Indicator development programme

**The NICE menu of indicators**

**Last updated: October 2023**

Since 2009, NICE has managed an independent and transparent process for developing indicators to support high quality care. Our indicators can be used in a number of different settings to support high quality care. These include:

* identifying where improvements are needed
* setting priorities for quality improvement and support
* creating local performance dashboards
* benchmarking performance against national data
* supporting local quality improvement schemes
* showing progress that local health systems are making on outcomes.

All of the indicators are developed or assured with [an expert advisory committee](https://www.nice.org.uk/get-involved/meetings-in-public/indicator-advisory-committee-iac/iac-members). The membership of the committee includes GPs, hospital consultants, public health and social care practitioners, and NHS commissioners.

The NICE indicators on the menu are underpinned by a robust evidence base and have been through a rigorous development process that includes clinical review, testing and public consultation.

In April 2020, NICE began working partnership with NHS Digital to deliver and maintain the national library of quality assured indicators. These indicators are included within national performance measurement frameworks and are listed on the menu in a separate category. Indicators in the national library of quality assured indicators have been externally developed and have undergone a rigorous quality assurance process overseen by NHS Digital. New indicators or indicators due for renewal will be reviewed using NICE processes. For further information contact indicators@nice.org.uk

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# Section 1: General practice indicators suitable for use in QOF

## Angina and coronary heart disease

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| ID | Indicator | Indicator type | Review date |
| [NM87](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-coronary-heart-disease-who-have-had-influenza-immunisation-in-the-preceding-1-august-to-31-march-nm87) | The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March | General practice indicator suitable for use in the QOF | October 2023 |
| [NM88](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-coronary-heart-disease-with-a-record-in-the-preceding-12-months-that-aspirin-an-alternative-anti-platelet-therapy-or-an-anti-coagulant-is-being-taken-nm88) | The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken | General practice indicator suitable for use in the QOF | November 2023 |
| [NM122](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-coronary-heart-disease-stroke-or-transient-ischemic-attack-diabetes-and-or-chronic-obstructive-pulmonary-disease-who-have-influenza-immunisation-in-the-preceding-1-august-and-31-march-nm122) | The percentage of patients with coronary heart disease, stroke or transient ischemic attack, diabetes and/or chronic obstructive pulmonary disease who have influenza immunisation in the preceding 1 August and 31 March | General practice indicator suitable for use in the QOF | October 2023 |
| [NM180](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-who-have-been-screened-for-unsafe-drinking-using-the-fast-or-audit-c-tool-in-the-preceding-2-years) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the preceding 2 years. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM181](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-with-a-fast-score-of-3-or-audit-c-score-of-5-in-the-preceding-2-years-who-have-received-brief-interven) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 in the preceding 2 years who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM225](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-79-years-or-under-with-coronary-heart-disease-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-135-85-mmhg-if-using-ambulatory-or-home-monitoring-or-less-than-140-90-mmhg-if-monitored) | The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if monitored in clinic. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM226](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-80-years-or-over-with-coronary-heart-disease-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-145-85-mmhg-if-using-ambulatory-or-home-monitoring-or-less-than-150-90-mmhg-if-monitored-) | The percentage of patients aged 80 years or over with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is less than 145/85 mmHg if using ambulatory or home monitoring, or less than 150/90 mmHg if monitored in clinic. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM235](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-coronary-heart-disease) | The contractor establishes and maintains a register of patients with coronary heart disease. | General practice indicator suitable for use in the QOF | August 2026 |

## Atrial fibrillation

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [NM81](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-atrial-fibrillation-in-whom-stroke-risk-has-been-assessed-using-the-cha2ds2-vasc-score-risk-stratification-scoring-system-in-the-preceding-12-months-excluding-those-whose-previous-cha2ds2-vasc-score-of-2-or-above) | The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) | General practice indicator suitable for use in the QOF | November 2023 |
| [NM82](https://www.nice.org.uk/standards-and-indicators/qofindicators/in-those-patients-with-atrial-fibrillation-whose-latest-record-of-a-cha2ds2-vasc-score-is-2-or-above-the-percentage-of-patients-who-are-currently-treated-with-anti-coagulation-drug-therapy) | In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy. | General practice indicator suitable for use in the QOF | November 2025 |
| [NM146](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-registered-at-the-practice-aged-65-years-and-over-who-have-been-diagnosed-with-one-or-more-of-the-following-conditions-coronary-heart-disease-heart-failure-hypertension-diabetes-ckd-pad-or-stroke-tia-who-have-had-a-pulse-rhythm-) | The percentage of patients registered at the practice aged 65 years and over who have been diagnosed with one or more of the following conditions: hypertension, diabetes, CKD, PAD, stroke/TIA, ischemic heart disease and heart failure who have had a pulse rhythm assessment in the preceding 12 months | General practice indicator suitable for use in the QOF | August 2024 |
| [NM147](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-atrial-fibrillation-currently-treated-with-an-anticoagulant-who-have-had-a-review-in-the-preceding-12-months-which-included-a-assessment-of-stroke-vte-risk-b-assessment-of-bleeding-risk-c-assessment-of-renal-function-creati) | The percentage of patients with atrial fibrillation, currently treated with an anticoagulant, who have had a review in the preceding 12 months which included: Assessment of stroke/VTE risk; Assessment of bleeding risk; Assessment of renal function, creatinine clearance, FBC and LFTs as appropriate for their anticoagulation therapy; Any adverse events related to anticoagulation; Assessment of compliance; Choice of anticoagulant | General practice indicator suitable for use in the QOF | August 2026 |
| [NM164](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-atrial-fibrillation-including-patients-with-af-resolved) | The contractor establishes and maintains a register of patients with atrial fibrillation, including patients with ‘AF resolved’. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM180](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-who-have-been-screened-for-unsafe-drinking-using-the-fast-or-audit-c-tool-in-the-preceding-2-years) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the preceding 2 years. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM181](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-with-a-fast-score-of-3-or-audit-c-score-of-5-in-the-preceding-2-years-who-have-received-brief-interven) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 in the preceding 2 years who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM231](https://www.nice.org.uk/standards-and-indicators/qofindicators/percentage-of-patients-with-atrial-fibrillation-and-a-last-recorded-cha2ds2-vasc-score-of-2-or-more-who-are-currently-prescribed-a-direct-acting-oral-anticoagulant-doac-if-eligible-or-a-vitamin-k-antagonist-if-not-eligible-for-a-doac-or-a-doac-is-declined) | Percentage of patients with atrial fibrillation and a last recorded CHA2DS2-VASc score of 2 or more who are currently prescribed a direct-acting oral anticoagulant (DOAC) if eligible, or a vitamin K antagonist if not eligible for a DOAC or a DOAC is declined or not indicated. | General practice indicator suitable for use in the QOF | November 2025 |

## Autism

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM153](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-practice-establishes-and-maintains-a-register-of-all-patients-with-a-diagnosis-of-autism) | The practice establishes and maintains a register of all patients on the autistic spectrum. | General practice indicator suitable for use in the QOF | October 2023 |

## Cancer

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM62](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-cancer-diagnosed-within-the-preceding-15-months-who-have-a-review-recorded-as-occurring-within-3-months-of-the-practice-receiving-confirmation-of-the-diagnosis) | The percentage of patients with cancer diagnosed within the preceding 15 months who have a review recorded as occurring within 3 months of the practice receiving confirmation of the diagnosis | General practice indicator suitable for use in the QOF | August 2026 |
| [NM154](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-proportion-of-women-eligible-for-screening-and-aged-25-49-years-at-end-of-period-reported-whose-notes-record-that-an-adequate-cervical-screening-test-has-been-performed-in-the-previous-3-5-years) | The proportion of women eligible for cervical screening and aged 25 to 49 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3.5 years | General practice indicator suitable for use in the QOF | October 2023 |
| [NM155](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-proportion-of-women-eligible-for-screening-and-aged-50-64-years-at-end-of-period-reported-whose-notes-record-that-an-adequate-cervical-screening-test-has-been-performed-in-the-previous-5-5-years) | The proportion of women eligible for cervical screening and aged 50 to 64 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 5.5 years | General practice indicator suitable for use in the QOF | October 2023 |
| [NM204](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-cancer-diagnosed-within-the-preceding-12-months-who-have-had-a-discussion-within-3-months-of-diagnosis-about-the-support-available-from-primary-care) | The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had a discussion within 3 months of diagnosis about the support available from primary care | General practice indicator suitable for use in the QOF | September 2026 |
| [NM205](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-cancer-diagnosed-within-the-preceding-24-months-who-have-a-patient-cancer-care-review-using-a-structured-template-within-12-months-of-diagnosis) | The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template within 12 months of diagnosis | General practice indicator suitable for use in the QOF | September 2026 |
| [NM234](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-all-cancer-patients-excluding-non-melanotic-skin-cancers) | The contractor establishes and maintains a register of all cancer patients excluding non-melanotic skin cancers | General practice indicator suitable for use in the QOF | August 2026 |
| NM251 | The percentage of urgent suspected colorectal cancer referrals accompanied by a faecal immunochemical test (FIT) result, with the result recorded in the twenty-one days leading up to the referral. | General practice indicator suitable for use in the QOF | October 2024 |

## Cardiovascular disease prevention

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM210](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-cvd-risk-assessment-score-of-10-or-more-identified-in-the-preceding-12-months-who-are-offered-advice-and-support-for-smoking-cessation-safe-alcohol-consumption-healthy-diet-and-exercise-within-3-months-of-the-score-being-) | The percentage of patients with a cardiovascular disease risk assessment score of 10% or more identified in the preceding 12 months who are offered advice and support for smoking cessation, safe alcohol consumption, healthy diet and exercise within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM211](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-cvd-risk-assessment-score-of-10-or-more-who-are-currently-treated-with-a-lipid-lowering-therapy) | The percentage of patients with a cardiovascular disease risk assessment score of 10% or more who are currently treated with a lipid lowering therapy. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM212](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-cvd-who-are-currently-treated-with-a-lipid-lowering-therapy) | The percentage of patients with cardiovascular disease who are currently treated with a lipid lowering therapy. | General practice indicator suitable for use in the QOF | August 2025 |

## Contraception

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM114](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-women-on-the-register-prescribed-an-oral-or-patch-contraceptive-method-in-the-preceding-12-months-who-also-received-information-from-the-contractor-about-long-acting-reversible-methods-of-contraception-in-the-preceding-12-months-nm114) | The percentage of women, on the register, prescribed an oral or patch contraceptive method in the preceding 12 months who have also received information from the contractor about long-acting reversible methods of contraception in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |

## Dementia

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [NM64](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-dementia-with-the-contact-details-of-a-named-carer-on-their-record) | The percentage of patients with dementia with the contact details of a named carer on their record | General practice indicator suitable for use in the QOF | October 2023 |
| [NM107](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-diagnosed-with-dementia-whose-care-plan-has-been-reviewed-in-a-face-to-face-review-in-the-preceding-12-months-nm107) | The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM180](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-who-have-been-screened-for-unsafe-drinking-using-the-fast-or-audit-c-tool-in-the-preceding-2-years) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the preceding 2 years. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM181](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-with-a-fast-score-of-3-or-audit-c-score-of-5-in-the-preceding-2-years-who-have-received-brief-interven) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 in the preceding 2 years who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM236](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-diagnosed-with-dementia) | The contractor establishes and maintains a register of patients diagnosed with dementia. | General practice indicator suitable for use in the QOF | August 2026 |

## Depression and anxiety

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM49](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-depression-in-the-preceding-1-april-to-31-march-who-have-had-a-bio-psychosocial-assessment-by-the-point-of-diagnosis) | The percentage of patients with a new diagnosis of depression in the preceding 1 April to 31 March who have had a bio-psychosocial assessment by the point of diagnosis | General practice indicator suitable for use in the QOF | June 2026 |
| [NM50](https://www.nice.org.uk/standards-and-indicators/qofindicators/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) | 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 | General practice indicator suitable for use in the QOF | June 2026 |
| [NM156](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-women-who-have-given-birth-in-the-preceding-12-months-who-have-had-an-enquiry-about-their-mental-health-between-4-16-weeks-postpartum) | The percentage of women who have given birth in the preceding 12 months who have had an enquiry about their mental health between 4-16 weeks postpartum | General practice indicator suitable for use in the QOF | October 2023 |

