NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Cost impact statement: Hypertension

QOF indicator area: Hypertension

Date: July 2014

Indicators

NM75: 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.

NM76: 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.

NM77: 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.

Introduction

This report covers 3 new indicators relating to hypertension. The indicators are 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 indicators have 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 rationale for the new indicators is that testing people with newly diagnosed hypertension patients for target organ damage linked to hypertension could detect heart or kidney disease at a stage where treatment can be more effective, leading to better outcomes.

Cost implication

Number of people affected

Based on 2012/13 QOF indicator PP1 the number of new cases of hypertension per year is estimated at 259,415.

Current care

The QOF currently incentivises GP practices to maintain a register of patients with established hypertension (HYP001). Hypertension indicators also exist for blood pressure targets and statin therapy in people aged 30-74 years with a CVD risk of ≥20%.

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 estimated over a patient's lifetime.

Table 1 shows likely annual cases of new hypertension and probable additional numbers of albumin:creatinine ratio tests, haematuria tests and ECG tests up to the maximum achievement level of 80%.

Table 1 Estimated cost of implementing indicators NM75, NM76 and NM77

Heading	Total	Cost per 100,000
2012/13 QOF indicator PP1 number of new cases of hypertension per year	259,415	
People aged between 18 and 79 for England	42,979,973	100,000
Incidence of hypertension	0.60%	0.60%
Number of newly diagnosed people with hypertension	259,415	604
Cost of albumin: creatinine ratio tests [1]	£1.25	£1.25
Cost of haematuria tests [2]	£0.00	£0.00
Cost ECG tests [3]	£36.83	£36.83
Total cost each treatment	£38.08	£38.08
Total cost	**£9,878,523**	**£22,984**
1.Reference cost DAPS04	1.25	1.25
2 Assume negligible as a dip stick used	0	0
3.ECG test		
20 Minutes of face to face practice nurse time(PSSRU £52 per hour	17.33	17.33
5 minutes GP time reviewing result (PSSRU £3.80 per minute)	19.00	19.00
Total cost of ECG test	36.33	36.33

This may be an over estimate of cost as the test over may be undertaken as part of other QOF indicator if people have existing co-morbidities. This is explored in the sensitivity.

In addition to the above costs there will be treatments costs for those people with a positive result, which is not possible to estimate with any degree of certainty. However, these costs are expected to be offset by savings from early identification of heart disease and/or kidney disease.

For example the cost of an emergency admission for heart failure cardiac arrest is ranges between £2,000 and £4,000.Slowing down the progression of

kidney disease may avoid the need for expensive treatment such as renal dialysis or kidney transplant ,estimated at £22,000 per person per annum and £17,000 per case respectively in NICE guideline 135 (organ donation).

Resource impact

The resource impact of the implementation of QOF indicators NM75, NM76 and NM77 is estimated to be £9.8 million. However, the reduction in future high-cost outcome events for the additional population being treated is anticipated to more than cover this cost.

Sensitivity analysis

If the percentage of people with newly diagnosed hypertension is varied between 0.5% and 0.7% the estimated costs vary from £8.2 million to £11.5 million.

It either 50% or 25 % of people have test as part of other QOF indicator the costs would fall to £4.9m and £7.4 m respectively.

Conclusions

The estimated initial cost impact of indicators NM75, NM76 and NM77 is £9.9 million. It is anticipated this cost should be covered by a reduction in high cost outcome events.

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 [NM75, NM76 and NM77], 2014.