



Resource impact statement

Resource impact

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Indicator

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 (ACR)
- Serum creatinine measurement.

Introduction

This report covers 1 new indicator relating to diabetes. The indicator is part of the NICE menu of potential Quality and Outcomes Framework (QOF) indicators for 2015/16, following the recommendations of the independent QOF advisory committee in June 2014. The indicator has been piloted as part of the NICE QOF indicator development process.

This report considers the likely cost impact of incentivising the interventions associated with the proposed indicators in terms of the number of additional interventions provided and the cost of each intervention. Costs to NHS commissioners are outlined where relevant, along with the cost of additional activity at general practices.

The QOF currently incentivises GP practices to maintain a register of patients with established diabetes (DM017). The rationale for the new indicators is that testing people with newly diagnosed diabetes could prevent and/or manage a number of risk factors where treatment at an earlier stage could be more effective, therefore leading to better outcomes.

DM017. 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.

Cost implication

Number of people affected

The reported 2012/13 QOF prevalence for people with diabetes aged over 17 years is 6.0% in England. This gives an estimated 2.7 million people who are covered by this indicator.

Current care

The Health and Social Care Information Centre reports that the (net ingredient costs) NIC of prescribing for diabetes in 2009/10 accounted for 7.7% of the total cost of all primary care prescribing. This has increased from 5.8% in 2004/05. Both the NIC and number of items prescribed have risen by over 40% in that period, as drugs become more expensive and the incidence and identification of diabetes has increased.

Many people with type 1 diabetes attend secondary care clinics for their diabetes.

Although type 2 diabetes is primarily managed in primary care, it is common for people with type 2 diabetes to experience related complications, and people with diabetes are admitted to hospital for both elective and emergency care. The Diabetes UK Key Statistics on Diabetes report (2010) estimated that diabetes costs £9 billion per year, accounting for 10% of all NHS spending.

Proposed care

The interventions incentivised by these indicators relate to the prevention of potential heart and kidney disease. It is assumed that preventative treatment will be given to patients who have positive tests. Costs (and any potential savings) will relate to testing and subsequent treatment and the benefits will be measured over a patient's lifetime. The piloting of this indicator concluded no increases in resources or costs were reported. These activities are already being performed as part of the annual review of people with diabetes.

Resource impact

The resource impact of the implementation of QOF indicators IND120 is unlikely to have a significant impact on NHS resources as the pilot indicated these activities are already being performed as part of the annual review of people with diabetes.

Conclusions

The estimated initial cost impact of indicators IND120 is that there will be no significant impact on NHS resources.

Related QOF indicators

Current QOF indicator	Numerator	Denominator	Underlying achievement (2012/13)
DM017. 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	2,155,233	2,450,013	88.0
DM002. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	2,342,698	2,591,468	90.4

DM003. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less	1,815,283	2,490,630	72.9
DM004. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less	1,970,740	2,428,089	81.2
DM006. 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)	258,924	298,127	86.8

DM007. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months	1,610,855	2,423,687	66.5
DM008. 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	1,852,584	2,456,631	75.4
DM009. 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	2,165,340	2,507,441	86.4

DM012. The percentage of patients with diabetes, on the register, 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 in previous ulcer) or 4) ulcerated foot within the preceding 12 months	2,295,900	2,539,871	90.4
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DM014. 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	Not in QOF	Not in QOF	Not in QOF
DM018. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	2,088,718	2,320,314	90.0

References

Health and Social Care Information Centre (2014) [QOF 2012/13 data](#) [online].

University of Birmingham and University of York Health Economics Consortium Health (NICE External Contractor), Development feedback report on piloted indicators, 2014.

University of Birmingham and University of York Health Economics Consortium Health (NICE External Contractor), Health economic reports on piloted indicators [NM74], 2014.