New indicators to be added to the NICE QOF menu and amendments to existing QOF indicators

1st August 2014

Summary tables for the NICE menu

This paper provides a summary of the latest set of indicators NICE has published for inclusion within the NICE Quality and Outcomes Framework (QOF) menu.

Amendments to the NICE QOF indicator menu include a number of new indicators and amendments to existing QOF indicators to reflect an update in the underpinning NICE guidance.

NHS England and the devolved administrations of Northern Ireland, Scotland and Wales can use the NICE QOF menu to help decide which indicators are included in the 2015/16 QOF within their countries. It is not the role of NICE to determine what is adopted into or retired from the QOF.

The paper consists of the following sections:

- Recently piloted indicators for inclusion within the NICE QOF menu (table 1)

- Amendments to existing QOF indicators (table 2)

The full NICE QOF menu and associated supporting documentation is available at:

http://www.nice.org.uk/standards-and-indicators

Table 1   Piloted indicators NICE will add to the NICE QOF menu

Pilot	QOF area	NICE Menu ID	Indicator wording for NICE Menu
8	Diabetes: Care Processes[1]	NM74	The percentage of patients with diabetes who have had the following care processes performed in the preceding 12 months: • BMI measurement • BP measurement • HbA1c measurement • Cholesterol measurement • Record of smoking status • Foot examination • Albumin: creatinine ratio • Serum creatinine measurement
8	Hypertension: Target organ damage[2]	NM75	The percentage of patients with a new diagnosis of hypertension in the preceding 1st April to 31st March who have a record of urinary albumin: creatinine ratio test in the 3 months before or after the date of entry to the hypertension register
8	Hypertension: Target organ damage	NM76	The percentage of patients with a new diagnosis of hypertension in the preceding 1st April to 31st March who have a record of a test for haematuria in the 3 months before or after the date of entry to the hypertension register.
8	Hypertension: Target organ damage	NM77	The percentage of patients with a new diagnosis of hypertension in the preceding 1st April to 31st March who have a record of a 12 lead ECG performed in the 3 months before or after the date of entry to the hypertension register.
8	SMI: Contraception, Conception and Pregnancy advice	NM78	The percentage of women with schizophrenia, bipolar affective disorder or other psychoses under the age of 45 years who have been given information and advice about pregnancy, conception or contraception tailored to their pregnancy and contraceptive intentions recorded in the preceding 12 months.

[1] The Committee recommended that different variations of the diabetes composite could be considered where incentivisation of a smaller sub-set of care processes may be more appropriate. The success criterion for this indicator, based on piloting, requires all 8 tests to be performed or 7 tests with a valid exception for when a person has had both their feet amputated.

[2] The Committee recommended that indicators for hypertension target organ damage could be constructed as a composite measure where appropriate

Table 2 Amendments to existing QOF indicators to reflect NICE guidance

QOF area	Indicator	Amendment / Rationale	NICE Menu ID	Revised indicator wording
Obesity	OB001: The contractor establishes and maintains a register of patients aged 16 or over with a BMI≥30 in the preceding 12 months	The Committee recommended the indicator wording and age range of current QOF indicator OB001 is restricted to adults aged over 18 years. Business rules for this indicator should be updated to specify the age group to which they apply. NICE CG43 - Obesity	tbc	The contractor establishes and maintains a register of patients aged 18 or over with a BMI≥30 in the preceding 12 months
Secondary prevention of coronary heart disease (CHD)	CHD006: The percentage of patients with a history of myocardial infarction (on or after 1 April 2011) currently treated with an ACE-I (or ARB if ACE-I intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin	The Committee recommended separate indicators incentivising drug therapy in line with the recommendations in the updated clinical guideline for MI – secondary prevention addressing care in people with: i) acute MI (including dual anti-platelet therapy) ii) Post MI (12 months after an MI) It has been agreed that these changes do not require piloting. NICE CG172 – MI Secondary prevention	NM79 and NM80	The percentage of patients who experience a myocardial infarction between the preceding 1 April and 31 March who are currently treated with ACE-I (or ARB if ACE-I intolerant), dual anti-platelet therapy, beta-blocker and a statin And The percentage of patients with a history of myocardial infarction (more than 12 months ago) currently treated with an ACE-I (or ARB if ACE-I intolerant), aspirin (or anticoagulant) and a statin.

QOF area	Indicator	Amendment / Rationale	NICE Menu ID	Revised indicator wording
Chronic kidney disease	CKD001: The contractor establishes and maintains a register of patients aged 18 or over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)	The Committee recommended the reference to the 'US National Kidney Foundation' be removed from CKD001 to align with the updated clinical guideline for CKD which recommends classifying CKD using both GFR and ACR. NICE CG182 – CKD (update)	tbc	The contractor establishes and maintains a register of patients aged 18 or over with CKD Stage 3 to 5
Chronic kidney disease	CKD003: The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with an ACE-I or ARB	The Committee recommended replacing the term 'ACE-I or ARB' in the indicator wording with 'ACE-I or ARB or renin-angiotensin system antagonists to align with the updated clinical guideline for CKD. NICE CG182 – CKD (update)	tbc	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with renin-angiotensin system antagonists
Atrial fibrillation	AF002:The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHADS2 risk stratification scoring system in the preceding 12 months (excluding those whose previous CHADS2 score is greater than 1)	The Committee recommended that risk stratification using CHA_2DS_2-VASc for people with atrial fibrillation should be incentivised in QOF. This would be an amended to the previous QOF indicator AF002. NICE CG180 – Atrial fibrillation (update)	NM81	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA_2DS_2-VASc score risk stratification scoring system in the preceding 12 months (excluding those whose previous CHA_2DS_2-VASc or CHADS2 score of 2 or above)

QOF area	Indicator	Amendment / Rationale	NICE Menu ID	Revised indicator wording
Atrial fibrillation	AF004: In those patients with atrial fibrillation in whom there is a record of a CHADS2 score of 1, the percentage of patients who are currently treated with anti-coagulation drug therapy or anti-platelet therapy.	The Committee recommend this indicator for retirement NICE CG180 – Atrial fibrillation (update)		
Atrial fibrillation	AF005: In those patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy.	The Committee recommended replacing the reference to a 'CHADS2 score of greater than 1' with a 'CHA$_2$DS$_2$-VASc score of 2 or above'. NICE CG180 – Atrial fibrillation (update)	NM82	In those patients with atrial fibrillation whose latest record of a CHA$_2$DS$_2$-VASc score is 2 or above, the percentage of patients who are currently treated with anti-coagulation therapy[3].

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[3] Wording to be agreed for the 2015/16 QOF to take into consideration a CHADS2 score prior to the implementation of the CHA$_2$DS$_2$-VASc scoring system.