NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health and Social Care Directorate

Indicator Process Guide

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Please note that this is an interim factual update to the NICE Indicator Process Guide. A full review of the guide will be carried out in 2018 following the outcome of discussions about the QOF.

About this guide

This guide describes the process NICE uses to develop indicators from NICE quality standards, NICE guidance and NICE accredited sources.

This is an interim update to the Indicators Process Guide (originally published in April 2014)

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First issued April 2014 – This is an interim update. A full review of the Process Guide is anticipated to be carried out in 2018.

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Introduction

About NICE

The National Institute for Health and Care Excellence (NICE) is the independent body responsible for driving improvement and excellence in the health and social care system. We develop guidance, standards and information on high-quality health and social care. We also advise on ways to promote healthy living and prevent ill health.

Our aim is to help practitioners deliver the best possible care and give people the most effective treatments, which are based on the most up-to-date evidence and provide value for money, in order to reduce inequalities and variation.

Our products and resources are produced for the NHS, local authorities, care providers, charities, and anyone who has a responsibility for commissioning or providing healthcare, public health or social care services.

To find out more about what we do, visit our website: www.nice.org.uk and follow us on Twitter: @NICEComms

1 The NICE Indicator Programme

1.1 What is an indicator?

Indicators can describe the quality of care for a group of patients, service users or a whole population and are compiled from data that has been recorded about particular aspects of their care.

Indicators can describe structures, processes or outcomes of care.

Table 1 Types of indicators

Type	Characteristics	Example
Structure	May relate to the characteristics that enable the system's ability to meet care needs.	The proportion of patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit.
Process	May relate to actions or activities that are undertaken.	The proportion of hip fracture patients who receive surgery on the day of, or the day after, admission.
Outcomes	May relate to changes in health status or quality of life for individuals or populations, but may also relate to wider outcomes such as satisfaction or experience of people using services, changes in knowledge and changes in behaviour.	Mortality rates in the 12 months following admission to hospital for heart failure.

Indicators can be used for different purposes. Some may be designed for judgement and so need a precise indicator specification, for example public assessment of the performance of individuals or organisations. Other indicators may be intended for improvement activity and a less precise specification may

be needed, for example, when used by individual organisations alongside a range of other information to inform and evaluate quality improvement activities.

1.2 What is a NICE indicator?

NICE indicators generally measure outcomes that reflect the quality of care or processes linked by evidence to improved outcomes. Outcomes are ideally, but not always, related to NICE quality standards. Process indicators are evidence-based and underpinned by NICE quality standards, NICE guidance or NICE accredited guidance.

NICE quality standards will be used to focus on developing outcome measures that represent the overall quality of care in an area. These will then be supported by a number of evidence-based process measures that are strongly linked to outcomes.

Indicators from the NICE programme differ from quality measures within NICE quality standards because they have been through a formal process of testing against agreed criteria to ensure they are appropriate for national comparative assessment. Quality measures are not formally tested and are often intended to be adapted for use at a local level for local quality improvement. The term ‘NICE indicator’ is used in this guide to describe outputs of this formal process.

1.3 Components of a NICE indicator

A NICE indicator is usually made up of the following:

- a denominator, describing the target population included in an indicator
- a numerator, describing the number of people in the denominator who have the specified intervention, treatment or outcome
- a description of the inclusions, exclusions and exceptions.

Other elements of a NICE indicator may be:

- a short and long indicator title

- a detailed overview of the indicator, which includes:
  - a description of the purpose of the indicator
  - the reasoning for the indicator
  - reporting mechanisms
  - links to further information
- a cost-effectiveness and resource–impact analysis.

1.4 How NICE indicators are used

NICE indicators are published in menus of indicators and may be used in a number of different settings to support high-quality care. This may include:

- measuring the quality of care and outcomes for local communities and defined populations
- comparing quality of care and outcomes in general practice
- supporting financial incentive schemes (for example, the Quality and Outcomes Framework [QOF]).
- informing commissioning decisions

1.5 Key principles and activities of the NICE Indicator Programme

NICE operates the Indicator Programme according to its core principles. These include using:

- a comprehensive evidence base (as described by NICE quality standards, NICE guidance and NICE accredited guidance)
- independent advisory committee
- input from experts, patients, service users and carers
- transparent processes and decision-making
- public consultation
- effective dissemination and implementation
- regular review.

