

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Diabetes

Recommended Indicator:

The percentage of patients newly diagnosed with diabetes in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months of entry on to the diabetes register

Background

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2011 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 2011 AC:

The percentage of patients newly diagnosed with diabetes (as of 1 October 2010) who have a record of being referred to a structured education programme within 3 months of entry on to the diabetes register

The Committee discussed the NEC suggestion that the timeframe for the structured education indicator be amended from 3 months to 9 months, to take into consideration the differing expected time frames and minimum waits for referral into structured education programmes for different types of diabetes.

The Committee expressed reservations that this would result in a 100% achievement rate in the first year, as a 9 month achievement timeframe alongside the 3 month grace period QOF allowed for new diagnoses would, in practice, mean it was automatically counted.

The NEC explained that the 9 months would count from the date of diagnosis and that the business rule set could be written up in a way to ensure back-year capture. The Committee Chair suggested that if the Committee was clinically happy with the timeframe the NHS IC would be able to technically specify the indicator in the business rules as proposed.

The Committee discussed accessibility of the DESMOND and DAFNE programmes, and noted that the development feedback suggested 40% of practices did not have access to local DESMOND schemes and the figure was higher for access to DAFNE. The Committee was reminded that the availability of services could not preclude Committee recommendations on indicators for progression for inclusion on the NICE menu of indicators for the QOF. It was suggested that the issue of availability of DESMOND/DAFNE services could be addressed in the indicator guidance. The Committee noted a large proportion of practices stated that they provided in house structured education led by a well trained practice nurse but if DESMOND/DAFNE was available locally, most would have preferred to refer to those services.

QOF Indicator Advisory Committee final recommendation

The Committee recommended that this indicator be progressed for inclusion on the NICE menu for consideration for QOF as it was agreed that the indicator was feasible and based on good evidence. It was recommended

that the lack of availability of structured education programmes such as DESMOND and DAFNE be addressed in the indicator guidance.