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.

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Consultee name:	Jonathan Gardam-	Consultee organisation:	Association of Directors of Adult Social Services

Table 1: Stakeholder comments on all indicators

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, including the safeguarding of vulnerable adults, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children's Social Care within their Local Authority.

Adult Social Care are a key stakeholder in seeking improved health and wellbeing outcomes for individuals and works in close partnership with GPs and the NHS in the commissioning of services and support to seek these improvements, as well as providing valuable information, guidance and advice to local people to allow them make informed choices about their own health and wellbeing.

This integration and close working towards shared outcomes is critical in the Government reforms, and ADASS is keen to see greater emphasis upon an integrated outcome framework than spans the NHS, Public Health and Social Care. In this respect, ADASS strongly urges that the Quality and Outcomes Framework (QOF) for GPs takes into account integration and encourages and strengthens further collaborative working to effectively manage scarce resources and minimise the extent of NHS acute activity through coordinated early intervention and prevention activity across the health and social care sector.

ADASS notes the alignment between the QOF and emerging local Health and Wellbeing Strategies, (which set the local objectives for commissioners). This alignment will need to balance both local priorities and national imperatives, and as such the design of the QOF should be flexible to accommodate this dynamic..

ADASS is already working closely with the Department of Health on the Integrated Outcomes Framework and would welcome the opportunity to extend this to the development of the Quality Outcomes Framework as a means to create cohesion and joint focus upon improved health and wellbeing outcomes and to recognise the contribution that is made across the health and social care sector.

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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	
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)	
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	

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Indicator Area	Indicator	Consultee comments
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	

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	
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	
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	

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	
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?	
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 AND 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	

Indicator Area	Indicator	Consultee comments
	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?	
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:	

Indicator Area	Indicator	Consultee comments
	5. Is this the appropriate age range to include in this indicator set? 6. 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: 7. What timeframe should be included in the indicator for an assessment of CVD risk?	
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: 8. What timeframe (if any) should be included in the indicator for an assessment of fracture risk?	