

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Mental health

Recommended Indicator:

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

Background

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2010 to consider the results of a review of a number QOF indicators. This report is taken from the full unconfirmed minutes of this two day meeting and presents the AC's considerations and recommendations following a review of the 2009/10 QOF indicator MH4.

QOF Indicator Advisory Committee recommendations

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

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

The Committee was presented with the conclusions of the expert review of this indicator.

The NICE External Contractors (NEC) discussed a recent alert from the National Patient Safety Agency (NPSA) regarding lithium monitoring.

The Committee asked if the data from NPSA could have occurred in a primary care setting. NEC said there was no data on which clinical setting the incidents had come from.

The NEC advised the Committee that in most instances lithium would have been prescribed to the patient in primary care, thus prevention of incidents as reported by NPSA could be best achieved through regular monitoring in general practice.

The Committee noted that this was an indicator that it had previously recommended to be retired, at higher risk, from the QOF on the basis of high achievement, low variation and low exception reporting. However, the Committee agreed that the QOF should be flexible to changes in the evidence base and be able to respond to changes appropriately and in a timely manner.

The Committee agreed that this indicator should not be retired from the QOF in light of the NPSA alert.

The Committee also considered changing the interval from 15 months to 6 months. However, it felt that, although this would be the aim in clinical practice, this would not be feasible as a QOF indicator. The Committee agreed that the interval should be reduced to every 9 months to bring the indicator closer in line the NICE guidelines. It was noted that this would be consistent with other indicators where a three month period was added to allow for patients being late for appointments or patients whose latest reading is unexpectedly abnormal and who need some remedial action.

QOF Indicator Advisory Committee final recommendation

The Committee recommended that MH4 should not be retired from the QOF in light of data from the NPSA alert.

The Committee recommended that the time interval for MH4 be changed from 15 months to 9 months.