## Diabetes

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [NM13](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-with-a-record-of-a-foot-examination-and-risk-classification-1-low-risk-normal-sensation-palpable-pulses-2-increased-risk-neuropathy-or-absent-pulses-3-high-risk-neuropathy-or-absent-pulses-plus-deformity-or-skin-ch) | The percentage of patients with diabetes with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes or previous ulcer) or 4) ulcerated foot within the preceding 15 months | General practice indicator suitable for use in the QOF | January 2026 |
| [NM27](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-newly-diagnosed-with-diabetes-on-the-register-in-the-preceding-1-april-to-31-march-who-have-a-record-of-being-referred-to-a-structured-education-programme-within-9-months-after-entry-on-to-the-diabetes-register) | The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register | General practice indicator suitable for use in the QOF | August 2024 |
| [NM28](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-who-have-a-record-of-a-dietary-review-by-a-suitably-competent-professional-in-the-preceding-15-months) | The percentage of patients with diabetes who have a record of a dietary review by a suitably competent professional in the preceding 15 months | General practice indicator suitable for use in the QOF | August 2024 |
| [NM41](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-all-patients-aged-17-or-over-with-diabetes-mellitus-which-specifies-the-type-of-diabetes-where-a-diagnosis-has-been-confirmed) | The contractor establishes and maintains a register of all patients aged 17 or over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed | General practice indicator suitable for use in the QOF | October 2023 |
| [NM51](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-male-patients-with-diabetes-with-a-record-of-being-asked-about-erectile-dysfunction-in-the-preceding-15-months) | The percentage of male patients with diabetes with a record of being asked about erectile dysfunction in the preceding 15 months | General practice indicator suitable for use in the QOF | August 2024 |
| [NM52](https://www.nice.org.uk/standards-and-indicators/qofindicators/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) | 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 | General practice indicator suitable for use in the QOF | August 2024 |
| [NM59](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-who-have-a-record-of-an-albumin-creatinine-ratio-acr-test-in-the-preceding-15-months) | The percentage of patients with diabetes who have a record of an albumin: creatinine ratio (ACR) test in the preceding 15 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM70](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-women-with-diabetes-aged-17-or-over-and-who-have-not-attained-the-age-of-45-who-have-a-record-of-being-given-information-and-advice-about-pregnancy-or-conception-or-contraception-tailored-to-their-pregnancy-and-contraceptive-intentions-r) | The percentage of women with diabetes aged 17 or over and who have not attained the age of 45 who have a record of being given information and advice about pregnancy or conception or contraception tailored to their pregnancy and contraceptive intentions recorded in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM74](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-who-have-had-the-following-care-processes-performed-in-the-preceding-12-months-%E2%80%A2-bmi-measurement-%E2%80%A2-bp-measurement-%E2%80%A2hba1c-measurement-%E2%80%A2-cholesterol-measurement-%E2%80%A2-record-of-smoking-status-%E2%80%A2-foot-examination-%E2%80%A2-albumin) | 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 | General practice indicator suitable for use in the QOF | July 2024 |
| [NM95](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-on-the-register-with-a-diagnosis-of-nephropathy-clinical-proteinuria-or-micro-albuminuria-who-are-currently-treated-with-an-ace-i-or-arbs-nm95) | The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs) | General practice indicator suitable for use in the QOF | October 2023 |
| [NM96](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-on-the-register-in-whom-the-last-ifcc-hba1c-is-64-mmol-mol-or-less-in-the-preceding-12-months-nm96) | The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM97](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-on-the-register-in-whom-the-last-ifcc-hba1c-is-75-mmol-mol-or-less-in-the-preceding-12-months-nm97) | The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM98](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-on-the-register-who-have-a-record-of-retinal-screening-in-the-preceding-12-months-nm98) | The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM122](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-coronary-heart-disease-stroke-or-transient-ischemic-attack-diabetes-and-or-chronic-obstructive-pulmonary-disease-who-have-influenza-immunisation-in-the-preceding-1-august-and-31-march-nm122) | The percentage of patients with coronary heart disease, stroke or transient ischemic attack, diabetes and/or chronic obstructive pulmonary disease who have influenza immunisation in the preceding 1 August and 31 March | General practice indicator suitable for use in the QOF | October 2023 |
| [NM131](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-with-a-record-of-testing-of-foot-sensation-using-a-10g-monofilament-within-the-preceding-12-months) | The percentage of patients with diabetes with a record of testing of foot sensation using a 10g monofilament within the preceding 12 months | General practice indicator suitable for use in the QOF | January 2026 |
| [NM132](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-25%E2%80%9384-years-with-a-new-diagnosis-of-hypertension-or-type-2-diabetes-recorded-between-the-preceding-1-april-to-31-march-excluding-those-with-pre-existing-chd-type1-diabetes-stroke-and-or-tia-who-have-had-a-consultation-nm132) | The percentage of patients aged between 25 and 84, years with a new diagnosis of hypertension or type 2 diabetes, recorded in the preceding 12 months (excluding those with pre-existing cardiovascular disease, chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes) who have had a consultation for full formal cardiovascular disease risk assessment between 3 months before or 3 months after date of diagnosis | General practice indicator suitable for use in the QOF | October 2023 |
| [NM133](https://www.nice.org.uk/standards-and-indicators/qofindicators/in-those-patients-with-a-new-diagnosis-of-hypertension-or-type-2-diabetes-aged-25-84-years-recorded-between-the-preceding-1-april-to-31-march-excluding-those-with-pre-existing-chd-diabetes-stroke-and-or-tia-who-have-a-recorded-cvd-risk-assessment-nm133) | In those patients aged between 25 and 84 years, with a new diagnosis of hypertension or type 2 diabetes recorded in the preceding 12 months (excluding those with pre-existing cardiovascular disease. chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes) who have a recorded cardiovascular disease risk assessment score (using the QRISK2 assessment tool) of more than 20% in the preceding 12 months: the percentage who are currently treated with statins (unless there is a contraindication) | General practice indicator suitable for use in the QOF | October 2023 |
| [NM139](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-on-the-register-who-have-had-influenza-immunisation-in-the-preceding-1-august-to-31-march-nm139) | The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March | General practice indicator suitable for use in the QOF | October 2023 |
| [NM141](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-on-the-register-in-whom-the-last-ifcc-hba1c-is-58-mmol-mol-or-less-in-the-preceding-12-months) | The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months. | General practice indicator suitable for use in the QOF | August 2024 |
| [NM142](https://www.nice.org.uk/standards-and-indicators/qofindicators/of-the-patients-with-type-1-diabetes-who-meet-the-following-criteria-aged-over-40-years-and-who-have-either-had-diabetes-for-more-than-10-years-or-who-have-established-nephropathy-or-other-cvd-risk-factors-the-percentage-currently-treated-with-a-statin) | The percentage of patients with type 1 diabetes who are aged over 40 years currently treated with a statin. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM148](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-practice-establishes-and-maintains-a-register-of-all-patients-with-a-diagnosis-of-non-diabetic-hyperglycaemia) | The practice establishes and maintains a register of all patients with a diagnosis of non-diabetic hyperglycaemia | General practice indicator suitable for use in the QOF | October 2023 |
| [NM149](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-newly-diagnosed-with-non-diabetic-hyperglycaemia-in-the-preceding-12-months-who-have-been-referred-to-a-healthier-you-nhs-diabetes-prevention-programme-for-intensive-lifestyle-advice-ndpp-areas-only) | The percentage of patients newly diagnosed with non-diabetic hyperglycaemia in the preceding 12 months who have been referred to a Healthier You: NHS Diabetes Prevention Programme for intensive lifestyle advice | General practice indicator suitable for use in the QOF | October 2023 |
| [NM150](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-non-diabetic-hyperglycaemia-who-have-had-an-hba1c-or-fpg-test-in-the-preceding-12-months) | The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or FPG test in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM151](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-women-who-have-had-gestational-diabetes-diagnosed-more-than-12-months-ago-who-have-had-an-hba1c-test-in-the-preceding-12-months) | The percentage of women who have had gestational diabetes, diagnosed more than 12 months ago, who have had an HbA1c test in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM157](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-without-moderate-or-severe-frailty-on-the-register-in-whom-the-last-ifcc-hba1c-is-58-mmol-mol-or-less-in-the-preceding-12-months) | The percentage of patients with diabetes without moderate or severe frailty, on the register, in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months. | General practice indicator suitable for use in the QOF | August 2024 |
| [NM158](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-with-moderate-or-severe-frailty-on-the-register-in-whom-the-last-ifcc-hba1c-is-75-mmol-mol-or-less-in-the-preceding-12-months) | The percentage of patients with diabetes with moderate or severe frailty, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months. | General practice indicator suitable for use in the QOF | August 2024 |
| [NM160](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-25-84-years-with-a-diagnosis-of-type-2-diabetes-without-moderate-or-severe-frailty-not-currently-treated-with-a-statin-who-have-had-a-consultation-for-a-cardiovascular-risk-assessment-using-a-risk-assessment-tool-agreed-wit) | The percentage of patients aged between 25 and 84 years, with type 2 diabetes, without moderate or severe frailty, not currently treated with a statin, who have had a consultation for a full formal cardiovascular disease risk assessment in the last 3 years. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM161](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-diagnosis-of-type-2-diabetes-and-a-recorded-cvd-risk-assessment-score-of-10-without-moderate-or-severe-frailty-who-are-currently-treated-with-a-statin-unless-there-is-a-contraindication-or-statin-therapy-is-declined) | The percentage of patients with a diagnosis of type 2 diabetes and a recorded cardiovascular disease risk assessment score of 10% or more (without moderate or severe frailty), who are currently treated with a statin (unless there is a contraindication or statin therapy is declined). | General practice indicator suitable for use in the QOF | October 2023 |
| [NM162](https://www.nice.org.uk/Standards-and-Indicators/QOFIndicators/the-percentage-of-patients-with-diabetes-aged-40-years-and-over-with-no-history-of-cvd-and-without-moderate-or-severe-frailty-who-are-currently-treated-with-a-statin-excluding-patients-with-type-2-diabetes-and-a-cvd-risk-score-of-10-recorded-in-the-preced) | The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a cardiovascular disease risk score of less than 10% recorded in the preceding 3 years). | General practice indicator suitable for use in the QOF | October 2023 |
| [NM163](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-and-a-history-of-cvd-excluding-haemorrhagic-stroke-who-are-currently-treated-with-a-statin) | The percentage of patients with diabetes and a history of CVD (excluding haemorrhagic stroke) who are currently treated with a statin. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM180](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-who-have-been-screened-for-unsafe-drinking-using-the-fast-or-audit-c-tool-in-the-preceding-2-years) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the preceding 2 years. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM181](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-with-a-fast-score-of-3-or-audit-c-score-of-5-in-the-preceding-2-years-who-have-received-brief-interven) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 in the preceding 2 years who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM203](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-hypertension-or-diabetes-and-a-bmi-of-27-5-kg-m2-or-more-or-30-kg-m2-or-more-if-ethnicity-is-recorded-as-white-in-the-preceding-12-months-who-have-been-referred-to-a-weight-management-programme-within-90-days-of-the-bmi-bei) | The percentage of patients with hypertension or diabetes and a BMI of 27.5 kg/m2 or more (or 30 kg/m2 or more if ethnicity is recorded as White) in the preceding 12 months who have been referred to a weight management programme within 90 days of the BMI being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM233](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-diabetes-on-the-register-aged-79-years-and-under-without-moderate-or-severe-frailty-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-135-85-mmhg-if-using-ambulatory-or-home-monitoring) | The percentage of patients with diabetes on the register, aged 79 years and under without moderate or severe frailty, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if measured in clinic. | General practice indicator suitable for use in the QOF | August 2026 |

## Epilepsy

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM110](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-18-or-over-on-drug-treatment-for-epilepsy-who-have-been-seizure-free-for-the-last-12-months-recorded-in-the-preceding-12-months-inherited-nm110) | The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM209](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-adults-receiving-drug-treatment-for-epilepsy-who-had-a-structured-review-in-the-preceding-12-months) | The percentage of adults receiving drug treatment for epilepsy who had a structured review in the preceding 12 months. | General practice indicator suitable for use in the QOF | August 2025 |
| NM237 | The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy | General practice indicator suitable for use in the QOF | August 2026 |

## GP services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM242](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-in-need-of-palliative-care-or-support) | The contractor establishes and maintains a register of patients in need of palliative care or support | General practice indicator suitable for use in the QOF | August 2026 |

## Heart failure

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM48](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-heart-failure-diagnosed-within-the-preceding-15-months-with-a-record-of-an-offer-of-referral-for-an-exercise-based-rehabilitation-programme) | The percentage of patients with heart failure diagnosed within the preceding 15 months with a record of an offer of referral for an exercise-based rehabilitation programme | General practice indicator suitable for use in the QOF | October 2023 |
| [NM171](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-diagnosis-of-heart-failure-after-start-date-which-has-been-confirmed-by-an-echocardiogram-or-by-specialist-assessment-between-3-months-before-or-3-months-after-entering-on-to-the-register) | The percentage of patients with a diagnosis of heart failure after (start date) which has been confirmed by an echocardiogram or by specialist assessment between 3 months before or 3 months after entering on to the register. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM172](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-current-diagnosis-of-heart-failure-due-to-left-ventricular-systolic-dysfunction-who-are-currently-treated-with-an-ace-i-or-arb) | The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with an ACE-I or ARB. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM173](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-current-diagnosis-of-heart-failure-due-to-left-ventricular-systolic-dysfunction-who-are-currently-treated-with-a-beta-blocker-licensed-for-heart-failure) | The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with a beta-blocker licensed for heart failure. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM174](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-heart-failure-on-the-register-who-had-a-review-in-the-preceding-12-months-including-an-assessment-of-functional-capacity-using-the-new-york-heart-association-classification-and-a-review-of-medication) | The percentage of patients with heart failure on the register, who had a review in the preceding 12 months, including an assessment of functional capacity (using the New York Heart Association classification) and a review of medication. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM180](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-who-have-been-screened-for-unsafe-drinking-using-the-fast-or-audit-c-tool-in-the-preceding-2-years) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the preceding 2 years. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM181](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-with-a-fast-score-of-3-or-audit-c-score-of-5-in-the-preceding-2-years-who-have-received-brief-interven) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 in the preceding 2 years who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM238](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-aged-18-or-over-with-heart-failure) | The contractor establishes and maintains a register of patients aged 18 or over with heart failure | General practice indicator suitable for use in the QOF | August 2026 |

