CONFIDENTIAL

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INDICATOR DEVELOPMENT PROGRAMME

Consultation report on indicator(s)

Indicator area: Immunisations

Consultation period: 26 January 2015 – 23 February 2015

Potential output: Recommendations for the NICE Menu for the Quality and Outcomes Framework (QOF)

Contents

CONFIDENTIAL

Indicator included in the consultation

ID	Indicator	Evidence base
IND-3	The percentage of patients with coronary heart disease, stroke or transient ischemic attack, diabetes and/or chronic obstructive pulmonary disease who had a flu vaccination between the preceding 1 August and 31 March.	Recommendations 1.2.9.1 from the NICE guideline on chronic obstructive pulmonary disease, recommendation 1.2.1.5 from the NICE guideline on chronic heart failure and NICE CKS: Immunizations - seasonal influenza

Summary of consultation responses

A range of comments were received for this potential new composite measure[1] with some stakeholders (such as the Royal College of Nursing and the British Heart Foundation) supporting this indicator whilst others such as the Royal College of General Practitioners (RCGP) suggested potential amendments.

Comments by indicator (IND-3)

> *The percentage of patients with coronary heart disease, stroke or transient ischemic attack, diabetes and/ or chronic obstructive pulmonary disease who had a flu vaccination between the preceding 1 August and 31 March.*

A large majority of stakeholder comments were around the conditions included in the indicator. Stakeholders queried whether the indicator should be restricted to people on QOF disease registers[2] or be expanded to cover all people with eligible conditions.

A number of different stakeholders (including the RCGP and NHS Employers) championed other conditions that were not included in the diseases listed. There was a general consensus that this indicator should cover additional groups such as chronic kidney disease, peripheral arterial disease and hypertension in line with the NHS list of who should have flu vaccinations (see appendix B). One stakeholder cited evidence that flu uptake for pregnant

---

[1] A composite measure is an aggregated index comprising individual performance indicators

[2] QOF disease registers are a list of patients diagnosed with a condition or with a current health state

CONFIDENTIAL

women is particularly low and also signposted to the <u>NHS list of who should have flu vaccinations</u> (see appendix B) which includes pregnant women.

Stakeholders (including NHS Employers and NHS England) highlighted that there may be a risk that a bundled indicator could 'hide' one group with a lower uptake than another. Individual stakeholders noted this indicator represents a combining of work already being undertaken in primary care with separate indicators for these disease areas already in QOF. One stakeholder queried the ages to be included in the remit of this indicator with consideration of over 65's requested.

A few stakeholders queried the dates cited for the indicator and suggested amendments in line with the <u>enhanced service</u> and <u>Public Health England recommendations for the seasonal influenza programme</u>.

Considerations for the Advisory Committee

The specific issues that the Advisory Committee is asked to consider when making recommendations on which indicators should be published on the NICE menu for the QOF are stated below.

These issues are also addressed in the indicator development reports which will include suggestions for possible amendments to how the indicators should be specified following piloting and public consultation.

The Advisory Committee is asked to consider:

- if the listed conditions included in the indicator should be expanded to cover additional groups such as those included in the <u>NHS list of who should have flu vaccinations</u> (see appendix B).

- any potential undesired consequences of bundling this indicator, 'hiding one group' in the total.

- if age should be a consideration in the development of the indicator?