The key activities of the NICE Indicator Programme are to:

- produce indicators as part of a menu of indicators that measure the delivery of safe, effective and cost-effective care and services, based on NICE quality standards, NICE guidance or NICE accredited guidance
- identify how indicators can be used to improve outcomes, including quality of life and satisfaction with care and experience
- give stakeholders and respondents (including the public) an opportunity to contribute through an inclusive, open and transparent consultation process
- consider the resource impact of indicators
- consider the equality impact of indicators
- consider the sustainability of indicators
- regularly review and update indicators
- align with other national quality initiatives
- ensure indicators are assured via the Indicator Assurance Service and held within the National Library of Quality Assured Indicators, both hosted by NHS Digital.

2 Who is involved in developing NICE indicators?

2.1 The NICE Indicator advisory committees

2.1.1 Membership of the committees

The NICE indicator advisory committee comprises members with a range of expertise who are independent of NICE. They include GPs, commissioners, primary and secondary care health professionals, lay members, researchers, public health specialists and care quality improvement experts.

For a list of committee members and terms of reference see the indicator advisory committee on the NICE website.

2.1.2 How committee members are appointed

The committee chairs and members are recruited through open public advertisement. They are appointed in line with the NICE policy on recruitment to advisory bodies.

2.1.3 The role of the committees

The role of the committee is to:

- assist in prioritising potential indicators and topics for further development
- review results of testing or piloting, consultation, equality impact and cost-effectiveness analysis
- recommend indicators for publication on the NICE menu
- review existing indicators.

For the full details of the role of the Committees see the terms of reference for the NICE indicator advisory committees.

2.2 NICE teams

2.2.1 NICE indicator team

The NICE indicator team is responsible for:

- managing the prioritisation process for the development of new indicators before committee decisions
- helping drafting potential indicators
- preparing briefings for committee, containing evidence and commentaries on indicators
- analysing and presenting the results of public consultation
- commissioning cost-effectiveness reports if appropriate
- commissioning and quality-assuring the results of indicator testing and piloting
- preparing committee minutes for publication
- producing the reasoning behind indicators and guidance to be published alongside new indicators on the NICE website
- ensuring NICE's published process and methods for developing indicators are followed in line with agreed timelines and standards of quality.

The NICE indicator team is committed to improving practice and methods by regularly reviewing and evaluating its processes and methods.

2.2.2 Public Involvement Programme (PIP)

The PIP supports the recruitment of lay members to the committee and supports lay members during the indicator development process. The PIP also encourages patient organisations and service users to comment during consultation on the indicators.

2.2.3 Adoption and impact team

The adoption and impact team collate published information on uptake of guidance, support national partnerships to identify expected uptake, and monitor available information on achievement against indicators nationally as they become available. This information is used in turn to inform the implementation programme.

2.2.4 Resource impact assessment team

The resource impact assessment team considers the budget impact of the changes needed to improve against indicators at a national level. The team identifies potential costs and savings and highlights indicators that may be particularly useful for commissioners.

