## NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

# **Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations**

Indicator area: Smoking

#### Recommended Indicator:

The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who smoke whose notes contain a record of an offer of support and treatment within the preceding 15 months

### **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 with any or any combination of the following conditions: coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or

other psychoses who smoke whose notes contain a record of an offer of support and treatment within the previous 15 months.

The Committee discussed the age range specified in the indicators and agreed that a lower age range of 15 was appropriate, but that in relation to asthmatics it should remain at 14. The Committee agreed that the timeframe of 27 months was correct for indicators which were delivered to an entire GP practice population. The Committee also agreed that records 23 should remain and form the register indicator for the GP practice population indicator.

The NEC stated that existing smoking indicators relating to chronic diseases (indicators 3 and 4) have plateaued over the last four years and the Committee discussed whether these should be retired. However, the Committee noted that there may be additional benefits to this patient group that go beyond the benefits that are accrued in the general population.

#### **QOF Indicator Advisory Committee final recommendation**

The Committee recommended that indicators 3, 4 and 6 be progressed for inclusion on the NICE menu for consideration for QOF. The Committee recommended piloted indicators 3 and 4 replace the existing indicators SMOKE 3 and SMOKE 4.