

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Diabetes mellitus

Recommended Indicator:

The percentage of patients with diabetes with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes or previous ulcer) or 4) ulcerated foot within the preceding 15 months

Background

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2010 to consider information on the prioritisation of potential indicators for inclusion in the NICE menu for 2012/13. This included results of the NICE-led public consultation, results from indicator development and pilot feedback, cost effectiveness evidence and equality impact assessment. This report is taken from the full unconfirmed minutes of this two day meeting.

QOF Indicator Advisory Committee recommendations

Wording of the piloted indicator presented to the June 2010 AC:

The percentage of patients with diabetes with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3)

high risk (neuropathy or absent pulses plus deformity or skin changes or previous ulcer) or 4) ulcerated foot within the preceding 15 months

The NICE QOF programme team presented this summary of the briefing report to the Committee:

There was overall agreement with inclusion of this indicator, that it is linked to improved patient outcomes and support improvements in diabetes related foot-care. Stakeholders commented the indicator did not present any significant barriers to implementation, have no unintended consequences or have the potential to impact unevenly.

The indicator was considered to be a more useful indicator than the existing diabetes QOF indicators (DM 9 and DM 10) for foot assessment as it indicates clinical risk. Some stakeholders suggested that the detail of risk assessment is more appropriate for formal podiatry services and/or this indicator could lead to potential duplication. However, one stakeholder commented that the indicator could help to direct podiatry resources to those who need them most and has the potential to help protect the most vulnerable.

The overall recommendation of the NICE External Contractors (NEC) was that there is a high degree of confidence that there are no major uncertainties identified from the pilot that would preclude the indicator from being recommended for publication on the NICE menu of indicators.

The NEC stated that this indicator had the potential to be cost effective since it changes the availability of information available to the treating clinician in a disease where there is a proven therapy.

Cost effectiveness analysis would involve a number of assumptions. The NEC stated that the cost-effectiveness of this indicator is currently unclear, but this did not mean that it is poor value for money, but rather that new studies are required to produce the data needed to determine its cost-effectiveness.

Threshold analysis suggested that this indicator could be cost effective across a range of points and thresholds.

A part two session in accordance with the Public Order Act of 1960 was declared. The minutes of the part two session are presented below:

The Committee discussed issues relating to where the foot risk assessment takes place and whether this would place a burden on podiatry services. However, the Committee agreed that the question of where risk stratification is performed is for practices to decide and that in many general practices foot risk stratification does take place within the practice. The Committee noted the results of the pilot which suggested that foot sensation testing was mostly carried out by practice staff.

QOF Indicator Advisory Committee final recommendation

The Committee recommended that this indicator should be published on the NICE menu of indicators for consideration for the QOF, and that this indicator should replace indicator DM10.