## Hypertension

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [NM36](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-hypertension-aged-16-to-74-years-in-whom-there-is-an-annual-assessment-of-physical-activity-using-gppaq-in-the-preceding-15-months) | The percentage of patients with hypertension aged 16 to 74 years in whom there is an annual assessment of physical activity, using GPPAQ, in the preceding 15 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM37](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-hypertension-aged-16-to-74-years-who-score-less-than-active-on-gppaq-in-the-preceding-15-months-who-also-have-a-record-of-a-brief-intervention-in-the-preceding-15-months) | The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 who score ‘less than active’ on GPPAQ in the preceding 15 months, who also have a record of a brief intervention in the preceding 15 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM61](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-40-years-and-over-with-a-blood-pressure-measurement-recorded-in-the-preceding-5-years) | The percentage of patients aged 40 years and over with a blood pressure measurement recorded in the preceding 5 years | General practice indicator suitable for use in the QOF | October 2023 |
| [NM66](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-hypertension-diagnosed-on-or-after-1-april-2014-which-has-been-confirmed-by-ambulatory-blood-pressure-monitoring-abpm-or-home-blood-pressure-monitoring-hbpm-in-the-three-months-before-entering-on-to-the-r) | The percentage of patients with a new diagnosis of hypertension (diagnosed on or after 1 April 2014) which has been confirmed by ambulatory blood pressure monitoring (ABPM) or home blood pressure monitoring (HBPM) in the 3 months before entering on to the register | General practice indicator suitable for use in the QOF | October 2023 |
| [NM75](https://www.nice.org.uk/standards-and-indicators/qofindicators/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-three-months-before-or-after-the-date-of-entry-to-the-hypertension-register) | The percentage of patients with a new diagnosis of hypertension in the preceding 1 April to 31March who have a record of urinary albumin: creatinine ratio test in the three months before or after the date of entry to the hypertension register | General practice indicator suitable for use in the QOF | October 2023 |
| [NM76](https://www.nice.org.uk/standards-and-indicators/qofindicators/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-three-months-before-or-after-the-date-of-entry-to-the-hypertension-register) | The percentage of patients with a new diagnosis of hypertension in the preceding 1 April to 31 March who have a record of a test for haematuria in the three months before or after the date of entry to the hypertension register | General practice indicator suitable for use in the QOF | October 2023 |
| [NM77](https://www.nice.org.uk/standards-and-indicators/qofindicators/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-three-months-before-or-after-the-date-of-entry-to-the-hypertension-register) | The percentage of patients with a new diagnosis of hypertension in the preceding 1 April to 31 March who have a record of a 12 lead ECG performed in the three months before or after the date of entry to the hypertension register | General practice indicator suitable for use in the QOF | October 2023 |
| [NM112](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-diagnosed-with-hypertension-diagnosed-on-or-after-1-april-2009-who-are-given-lifestyle-advice-in-the-preceding-12-months-for-smoking-cessation-safe-alcohol-consumption-and-healthy-diet) | The percentage of patients diagnosed with hypertension (diagnosed on or after 1 April 2009) who are given lifestyle advice in the preceding 12 months for: smoking cessation, safe alcohol consumption and healthy diet | General practice indicator suitable for use in the QOF | October 2023 |
| [NM132](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-25%E2%80%9384-years-with-a-new-diagnosis-of-hypertension-or-type-2-diabetes-recorded-between-the-preceding-1-april-to-31-march-excluding-those-with-pre-existing-chd-type1-diabetes-stroke-and-or-tia-who-have-had-a-consultation-nm132) | The percentage of patients aged between 25 and 84, years with a new diagnosis of hypertension or type 2 diabetes, recorded in the preceding 12 months (excluding those with pre-existing cardiovascular disease, chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes) who have had a consultation for full formal cardiovascular disease risk assessment between 3 months before or 3 months after date of diagnosis | General practice indicator suitable for use in the QOF | October 2023 |
| [NM133](https://www.nice.org.uk/standards-and-indicators/qofindicators/in-those-patients-with-a-new-diagnosis-of-hypertension-or-type-2-diabetes-aged-25-84-years-recorded-between-the-preceding-1-april-to-31-march-excluding-those-with-pre-existing-chd-diabetes-stroke-and-or-tia-who-have-a-recorded-cvd-risk-assessment-nm133) | In those patients aged between 25 and 84 years, with a new diagnosis of hypertension or type 2 diabetes recorded in the preceding 12 months (excluding those with pre-existing cardiovascular disease. chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes) who have a recorded cardiovascular disease risk assessment score (using the QRISK2 assessment tool) of more than 20% in the preceding 12 months: the percentage who are currently treated with statins (unless there is a contraindication) | General practice indicator suitable for use in the QOF | October 2023 |
| [NM175](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-hypertension-in-the-preceding-12-months-who-have-been-screened-for-unsafe-drinking-using-the-fast-or-audit-c-tool-in-the-3-months-before-or-after-the-date-of-entry-on-the-hypertension-register) | The percentage of patients with a new diagnosis of hypertension in the preceding 12 months who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the 3 months before or after the date of entry on the hypertension register. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM176](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-hypertension-in-the-preceding-12-months-with-a-fast-score-of-3-or-audit-c-score-of-5-who-have-received-brief-intervention-to-help-them-reduce-their-alcohol-related-risk-within-3-months-of-the-score-being-) | The percentage of patients with a new diagnosis of hypertension in the preceding 12 months with a FAST score of 3 or more or AUDIT-C score of 5 or more who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM203](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-hypertension-or-diabetes-and-a-bmi-of-27-5-kg-m2-or-more-or-30-kg-m2-or-more-if-ethnicity-is-recorded-as-white-in-the-preceding-12-months-who-have-been-referred-to-a-weight-management-programme-within-90-days-of-the-bmi-bei) | The percentage of patients with hypertension or diabetes and a BMI of 27.5 kg/m2 or more (or 30 kg/m2 or more if ethnicity is recorded as White) in the preceding 12 months who have been referred to a weight management programme within 90 days of the BMI being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM223](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-79-years-or-under-with-hypertension-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-135-85-mmhg-if-using-ambulatory-or-home-monitoring-or-less-than-140-90-mmhg-if-monitored-in-clinic) | The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if monitored in clinic | General practice indicator suitable for use in the QOF | August 2025 |
| [NM224](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-80-years-or-over-with-hypertension-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-145-85-mmhg-if-using-ambulatory-or-home-monitoring-or-less-than-150-90-mmhg-if-monitored-in-clinic) | The percentage of patients aged 80 years or over with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is less than 145/85 mmHg if using ambulatory or home monitoring, or less than 150/90 mmHg if monitored in clinic. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM239](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-established-hypertension) | The contractor establishes and maintains a register of patients with established hypertension | General practice indicator suitable for use in the QOF | August 2026 |

## Hypothyroidism

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM99](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-hypothyroidism-who-are-currently-treated-with-levothyroxine-nm99) | The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine | General practice indicator suitable for use in the QOF | September 2026 |
| [NM100](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-hypothyroidism-on-the-register-with-thyroid-function-tests-recorded-in-the-preceding-12-months-nm100) | The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months | General practice indicator suitable for use in the QOF | September 2026 |

## Immunisations

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM197](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-babies-who-reached-8-months-old-in-the-preceding-12-months-who-have-received-at-least-3-doses-of-a-diphtheria-tetanus-and-pertussis-containing-vaccine-before-the-age-of-8-months) | The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM198](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-children-who-reached-18-months-old-in-the-preceding-12-months-who-have-received-at-least-1-dose-of-mmr-between-the-ages-of-12-and-18-months) | The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM199](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-children-who-reached-5-years-old-in-the-preceding-12-months-who-have-received-a-reinforcing-dose-of-dtap-ipv-and-at-least-2-doses-of-mmr-between-the-ages-of-1-and-5-years) | The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM200](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-children-who-reached-5-years-old-in-the-preceding-12-months-who-have-received-1-dose-of-mmr-between-the-ages-of-1-and-5-years) | The percentage of children who reached 5 years old in the preceding 12 months, who have received 1 dose of MMR between the ages of 1 and 5 years. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM201](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-who-reached-75-years-old-in-the-preceding-12-months-who-have-received-a-shingles-vaccine-between-the-ages-of-70-and-75-years) | The percentage of patients who reached 75 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 75 years. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM206](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-babies-who-reached-24-weeks-old-in-the-preceding-12-months-who-have-received-2-doses-of-rotavirus-vaccine-before-the-age-of-24-weeks) | The percentage of babies who reached 24 weeks old in the preceding 12 months, who have received 2 doses of rotavirus vaccine before the age of 24 weeks | General practice indicator suitable for use in the QOF | October 2024 |
| [NM207](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-babies-who-reached-8-months-old-in-the-preceding-12-months-who-have-received-2-doses-of-a-meningitis-b-vaccine-before-the-age-of-8-months) | The percentage of babies who reached 8 months old in the preceding 12 months, who have received 2 doses of a meningitis B vaccine before the age of 8 months | General practice indicator suitable for use in the QOF | October 2024 |
| [NM208](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-babies-who-reached-18-months-old-in-the-preceding-12-months-who-have-received-2-primary-doses-and-1-booster-dose-of-a-meningitis-b-vaccine-before-the-age-of-18-months) | The percentage of children who reached 18 months old in the preceding 12 months, who have received 2 primary doses and 1 booster dose of a meningitis B vaccine before the age of 18 months | General practice indicator suitable for use in the QOF | October 2024 |

## Kidney conditions

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [NM83](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-aged-18-years-or-over-with-ckd-with-classification-of-categories-g3a-to-g5-previously-stage-3-to-5) | The contractor establishes and maintains a register of patients aged 18 years or over with CKD with classification of categories G3a to G5 (previously stage 3 to 5) | General practice indicator suitable for use in the QOF | August 2025 |
| [NM84](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-on-the-ckd-register-who-have-hypertension-and-proteinuria-and-who-are-currently-being-treated-with-renin-angiotensin-system-antagonists) | The percentage of patients on the CKD register who have hypertension and proteinuria and who are currently being treated with renin-angiotensin system antagonists | General practice indicator suitable for use in the QOF | August 2025 |
| [NM109](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-on-the-ckd-register-whose-notes-have-a-record-of-a-urine-albumin-creatinine-ratio-or-protein-creatinine-ratio-test-in-the-preceding-12-months-nm109) | The percentage of patients on the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months | General practice indicator suitable for use in the QOF | August 2025 |
| [NM152](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-practice-establishes-and-maintains-a-register-of-all-patients-who-have-had-an-episode-of-aki) | The practice establishes and maintains a register of all patients who have had an episode of AKI | General practice indicator suitable for use in the QOF | October 2023 |
| [NM213](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-ckd-on-the-register-who-are-currently-treated-with-a-lipid-lowering-therapy) | The percentage of patients with CKD, on the register, who are currently treated with a lipid lowering therapy. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM214](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-excluding-those-on-the-ckd-register-prescribed-long-term-chronic-oral-non-steroidal-anti-inflammatory-drugs-nsaids-who-have-had-an-egfr-measurement-in-the-preceding-12-months) | The percentage of patients (excluding those on the CKD register) prescribed long-term (chronic) oral non-steroidal anti-inflammatory drugs (NSAIDs) who have had an eGFR measurement in the preceding 12 months. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM215](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-ckd-stage-g3a-g5-on-the-register-within-the-preceding-12-months-who-had-egfr-measured-on-at-least-2-occasions-separated-by-at-least-90-days-and-the-second-test-within-90-days-before-the-diagnosis) | The percentage of patients with a new diagnosis of CKD stage G3a-G5 (on the register, within the preceding 12 months) who had eGFR measured on at least 2 occasions separated by at least 90 days, and the second test within 90 days before the diagnosis | General practice indicator suitable for use in the QOF | August 2025 |
| [NM216](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-ckd-stage-g3a-g5-on-the-register-within-the-preceding-12-months-who-had-egfr-and-acr-urine-albumin-to-creatinine-ratio-measurements-recorded-within-90-days-before-or-after-diagnosis) | The percentage of patients with a new diagnosis of CKD stage G3a-G5 (on the register, within the preceding 12 months) who had eGFR and ACR (urine albumin to creatinine ratio) measurements recorded within 90 days before or after diagnosis. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM217](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-on-the-ckd-register-and-with-an-albumin-to-creatinine-ratio-acr-of-less-than-70-mg-mmol-without-moderate-or-severe-frailty-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-135-85-mmhg-if-u) | The percentage of patients on the CKD register and with an albumin to creatinine ratio (ACR) of less than 70 mg/mmol, without moderate or severe frailty, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if monitored in clinic. | General practice indicator suitable for use in the QOF | August 2025 |

## Learning disabilities

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM73](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-learning-disabilities) | The contractor establishes and maintains a register of patients with learning disabilities | General practice indicator suitable for use in the QOF | October 2023 |
| NM249 | The percentage of patients on the learning disability register who received a learning disability health check and a had completed health action plan in the preceding 12 months. | General practice indicator suitable for use in the QOF | October 2026 |
| NM250 | The percentage of patients on the learning disability register who:   * received a learning disability health check and had a completed health action plan in the preceding 12 months and * have a recording of ethnicity. | General practice indicator suitable for use in the QOF | October 2026 |

## Lipid disorders

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM244](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-total-cholesterol-reading-greater-than-7-5-mmol-litre-when-aged-29-years-or-under-or-greater-than-9-0-mmol-litre-when-aged-30-years-or-over-who-have-been-diagnosed-with-secondary-hyperlipidaemia-or-clinically-assessed-for) | The percentage of patients with a total cholesterol reading greater than 7.5 when aged 29 years or under, or greater than 9.0 when aged 30 years or over, who have been: diagnosed with secondary hyperlipidaemia or clinically assessed for familial hypercholesterolaemia or referred for assessment for familial hypercholesterolaemia or genetically diagnosed with familial hypercholesterolaemia. | General practice indicator suitable for use in the QOF | August 2026 |