2.3 Other organisations

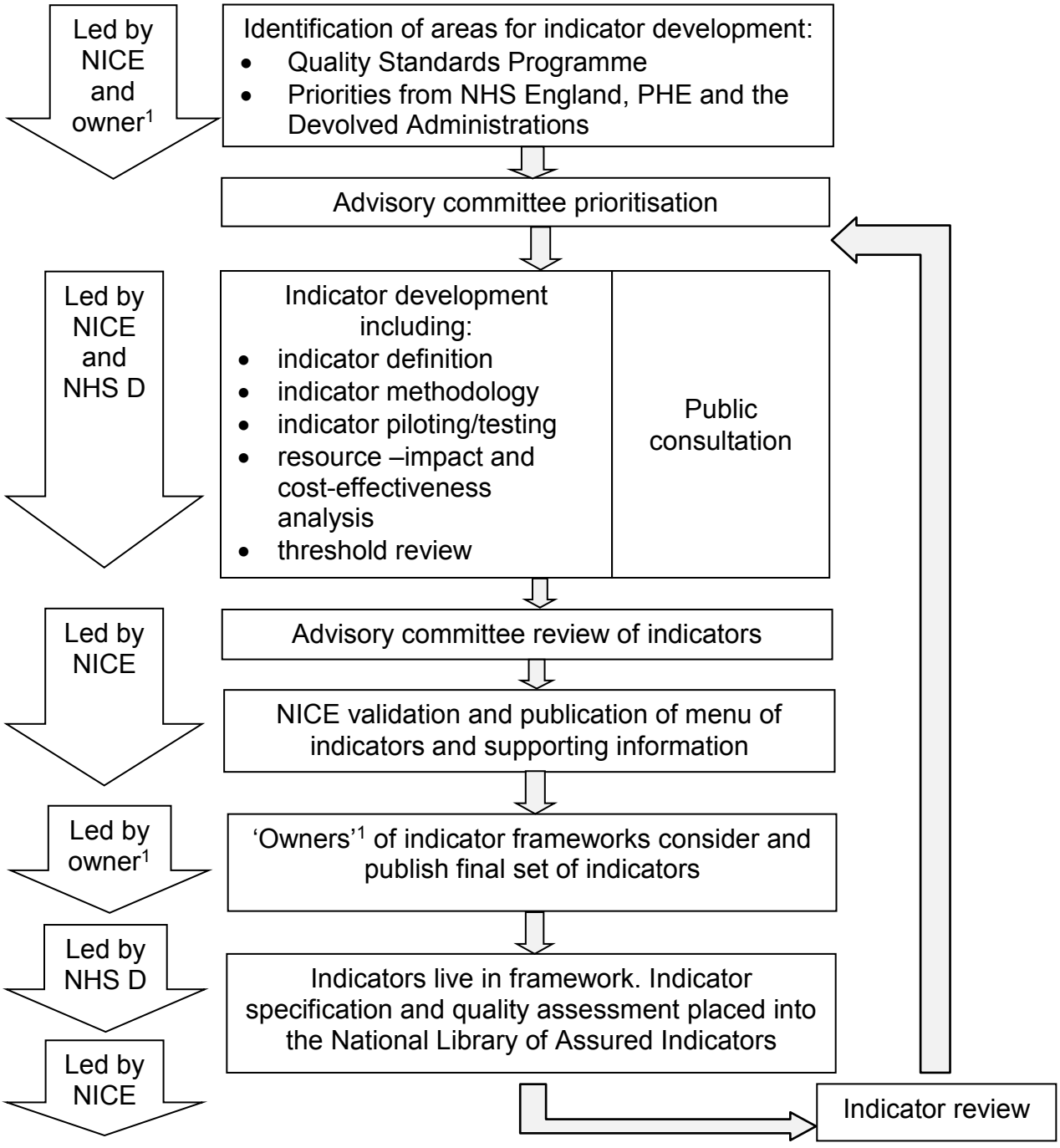
NICE works closely with many professional, NHS and public sector organisations, including those representing patients, service users and carers. Key partners in the Indicator Programme include NHS Digital, the National Collaborating Centre for Indicator Development (NCCID), NHS England, Public Health England (PHE) and the devolved administrations in Northern Ireland and Wales.

- NHS Digital works with NICE to develop and test potential new indicators, develop technical specifications and business rules for new indicators, and ensure indicators are assured by NHS Digital indicator assurance service and held within the National Library of Assured Indicators hosted by NHS Digital.

- The NCCID is contracted by NICE to support specific aspects of the indicator development process, such as piloting potential indicators and carrying out cost-effectiveness analysis.
- NHS England helps to establish priority areas for indicator development. It also decides on the final indicators to be included in the Commissioning and Primary Care Indicator sets in England. NHS Employers acts on behalf of NHS England in negotiating with the General Practitioners Committee (GPC) of the British Medical Association (BMA) on the final indicators to be included in the QOF in England
- Public Health England helps to establish priority areas for public health indicator development.
- The devolved administrations in Wales and Northern Ireland can help to establish priority areas for indicator development.

3 Process for developing indicators

This section outlines the process for identifying, developing and quality-assuring indicators. The diagram below gives a high-level overview of the stages in the indicator development process[1]:



[1]The 'owner' refers to NHS England or the devolved administrations of Wales or Northern Ireland depending on the framework in which the indicators are intended to be used (see section 3.10).

3.1 Identifying areas for indicator development

Areas for indicator development can be identified from NICE quality standards (high-priority areas for quality improvement in a defined care or service area) and derived from measures associated with quality statements. For information on published and in-development quality standards see quality standards on the NICE website.

Other indicators may be also developed, based on NICE guidance and NICE accredited guidance, to reflect priorities agreed at an annual planning meeting with partner organisations including NHS England, Public Health England, and the devolved administrations in Northern Ireland and Wales. These organisations in turn may establish processes to engage with other stakeholders and respondents.