- overlap with the enhanced service

CONFIDENTIAL

Appendix A: Consultation comments

Indicator ID	Stakeholder organisation	Comment
IND 3	Pennine Surgery	Please can you change this back to the original time period as we do not receive vaccines until the mid-end of the month of September. If you are able to share with everyone which company is able to supply the flu vaccine from the beginning of August I would be very grateful for this information.
IND 3	Whitehall Surgery	Why is asthma missed from the diseases considered? It is not at present in QOF, although routinely done in general practice.
IND 3	British Thoracic Society	We would welcome guidance around exception coding so that the most vulnerable housebound patients are not excluded.
IND 3	Screening and immunisation team Essex and Anglia, Public Health England	1. Do you think there are any barriers to implementing the care described by any of these indicators? I do not believe there will be any particular barriers to implementing this. 2. Do you think there are potential unintended consequences to implementing any of these indicators? Unintended consequences could be that the focus of seasonal 'flu will be on those with conditions within this QOF but risks other groups of very vulnerable people not being identified and actively called in to the practice for their vaccination. We have worked very hard to improve flu uptake for pregnant women but the level still sits around 40% . You are in danger of forgetting the very risky conditions examples as follows:- http://www.nhs.uk/Conditions/vaccinations/Pages/who-should-have-flu-vaccine.aspx The injected flu vaccine is offered free of charge on the NHS to anyone with a serious long-term health condition. That includes these types of illnesses: • chronic (long-term) respiratory diseases, such as asthma (which requires an inhaled or tablet steroid treatment, or has led to hospital admission in the past), chronic obstructive pulmonary disease (COPD), or bronchitis • chronic heart disease, such as heart failure • chronic kidney disease • chronic liver disease, such as hepatitis

CONFIDENTIAL

Indicator ID	Stakeholder organisation	Comment
		• chronic neurological conditions, such as Parkinson's disease or motor neurone disease • diabetes problems with your spleen – for example, sickle cell disease or if you have had your spleen removed • a weakened immune system as the result of conditions such as HIV and AIDS, or medication such as steroid tablets or chemotherapy This list of conditions isn't definitive. It's always an issue of clinical judgement. Your GP can assess you individually to take into account the risk of flu exacerbating any underlying illness you may have, as well as your risk of serious illness from flu itself. 3. Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group. So yes, I do believe that any QOF focus on a defined group of people within an already defined group (ie those at risk) is likely to negatively impact on those not included in the QOF. If you think any of these indicators may have an adverse impact in different groups in the community, can you suggest how the indicator might be delivered differently to different groups to reduce health inequalities? Just include the QOF to cover all those at risk and please ask the practices to actively invite people – not just stick an A4 poster on the wall of the surgery offering anyone with long term health problems to ask for a vaccination!!
IND 3	London Borough of Bexley – Public Health	Having a composite measure would be more beneficial.
IND 3	NHS England and NHS Employers	There are a range of views with regards to the indicator in support of its implementation and against. How this will be calculated? There is a risk that a bundled indicator could 'hide' one group with a lower

CONFIDENTIAL

Indicator ID	Stakeholder organisation	Comment
		uptake than another which could result in the threshold being reached for payment even if one group have had poor uptake. Liver disease and neurological disease are of some clinical concern as they have high morbidity and mortality (higher than some of the groups in the current QOF indicators) and uptake of the vaccine amongst this cohort is not historically very good. PHE may raise this cohort of patients for consideration for inclusion within the QOF indicator? The wording should be 'influenza', also a new indicator should be 1 September to 31 March in line with the enhanced service and PHE recommendations for the seasonal influenza programme.
IND 3	British Heart Foundation	We agree. However, the Cardiovascular Outcomes Strategy (England 2013) talks about a family of cardiovascular diseases – including vascular dementia, coronary heart disease, stroke or transient ischemic attack, diabetes, chronic kidney disease and peripheral arterial disease. We suggest that the indicator should include all of these conditions.
IND 3	British Kidney Patient Association	People with reduced or compromised immune systems are also considered a target area for flu vaccination. We would suggest that those with chronic kidney disease stage 3, 4 and 5 are included on the list, especially those with transplants.
IND 3	Whalebridge Practice, Swindon and QOF Database Website	I have to admit that I found the text around this indicator difficult to understand. I don't understand the phrase "may help to detect any differential effect upon immunisation coverage". The current situation is that there is effectively a higher payment for patients with multimorbidity. This indicator would reverse that and each vaccination would attract the same payment whatever the patient's level of risk. Is this the intention?
IND 3	RCGP	This seems to amount to an amalgamation of work already being done: is this the intention? RCGP Overdiagnosis Group These patients should also be considered for pneumococcal vaccine. (PS) Is there a reason why the chronic diseases listed in the obesity indicator differ from the immunisation list? (RP)
IND 3	Yorkshire and Humber Commissioning Support Unit	Would this indicator apply only to patients on the QOF disease registers? For example, patients with diabetes aged under 17 are not included in QOF

