

# **NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

## **Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations**

### **Indicator area: Heart Failure**

#### ***Recommended Indicator:***

**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.**

#### **Background**

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2012 to consider information on the prioritisation of potential indicators for inclusion in the NICE menu for 2013/14. This included results of the NICE led public consultation, results from indicator development and pilot feedback, cost effectiveness evidence and equality impact assessment. This report is taken from the full unconfirmed minutes of this two day meeting.

#### **QOF Indicator Advisory Committee recommendations**

Wording of the piloted indicator presented to the June 2012 AC:

*The percentage of patients with heart failure (diagnosed after 1/4/2013) with a record of referral for an exercise based rehabilitation programme*

The Committee discussed how the offer of a referral would be measured and noted it would be a lot easier to capture an actual referral. The Committee felt however that the offer could be captured in review data. The wording offer

was considered important as this allows patient choice and informed choices/shared decision making.

The issue of thresholds was discussed by the Committee particularly for post MI. The Committee agreed thresholds should be tied to what is known to be current practice. This is because it was felt by some that some of the work for these indicators is already being done in current practice. It was however highlighted that the Committee do not have a role in setting thresholds for indicators.

The Committee discussed what the difference was between the rehabilitation programmes described in the heart failure and post MI indicators. It was felt that although the recommendations specify different programmes, in practice, the referral is to the same service via the same route.

The Committee acknowledged the issues around service availability, which may be even greater at a national level. However the Committee noted it is not limited by this when making a decision on progressing indicators. The Committee discussed the possibility that including these indicators may even drive up service provision.

The Committee suggested that the main benefit of these indicators may be encouraging GPs to target those not currently being referred, which may be hard-to-reach/equalities groups. The Committee felt that these indicators would help to tackle the inequalities that currently exist in this field.

The Committee discussed that although the recommendations for indicator 1 (heart failure) are from the heart failure guideline, the evidence is often extrapolated from post MI populations. This means appropriateness should be carefully considered.

The business rules for the indicators were discussed by the Committee specifically whether the indicator should be cumulative or reset every year. If the indicators were to be reset the Committee queried what the target population was. Also, the 15 month timeframe given in the indicators would be problematic if the indicators were reset every year. However if the indicators

were cumulative, then there was the potential to continuously reward or fail people for the same decision.

The Committee also discussed the possible exclusions for the heart failure indicator. This is because there are some people that an exercise based rehabilitation programme would not be suitable for. The Committee highlighted the need to ensure these people can be excluded appropriately.

The Committee suggested that cardiac rehabilitation post MI was more of a secondary care issue – as people would be referred by secondary care to such services following their MI - so would be more suited to COF. It was felt that as heart failure can be diagnosed in primary care this was more suitable for QOF.

### **QOF Indicator Advisory Committee final recommendation**

The Committee recommended that indicator 1 for heart failure be progressed for inclusion on the NICE menu for consideration in the QOF. The committee suggested indicator 2 (post MI) should be considered for inclusion in the COF.