Refining areas for indicator development

If a large number of potential areas for indicator development are identified, committee members can rate the areas before the committee meeting. This provides transparency and external input from committee members. The full results of the ratings exercise will be presented at the committee meeting, carrying it out before the meeting ensures that the discussion focuses primarily on the most suitable indicators.

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3.2 NICE indicator advisory committee prioritisation

Potential indicator areas are presented to the committee alongside relevant information. Formally agreed criteria are in place to guide decision-making at committee meetings. Committee briefing papers contain information relevant to the criteria to help the committee prioritise indicators for development.

Appendix B outlines the criteria used for selecting indicators.

Committee position statements ensure there is consistent decision-making. These are published on the NICE website alongside the committee' terms of reference (see the indicator advisory committee).

3.3 Indicator development

Indicator development usually includes the following stages:

- indicator definition
- indicator methodology
- indicator testing or piloting
- cost-effectiveness analysis (if required)
- resource impact analysis (if required)
- equality impact analysis
- threshold review
- indicator assurance
- consultation (see section 3.4).

Not all these stages will be needed for all indicators. NICE generally operates an annual cycle of indicator development reflecting the above stages. However, the specific timelines for indicator development are flexible and will be agreed between NICE and its partner organisations.

Indicator definition

Agreeing indicator wording is an iterative process and advice from expert groups is needed throughout indicator development. NICE usually asks specialist committee members who were involved in developing a quality standard or guideline development group members who were involved in developing the clinical guideline for advice on indicator definitions.

Indicator methodology

Indicator methodology assurance provides expert review of the processes for piloting and testing indicators.

The NHS Digital indicator assurance service (IAS) provides expert assurance and review of the process for piloting and testing indicators and developing appropriate methodologies.

NHS Digital undertakes the development of indicator methodologies, which are then assured via the IAS. As part of this process, indicators are considered by the Methodology Review Group (MRG) and associated peer review processes. The MRG includes representatives of relevant indicator methodologists, statisticians, experts in the relevant data sets, clinical experts, NICE staff and representatives from other key stakeholders and respondents. The group ensures that the design and construct of indicators is appropriate and consistent with other indicators in the National Library of Assured Indicators.

Indicator testing or piloting

The options available for piloting and testing indicators include:

- A piloting process in which the indicator is used in practice for a period of time to assess feasibility, impact, acceptability and any unintended consequences. This may include face-to-face semi-structured interviews with staff and, if appropriate, patients or service users.
- Convening a workshop of experts, patients, service users or lay members to advise on feasibility, impact, acceptability and any unintended consequences.
- Working with NHS Digital to assess data sources for the indicator to ensure they are feasible and the methods are appropriate.

Some indicators are intended to be used to make explicit judgements and to formally hold organisations to account. For example, a commissioner may use indicators to determine the quality of care and award a financial incentive to a provider. In this scenario, the increased focus on the particular aspect of care may also bring unintended consequences. These indicators therefore require a high degree of accuracy and quality assurance and their development therefore

usually requires in-depth methods such as piloting. The framework within which an indicator is to be used usually determines its purpose.

Occasionally the NICE indicator advisory committee may agree that an indicator is intended for judgement but that there is such a low risk of problems with feasibility, acceptability or unintended consequences that a less intensive form of indicator testing is more appropriate.

Other indicators may be intended to be used in softer ways, for example to guide quality improvement. These indicators may therefore need less precision as long as they are appropriate for comparative assessment. Developing these indicators therefore usually requires a testing process in which checks are undertaken to ensure that the data set used for an indicator is reliable and the design and construct of the indicator is appropriate, but a period of piloting is not necessary. The impact, acceptability and unintended consequences of indicators are also tested by less intensive means than piloting, for example through consultation.

Cost-effectiveness analysis

Indicator development may include a consideration of cost effectiveness when indicators are used as the basis for quality payments.

Resource impact analysis

For all potential indicators, a high-level assessment of the resource impact is considered. This considers the likely resource impact of additional activity on commissioners of healthcare resulting from the implementation of new indicators.

A more detailed resource impact report is produced and published on the NICE website for indicators that are recommended by the committee. For more information see the Assessing resource impact methods guide on the NICE website.