## Mental health conditions and services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM15](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-who-have-a-record-of-alcohol-consumption-in-the-preceding-15-months) | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM16](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-who-have-a-record-of-bmi-in-the-preceding-15-months) | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM17](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-who-have-a-record-of-blood-pressure-in-the-preceding-15-months) | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM108](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-who-have-a-comprehensive-care-plan-documented-in-the-record-in-the-preceding-12-months-agreed-between-individuals-their-family-and-or-carers-as-appropriate-nm108) | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate | General practice indicator suitable for use in the QOF | October 2023 |
| [NM120](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-aged-25-84-excluding-those-with-pre-existing-chd-diabetes-stroke-and-or-tia-who-have-had-a-cvd-risk-assessment-performed-in-the-preceding-12-months-nm120) | The percentage of patients aged between 25 and 84 years with schizophrenia, bipolar affective disorder and other psychoses (excluding those with pre-existing cardiovascular disease, chronic kidney disease, familial hypercholesterolaemia or type 1 diabetes) who have had a full formal cardiovascular disease risk assessment performed in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM129](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-18-and-over-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-who-have-a-record-of-total-cholesterol-hdl-ratio-in-the-preceding-12-months-nm129) | The percentage of patients aged 18 and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol: hdl ratio in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM130](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-18-years-and-over-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-who-have-a-record-of-blood-glucose-or-hba1c-in-the-preceding-12-months-nm130) | The percentage of patients aged 18 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM177](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-depression-or-anxiety-in-the-preceding-12-months-who-have-been-screened-for-unsafe-drinking-using-the-fast-or-audit-c-tool-in-the-3-months-before-or-after-their-diagnosis-being-recorded) | The percentage of patients with a new diagnosis of depression or anxiety in the preceding 12 months who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the 3 months before or after their diagnosis being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM178](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-depression-or-anxiety-and-a-fast-score-of-3-or-audit-c-score-of-5-in-the-preceding-12-months-who-have-received-brief-intervention-to-help-them-reduce-their-alcohol-related-risk-within-3-months-of-the-scor) | The percentage of patients with a new diagnosis of depression or anxiety and a FAST score of 3 or more or AUDIT-C score of 5 or more in the preceding 12 months, who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM232](https://www.nice.org.uk/standards-and-indicators/qofindicators/percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-who-in-the-preceding-12-months-received-all-six-elements-of-physical-health-checks-for-people-with-severe-mental-illness) | Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who, in the preceding 12 months, received all six elements of physical health checks for people with severe mental illness. | General practice indicator suitable for use in the QOF | November 2025 |
| [NM240](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-and-other-patients-on-lithium-therapy) | The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy | General practice indicator suitable for use in the QOF | August 2026 |
| [NM241](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-and-other-patients-on-lithium-therapy) | The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses | General practice indicator suitable for use in the QOF | August 2026 |

## Multiple long-term conditions

| **ID** | **Indicator** | **Indicator type** | **Review date** |
| --- | --- | --- | --- |
| [NM184](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-practice-can-produce-a-register-of-people-with-multimorbidity-who-would-benefit-from-a-tailored-approach-to-care) | The practice can produce a register of people with multimorbidity who would benefit from a tailored approach to care. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM185](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-practice-can-produce-a-register-of-people-with-moderate-to-severe-frailty) | The practice can produce a register of people with moderate to severe frailty. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM186](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-moderate-or-severe-frailty-and-or-multimorbidity-who-have-received-a-medication-review-in-the-last-12-months-which-is-structured-has-considered-the-use-of-a-recognised-tool-and-taken-place-as-a-shared-discussion) | The percentage of patients with moderate or severe frailty and/or multimorbidity who have received a medication review in the last 12 months which is structured, has considered the use of a recognised tool and taken place as a shared discussion. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM187](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-65-years-and-over-with-moderate-or-severe-frailty-who-have-been-asked-whether-they-have-had-a-fall-about-the-total-number-of-falls-and-about-the-type-of-falls-in-the-last-12-months) | The percentage of patients (aged 65 years and over) with moderate or severe frailty who have been asked whether they have had a fall, about the total number of falls and about the type of falls, in the last 12 months. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM188](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-65-years-and-over-with-moderate-or-severe-frailty-who-have-been-asked-whether-they-have-had-a-fall-about-the-total-number-of-falls-and-about-the-type-of-falls-in-the-last-12-months-were-found-to-be-at-risk-and-have-been-pro) | The percentage of patients (aged 65 years and over) with moderate or severe frailty who have been asked whether they have had a fall, about the total number of falls and about the type of falls, in the last 12 months, were found to be at risk and have been provided with advice and guidance with regard to falls prevention (in the last 12 months). | General practice indicator suitable for use in the QOF | September 2026 |

## Myocardial infarction

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM80](https://www.nice.org.uk/standards-and-indicators/qofindicators/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) | The percentage of patients with a history of myocardial infarction (more than 12 months ago) who are currently being treated with an ACE-I (or ARB if ACE-I intolerant), aspirin (or clopidogrel) (or anticoagulant drug therapy) and a statin and a beta-blocker for those patients with left ventricular systolic dysfunction | General practice indicator suitable for use in the QOF | October 2023 |

## Obesity and weight management

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [NM121](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-coronary-heart-disease-stroke-or-tia-diabetes-hypertension-peripheral-arterial-disease-heart-failure-copd-asthma-and-or-rheumatoid-arthritis-who-have-had-a-bmi-recorded-in-the-preceding-12-months-nm121) | The percentage of patients with coronary heart disease, stroke or TIA, diabetes, hypertension, peripheral arterial disease, heart failure, COPD, asthma and/ or rheumatoid arthritis who have had a BMI recorded in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM143](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-18-or-over-on-or-after-1-april-2017-who-have-had-a-record-of-a-bmi-being-calculated-in-the-preceding-5-years-and-after-their-18th-birthday) | The percentage of patients aged 18 or over who have had a record of a BMI being calculated in the preceding 5 years (and after their 18th birthday) | General practice indicator suitable for use in the QOF | October 2023 |
| [NM202](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-bmi-of-27-5-kg-m2-or-more-or-30-kg-m2-or-more-if-ethnicity-is-recorded-as-white-in-the-preceding-12-months-who-have-been-offered-referral-to-a-weight-management-programme-within-90-days-of-the-bmi-being-recorded) | The percentage of patients with a BMI of 27.5 kg/m2 (or 30 kg/m2 or more if ethnicity is recorded as White) in the preceding 12 months who have been offered referral to a weight management programme within 90 days of the BMI being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM203](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-hypertension-or-diabetes-and-a-bmi-of-27-5-kg-m2-or-more-or-30-kg-m2-or-more-if-ethnicity-is-recorded-as-white-in-the-preceding-12-months-who-have-been-referred-to-a-weight-management-programme-within-90-days-of-the-bmi-bei) | The percentage of patients with hypertension or diabetes and a BMI of 27.5 kg/m2 or more (or 30 kg/m2 or more if ethnicity is recorded as White) in the preceding 12 months who have been referred to a weight management programme within 90 days of the BMI being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM221](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-aged-18-or-over-with-a-bmi-of-23-kg-m2-or-more-or-25-kg-m2-or-more-if-ethnicity-is-recorded-as-white-in-the-preceding-12-months) | The contractor establishes and maintains a register of patients aged 18 or over with a BMI of 23 or more (or 25 or more if ethnicity is recorded as White) in the preceding 12 months. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM222](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-aged-18-or-over-with-a-bmi-of-27-5-kg-m2-or-more-or-30-kg-m2-or-more-if-ethnicity-is-recorded-as-white-in-the-preceding-12-months) | The contractor establishes and maintains a register of patients aged 18 or over with a BMI of 27.5 or more (or 30 or more if ethnicity is recorded as White) in the preceding 12 months. | General practice indicator suitable for use in the QOF | August 2025 |

## Osteoporosis

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM29](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-1-aged-50-or-over-and-who-have-not-attained-the-age-of-75-with-a-record-of-a-fragility-fracture-on-or-after-1-april-2012-and-a-diagnosis-of-osteoporosis-confirmed-on-dxa-scan-and-2-aged-75-or) | The contractor establishes and maintains a register of patients: 1. Aged 50 or over and who have not attained the age of 75 with a record of a fragility fracture on or after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and 2. Aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis | General practice indicator suitable for use in the QOF | August 2026 |

## Peripheral arterial disease

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM32](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-peripheral-arterial-disease) | The contractor establishes and maintains a register of patients with peripheral arterial disease | General practice indicator suitable for use in the QOF | October 2023 |
| [NM33](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-peripheral-arterial-disease-with-a-record-in-the-preceding-15-months-that-aspirin-or-an-alternative-anti-platelet-is-being-taken) | The percentage of patients with peripheral arterial disease with a record in the preceding 15 months that aspirin or an alternative anti-platelet is being taken | General practice indicator suitable for use in the QOF | October 2023 |
| [NM229](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-79-years-or-under-with-peripheral-arterial-disease-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-135-85-mmhg-if-using-ambulatory-or-home-monitoring-or-less-than-140-90-mmhg-if-moni) | The percentage of patients aged 79 years or under with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if monitored in clinic. | General practice indicator suitable for use in the QOF | August 2025 |

## Pregnancy and neonates

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM156](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-women-who-have-given-birth-in-the-preceding-12-months-who-have-had-an-enquiry-about-their-mental-health-between-4-16-weeks-postpartum) | The percentage of women who have given birth in the preceding 12 months who have had an enquiry about their mental health between 4-16 weeks postpartum | General practice indicator suitable for use in the QOF | October 2023 |

## Respiratory conditions

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM47](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-copd-and-medical-research-council-mrc-dyspnoea-scale-%E2%89%A53-at-any-time-in-the-preceding-15-months-with-a-subsequent-record-of-an-offer-of-referral-to-a-pulmonary-rehabilitation-programme) | The percentage of patients with COPD and Medical Research Council (MRC) Dyspnoea Scale of 3 or more at any time in the preceding 15 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme | General practice indicator suitable for use in the QOF | October 2023 |
| [NM105](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-copd-with-a-record-of-fev1-in-the-preceding-12-months-nm105) | The percentage of patients with COPD with a record of FEV1 in the preceding 12 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM106](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-copd-who-have-had-influenza-immunisation-in-the-preceding-1-august-to-31-march-nm106) | The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March | General practice indicator suitable for use in the QOF | October 2023 |
| [NM122](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-coronary-heart-disease-stroke-or-transient-ischemic-attack-diabetes-and-or-chronic-obstructive-pulmonary-disease-who-have-influenza-immunisation-in-the-preceding-1-august-and-31-march-nm122) | The percentage of patients with coronary heart disease, stroke or transient ischemic attack, diabetes and/or chronic obstructive pulmonary disease who have influenza immunisation in the preceding 1 August and 31 March | General practice indicator suitable for use in the QOF | October 2023 |
| [NM165](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-asthma-aged-5-or-over) | The contractor establishes and maintains a register of patients with asthma aged 5 or over. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM166](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-asthma-on-the-register-from-start-date-with-a-record-of-spirometry-and-one-other-objective-test-feno-or-reversibility-or-variability-between-3-months-before-or-3-months-after-diagnosis) | The percentage of patients with asthma on the register from (*start date*) with a record of spirometry and one other objective test (FeNO or reversibility or variability) between 3 months before or 3 months after diagnosis. | General practice indicator suitable for use in the QOF | August 2026 |
| [NM167](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-asthma-on-the-register-who-have-had-an-asthma-review-in-the-preceding-12-months-that-includes-an-assessment-of-asthma-control-using-a-validated-asthma-control-questionnaire-including-assessment-of-short-acting-beta-agonist-) | The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire (including assessment of short acting beta agonist use), a recording of the number of exacerbations and a written personalised action plan. | General practice indicator suitable for use in the QOF | October 2023 |
| [NM168](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-asthma-on-the-register-aged-19-or-under-in-whom-there-is-a-record-of-smoking-status-active-or-passive-in-the-preceding-12-months) | The percentage of patients with asthma on the register aged 19 or under, in whom there is a record of smoking status (active or passive) in the preceding 12 months. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM169](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-1-patients-with-a-clinical-diagnosis-of-copd-before-start-date-and-2-patients-with-a-clinical-diagnosis-of-copd-on-or-after-start-date-whose-diagnosis-has-been-confirmed-by-a-quality-assured-post-bron) | The contractor establishes and maintains a register of:  1. Patients with a clinical diagnosis of COPD before *(start date)*, and  2. Patients with a clinical diagnosis of COPD on or after *(start date)* whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7 between 3 months before or 3 months after diagnosis. | General practice indicator suitable for use in the QOF | August 2026 |
| [NM170](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-copd-on-the-register-who-have-had-a-review-in-the-preceding-12-months-including-a-record-of-the-number-of-exacerbations-and-an-assessment-of-breathlessness-using-the-medical-research-council-dyspnoea-scale) | The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale. | General practice indicator suitable for use in the QOF | August 2026 |
| [NM194](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-very-severe-chronic-obstructive-pulmonary-disease-copd-with-a-record-of-oxygen-saturation-value-within-the-preceding-12-months) | The percentage of patients with very severe chronic obstructive pulmonary disease (COPD) with a record of oxygen saturation value within the preceding 12 months. | General practice indicator suitable for use in the QOF | September 2026 |

## Rheumatoid arthritis

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [NM55](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-practice-can-produce-a-register-of-all-patients-aged-16-years-and-over-with-rheumatoid-arthritis) | The practice can produce a register of all patients aged 16 years and over with rheumatoid arthritis | General practice indicator suitable for use in the QOF | October 2023 |
| [NM56](https://www.nice.org.uk/standards-and-indicators/qofindicators/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 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 | General practice indicator suitable for use in the QOF | October 2023 |
| [NM57](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-50-90-years-with-rheumatoid-arthritis-who-have-had-an-assessment-of-fracture-risk-using-a-risk-assessment-tool-adjusted-for-ra-in-the-preceding-27-months) | The percentage of patients aged 50-90 years with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 27 months | General practice indicator suitable for use in the QOF | October 2023 |
| [NM58](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-rheumatoid-arthritis-on-the-register-who-have-had-a-face-to-face-review-in-the-preceding-12-months) | The percentage of patients with rheumatoid arthritis, who have had a face-to-face annual review in the preceding 15 months | General practice indicator suitable for use in the QOF | October 2023 |

