Comments Proforma

Potential new indicators for QOF

Consultation dates: 9th January 2012 – 6th February 2012

General Comments

Stakeholders are welcomed to submit comments in **Table 1** for all indicators based on the following set of questions:

1. Do you think there are any barriers to the implementation of the care described by any of these indicators?

2. Do you think there are potential unintended consequences to the implementation of any of these indicators?

3. Do you think there is potential for differential impact (in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation), if so please state whether this is adverse or positive and for which group?

4. If you think any of these indicators may have an adverse impact in different groups in the community, can you suggest any guidance on adaptation to the delivery of the indicator to different groups which might reduce health inequalities?

Specific Questions

There are a number of specific question we would like to ask on certain indicators. These are outlined in **Table 2** of the comments proforma

How to submit your comments

If you would like to comment on any of the 20 indicators currently being consulted on please use the comments proforma and forward this to Emma Boileau at qof@nice.org.uk.

Comments Proforma

Consultee name:	Steve Barron, Research Analyst Owen Metcalfe, Director	Consultee organisation:	Institute of Public Health in Ireland (IPH)

Table 1: Stakeholder comments on all indicators

The following comment applies to all the indicators:

While the implementation and collection of the indicators may not have a differential impact among different groups in the community, the values of the indicators may be different among different groups. The values of the indicators should be monitor among different groups to see if different groups have different health experiences as measured by the indicators. It should also be acknowledged that the indicators only collect data on groups who attend GP practices and may include a misrepresentation of groups who do not access this form of health care service regularly.

Indicator Area	Indicator	Consultee comments
COPD	1. The percentage of patients with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥3 at any time in the preceding 15 months, with a record of oxygen saturation value within the preceding 15 months	The indicator could specify whether this refers to oxygen saturation values while the patient is breathing room-air or using oxygen/ after nebuliser etc. as this could allow for more meaningful assessment of improvements or deterioration over time for individual patients.
COPD	2. The percentage of patients with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥3 at any time in the preceding 15 months, with a record of a referral to a pulmonary rehabilitation programme (excluding patients on the palliative care register)	

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Indicator Area	Indicator	Consultee comments
Heart Failure	3. The percentage of patients with heart failure (diagnosed after 1/4/2013) with a record of referral for an exercise based rehabilitation programme	
Secondary prevention of CHD	4. The percentage of patients with an MI within the preceding 15 months with a record of a referral to a cardiac rehabilitation programme	
Diabetes	5. The percentage of male patients with diabetes with a record of being asked about erectile dysfunction in the preceding 15 months	
Diabetes	6. The percentage of male patients with diabetes who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 15 months	
Depression	7. The percentage of patients with depression who have had a bio-psychosocial assessment by the point of diagnosis	
Depression	8. The percentage of patients with a new diagnosis of depression (in the preceding 1 April to 31 March) who have been reviewed within 10-35 days of the date of diagnosis	

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Indicator Area	Indicator	Consultee comments
Diabetes: Lipid management	9. The percentage of patients with Type 2 diabetes aged 40 years and over with successful lipid management defined as either: 1. last recorded cholesterol in the preceding 12 months ≤ 4.0mmol/l 2. last recorded cholesterol in the preceding 12 months > 4.0mmol/l and commenced on a moderate dose generic statin within 90 days of cholesterol recording 3. last recorded cholesterol in the preceding 12 months > 4.0mmol/l and generic statin dose increased within 90 days of cholesterol recording 4. or, last recorded cholesterol in the preceding 12 months > 4.0mmol/l and cholesterol lowering therapy changed to a different drug within 90 days of cholesterol recording	Presumably the 'successful lipid management' here encompasses a broader consideration of a. the full lipid profile including a consideration of fasting glucose, triglycerides etc b. assessment of familial dyslipidaemias a consideration of other elements of a lipid management plan encompassing advice on diet, obesity etc.
Hypertension: Blood pressure management	10. The percentage of patients under 80 years old with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 140/90 or less	
Hypertension	11. The percentage of patients aged 80 years and over with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 150/90 or less	

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Indicator Area	Indicator	Consultee comments
Rheumatoid arthritis	12. The practice can produce a register of all patients aged 16 years and over with rheumatoid arthritis	
Rheumatoid arthritis	13. The percentage of patients with rheumatoid arthritis in whom CRP or ESR has been recorded at least once in the preceding 15 months	ESR may have limited relevance in those people who have other conditions associated with a raised ESR or CRP, for example older people with multiple inflammatory conditions.
Rheumatoid arthritis	14. The percentage of patients with rheumatoid arthritis aged 30-84 years who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 15 months	
Rheumatoid arthritis	15. The percentage of patients with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA	
Rheumatoid arthritis	16. The percentage of patients with rheumatoid arthritis who have had a face to face annual review in the preceding 15 months	
Asthma	17. The percentage of patients, 5 years and over, newly diagnosed as having asthma from 1 April 2013 in whom there is a record that the diagnosis of asthma has been made supported by the current BTS-SIGN guidelines	

