

Quality and Outcomes Framework Programme

NICE cost impact statement

July 2010

Indicator area: Mental health

Indicator IND87

The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 4 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 5, with a change in the timeframe from 6 months to 4 months.

MH 5. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months

The NICE clinical guideline on bipolar disorder (2006) recommends that for patients with bipolar disorder on lithium treatment, prescribers should monitor serum lithium levels normally every 3 months. In light of the NICE guidance, the timelines in MH 5 have been changed from 6 months to 4 months.

Cost implication

The unit cost of a laboratory test for serum lithium concentration was estimated at £2.74, based on the economic model used in the NICE clinical guideline on bipolar disorder (2006). Based on the denominator for QOF

indicator MH 5 in 2008/09, the number of eligible patients for serum lithium concentration was estimated at 50,045 (NHS Information Centre 2009). The proposed replacement indicator for MH 5 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 four times in the 12-month period. The current indicator requires testing to be done three times each year.

Based on full achievement levels, the annual cost of implementing this indicator is between £374,000 (testing 3 times a year) and £499,000 (testing at 4 times a year). The incremental cost of implementing a change in the timeframe for frequency of testing from 3 to 4 times in 12 months is estimated at £125,000. 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 3 months. Depending on current practice, the cost of implementing this indicator may be lower.

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 are 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 intended replacement indicator for MH5 applies to a relatively small number of people and the cost of additional laboratory tests will be minimal. There may be some additional costs for laboratory tests 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 5. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months | 45,546 | 50,045 | 91% |

References

National Institute for 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