## Smoking

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [NM38](https://www.nice.org.uk/standards-and-indicators/qofindicators/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-are-recorded-as-current-smokers-who-have-a-recor) | 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 whose notes record smoking status in the preceding 12 months | General practice indicator suitable for use in the QOF | November 2024 |
| [NM39](https://www.nice.org.uk/standards-and-indicators/qofindicators/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-o) | 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 | General practice indicator suitable for use in the QOF | November 2024 |
| [NM40](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-15-years-and-over-who-are-recorded-as-current-smokers-who-have-a-record-of-an-offer-of-support-and-treatment-within-the-preceding-24-months) | The percentage of patients aged 15 years and over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months | General practice indicator suitable for use in the QOF | November 2024 |
| [NM124](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-or-other-psychoses-whose-notes-record-smoking-status-in-the-preceding-12-months-nm124) | The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months | General practice indicator suitable for use in the QOF | August 2026 |
| [NM125](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-or-other-psychoses-who-are-recorded-as-current-smokers-who-have-a-record-of-an-offer-of-support-and-treatment-within-the-preceding-12-months-nm125) | The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months | General practice indicator suitable for use in the QOF | August 2026 |
| [NM126](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-any-or-any-combination-conditions-chd-pad-stroke-or-tia-hypertension-diabetes-copd-ckd-or-asthma-whose-notes-record-smoking-status-in-preceding-12-months-nm126) | The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD or asthma, whose notes record smoking status in the preceding 12 months | General practice indicator suitable for use in the QOF | August 2024 |
| [NM127](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-any-or-any-combination-of-the-following-conditions-chd-pad-stroke-or-tia-hypertension-diabetes-copd-ckd-asthma-recorded-as-current-smokers-with-offer-of-support-and-treatment-within-12-months-nm127) | The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD or asthma who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months | General practice indicator suitable for use in the QOF | August 2024 |

## Stroke and ischaemic attack

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM94](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-stroke-shown-to-be-non-haemorrhagic-or-a-history-of-tia-who-have-a-record-in-the-preceding-12-months-that-an-anti-platelet-agent-or-an-anti-coagulant-is-being-taken-nm94) | The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken | General practice indicator suitable for use in the QOF | October 2023 |
| [NM140](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-stroke-or-tia-who-have-had-influenza-immunisation-in-the-preceding-1-august-to-31-march-nm140) | The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March | General practice indicator suitable for use in the QOF | October 2023 |
| [NM180](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-who-have-been-screened-for-unsafe-drinking-using-the-fast-or-audit-c-tool-in-the-preceding-2-years) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for hazardous drinking using the FAST or AUDIT-C tool in the preceding 2 years. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM181](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-one-or-more-of-the-following-conditions-chd-atrial-fibrillation-chronic-heart-failure-stroke-or-tia-diabetes-or-dementia-with-a-fast-score-of-3-or-audit-c-score-of-5-in-the-preceding-2-years-who-have-received-brief-interven) | The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 in the preceding 2 years who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use in the QOF | September 2026 |
| [NM227](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-79-years-or-under-with-a-history-of-stroke-or-tia-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-135-85-mmhg-if-using-ambulatory-or-home-monitoring-or-less-than-140-90-mmhg-if-monit) | The percentage of patients aged 79 years or under with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if monitored in clinic. | General practice indicator suitable for use in the QOF | August 2025 |
| [NM228](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-aged-80-years-or-over-with-a-history-of-stroke-or-tia-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-145-85-mmhg-if-using-ambulatory-or-home-monitoring-or-less-than-150-90-mmhg-if-monito) | The percentage of patients aged 80 years or over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is less than 145/85 mmHg if using ambulatory or home monitoring, or less than 150/90 mmHg if monitored in clinic | General practice indicator suitable for use in the QOF | August 2025 |
| [NM243](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-patients-with-stroke-or-transient-ischaemic-attack-tia) | The contractor establishes and maintains a register of patients with stroke or transient ischaemic attack (TIA) | General practice indicator suitable for use in the QOF | August 2026 |

# Section 2: General practice indicators suitable for use outside of the QOF

## Contraception

| **ID** | **Indicator** | **Indicator type** | **Review date** |
| --- | --- | --- | --- |
| [NM115](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-women-on-the-register-prescribed-emergency-hormonal-contraception-1-or-more-times-in-the-preceding-12-months-by-the-contractor-who-have-received-information-from-the-contractor-about-long-acting-reversible-methods-of-contraception-nm115) | The percentage of women, on the register, prescribed emergency hormonal contraception 1 or more times in the preceding 12 months by the contractor who have received information from the contractor about long acting reversible methods of contraception at the time of or within 1 month of the prescription | General practice indicator suitable for use outside of the QOF | October 2023 |

## Dementia

| **ID** | **Indicator** | **Indicator type** | **Review date** |
| --- | --- | --- | --- |
| [NM09](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-new-diagnosis-of-dementia-recorded-in-the-preceding-1-april-to-31-march-with-a-record-of-fbc-calcium-glucose-renal-and-liver-function-thyroid-function-tests-serum-vitamin-b12-and-folate-levels-recorded-between-6-months-be) | The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before or after entering on to the register | General practice indicator suitable for use outside of the QOF | October 2023 |
| [NM72](https://www.nice.org.uk/Standards-and-Indicators/GPQualityImprovements/the-percentage-of-patients-with-dementia-diagnosed-on-or-after-1-april-2014-with-a-record-of-fbc-calcium-glucose-renal-and-liver-function-thyroid-function-tests-serum-vitamin-b12-and-folate-levels-recorded-up-to-12-months-before-entering-on-to-the-registe) | The percentage of patients with dementia (diagnosed on or after 1 April 2014) with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded up to 12 months before entering on to the register | General practice indicator suitable for use outside of the QOF | October 2023 |

## Epilepsy

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM03](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-women-under-the-age-of-55-years-who-are-taking-antiepileptic-drugs-who-have-a-record-of-information-and-counselling-about-contraception-conception-and-pregnancy-in-the-preceding-15-months) | The percentage of women under the age of 55 years who are taking antiseizure medications who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months*.* | General practice indicator suitable for use outside of the QOF | October 2023 |
| [NM71](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-women-with-epilepsy-aged-18-or-over-and-who-have-not-attained-the-age-of-45-who-are-taking-antiepileptic-drugs-who-have-a-record-of-being-given-information-and-advice-about-pregnancy-or-conception-or-contraception-tailored-to-their-pregn) | The percentage of women with epilepsy who are aged 18 or over, but under 45, who are taking antiseizure medications and have a record of being given information and advice in the previous 12 months about pregnancy or conception, or contraception tailored to their pregnancy and contraceptive intentions. | General practice indicator suitable for use outside of the QOF | October 2023 |

## HIV and AIDS

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| --- | --- | --- | --- |
| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM189](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-adults-and-young-people-newly-registered-with-a-gp-in-an-area-of-high-or-extremely-high-hiv-prevalence-who-receive-an-hiv-test-within-3-months-of-registration) | The percentage of adults and young people newly registered with a GP in an area of high or extremely high HIV prevalence who receive an HIV test within 3 months of registration. | General practice indicator suitable for use outside of the QOF | September 2026 |
| [NM190](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-adults-and-young-people-at-a-gp-surgery-in-an-area-of-high-or-extremely-high-hiv-prevalence-who-have-not-had-an-hiv-test-in-the-last-12-months-who-are-having-a-blood-test-and-receive-an-hiv-test-at-the-same-time) | The percentage of adults and young people at a GP surgery in an area of high or extremely high HIV prevalence who have not had an HIV test in the last 12 months, who are having a blood test and receive an HIV test at the same time | General practice indicator suitable for use outside of the QOF | September 2026 |

## Kidney conditions

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM246](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-patients-on-the-ckd-register-and-currently-treated-with-an-arb-or-an-ace-inhibitor-who-are-also-currently-treated-with-an-sglt2-inhibitor-if-they-have-either-no-type-2-diabetes-and-a-urine-acr-of-22-6-mg-mmol-or-more-or-type-2-diabetes-a) | "The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either: no type 2 diabetes and a urine ACR of 22.6 mg/mmol or more, or type 2 diabetes and a urine ACR 3 mg/mmol or more. | General practice indicator suitable for use outside of the QOF | February 2024 |
| [NM247](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-patients-on-the-ckd-register-and-with-an-albumin-to-creatinine-ratio-acr-of-70-mg-mmol-or-more-without-diabetes-who-are-currently-treated-with-an-arb-or-an-ace-inhibitor) | The percentage of patients on the CKD register and with an albumin to creatinine ratio (ACR) of 70 mg/mmol or more, without diabetes, who are currently treated with an ARB or an ACE inhibitor. | General practice indicator suitable for use outside of the QOF | August 2026 |
| [NM248](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-patients-on-the-ckd-register-and-with-an-albumin-to-creatinine-ratio-acr-of-70-mg-mmol-or-more-without-moderate-or-severe-frailty-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-125-75-mmhg-if-usi) | The percentage of patients on the CKD register and with an albumin to creatinine ratio (ACR) of 70 mg/mmol or more, without moderate or severe frailty, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 125/75 mmHg if using ambulatory or home monitoring, or less than 130/80 mmHg if monitored in clinic. | General practice indicator suitable for use outside of the QOF | August 2026 |

## Learning disabilities

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM04](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/percentage-of-patients-on-the-learning-disability-register-with-down-s-syndrome-aged-18-and-over-who-have-a-record-of-blood-tsh-in-the-previous-15-months-excluding-those-who-are-on-the-thyroid-disease-register) | Percentage of patients on the learning disability register with Down's Syndrome aged 18 and over who have a record of blood TSH in the previous 15 months (excluding those who are on the thyroid disease register) | General practice indicator suitable for use outside of the QOF | October 2023 |

## Lipid disorders

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM182](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-people-aged-29-years-and-under-with-a-total-cholesterol-concentration-greater-than-7-5-mmol-l-that-are-assessed-against-the-simon-broome-or-dutch-lipid-clinic-network-dlcn-criteria) | The percentage of people aged 29 years and under, with a total cholesterol concentration greater than 7.5 mmol/l that are assessed against the Simon Broome or Dutch Lipid Clinic Network (DLCN) criteria | General practice indicator suitable for use outside of the QOF | September 2026 |
| [NM183](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-people-aged-30-years-and-older-with-a-total-cholesterol-concentration-greater-than-9-0mmol-l-that-are-assessed-against-the-simon-broome-or-dutch-lipid-clinic-network-dlcn-criteria) | The percentage of people aged 30 years and older with a total cholesterol concentration greater than 9.0mmol/l that are assessed against the Simon Broome or Dutch Lipid Clinic Network (DLCN) criteria | General practice indicator suitable for use outside of the QOF | September 2026 |
| [NM245](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-total-cholesterol-reading-in-the-preceding-12-months-greater-than-7-5-mmol-litre-who-have-been-diagnosed-with-secondary-hyperlipidaemia-or-clinically-assessed-for-familial-hypercholesterolaemia-or-referred-for-assessment-) | The percentage of patients with a total cholesterol reading in the preceding 12 months greater than 7.5 mmol/litre who have been: diagnosed with secondary hyperlipidaemia or clinically assessed for familial hypercholesterolaemia or referred for assessment for familial hypercholesterolaemia or genetically diagnosed with familial hypercholesterolaemia. | General practice indicator suitable for use outside of the QOF | August 2026 |

## Mental health conditions and services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM20](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-women-aged-25-or-over-and-who-have-not-attained-the-age-of-65-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-whose-notes-record-that-a-cervical-screening-test-has-been-performed-in-the-preceding-5-years) | The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years | General practice indicator suitable for use outside of the QOF | October 2023 |
| [NM21](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-patients-on-lithium-therapy-with-a-record-of-serum-creatinine-and-tsh-in-the-preceding-9-months) | The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months | General practice indicator suitable for use outside of the QOF | October 2023 |
| [NM22](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-patients-on-lithium-therapy-with-a-record-of-lithium-levels-in-the-therapeutic-range-within-the-previous-4-months) | The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 4 months | General practice indicator suitable for use outside of the QOF | October 2023 |
| [NM78](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/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-in-the-previous-12-months) | 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 in the previous 12 months about pregnancy, conception or contraception tailored to their pregnancy and contraceptive intentions | General practice indicator suitable for use outside of the QOF | October 2023 |
| [NM179](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-patients-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-with-a-fast-score-of-3-or-audit-c-score-of-5-in-the-preceding-12-months-who-have-received-a-brief-intervention-to-help-them-reduce-their-alcohol-related-risk-with) | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of ≥3 or AUDIT-C score of ≥5 in the preceding 12 months who have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. | General practice indicator suitable for use outside of the QOF | September 2026 |
| [NM195](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-women-aged-25-or-over-and-who-have-not-attained-the-age-of-50-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-whose-notes-record-that-a-cervical-screening-test-has-been-performed-in-the-preceding-3-years-and-6-months) | The percentage of women aged 25 or over and who have not attained the age of 50 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 3 years and 6 months | General practice indicator suitable for use outside of the QOF | September 2026 |
| [NM196](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-women-aged-50-or-over-and-who-have-not-attained-the-age-of-65-with-schizophrenia-bipolar-affective-disorder-and-other-psychoses-whose-notes-record-that-a-cervical-screening-test-has-been-performed-in-the-preceding-5-years-and-6-months) | The percentage of women aged 50 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years and 6 months | General practice indicator suitable for use outside of the QOF | September 2026 |

## Myocardial infarction

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM79](https://www.nice.org.uk/Standards-and-Indicators/GPQualityImprovements/the-percentage-of-patients-who-had-a-myocardial-infarction-in-the-preceding-1-april-to-31-march-and-who-are-currently-being-treated-with-ace-i-or-arb-if-ace-i-intolerant-dual-anti-platelet-therapy-a-statin-and-a-beta-blocker-for-those-patients-with-left-v) | The percentage of patients who had a myocardial infarction in the preceding 1 April to 31 March and who are currently being treated with ACE-I (or ARB if ACE-I intolerant), dual anti-platelet therapy, a statin and a beta blocker for those patients with left ventricular systolic dysfunction | General practice indicator suitable for use outside of the QOF | October 2023 |

## Osteoporosis

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM30](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-patients-aged-50-or-over-and-who-have-not-attained-the-age-of-75-with-a-record-of-a-fragility-fracture-on-or-after-1-april-2012-in-whom-osteoporosis-is-confirmed-on-dxa-scan-who-are-currently-treated-with-an-appropriate-bone-sparing-agen) | The percentage of patients aged 50 or over and who have not attained the age of 75, with a record of a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent | General practice indicator suitable for use outside of the QOF | August 2026 |
| [NM31](https://www.nice.org.uk/Standards-and-Indicators/GPQualityImprovements/the-percentage-of-patients-aged-75-or-over-with-a-fragility-fracture-on-or-after-1-april-2012-who-are-currently-treated-with-an-appropriate-bone-sparing-agent) | The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent | General practice indicator suitable for use outside of the QOF | August 2026 |