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Indicator Area	Indicator	Consultee comments
Asthma	18. The percentage of children reaching the age of 5 years after or on 1 April 2013 with an existing diagnosis of asthma in whom there is a record that the diagnosis of asthma has been reviewed and confirmed (supported by the current BTS-SIGN guidelines) within 15 months of becoming 5 years	Is the review and confirmation of diagnosis conducted at primary care or secondary care/ tertiary care level?
Cancer	19. The percentage of patients with cancer diagnosed within the preceding 18 months who have a review recorded as occurring within 3 months of the practice receiving confirmation of the diagnosis	
Cancer	20. The percentage of patients with recurrent or distant metastatic cancer diagnosed within the preceding 18 months who have a review recorded as occurring within 3 months of the practice receiving confirmation of the diagnosis	

Table 2: Stakeholder specific comments on certain indicators

Indicator Area	Indicator	Consultee comments
COPD	**Indicator 2: The percentage of patients with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥3 at any time in the preceding 15 months, with a record of a referral to a pulmonary rehabilitation programme (excluding patients on the palliative care register)** For the purpose of the pilot, people on the QOF palliative care register have been excluded from this indicator: 1. Do stakeholders consider it appropriate to exclude people on the palliative care register from this indicator?	People on the palliative care register may not be appropriate candidates for a pulmonary rehabilitation programme due to the physical demands of the programme. However, excluding them from the indicator may bias the percentage of appropriate referrals as they may have been an appropriate referral at some point during the 15 month timeframe.
CHD & Heart Failure	**Indicators 3and 4: The percentage of patients with heart failure (diagnosed after 1/4/2013) with a record of referral for an exercise based rehabilitation programme <u>AND</u> The percentage of patients with an MI within the preceding 15 months with a record of a referral to a cardiac rehabilitation programme** 2. If someone with an MI that has been referred for cardiac rehabilitation subsequently develops heart failure, should they: a) Still be referred to an exercise based	Yes, there is convincing evidence that patients benefit from enhanced physical activity programmes after an MI in terms of exercise tolerance and future heart health. Exercise based rehabilitation programmes have proven effectiveness but there are still some issues relating to selection bias for those who attend and those who complete the programme.

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	rehabilitation programme? b) Be excluded from the indicator and not referred to an exercise based rehabilitation programme	
Depression	**Indicator 8: The percentage of patients with a new diagnosis of depression (in the preceding 1 April to 31 March) who have been reviewed within 10-35 days of the date of diagnosis** A time frame of 10-35 days has been chosen for piloting based on the NICE recommendations for review and to allow flexibility around the setting of appointments. 3. Do stakeholders consider the timeframe outlined in the indicator appropriate? 4. If the timeframe stipulated is **not** considered to be appropriate could you suggest and alternative timeframe?	Yes, the timeframe is appropriate.
Rheumatoid arthritis	**Indicator 12: The practice can produce a register of all patients aged 16 years and over with rheumatoid arthritis** For the purpose of the pilot, an age range of 16 has been chosen for the RA register because at this age a person is unlikely to have a juvenile RA: Is this the appropriate age range to include in this indicator set?	Yes, the age range is appropriate.

Indicator Area	Indicator	Consultee comments
	5. If no, is there an alternative age range that should be applied to the indicator?	
Rheumatoid arthritis	**Indicator 14: The percentage of patients with rheumatoid arthritis aged 30-84 years who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 15 months** The timeframe of '15 months', has been included in this indicator for the purposes of piloting: 14. What timeframe should be included in the indicator for an assessment of CVD risk?	The consultation document did not include a rationale for the choice of a 15 month timeframe. If the 15 month timeframe is evidence-based and was considered appropriate by participants in the pilot, then it would be appropriate to use this timeframe in the indicator. As the risk of CVD increases with age, it may be worth considering using age-specific timeframes that decrease with age.
Rheumatoid arthritis	**Indicator 15: The percentage of patients with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA** The timeframe for this indicator is under review: 15. What timeframe (if any) should be included in the indicator for an assessment of fracture risk?	As the risk of fractures increases with age, it may be worth considering using age-specific timeframes that decrease with age.