NICE National Institute for Health and Care Excellence

Kidney conditions: CKD – eGFR and ACR

NICE indicator
Published: 24 August 2022

www.nice.org.uk/indicators/ind234

Indicator

The percentage of patients with a new diagnosis of CKD stage G3a–G5 (on the register, within the preceding 12 months) who had eGFR and ACR (urine albumin to creatinine ratio) measurements recorded within 90 days before or after diagnosis.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

© NICE 2024. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of-rights).

Rationale

Chronic kidney disease (CKD) is a long-term condition characterised by abnormal function or structure (or both). A combination of estimated glomerular filtration rate (eGFR) and urine albumin to creatinine ratio (ACR) measurement can be used to estimate the risk of complications and can guide decisions for treatment. An increased risk of adverse outcomes in CKD is seen in people with decreased eGFR or increased ACR, or both.

Source guidance

Chronic kidney disease: assessment and management. NICE guideline NG203 (2021), recommendation 1.2.1 and terms used in this guideline

Specification

Numerator: The number of patients in the denominator who had eGFR and ACR (urine albumin to creatinine ratio) measurements recorded within 90 days before or after diagnosis.

Denominator: The number of patients with a new diagnosis of CKD stage G3a–G5 (on the register, within the preceding 12 months).

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if measurement of eGFR or urine ACR is not appropriate.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level. The indicator would be appropriate to assess performance at individual general practice level. To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator before application of personalised care adjustments. Piloting data showed an estimated 40 patients for an average practice with 10,000 patients.

© NICE 2024. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of-rights).

ISBN: 978-1-4731-5996-9

© NICE 2024. All rights reserved. Subject to Notice of rights (https://www.nice.org.uk/terms-and-conditions#notice-of-rights).