## Peripheral arterial disease

|  |  |  |  |
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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [NM230](https://www.nice.org.uk/standards-and-indicators/gpqualityimprovements/the-percentage-of-patients-aged-80-years-or-over-with-peripheral-arterial-disease-in-whom-the-last-blood-pressure-reading-measured-in-the-preceding-12-months-is-less-than-145-85-mmhg-if-using-ambulatory-or-home-monitoring-or-less-than-150-90-mmhg-if-monit) | The percentage of patients aged 80 years or over with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is less than 145/85 mmHg if using ambulatory or home monitoring, or less than 150/90 mmHg if monitored in clinic | General practice indicator suitable for use outside of the QOF | August 2025 |

# Section 3: CCG indicators

## Atrial fibrillation

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG55](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-patients-with-atrial-fibrillation-on-anticoagulation-admitted-to-hospital-for-stroke) | The proportion of patients admitted to hospital for stroke with a pre-existing diagnosis of atrial fibrillation, who were on anticoagulation | Clinical Commissioning Group Outcome Indicator Set | August 2026 |
| [CCG56](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-patients-with-atrial-fibrillation-not-on-anticoagulation-admitted-to-hospital-for-stroke) | The proportion of patients admitted to hospital for stroke with a pre-existing diagnosis of atrial fibrillation, who were not on anticoagulation | Clinical Commissioning Group Outcome Indicator Set | August 2026 |

## Bipolar, schizophrenia and other psychoses

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| --- | --- | --- | --- |
| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG82](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-pregnant-women-who-were-asked-about-their-mental-health-at-their-first-booking-appointment) | The proportion of pregnant women who were asked about their mental health at their first booking appointment | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

## Cancer

|  |  |  |  |
| --- | --- | --- | --- |
| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG01](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/cancer-ccg01) | The proportion of invasive cases of cancer diagnosed via an emergency route | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG02](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/cancer-ccg02) | The proportion of new cases of cancer with a stage of diagnosis recorded | Clinical Commissioning Group Outcome Indicator Set | September 2024 |
| [CCG03](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/cancer-ccg03) | The proportion of cancer cases detected at stage 1 or 2 | Clinical Commissioning Group Outcome Indicator Set | January 2026 |
| [CCG04](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/breast-cancer-mortality-rates-ccg04) | Breast cancer mortality rates | Clinical Commissioning Group Outcome Indicator Set | June 2024 |
| [CCG06](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/lung-cancer-ccg06) | The proportion of lung cancer cases for which a stage at diagnosis is recorded | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG83](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-eligible-people-aged-60-74-years-whose-record-shows-a-bowel-screening-test-has-been-performed-within-the-last-2-5-years) | The proportion of eligible people aged 60-74 years whose record shows a bowel screening test has been performed within the last 2.5 years | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG84](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-women-aged-50-70-years-whose-record-shows-a-breast-screening-test-has-been-performed-within-the-last-3-years) | The proportion of women aged 50-70 years whose record shows a breast screening test has been performed within the last 3 years | Clinical Commissioning Group Outcome Indicator Set | September 2026 |

## Dementia

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| --- | --- | --- | --- |
| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG18](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/dementia-ccg18) | Proportion of people with dementia prescribed anti-psychotic medication | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

## Depression

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG82](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-pregnant-women-who-were-asked-about-their-mental-health-at-their-first-booking-appointment) | The proportion of pregnant women who were asked about their mental health at their first booking appointment | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

## Diabetes

| **ID** | **Indicator** | **Indicator type** | **Review date** |
| --- | --- | --- | --- |
| [CCG12](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/diabetes-ccg12) | The proportion of adults with a diagnosis of diabetes who have a recording of MI, stroke and end stage kidney disease. | Clinical Commissioning Group Outcome Indicator Set | August 2024 |
| [CCG13](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/diabetes-ccg13) | The proportion of adults with diabetes who have received all nine basic care processes | Clinical Commissioning Group Outcome Indicator Set | August 2026 |
| [CCG14](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/diabetes-ccg14) | The proportion of adults with diabetes referred to a structured education programme within 12 months of diagnosis | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG58](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/admission-rates-for-people-with-diabetes-due-to-complications-associated-with-diabetes) | Admission rates for people with diabetes due to complications associated with diabetes | Clinical Commissioning Group Outcome Indicator Set | November 2024 |
| [CCG59](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/admissions-rates-due-to-angina-in-people-with-diabetes) | Admissions rates due to angina in people with diabetes | Clinical Commissioning Group Outcome Indicator Set | August 2024 |
| [CCG60](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/admissions-rates-due-to-myocardial-infarction-in-people-with-diabetes) | Admission rates due to myocardial infarction in people with diabetes | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG61](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/admission-rates-due-to-heart-failure-in-people-with-diabetes) | Admission rates due to heart failure in people with diabetes | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG62](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/admission-rates-due-to-stroke-in-people-with-diabetes) | Admission rates due to stroke in people with diabetes | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG63](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/admissions-rates-for-renal-replacement-therapy-in-people-with-diabetes) | Admission rates for renal replacement therapy in people with diabetes | Clinical Commissioning Group Outcome Indicator Set | August 2024 |
| [CCG64](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/admission-rates-due-to-diabetic-ketoacidosis-in-people-with-diabetes) | Admission rates due to diabetic ketoacidosis in people with diabetes | Clinical Commissioning Group Outcome Indicator Set | November 2024 |
| [CCG65](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/admission-rates-due-to-lower-limb-amputations-in-people-with-diabetes) | Admission rates due to lower limb amputations in people with diabetes | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG66](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-children-and-young-people-with-diabetes-who-receive-the-following-individual-care-processes-in-the-past-12-months) | Proportion of children and young people with diabetes who receive the following individual care processes in the past 12 months:   * Glycated Haemoglobin A1c (HbA1c) monitoring * Body Mass Index (BMI) * Blood pressure * Urinary Albumin * Eye screening * Foot examination * Smoking * Screening for thyroid disease   • Psychological assessment | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG67](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-children-and-young-people-with-diabetes-who-have-had-their-glycated-haemoglobin-a1c-hba1c-monitored-in-the-previous-12-months) | Proportion of children and young people with diabetes who have had their glycated haemoglobin A1c (HbA1c) monitored in the previous 12 months | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG68](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-children-and-young-people-years-with-diabetes-who-have-had-their-body-mass-index-bmi-recorded) | The proportion of children and young people aged under 18 years old with diabetes who have their BMI recorded in the previous 12 months | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG69](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-young-people-aged-12-18-years-with-diabetes-who-have-had-their-blood-pressure-recorded-in-the-previous-12-months) | Proportion of young people aged 12-18 years with diabetes who have had their blood pressure recorded in the previous 12 months | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG70](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-young-people-aged-12-18-years-with-diabetes-who-have-had-their-urinary-albumin-recorded-in-the-previous-12-months) | Proportion of young people aged 12-18 years with diabetes who have had their urinary albumin recorded in the previous 12 months | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG72](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-young-people-aged-12-18-years-with-diabetes-who-have-a-record-of-eye-screening-in-the-previous-12-months) | Proportion of young people aged 12-18 years with diabetes who have a record of eye screening in the previous 12 months | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG73](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-children-and-young-people-aged-12-18-years-with-diabetes-who-have-a-record-of-a-foot-examination-in-the-previous-12-months) | Proportion of children and young people with diabetes who have a record of a foot examination in the previous 12 months | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG74](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-young-people-age-12-18-who-have-had-their-smoking-status-recorded-in-the-previous-12-months) | Proportion of young people with diabetes age 12 - 18 years who have had their smoking status recorded in the previous 12 months | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG75](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-children-and-young-people-with-type-1-diabetes-who-have-been-screened-for-thyroid-and-coeliac-disease) | Proportion of children and young people with type 1 diabetes who have been screened for thyroid disease | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG76](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-children-and-young-people-with-diabetes-who-have-received-a-psychological-assessment-in-the-previous-12-months) | Proportion of children and young people with diabetes who have received a psychological assessment in the previous 12 months. | Clinical Commissioning Group Outcome Indicator Set | March 2025 |
| [CCG87](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-eligible-people-with-diabetes-who-have-not-attended-for-diabetic-eye-screening-in-the-previous-3-years) | The proportion of eligible people with diabetes who have not attended for diabetic eye screening in the previous 3 years | Clinical Commissioning Group Outcome Indicator Set | September 2024 |
| [CCG88](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-eligible-people-with-diabetes-who-are-offered-an-appointment-for-diabetic-eye-screening) | The proportion of eligible people with diabetes who are offered an appointment for diabetic eye screening | Clinical Commissioning Group Outcome Indicator Set | September 2024 |
| [CCG89](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-eligible-people-with-diabetes-who-are-suspended-from-diabetic-eye-screening-due-to-previous-screening-results) | The proportion of eligible people with diabetes who are suspended from diabetic eye screening due to previous screening results | Clinical Commissioning Group Outcome Indicator Set | September 2024 |
| [CCG90](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-eligible-people-with-diabetes-who-are-excluded-from-diabetic-eye-screening-as-they-have-opted-out-or-are-classed-as-medically-unfit) | The proportion of eligible people with diabetes who are excluded from diabetic eye screening as they have opted out or are classed as medically unfit | Clinical Commissioning Group Outcome Indicator Set | September 2024 |

## Embolism and thrombosis

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG80](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/mortality-rates-directly-associated-with-vte) | Mortality rates directly associated with VTE | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

## Gynaecological conditions

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG77](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/rates-of-hysterectomy) | Rates of hysterectomy | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG78](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/rates-of-endometrial-ablation) | Rates of endometrial ablation | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

## Heart failure

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG11](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/heart-failure-ccg11) | All cause mortality - 12 months following admission to hospital for heart failure | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

## Hip fracture

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG20](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-people-with-hip-fracture-who-receive-a-formal-hip-fracture-programme-from-admission) | The proportion of people with hip fracture, who receive a formal hip fracture programme from admission | Clinical Commissioning Group Outcome Indicator Set | October 2026 |
| [CCG21](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-people-with-hip-fracture-who-receive-surgery-on-the-day-of-or-the-day-after-admission) | The proportion of people with hip fracture, who receive surgery on the day of, or the day after, admission | Clinical Commissioning Group Outcome Indicator Set | October 2026 |
| [CCG22](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/hip-fracture-ccg22) | The proportion of people with hip fracture, who receive a multifactorial risk assessment of future falls risk | Clinical Commissioning Group Outcome Indicator Set | October 2026 |
| [CCG23](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/hip-fracture-ccg23) | The proportion of people in the national hip fracture database who have received all eight care processes | Clinical Commissioning Group Outcome Indicator Set | October 2026 |
| [CCG24](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/hip-fracture-ccg24) | The rate of people admitted with a primary diagnosis of hip fracture per 100,000 CCG population | Clinical Commissioning Group Outcome Indicator Set | October 2026 |

## Mental health conditions and services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG41](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/mental-health-ccg41) | The proportion of people of all ages with depression and anxiety who clinically recover following talking therapies | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG54](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-people-treated-by-iapt-for-anxiety-disorders-who-return-to-full-function) | Proportion of people treated by IAPT for anxiety disorders who return to full function | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

## Myocardial infarction

| **ID** | **Indicator** | **Indicator type** | **Review date** |
| --- | --- | --- | --- |
| [CCG91](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-patients-with-st-segment-elevation-myocardial-infarction-stemi-who-had-coronary-reperfusion-therapy) | The proportion of patients with ST-segment elevation myocardial infarction (STEMI) who had coronary reperfusion therapy | Clinical Commissioning Group Outcome Indicator Set | August 2024 |
| [CCG92](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-patients-with-st-segment-elevation-myocardial-infarction-stemi-who-had-balloon-inflation-for-primary-percutaneous-coronary-intervention-pci-in-less-than-60-minutes-from-time-of-admission-at-a-centre-with-primary-pci-facilities) | The proportion of patients with ST-segment elevation myocardial infarction (STEMI) who had balloon inflation for primary percutaneous coronary intervention (PCI) in less than 60 minutes from time of admission at a centre with primary PCI facilities | Clinical Commissioning Group Outcome Indicator Set | August 2024 |
| [CCG93](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-time-between-call-for-help-and-balloon-inflation-for-patients-with-st-segment-elevation-myocardial-infarction-stemi-undergoing-reperfusion-by-primary-percutaneous-coronary-intervention-pci) | The time between call for help and balloon inflation for patients with ST segment elevation myocardial infarction (STEMI) undergoing reperfusion by primary percutaneous coronary intervention (PCI) | Clinical Commissioning Group Outcome Indicator Set | August 2024 |
| [CCG94](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-patients-with-acute-myocardial-infarction-with-measurement-of-left-ventricular-ejection-fraction-before-discharge) | The proportion of patients with acute myocardial infarction with measurement of left ventricular ejection fraction before discharge | Clinical Commissioning Group Outcome Indicator Set | August 2024 |
| [CCG95](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-patients-with-acute-myocardial-infarction-who-were-discharged-on-dual-antiplatelet-therapy) | The proportion of patients with acute myocardial infarction who were discharged on dual antiplatelet therapy | Clinical Commissioning Group Outcome Indicator Set | August 2024 |