Thresholds review

Some indicators, particularly those intended to be used for judgement, have associated achievement thresholds that determine quality payments. The reasoning for setting different thresholds is usually based on factors such as the baseline level of achievement, maximum expected levels of achievement and current levels of variation. When NICE provides advice on thresholds, specific criteria will be agreed and made available within the terms of reference.

Indicator assurance

NHS Digital manages the process of indicator assurance and ensures the indicators are suitable for publishing. This is an open and transparent way of assuring indicator methodologies are assessed and published within the National Library of Assured Indicators. More details on the Indicator Assurance Service are available on NHS Digital website.

3.4 Consultation

NICE asks for comments from stakeholders and respondents (including patient organisations and professional groups) on potential new indicators during a 4-week public consultation. They are asked to comment on, for example, potential unintended consequences, barriers to implementation, differential impact or inequalities. Stakeholders and respondents may also be asked specifically about any important areas for consideration that have been identified.

NICE informs stakeholders and respondents in advance about the public consultation by email and on the NICE website. Once it begins stakeholders and respondents can see the proposed indicators on the NICE website and submit comments on a comments proforma. Comments received after the deadline for submission cannot be considered.

3.5 Reviewing indicator development and consultation feedback

The NICE indicator advisory committee considers the results of indicator development (including piloting/testing, equality analysis and cost-effectiveness analysis) and comments submitted during the public consultation.

The NICE indicator team prepares reports on piloting, testing, cost-effectiveness analysis, equality analysis and thresholds, as well as an analysis of consultation comments, which are presented to the committee.

The committee reviews the information and makes recommendations on new indicators for publication on the NICE menu. The committee may consider information on any indicators to update or retire (see section 3.8).

3.6 Validation

Indicators are quality assured by the NICE indicator team after they have been agreed by the committee. This includes the indicator components and associated documents for publishing on the NICE menu. Amendments are discussed and agreed with the committee chair and committee members. Recommended indicators are then presented to NICE's Guidance Executive for final approval before publication on the NICE menu.

Guidance Executive

When considering indicators for publication, the NICE Guidance Executive assesses whether:

- the agreed process and methods have been followed
- the indicators are consistent with NICE quality standards, NICE guidance and NICE accredited guidance
- the indicators promote equality and avoid unlawful discrimination.

If a major issue is identified by the NICE Guidance Executive, the NICE indicator team, the committee chair and/or members will work to resolve it. The NICE Guidance Executive does not comment at other stages of indicator development.

3.7 Publication of NICE indicator menus

Once approved by the NICE Guidance Executive, the indicator menus are published on the NICE website. Indicators may be accompanied by:

- an overview or summary, which includes descriptions of the reasoning for the indicator, reporting mechanisms, inclusions, exclusions and exceptions and links to further information
- a cost-effectiveness and resource impact analysis
- an equality analysis.

NHS Digital also publishes the indicator methodology specifications and quality assessments in the National Library of Assured Indicators, once they have been approved by the Indicator Governance Board (IGB). IGB is a decision making body that has senior membership from NICE, NHS Digital, Monitor, NHS Trust Development Authority, Care Quality Commission, Public Health England, Health Education England, Department of Health and NHS England.

3.8 Review of indicators

Indicators developed by NICE are kept under review. NICE will review indicators when the underlying NICE quality standard or guidance is updated or amended. An indicator may also be reviewed where a risk of unintended consequences is identified following implementation of an indicator.

3.9 Retirement of indicators

Occasionally NICE may be formally asked to take part in an exercise to consider indicators for retirement from a particular framework. The specific criteria and process used would be agreed with the commissioner of the indicators or owner of the indicator framework.

The consideration of whether to retire the indicator will be based on, for example, the extent to which it still represents high-quality care, or if it has become standard practice. This is assessed by analysing achievement levels, levels of variation, and trends over time.

3.10 Use of indicators within frameworks

NICE recommends indicators that are appropriate for different settings. This may include measuring the quality of care and outcomes for defined populations, local communities, comparing quality and outcomes in general practice, and developing indicators to underpin financial incentive schemes (for example, the Quality and Outcomes Framework).

4 Stakeholder involvement

4.1 How stakeholders and respondents are involved

NICE indicators are developed in consultation with stakeholders and respondents . Stakeholders and respondents include national patient groups, service users, carer groups, voluntary organisations, health and social care professionals, academic organisations, and commercial organisations. Individual members of the public can also respond to consultations.