CONFIDENTIAL

Indicator ID	Stakeholder organisation	Comment
		Would patients aged 65 and over also be included in the remit of this indicator?
IND 3	Royal College of Nursing	We agree with this indicator
IND 3	Boehringer Ingelheim	Asthma and Idiopathic pulmonary fibrosis could be added to the list of conditions in the indicator wording.
IND 3	PHE Learning Disabilities Observatory	We think this indicator should not be restricted to this group of eligible people but rather should cover all with eligible conditions. Our specific interest is those with chronic neurological conditions and those with learning disabilities.

CONFIDENTIAL

Appendix B: Groups eligible for influenza immunizations as identified in the NICE Clinical Knowledge Summary

- **Seasonal influenza immunization is recommended for people at risk of the complications of influenza,** including:
  - o All people 65 years of age and older (including all those aged 65 on or before 31 March 2015).
  - o All people 6 months of age and older, with the following conditions
    - chronic respiratory disease, including asthma.
    - chronic heart disease.
    - chronic kidney disease.
    - chronic liver disease.
    - Chronic neurological disease.
    - diabetes mellitus.
    - immunosuppression.
  - o All pregnant women (first, second, or third trimester).
  - o People living in long-stay residential and nursing homes or other long-stay care facilities; rapid spread is likely to follow any introduction of infection and cause high morbidity and mortality. This does not include prisons, young offender's institutions, or university halls of residence.
- **Seasonal influenza immunization is recommended in certain healthy people to reduce the risk of transmission to vulnerable groups,** including:
  - o Children aged two, three, and four years (but not five years or older) on the 1 September 2014 (date of birth on or after 2 September 2009 and on or before 1 September 2012).
  - o Household contacts of immunocompromised people.

CONFIDENTIAL

Appendix C: Equality impact assessment for IND-3 (immunisations)

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
a)   **Sexual orientation**
b)   **Other characteristics**
Socio-economic status c)   Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)
Other categories Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance: • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people.

CONFIDENTIAL

Indicator Equality Impact Assessment form
Development stage: Consultation
Topic: Immunisations

1.   Have relevant equality issues been identified during this stage of development?   • Please state briefly any relevant issues identified and the plans to tackle them during development
No equality issues have been identified during this stage of the process.
2.   Have relevant bodies and stakeholders with an interest in equality been consulted   • Have comments highlighting potential for discrimination or advancing equality been considered?
Yes – stakeholders from all 4 UK countries were encouraged to comment on the potential new indicators as part of the NICE consultation and a wide group of relevant groups and organisations were contacted. Please refer to appendix A of the 'process report for indicators in development' for a full list of stakeholders consulted directly via email.
3.   Have any population groups, treatments or settings been excluded at this stage in the process? Are these exclusions legal and justified?   • Are the reasons for justifying any exclusion legitimate?
The proposed indicators cover people with coronary heart disease, stroke or transient ischemic attack, diabetes and/or chronic obstructive pulmonary disease in line with current chronic disease areas for flu vaccination in QOF. Stakeholder comments suggested this list could be expanded to include additional groups such as those included in the NHS list of who should have flu vaccinations (see appendix B). It was thought that currently these groups would also benefit from this indicator and therefore should be included.
4.   Do any of the indicators make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?   • Does access to the intervention depend on membership of a specific group?   • Does a test discriminate unlawfully against a group?   • Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?
No – comments from the consultation exercise do not suggest that the indicators will make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention.
5. Do the indicators advance equality?   • Please state if the indicator as described will advance equalities of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?
There were no consultation comments to suggest that the indicators would necessarily advance equalities in terms of people with protected characteristics or other relevant characteristics.