diabetes without moderate and severe frailty should be less than 140/90 (instead of 140/80). This target of less than 140/90 aligns with NICE guidelines for DM and HTN.</p>	<p>Thank you for your comment.</p> <p>This indicator, with its revised target, has been progressed.</p>

IND 2022-123: The percentage of patients with type 1 diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg.

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
015	IND 2022-123	Primary Care Cardiovascular Society	<p>It is not helpful to have indicators that do not align with NICE guidance. If there is a reason for the lower targets to be included in NICE, then this should be reflected in the indicators NICE recommend blood pressure target of at 135/85 mmHg for adults with type 1 diabetes. If they have albuminuria or 2 or more features of metabolic syndrome, recommend blood pressure management at 130/80 mmHg.</p> <p>Personalised care adjustments should be used to set individualised BP targets for people with frailty</p>	<p>Thank you for your comment.</p> <p>This indicator has not been progressed to publication because of poor quality in coding of type of diabetes.</p>
016	IND 2022-123	RCGP	<p>Q1 None identified Q2 None identified Q3 None identified Q4 None identified</p>	<p>Thank you for your comment.</p> <p>This indicator has not been progressed to publication because of poor quality in coding of type of diabetes.</p>

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
017	IND-2022-123	Individual comment - GP	BP target in T1DM. I would suggest to keep it as 140/90 instead of 135/85. Reasons it will be aligned with T2DM and HTN guidelines and would create less confusion in primary care regarding HTN management targets. I would suggest target for T1DM with moderate to severe frailty to be 150/90 like T2DM too.	Thank you for your comment. This indicator has not been progressed to publication because of poor quality in coding of type of diabetes.

Question 15: NICE’s guideline on hypertension recommends using clinical judgement when setting treatment targets for people with frailty; NICE’s guideline for type 1 diabetes does not reflect this recommendation. Should this indicator include all people with type 1 diabetes irrespective of frailty?

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
018	IND 2022-123	RCGP	We support the indicator in its current form. This indicator should not include all people with type 1 diabetes irrespective of frailty as it is important to exclude this population of patients due to the complications that occur with lowering blood pressure below the maximum tolerated. Patients with frailty need a more individual care plan looking at making sure all the benefits outweigh the risks.	Thank you for your comment.

IND 2022-124: The percentage of patients with type 2 or other diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.

ID	Proforma question no.	Stakeholder organisation	Comment	NICE response
019	IND 2022-124	Primary Care Cardiovascular Society	Personalised care adjustments should be used to set individualised BP targets for people with frailty	Thank you for your comment. This indicator has not been progressed to publication because of poor quality in coding of type of diabetes.
020	IND 2022-124	RCGP	<p>Q1 None identified Q2 None identified Q3 None identified Q4 None identified</p> <p>We support the indicator in its current form. This indicator should not include all people with type 2 diabetes irrespective of frailty as it is important to exclude this population of patients due to the complications that occur with lowering blood pressure below the maximum tolerated. Patients with frailty need a more individual care plan looking at making sure all the benefits outweigh the risks.</p>	Thank you for your comment. This indicator has not been progressed to publication because of poor quality in coding of type of diabetes.