## Pregnancy and neonates

| **ID** | **Indicator** | **Indicator type** | **Review date** |
| --- | --- | --- | --- |
| [CCG31](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-pregnant-women-who-were-smokers-during-pregnancy) | Proportion of pregnant women who were smokers at the time of their booking appointment | Clinical Commissioning Group Outcome Indicator Set | November 2024 |
| [CCG32](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/maternity-ccg32) | Proportion of pregnant women who were smokers at the time of delivery | Clinical Commissioning Group Outcome Indicator Set | November 2024 |
| [CCG33](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-successful-births-where-breast-feeding-is-initiated) | The percentage of mothers who give their babies breast milk in the first 48 hours after delivery | Clinical Commissioning Group Outcome Indicator Set | October 2024 |
| [CCG34](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-pregnancies-resulting-in-a-neonatal-or-still-birth) | The proportion of pregnancies resulting in a neonatal or still birth | Clinical Commissioning Group Outcome Indicator Set | October 2024 |
| [CCG35](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/maternity-ccg35) | The proportion of full term births where the child has a low birth weight | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG36](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/maternity-ccg36) | The proportion of births resulting in a neonatal unit admission | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG37](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/maternity-ccg37) | The proportion of pregnant women having a planned caesarean section who have the procedure carried out at or after 39 weeks 0 days | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG38](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/postnatal-ccg38) | Rates of exclusive or partial breastfeeding at 6 to8 weeks after the birth | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG81](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-pregnant-women-accessing-antenatal-care-who-are-seen-for-booking-by-10-weeks-and-0-days) | Proportion of pregnant women accessing antenatal care who are seen for booking by 10 weeks and 0 days | Clinical Commissioning Group Outcome Indicator Set | August 2024 |
| [CCG82](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/proportion-of-pregnant-women-who-were-asked-about-their-mental-health-at-their-first-booking-appointment) | The proportion of pregnant women who were asked about their mental health at their first booking appointment | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG85](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-babies-with-a-not-suspected-result-for-all-the-conditions-tested-for-by-newborn-blood-spot-testing-who-have-a-results-letter-sent-to-their-parents-directly-from-the-child-health-information-service-chis-within-6-weeks-of-birth) | The proportion of babies with a 'not suspected' result for all the conditions tested for by newborn blood spot testing who have a results letter sent to their parents directly from the child health information service (CHIS) within 6 weeks of birth | Clinical Commissioning Group Outcome Indicator Set | September 2024 |
| [CCG86](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-babies-with-a-not-suspected-result-for-all-the-conditions-tested-for-by-newborn-blood-spot-testing-who-have-a-results-letter-sent-to-their-parents-directly-from-the-child-health-information-service-chis-within-6-weeks-of-notification-of-) | The proportion of babies with a 'not suspected' result for all the conditions tested for by newborn blood spot testing who have a results letter sent to their parents directly from the child health information service (CHIS) within 6 weeks of notification of movement in | Clinical Commissioning Group Outcome Indicator Set | September 2024 |
| [CCG96](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/the-proportion-of-babies-with-a-screen-positive-newborn-hip-result-who-attend-for-ultrasound-scan-of-the-hips-within-the-designated-timescale) | The proportion of babies with a screen positive newborn hip result who attend for ultrasound scan of the hips within the designated timescale | Clinical Commissioning Group Outcome Indicator Set | October 2024 |

## Respiratory conditions

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| CCG08 | The proportion of people with COPD and MRC dyspnoea scale 3 and above referred to a pulmonary rehabilitation programme | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

## Smoking

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG44](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/smoking-ccg44) | The proportion of people with severe mental illness who are recorded as current smokers | Clinical Commissioning Group Outcome Indicator Set | November 2024 |

## Stroke and ischaemic attack

| **ID** | **Indicator** | **Indicator type** | **Review date** |
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| [CCG45](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/stroke-ccg45) | Mortality within 30 days of hospital admission for stroke | Clinical Commissioning Group Outcome Indicator Set | October 2023 |
| [CCG47](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/stroke-ccg47) | Proportion of people with stroke who receive joint health and social care plans on discharge from hospital | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG48](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/stroke-ccg48) | Proportion of people who had a stroke who are reviewed within 6 months of being admitted to hospital | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG49](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/stroke-ccg49) | The proportion of people who had a stroke that are supported by a stroke skilled early supported discharge (ESD) team | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG50](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/stroke-ccg50) | Proportion of people who have had an acute stroke who receive thrombolysis for stroke | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG51](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/stroke-ccg51) | Proportion of people who have had or are having a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG52](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/stroke-ccg52) | Proportion of patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit | Clinical Commissioning Group Outcome Indicator Set | September 2026 |
| [CCG53](https://www.nice.org.uk/standards-and-indicators/ccgoisindicators/stroke-ccg53) | The proportion of people who have had an acute stroke whose swallowing is screened by a specially trained healthcare professional within 4 hours of admission to hospital | Clinical Commissioning Group Outcome Indicator Set | September 2026 |

## Surgical care

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [CCG79](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/readmission-rates-for-surgical-site-infections-within-30-days-of-discharge-from-surgery) | Readmission rates for surgical site infections within 30 days of discharge from surgery | Clinical Commissioning Group Outcome Indicator Set | October 2023 |

# Section 4: National library of quality indicators

## Accident and emergency services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00047](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/patient-experience-of-a-e-services) | Patient experience of A&E services | National library indicator | December 2023 |

## Adult social care

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00414](https://www.nice.org.uk/standards-and-indicators/nlindicators/proportion-of-people-who-use-services-and-their-carers-who-reported-that-they-had-as-much-social-contact-as-they-would-like-part-2-carers) | Proportion of people who use services and their carers, who reported that they had as much social contact as they would like (Part 2- Carers) | National library indicator | July 2024 |
| [IAP00422](https://www.nice.org.uk/standards-and-indicators/nlindicators/the-proportion-of-people-who-use-services-and-carers-who-find-it-easy-to-find-information-about-support-people-who-use-services) | The proportion of people who use services and carers who find it easy to find information about support (people who use services) | National library indicator | July 2024 |
| [IAP00423](https://www.nice.org.uk/standards-and-indicators/nlindicators/the-proportion-of-people-who-use-services-and-carers-who-find-it-easy-to-find-information-about-support-carers) | The proportion of people who use services and carers who find it easy to find information about support (carers) | National library indicator | July 2024 |
| [IAP00424](https://www.nice.org.uk/standards-and-indicators/nlindicators/the-proportion-of-people-who-use-adult-social-care-services-and-who-feel-safe) | The proportion of people who use adult social care services and who feel safe | National library indicator | June 2024 |
| [IAP00425](https://www.nice.org.uk/standards-and-indicators/nlindicators/the-proportion-of-people-who-use-services-who-say-that-those-services-have-made-them-feel-safe-and-secure) | The proportion of people who use services who say that those services have made them feel safe and secure | National library indicator | September 2023 |

## Alcohol use

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00116](https://www.nice.org.uk/standards-and-indicators/nlindicators/emergency-admissions-for-alcohol-related-liver-disease) | Emergency admissions for alcohol related liver disease | National library indicator | October 2023 |
| [IAP00332](https://www.nice.org.uk/standards-and-indicators/nlindicators/alcohol-specific-hospital-admissions) | Alcohol-specific hospital admissions | National library indicator | June 2024 |
| [IAP00333](https://www.nice.org.uk/standards-and-indicators/nlindicators/emergency-alcohol-specific-readmission-to-any-hospital-within-30-days-of-discharge-following-an-alcohol-specific-admission) | Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission | National library indicator | June 2024 |

## Angina and coronary heart disease

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00428](https://www.nice.org.uk/standards-and-indicators/nlindicators/referrals-to-cardiac-rehabilitation-following-an-admission-for-coronary-heart-disease) | Referrals to cardiac rehabilitation following an admission for coronary heart disease | National library indicator | March 2023 |
| [IAP00430](https://www.nice.org.uk/standards-and-indicators/nlindicators/completion-of-cardiac-rehabilitation-following-an-admission-for-coronary-heart-disease) | Completion of cardiac rehabilitation following an admission for coronary heart disease | National library indicator | March 2023 |

## Cancer

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00090](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-rate-from-cancer-nhsof) | Under 75 mortality rate from cancer (NHSOF) | National library indicator | August 2023 |
| [IAP00124](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/under-75-mortality-rate-from-cancer-ccgois) | Under 75 mortality rate from cancer (CCGOIS) | National library indicator | December 2023 |
| [IAP00344](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/mortality-from-breast-cancer-in-females) | Mortality from breast cancer in females | National library indicator | June 2024 |
| [IAP00347](https://www.nice.org.uk/standards-and-indicators/nlindicators/cancer-stage-at-diagnosis) | Cancer stage at diagnosis | National library indicator | September 2024 |
| [IAP00350](https://www.nice.org.uk/standards-and-indicators/nlindicators/cancers-detected-at-stage-1-or-2) | Cancers detected at stage 1 or 2 | National library indicator | September 2024 |
| [IAP00351](https://www.nice.org.uk/standards-and-indicators/nlindicators/record-of-lung-cancer-stage-at-decision-to-treat) | Record of lung cancer stage at decision to treat | National library indicator | June 2024 |
| [IAP00440](https://www.nice.org.uk/standards-and-indicators/nlindicators/people-with-urgent-gp-referral-having-first-definitive-treatment-for-cancer-within-62-days) | People with urgent GP referral having first definitive treatment for cancer within 62 days | National library indicator | March 2025 |

## Dementia

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00427](https://www.nice.org.uk/standards-and-indicators/nlindicators/dementia-65-estimated-diagnosis-rate) | Dementia: 65+ estimated diagnosis rate | National library indicator | June 2024 |

## Diabetes

| **ID** | **Indicator** | **Indicator type** | **Review date** |
| --- | --- | --- | --- |
| [IAP00075](https://www.nice.org.uk/standards-and-indicators/nlindicators/people-with-newly-diagnosed-diabetes-who-are-offered-structured-education-within-3-months-of-diagnosis) | People with newly diagnosed diabetes who are offered structured education within 3 months of diagnosis | National library indicator | March 2023 |
| [IAP00084](https://www.nice.org.uk/standards-and-indicators/nlindicators/complications-associated-with-diabetes) | Complications associated with diabetes | National library indicator | June 2024 |
| [IAP00125](https://www.nice.org.uk/standards-and-indicators/nlindicators/number-of-people-with-diabetes-with-a-single-marker-of-all-9-basic-care-processes-performed) | Number of people with diabetes with a single marker of all nine basic care processes performed | National library indicator | March 2025 |
| [IAP00126](https://www.nice.org.uk/standards-and-indicators/nlindicators/myocardial-infarction-stroke-and-stage-5-chronic-kidney-disease-in-people-with-diabetes) | Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes | National library indicator | September 2024 |

## Embolism and thrombosis

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00368](https://www.nice.org.uk/standards-and-indicators/nlindicators/deaths-from-venous-thromboembolism-vte-related-events-90-days-post-discharge-from-hospital) | Deaths from venous thromboembolism (VTE) related events 90 days post discharge from hospital | National library indicator | December 2023 |

## GP services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00035\_1](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/patient-experience-of-primary-care-gp) | Patient experience of primary care. i) GP | National library indicator | December 2023 |
| [IAP00052](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/access-to-gp-services-nhsof) | Access to GP services | National library indicator | June 2024 |
| [IAP00070](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/emergency-admissions-for-acute-conditions-that-should-not-usually-require-hospital-admission) | Emergency admissions for acute conditions that should not usually require hospital admission | National library indicator | June 2024 |
| [IAP00119](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/proportion-of-people-feeling-supported-to-manage-their-conditions-nhsof) | Proportion of people feeling supported to manage their conditions (NHSOF) | National library indicator | June 2024 |
| [IAP00128](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/proportion-of-people-feeling-supported-to-manage-their-conditions-ccgois) | Proportion of people feeling supported to manage their conditions (CCGOIS) | National library indicator | June 2024 |

## Healthcare-associated infection

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00039](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/incidence-of-healthcare-associated-infection-mrsa-nhsof) | Incidence of healthcare-associated infection - MRSA (NHSOF) | National library indicator | December 2023 |
| [IAP00040](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/incidence-of-healthcare-associated-infection-c-difficile-infection-nhsof) | Incidence of healthcare-associated infection - C. difficile infection (NHSOF) | National library indicator | December 2023 |
| [IAP00141](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/incidence-of-healthcare-associated-infection-c-difficile-infection-ccgois) | Incidence of Healthcare Associated Infection (HCAI) - C. difficile infection (CCGOIS) | National library indicator | December 2023 |
| [IAP00148](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/incidence-of-healthcare-associated-infection-mrsa-ccgois) | Incidence of Healthcare Associated Infection (HCAI) - Methicillin-resistant Staphylococcus aureus (MRSA) (CCGOIS) | National library indicator | December 2023 |

## Heart failure

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00336](https://www.nice.org.uk/standards-and-indicators/nlindicators/all-cause-mortality-12-months-following-a-first-emergency-admission-to-hospital-for-heart-failure-in-people-aged-16-and-over) | All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over | National library indicator | June 2024 |

## Hip fracture

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00339](https://www.nice.org.uk/standards-and-indicators/nlindicators/hip-fracture-collaborative-orthogeriatric-care) | Hip fracture: collaborative orthogeriatric care | National library indicator | June 2024 |
| [IAP00340](https://www.nice.org.uk/standards-and-indicators/nlindicators/of-people-with-hip-fracture-the-proportion-who-receive-surgery-on-the-day-of-or-the-day-after-admission) | Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission. | National library indicator | June 2024 |
| [IAP00341](https://www.nice.org.uk/standards-and-indicators/nlindicators/hip-fracture-multifactorial-risk-assessment) | Hip fracture: multifactorial risk assessment | National library indicator | June 2024 |
| [IAP00342](https://www.nice.org.uk/standards-and-indicators/nlindicators/emergency-hospital-admissions-for-hip-fracture-in-people-aged-60-and-over) | Emergency hospital admissions for hip fracture in people aged 60 and over | National library indicator | June 2024 |
| [IAP00369](https://www.nice.org.uk/standards-and-indicators/nlindicators/hip-fracture-the-proportion-of-patients-recovering-to-their-previous-levels-of-mobility-or-walking-ability-at-30-days) | Hip fracture: the proportion of patients recovering to their previous levels of mobility / walking ability at 30 days | National library indicator | March 2023 |
| [IAP00516](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/the-proportion-of-patients-recovering-to-their-previous-levels-of-mobility-or-walking-ability-at-120-days-nhsof) | The proportion of patients recovering to their previous levels of mobility / walking ability at 120 days (NHSOF) | National library indicator | March 2023 |
| [IAP00517](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/the-proportion-of-patients-recovering-to-their-previous-levels-of-mobility-or-walking-ability-at-120-days-ccgois) | The proportion of patients recovering to their previous levels of mobility / walking ability at 120 days (CCGOIS) | National library indicator | March 2023 |