To ensure the appropriate stakeholders and respondents are involved in the development of indicators, NICE:

- identifies potential stakeholders and respondents using the list of organisations registered as stakeholders and respondents for the NICE quality standards, NICE guidance or NICE accredited guidance on which the indicators are based
- tells potential stakeholders and respondents how to get involved in the Indicator Programme on the NICE website.

Feedback from stakeholders and respondents is also incorporated into indicator development during piloting and testing (see section 3.3).

Topics for the Indicator Programme come from NICE quality standards, which stakeholders and respondents can have input into (see the Quality Standards guide). Priorities also come from NHS England, Public Health England, and the devolved administrations in Wales and Northern Ireland. These organisations in turn will engage with stakeholders and respondents in their relative constituencies.

As a party to the World Health Organisation's Framework Convention on Tobacco Control, the United Kingdom has an obligation to protect the development of public health policy from the commercial and vested interests of the tobacco industry. When registering, commenting on the draft scope and draft guideline, and submitting evidence in response to a call for evidence, stakeholders and respondents are asked to disclose whether their organisation has any direct or indirect links to, or receives or has ever received funding from,

the tobacco industry. We will still carefully consider all consultation responses from the tobacco industry and from those with links to the industry. Disclosures will be included with the published consultation responses and with evidence presented to the committee.

For clarity, all reference to stakeholders and respondents within this guide should be understood to include stakeholders and respondents.

Tobacco companies with an interest in a particular guideline topic. They can register to comment on the draft scope and the draft guideline and their comments are made public with those of registered stakeholders and respondents. The term ‘respondent’ acknowledges NICE’s commitment to Article 5.3 of the WHO Framework Convention on Tobacco Control. This sets out an obligation to protect the development of public health policy from any vested interests of the tobacco industry.

4.2 How NICE communicates with stakeholders and respondents

NICE emails stakeholders and respondents to tell them the consultation dates. Information about the consultation is also published on the NICE website when it opens. Stakeholders and respondents are invited to submit comments using a dedicated email address.

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5 Equality

NICE is committed to meeting its duties under the Equality Act 2010 on eliminating discrimination, harassment and victimisation; advancing equality of opportunity and fostering good relations; and complying with the Human Rights Act 1998. NICE’s equality scheme sets out how it is meeting its obligations on equality and discrimination and what it still needs to do.

Two aspects of NICE's process for developing indicators that are of particular relevance to equality issues are stakeholder involvement and equality analysis.

5.1 Stakeholder involvement

NICE aims to involve as wide a range of stakeholders and respondents as possible in its activities, including in developing indicators. We encourage professional, patient, service user, carer, community and voluntary organisations, as well as organisations of groups protected by the equality legislation, to take part in consultations. See section 4 for more information about stakeholder involvement.

5.2 Equality analysis

NICE has a systematic approach to equality analysis. It considers equality issues and formally records conclusions at key stages of the indicator development process. This record is used to assure the NICE Guidance Executive and stakeholders and respondents that equality impact has been assessed. Equality analyses are published along with the final indicator menus on the NICE website.

6 Transparency

NICE is committed to making the process of developing indicators transparent to stakeholders and respondents and the public.

NHS Digital is committed to making the methods and outputs associated with NICE indicators transparent, including making the statistical methodologies and underlying data freely available on their website.

6.1 Public access to meetings for NICE's indicator advisory committee

Committee meetings are open to members of the public and press. This enables stakeholders and respondents and the public to understand how indicators are developed and how consultation comments are taken into account.

To promote public attendance at committee meetings, NICE publishes a notice with a draft agenda alongside a registration form on its website at least 20 working days before the meeting. Members of the public who wish to attend the meeting should return the completed registration form 10 working days before the meeting. Most committee meetings for the indicator work programme are held at NICE's office in Manchester, which is accessible to the public, including people with limited mobility. Up to 20 places are available, depending on the size of the venue. To allow wide public access, NICE reserves the right to limit attendees to 1 representative per organisation. The final meeting agenda is published on the website 5 working days before the meeting. For further details see information for people attending a NICE committee meeting.

If an item on the agenda includes in-confidence information, either commercial or academic, it is discussed at a separate session of the meeting from which the public is excluded. The decision to hold a separate session is made by the Committee Chair and the responsible NICE Director.

6.2 Access to documents

To ensure that the process is as transparent as possible, NICE makes information relevant to the development of indicators publicly available. The

following supporting documents for the indicator advisory committee are therefore published on the NICE website:

- agenda
- minutes (NICE aims to have the committee minutes published within 1 month of the advisory committee meeting)
- membership.

