Indicator development programme

New and retired NICE indicators October 2023

This paper provides the latest set of new indicators NICE has published on the NICE indicator menu ([table 1](#_Table_1:_New)). New register indicators align to current QOF registers are being included for completeness. Retired indicators are included in [table 2](#_Table_2:_Retired).

NICE indicators may be assessed as suitable for inclusion in the Quality and Outcomes Framework (QOF). In England, the content of QOF is determined through contract negotiations between NHS England and the BMA’s General Practitioners Committee (GPC). NICE and the NICE indicator advisory committee have no role in these negotiations.

Indicators that are suitable for inclusion in the QOF are marked as ‘suitable for use in the QOF’.

The full NICE indicator menu and the associated supporting documentation are available on the [NICE website](https://www.nice.org.uk/standards-and-indicators/indicators).

# Table 1: New indicators added to the NICE indicator menu

| **NICE ID** | **Indicator type** | **Indicator wording** | **Evidence base, rationale and specificcommitteeconsiderations** |
| --- | --- | --- | --- |
| NM249 | General practice indicator suitable for use in the QOF | 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. | Based on NICE’s guidelines on [care and support of people growing older with learning disabilities](https://www.nice.org.uk/guidance/ng96/) (2018) and [challenging behaviour and learning disabilities](https://www.nice.org.uk/guidance/ng11) (2015).  People with a learning disability often have poorer physical and mental health, with higher rates of avoidable death. An annual health check can identify health concerns at an early stage and promote actions to address identified health needs such as vaccinations, blood tests, breast and testicular screening, dental review and vision and hearing assessment. The health action plan is an integral part of the requirements around a learning disability health check. The provision of annual health checks for people 14 years and over is already part of Directed Enhanced Services for Primary Medical Services. |
| NM250 | General practice indicator suitable for use in the QOF | 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. | Based on NICE’s guidelines on [care and support of people growing older with learning disabilities](https://www.nice.org.uk/guidance/ng96/) (2018) and [challenging behaviour and learning disabilities](https://www.nice.org.uk/guidance/ng11) (2015).  People with a learning disability often have poorer physical and mental health, with higher rates of avoidable death. An annual health check can identify health concerns at an early stage and promote actions to address identified health needs such as vaccinations, blood tests, breast and testicular screening, dental review and vision and hearing assessment. The health action plan is an integral part of the requirements around a learning disability health check. The provision of annual health checks for people 14 years and over is already part of Directed Enhanced Services for Primary Medical Services.  This indicator also requires a recording of ethnicity: increasing levels of premature mortality are noted in people with a learning disability from a minority ethnic family background. |
| NM251 | General practice indicator suitable for use in the QOF | The percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test (FIT) result, with the result recorded in the twenty-one days leading up to the referral. | Based on NICE’s guideline for [quantitative faecal immunochemical testing to guide colorectal cancer pathway referral in primary care](https://www.nice.org.uk/guidance/dg56) (2023) and [suspected cancer](https://www.nice.org.uk/guidance/ng12) (2015, updated 2023)  Comprehensive use of FIT is critical to improving bowel cancer survival in England, ensuring patients on the lower GI pathway can be diagnosed promptly and that available colonoscopy capacity is used in the most effective way. The risk of colorectal cancer in those with a negative result, a normal examination and full blood count is less than 0.1%.  The indicator matches an existing indicator currently in use as part of the [Investment and Impact Fund 2023/24](https://www.england.nhs.uk/publication/network-contract-des-investment-and-impact-fund-iif-guidance-for-2023-24/). The timeframe of 21 days is a pragmatic window for data extraction purposes. People with anal ulceration, anal mass or rectal mass would be removed via personalised care adjustments. |

# Table 2: Retired NICE indicators

| **NICE ID** | **Indicator type** | **Indicator wording** | **Rationale** |
| --- | --- | --- | --- |
| CCG10 | Commissioning level indicator | The proportion of people admitted for coronary heart disease referred for cardiac rehabilitation within 5 days of admission | Published on NICE menu in 2013 and originally included in the CCGOIS (Indicator 1.24). Data on referral within 5 days is no longer included in the Cardiac Rehabilitation Audit (the stated data source). |
| CCG46 | Commissioning level indicator | The proportion of people who receive psychological support for mood, behaviour or cognitive disturbance 6 months after an admission to hospital with a stroke. | Published on NICE menu in 2012 but not included in any national performance framework. The Sentinel Stroke National Audit (the stated data source) no longer reports separately on receipt of psychological support at 6 months. |