## Hospital services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00036](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/responsiveness-to-inpatients-personal-needs) | Responsiveness to inpatients' personal needs | National library indicator | December 2023 |
| [IAP00041](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/patient-experiences-of-hospital-care) | Patient experiences of hospital care | National library indicator | December 2023 |
| [IAP00385](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/summary-hospital-level-mortality-indicator-shmi) | Summary Hospital-level Mortality Indicator | National library indicator | June 2024 |

## Kidney conditions

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00126](https://www.nice.org.uk/standards-and-indicators/nlindicators/myocardial-infarction-stroke-and-stage-5-chronic-kidney-disease-in-people-with-diabetes) | Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes | National library indicator | September 2024 |

## Learning disabilities

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00609](https://www.nice.org.uk/standards-and-indicators/nlindicators/excess-under-75-mortality-rate-in-adults-with-a-learning-disability) | Excess under 60 mortality rate in adults with a learning disability | National library indicator | September 2024 |

## Liver disease

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00019](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/under-75-mortality-rate-from-liver-disease) | Under 75 mortality from liver disease (NHSOF) | National library indicator | August 2023 |
| [IAP00074](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/under-75-mortality-from-liver-disease-ccgois) | Under 75 mortality from liver disease (CCGOIS) | National library indicator | December 2023 |

## Mental health conditions and services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00031](https://www.nice.org.uk/standards-and-indicators/nlindicators/employment-of-people-with-mental-illness) | Employment of people with mental illness | National library indicator | September 2024 |
| [IAP00133](https://www.nice.org.uk/standards-and-indicators/nlindicators/people-with-serious-mental-illness-smi-who-have-received-complete-list-of-physical-checks) | People with Serious Mental Illness (SMI) who have received complete list of physical checks | National library indicator | March 2023 |
| [IAP00134](https://www.nice.org.uk/standards-and-indicators/nlindicators/access-to-community-mental-health-services-by-people-from-black-and-minority-ethnic-bme-groups) | Access to community mental health services by people from Black and Minority Ethnic (BME) groups | National library indicator | March 2023 |
| [IAP00330](https://www.nice.org.uk/standards-and-indicators/nlindicators/smoking-rates-in-people-with-serious-mental-illness-smi) | Smoking rates in people with serious mental illness (SMI) | National library indicator | March 2023 |
| [IAP00338](https://www.nice.org.uk/standards-and-indicators/nlindicators/proportion-of-adults-in-contact-with-secondary-mental-health-services-in-employment) | Proportion of adults in contact with secondary mental health services in employment | National library indicator | March 2025 |
| [IAP00361](https://www.nice.org.uk/standards-and-indicators/nlindicators/unplanned-readmissions-to-mental-health-services-within-30-days-of-a-mental-health-inpatient-discharge-in-people-aged-17-and-over) | Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over | National library indicator | March 2023 |

## Mortality

| **ID** | **Indicator** | **Indicator type** | **Review date** |
| --- | --- | --- | --- |
| [IAP00017](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-from-cardiovascular-disease-nhsof) | Under 75 mortality from cardiovascular disease (NHSOF) | National library indicator | August 2023 |
| [IAP00018](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-from-respiratory-disease-nhsof) | Under 75 mortality from respiratory disease | National library indicator | August 2023 |
| [IAP00019](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/under-75-mortality-rate-from-liver-disease) | Under 75 mortality from liver disease (NHSOF) | National library indicator | August 2023 |
| [IAP00026](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/infant-mortality) | Infant Mortality | National library indicator | August 2023 |
| [IAP00027](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/neonatal-mortality-and-stillbirths) | Neonatal mortality and stillbirths | National library indicator | August 2023 |
| [IAP00072](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-from-cardiovascular-disease-ccgois) | Under 75 mortality from cardiovascular disease (CCGOIS) | National library indicator | December 2023 |
| [IAP00073](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-from-respiratory-disease-ccgois) | Under 75 mortality from respiratory disease (CCGOIS) | National library indicator | December 2023 |
| [IAP00074](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/under-75-mortality-from-liver-disease-ccgois) | Under 75 mortality from liver disease (CCGOIS) | National library indicator | December 2023 |
| [IAP00090](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-rate-from-cancer-nhsof) | Under 75 mortality rate from cancer (NHSOF) | National library indicator | August 2023 |
| [IAP00091](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/mortality-within-30-days-of-hospital-admission-for-stroke) | Mortality rate within 30 days of hospital admission for stroke | National library indicator | June 2024 |
| [IAP00124](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/under-75-mortality-rate-from-cancer-ccgois) | Under 75 mortality rate from cancer (CCGOIS) | National library indicator | December 2023 |
| [IAP00336](https://www.nice.org.uk/standards-and-indicators/nlindicators/all-cause-mortality-12-months-following-a-first-emergency-admission-to-hospital-for-heart-failure-in-people-aged-16-and-over) | All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over | National library indicator | June 2024 |
| [IAP00344](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/mortality-from-breast-cancer-in-females) | Mortality from breast cancer in females | National library indicator | June 2024 |
| [IAP00368](https://www.nice.org.uk/standards-and-indicators/nlindicators/deaths-from-venous-thromboembolism-vte-related-events-90-days-post-discharge-from-hospital) | Deaths from venous thromboembolism (VTE) related events 90 days post discharge from hospital | National library indicator | December 2023 |
| [IAP00385](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/summary-hospital-level-mortality-indicator-shmi) | Summary Hospital-level Mortality Indicator | National library indicator | June 2024 |
| [IAP00397](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/neonatal-mortality-and-stillbirths-ons-mortality) | Neonatal mortality and stillbirths (ONS (mortality)) | National library indicator | August 2023 |
| [IAP00609](https://www.nice.org.uk/standards-and-indicators/nlindicators/excess-under-75-mortality-rate-in-adults-with-a-learning-disability) | Excess under 60 mortality rate in adults with a learning disability | National library indicator | September 2024 |

## Multiple long-term conditions

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00028](https://www.nice.org.uk/standards-and-indicators/nlindicators/employment-of-people-with-long-term-conditions) | Employment of people with long term conditions | National library indicator | September 2024 |

## Myocardial infarction

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00126](https://www.nice.org.uk/standards-and-indicators/nlindicators/myocardial-infarction-stroke-and-stage-5-chronic-kidney-disease-in-people-with-diabetes) | Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes | National library indicator | September 2024 |

## Older people

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00016](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/health-inequalities-area-deprivation-life-expectancy-at-75) | Life expectancy at 75 | National library indicator | September 2024 |
| [IAP00459](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/life-expectancy-at-75) | Health inequalities (area deprivation) - Life expectancy at 75 | National library indicator | March 2025 |

## Oral health and dental services

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00035\_3](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/patient-experience-of-primary-care-dental) | Patient experience of primary care. iii) Dental | National library indicator | December 2023 |
| [IAP00053](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/access-to-nhs-dental-services) | Access to NHS dental services | National library indicator | June 2024 |
| [IAP00426](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/tooth-extractions-for-children-admitted-as-inpatients-to-hospital-aged-10-years-and-under) | Tooth extractions for children admitted as inpatients to hospital aged 10 years and under | National library indicator | January 2024 |

## Outpatient and community care

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00066](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/emergency-readmissions-within-30-days-of-discharge-from-hospital-nhsof) | Emergency readmissions within 30 days of discharge from hospital (NHSOF) | National library indicator | May 2024 |
| [IAP00068](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions) | Unplanned hospitalisation for chronic ambulatory care sensitive conditions | National library indicator | September 2024 |
| [IAP00069](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/unplanned-hospitalisation-for-asthma-diabetes-and-epilepsy-in-under-19s) | Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | National library indicator | June 2024 |
| [IAP00123](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/emergency-readmissions-within-30-days-of-hospital-discharge-ccgois) | Emergency readmissions within 30 days of hospital discharge (CCGOIS) | National library indicator | November 2024I |
| [IAP00139](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/the-proportion-of-older-people-65-and-over-who-were-still-at-home-91-days-after-discharge-from-hospital-into-reablement-or-rehabilitation-services) | The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services | National library indicator | September 2024 |

## Patient safety

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00037](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/patient-safety-incident-reporting-nhsof) | Patient safety incident reporting (NHSOF) | National library indicator | August 2023 |
| [IAP00038](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/severity-of-harm-of-patient-safety-incidents-reported) | Severity of harm of patient safety incidents reported | National library indicator | December 2023 |
| [IAP00043](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/incidence-of-medication-errors-causing-serious-harm) | Incidence of medication errors causing serious harm | National library indicator | December 2023 |
| [IAP00140](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/patient-safety-incident-reporting-ccgois) | Patient safety incident reporting (CCGOIS) | National library indicator | August 2023 |

## Pregnancy and neonates

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00026](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/infant-mortality) | Infant mortality | National library indicator | August 2023 |
| [IAP00027](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/neonatal-mortality-and-stillbirths) | Neonatal mortality and stillbirths | National library indicator | August 2023 |
| [IAP00048](https://www.nice.org.uk/standards-and-indicators/nlindicators/women-s-experience-of-maternity-services) | Women's experience of maternity services | National library indicator | December 2023 |
| [IAP00145](https://www.nice.org.uk/standards-and-indicators/nlindicators/maternal-smoking-at-delivery) | Maternal smoking at delivery | National library indicator | June 2024 |
| [IAP00397](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/neonatal-mortality-and-stillbirths-ons-mortality) | Neonatal mortality and stillbirths (ONS (mortality)) | National library indicator | August 2023 |
| [IAP00398](https://www.nice.org.uk/standards-and-indicators/nlindicators/low-birth-weight-of-term-babies) | Low birth weight of term babies | National library indicator | June 2024 |

## Respiratory conditions

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00018](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-from-respiratory-disease-nhsof) | Under 75 mortality from respiratory disease | National library indicator | August 2023 |
| [IAP00071](https://www.nice.org.uk/standards-and-indicators/nlindicators/emergency-admissions-for-children-with-lower-respiratory-tract-infections-lrtis) | Emergency admissions for children with lower respiratory tract infections (LRTIs) | National library indicator | August 2023 |
| [IAP00073](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-from-respiratory-disease-ccgois) | Under 75 mortality from respiratory disease (CCGOIS) | National library indicator | December 2023 |
| [IAP00610](https://www.nice.org.uk/standards-and-indicators/nlindicators/adherence-to-nebulised-therapy-in-cystic-fibrosis) | Adherence to nebulised therapy in cystic fibrosis | National library indicator | April 2023 |
| [IAP00611](https://www.nice.org.uk/standards-and-indicators/nlindicators/normative-adherence-to-nebulised-therapy-in-cystic-fibrosis-for-patients-with-chronic-pseudomonas-acquisition) | Normative adherence to nebulised therapy in cystic fibrosis for patients with chronic pseudomonas acquisition | National library indicator | April 2023 |

## Smoking

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00145](https://www.nice.org.uk/standards-and-indicators/nlindicators/maternal-smoking-at-delivery) | Maternal smoking at delivery | National library indicator | June 2024 |
| [IAP00330](https://www.nice.org.uk/standards-and-indicators/nlindicators/smoking-rates-in-people-with-serious-mental-illness-smi) | Smoking rates in people with serious mental illness (SMI) | National library indicator | March 2023 |

## Stroke and ischaemic attack

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| **ID** | **Indicator** | **Indicator type** | **Review date** |
| [IAP00017](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-from-cardiovascular-disease-nhsof) | Under 75 mortality from cardiovascular disease | National library indicator | August 2023 |
| [IAP00072](https://www.nice.org.uk/standards-and-indicators/nlindicators/under-75-mortality-from-cardiovascular-disease-ccgois) | Under 75 mortality from cardiovascular disease | National library indicator | December 2023 |
| [IAP00091](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/mortality-within-30-days-of-hospital-admission-for-stroke) | Mortality rate within 30 days of hospital admission for stroke | National library indicator | June 2024 |
| [IAP00093](https://www.nice.org.uk/standards-and-indicators/nlindicators/people-who-have-had-an-acute-stroke-who-receive-thrombolysis) | People who have had an acute stroke who receive thrombolysis | National library indicator | March 2023 |
| [IAP00094](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/patients-with-stroke-admitted-to-an-acute-stroke-unit-within-4-hours-of-arrival-to-hospital) | Patients with stroke admitted to an acute stroke unit within 4 hours of arrival to hospital | National library indicator | June 2024 |
| [IAP00126](https://www.nice.org.uk/standards-and-indicators/nlindicators/myocardial-infarction-stroke-and-stage-5-chronic-kidney-disease-in-people-with-diabetes) | Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes | National library indicator | September 2024 |
| [IAP00135](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/stroke-patients-who-have-a-joint-health-and-social-care-plan-on-discharge-from-hospital) | Stroke patients who have a joint health and social care plan on discharge from hospital | National library indicator | June 2024 |
| [IAP00137](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/people-who-have-a-follow-up-assessment-between-4-and-8-months-after-initial-admission-for-stroke) | People who have a follow-up assessment between 4 to 8 months after initial admission for stroke. | National library indicator | June 2024 |
| [IAP00335](https://www.nice.org.uk/Standards-and-Indicators/NLIndicators/patients-who-have-had-an-acute-stroke-who-spend-90-or-more-of-their-stay-on-a-stroke-unit) | Patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit | National library indicator | June 2024 |

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