NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Cost impact statement: Chronic Heart Disease

Proposed change to QOF indicator: NNM07 / CHD006

Date: July 2014

Indicator

NM07 / CHD006: The percentage of patients with a history of myocardial infarction (on or after 1 April 2011) currently treated with an ACE-I (or ARB if ACE-I intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin.

Introduction

This report covers a proposed change to 1 existing Quality and Outcomes Framework (QOF) indicator relating to chronic heart disease. Following a recommendation of the independent QOF advisory committee in June 2014, it is proposed that the existing CHD006 indicator is reworded to include the updates from the NICE guideline which recommends that people with acute myocardial infarction (MI) are offered dual antiplatelet therapy (aspirin plus a second antiplatelet agent) (see recommendation 1.3.1, appendix B).

Previously CG48 recommended treatment with aspirin alone as incentivised in the current QOF indicator CHD006.

The updated NICE guideline (CG172) on myocardial infarction: secondary prevention also recommends that beta-blockers are only continued indefinitely, 12 months after MI, in people with left ventricular systolic dysfunction (LVSD) (recommendation 1.3.33) and continued for at least 12 months in people without left ventricular systolic dysfunction or heart failure.

Treatment with aspirin, an ACE inhibitor and a statin continue to be recommended indefinitely in people who have had an MI more than 12 months ago.

The proposed new wording is:

The percentage of patients who experience a myocardial infarction between the preceding 1 April and 31 March who are treated with ACE-I (or ARB if ACE-I intolerant), dual anti-platelet therapy, beta-blocker and a statin

And

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 reason for the proposed change is to ensure that the indicator and its supporting technical specifications (business rules) are consistent with NICE guidance. The previous version of the NICE guideline (CG48) recommend the use of single anti-platelet agents rather than the updated recommendation of dual antiplatelet therapy and did not distinguish between short (within 12 months of an MI) and long term therapy (more than 12 months after an MI).

This report considers the likely cost impact of the proposed change to this indicator in terms of the relevant number of people with chronic heart disease and the number of and cost interventions provided. Costs to NHS commissioners are outlined where relevant, along with the cost of additional activity at general practices.

Cost implication

Number of people affected

Patients with CHD form a significant part of general practice workload. The 2012/13 QOF prevalence from the CHD register was 3.3% for England. The Denominator for CHD006 which are people with a history of MI who are indicated for drug therapy was 74,267.

The proposed change means that the denominator is unlikely to change for people who have had a myocardial infarction more than 12 months previously for people who have a myocardial infarction between the preceding 1 April and 31 March the denominator is estimated at 75,000.

Current care

In 2012/13, achievement for indicator CH006 across all practices in England was 90.6%, based on a numerator of 1,648,111 and a denominator of 1,819,689

In 2012/13 the exception reporting rate for CHD006 was 2.7%, based on 50,649 exception-reported people.

Current achievement relates to treatment with an ACE-I (or ARB if ACE-I intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin for people with a history of myocardial infarction.

Proposed care

The updated NICE guideline recommends using dual anti-platelet therapy from the previously recommended single platelet therapy. The denominator is estimated at 75,000.

There may be a reduction in the prescribing of beta-blockers as the new guideline requires that beta-blockers are continued indefinitely only after in 12 months in MI, in people with left ventricular systolic dysfunction (LVSD) rather than the whole population.

Resource impact

The MINAP report 2013 indicates that 96% of people are already having a second antiplatelet agent. Therefore it can be assumed this is current practice and there is minimal cost impact of this indicator.

The reduction in prescribing beta-blockers as a result of only continuing beta-blockers indefinitely, 12 months after MI, in people with left ventricular systolic dysfunction (LVSD) is not anticipated to generate significant savings due to the low cost of the drugs

Conclusion

The updating of this indicator is not anticipated to have cost impact.

References

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