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6.3 Freedom of Information Act 2000

Nothing in this document will restrict any disclosure of information by NICE that is required by law (including, in particular but without limitation, the Freedom of Information Act 2000).

7 Links with other NICE programmes

7.1 Guidance development programmes

The NICE indicator team works with teams from all NICE guidance development programmes, including internal guidance developers and national collaborating centres, to ensure that recommendations in clinical guidelines, public health and social care guidance can be used to form the basis of indicators.

7.2 Quality standards programme

NICE develops quality standards from NICE guidance and NICE accredited guidance using rigorous methods. The quality statements and measures within NICE quality standards are used to develop NICE indicators.

8 Updating this process guide

The formal process for updating this process guide will begin 3 years after publication. In exceptional circumstances, and only if significant changes to the process of developing indicators are anticipated, this interval will be reduced to 2 years.

We welcome comments on the content of this process guide and suggested subjects for inclusion. These should be addressed to: indicators@nice.org.uk

Minor changes that may be made without further consultation are those that:

- do not add or remove a fundamental stage in the process
- do not add or remove a fundamental methods technique or step
- will not disadvantage any stakeholders and respondents
- will improve the efficiency, clarity or fairness of the process.

Changes that meet all of these criteria will be published on the NICE website. The process guide will be updated and changes from the previous version of the guide will be listed. Stakeholders and respondents involved in indicators under development at the time of the change will be notified if they are affected by the change. Stakeholders and respondents in indicators not yet under development will be advised to consult the website at the start of the project to familiarise themselves with the updated indicators development process.

Any other changes will be made only after a public consultation that will normally last for 3 months.

9 Further information

Further information about the Indicator Programme is available on the indicator pages of the NICE website.

Information on the indicator advisory committee is available on the NICE website including minutes, agendas and committee membership.

10 Complaints

Formal complaints about the administration of the Indicator Programme should be made in accordance with NICE's complaints policy and procedure.

Appendix A Acknowledgements

The following teams within NICE have contributed to the preparation and development of this document.

- The publishing team
- Corporate office
- Health and Social Care Directorate
  - The health and social care quality team
  - The Public Involvement Programme
  - The Implementation Programme
  - The accreditation team
- Committee chair.

The following organisations outside NICE have contributed to the preparation and development of this document.

- NHS Digital – NHS Digital play a key role in the operationalisation and implementation of indicators. There are therefore strong links between NICE and NHS Digital, not just in the development of this guide, but in the delivery of the Indicator Programme.

- NHS England, Public Health England and the devolved administrations in Wales and Northern Ireland – these organisations have an important role in setting the strategic direction for the services and frameworks in which NICE indicators are used. It is therefore important that NICE has these engaged with these organisations to develop this process and ensure their priorities are reflected in the outputs of the Indicator Programme. NICE will, however, retain independence in the delivery of the programme.

Appendix B Criteria for selecting indicators

In considering if it is appropriate for NICE to develop an indicator on the topic, the indicator advisory committee is asked to consider the following:

1. Is the proposed indicator an outcome or a process linked by evidence to improved outcomes?

    a) Is the indicator measuring an outcome that reflects the quality of care? (Ideally, but not always, related to a NICE quality standard.)

    b) If the indicator is measuring a process is it linked by evidence to improved outcomes and supported by a NICE quality standard, NICE guidance or NICE accredited guidance?

2. Does the proposed indicator meet a national priority area?

    a) To what extent does it support improvements in the national outcomes frameworks for the NHS, public health or adult social care?

    b) Does it reflect a specific priority area identified by NHS England, Public Health England and/or the devolved administrations in Northern Ireland, Wales and Scotland?

3. Is it feasible to measure the proposed indicator?

    a) Is there a data collection and data fields to support the indicator or can these be developed?

    b) Can the indicator be developed so that it is measurable in a meaningful manner through available information systems?

4. Will the proposed indicator support quality improvement?

    a) Does it relate to an area where there is variation in practice?

    b) Is it an area where adoption of best practice could improve quality in terms of the impact on outcomes (effectiveness, experience or safety) for the population?

5. Is the proposed indicator attributable to the audience of the indicator set?

   a) Is it, at least in part, attributable to actions of general practice?

   b) Is it, at least in part, attributable to the actions of commissioners for a local health community?