

Quality and Outcomes Framework Programme

NICE cost impact statement

July 2010

Indicator area: Mental health

Indicator NM21

The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months

Introduction

This statement provides a high level budget impact discussion for one indicator relating to mental health for the 2012/13 NICE menu of indicators for QOF. This indicator is intended to replace the 2009/10 QOF indicator MH 4, with a change in the timeframe from 15 months to 9 months.

MH 4. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 15 months

The NICE clinical guideline on bipolar disorder (2006) recommends that practitioners should check thyroid function (thyroid-stimulating hormone [TSH] levels) every 6 months and renal function (serum creatinine levels) every 6 months, and more often if there is evidence of impaired renal function. The timeframe of this indicator has therefore been shortened from 15 months to 9 months to bring it more closely in line with NICE guidance.

Cost implication

The unit cost of laboratory tests for serum creatinine and TSH were estimated at £1.34 each, based on 2008–09 reference costs code DAP841 (Department

of Health 2010). Based on the denominator for QOF indicator MH 4 in 2008/09, the number of eligible patients for thyroid and renal function tests was estimated at 53,485 (NHS Information Centre 2009). The proposed replacement indicator for MH 4 applies to a relatively small number of people and the cost of additional laboratory tests will be minimal.

This indicator is intended to bring the frequency of testing more closely in line with NICE guidance, which is twice in the 12-month period. The current indicator requires testing to be done only once in the 12-month period.

Based on full achievement levels, the annual cost of implementing this indicator is between £143,500 (testing once in the 12-month period) and £287,000 (testing twice in the 12-month period). The incremental cost of implementing a change in the timeframe from 12 to 6 months is estimated at £143,500. The NICE clinical guideline on bipolar disorder was published in 2006 and it is reasonable to assume that some practices may already be monitoring serum lithium levels routinely every 6 months. Depending on current practice, the cost of implementing this indicator may be lower. Assuming that half of practices are currently checking at 6-month intervals, the cost of additional laboratory tests for this indicator would be £72,000.

It is assumed that for most of the target population it will be possible to achieve the new indicator on an opportunistic basis without the need for additional GP attendances. Unpublished data provided by the NHS Information Centre indicates that approximately 80% of individuals with a record of psychosis, schizophrenia or bipolar affective disorder in their record and who were available in their practice, attended their GP practice for a consultation on at least four occasions in a given year. It may be necessary to spend time contacting those patients who are not in regular contact with their GP, and individual practices may incur costs through sending out letters and contacting patients by telephone. Additional practice nurse time may also be incurred.

Conclusions

The replacement indicator for MH 4 applies to a relatively small number of people and the cost of additional laboratory tests will be minimal. There may be some additional costs in laboratory testing and additional practice nurse time resulting from increased frequency of tests but this will depend on current practice in relation to the NICE clinical guideline on bipolar disorder that was published in 2006.

Related QOF indicators

National level results for 2008/09 for the current QOF indicator (NHS Information Centre 2009)

Current QOF indicator	Numerator	Denominator	Underlying achievement
MH 4. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 15 months	52,068	53,485	97%

References

National Institute for Health and Clinical Excellence (2006) Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care. NICE clinical guideline 38. London: National Institute for Clinical Excellence. Available from www.nice.org.uk/guidance/CG38

NHS Information Centre (2009) QOF 2008/09 results: England level QOF tables 2008/09 – clinical tables 2008/09 [online]. Available from www.qof.ic.nhs.uk

Department of Health (2010) NHS reference costs 2008/–09 [online]. Available from: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591