NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Mental health

Recommended Indicators:

1. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months

2. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months

3. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months

4. The percentage of patients aged 40 and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol: hdl ratio in the preceding 15 months

5. The percentage of patients aged 40 and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose level or HbA1c in the preceding 15 months

6. The percentage of women aged 25-64 (in Scotland from 21 to 60) with schizophrenia, bipolar affective disorder and other

psychoses who have a record of cervical screening within the last 5 years

Background

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2010 to consider information on the prioritisation of potential indicators for inclusion in the NICE menu for 2012/13. This included results of the NICE-led public consultation, results from indicator development and pilot feedback, cost effectiveness evidence and equality impact assessment. This report is taken from the full unconfirmed minutes of this two day meeting.

QOF Indicator Advisory Committee recommendations

Wording of the six piloted indicators presented to the June 2010 AC:

1. *The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months*

2. *The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months*

3. *The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months*

4. *The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol: hdl ratio in the preceding 15 months*

5. *The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose level or HBA1c in the preceding 15 months*

6. The percentage of women aged 30-64 with schizophrenia, bipolar affective disorder and other psychoses who have a record of cervical screening within the last 5 years

The Committee was presented with the following summary of the findings of the NICE consultation on the piloted indicator:

Some of the stakeholder comments related to both the consultation indicators and also indicators that are in the current QOF domain of mental health. Stakeholder comments that relate to both consultation indicators and those in the current QOF are:

High exception reporting for these indicators could potentially influence whether proposed indicators could lead to improvements for those with serious mental illness.

The requirement to ensure that people who have recovered from a single episode of psychoses can be excluded from the indicator set.

Follow-up visits to this patient group should be incentivised.

In relation to the piloted indicators, a common theme was the appropriateness of the proposed timeframes for the indicators (every 15 months) and that indicators could be extended, for example, to include appropriate referral or brief intervention.

In relation to specific issues relating to piloted indicators 3, 4 and 5 (blood pressure, cholesterol and HbA1c), stakeholders asked whether these indicators should be applied to all people on the mental health register or whether these should be age and risk dependent.

Stakeholders suggested that the age range for piloted indicator 6 (cervical screening) is inconsistent with the age range for cervical screening which is 25 to 64 (21 to 60 in Scotland). Stakeholders also questioned why this is restricted to cervical screening and not breast and bowel screening.

The Committee was presented with the results of the indicator development and pilot feedback for these indicators.

The overall recommendation of the NICE External Contractors (NEC) was that there are uncertainties identified from the pilot that in themselves may not be sufficient to prevent an indicator being recommended by the Committee, but require the particular attention of the Committee.

The NEC stated that that there was a difference in opinion/preferences between practices on the splitting of the current mental health indicator (MH9) into the discrete pilot indicators.

The NEC stated these indicators had the potential to be cost effective since it changes the availability of information available to the treating clinician in a disease where there is a proven therapy.

Cost effectiveness analysis would involve a number of assumptions. The NEC stated that the cost-effectiveness of these indicators is currently unclear, but this did not mean that they were cost ineffective, but rather new studies are required to produce the data needed to determine its cost-effectiveness.

Threshold analysis suggested that the indicators could be cost effective across a range of points and thresholds.

For the indicator on cervical screening (piloted indicator 6) the NEC stated that there was evidence for this indicator to be considered cost effective since it provides the treating clinician with information that is likely to be acted upon.

A part two section in accordance with the Public Order Act of 1960 was declared. The minutes of the part two session are presented below.

The Committee agreed that there was good evidence to recommend indicators 1, 2 and 3 relating to BMI, alcohol and blood pressure. However, the Committee considered the age range of indicators 4 and 5 relating to cholesterol and blood glucose and noted the evidence from the NICE guideline on bipolar disorder recommended cholesterol measurement in people aged 40 years and over.

The Committee discussed the role of HDL cholesterol. It was noted that HDL cholesterol, along with total cholesterol, are integral components of commonly used cardiovascular scores (e.g. JBS2, QRISK2 and ASSIGN) and noted that people with pre-existing cardiovascular disease (e.g. stroke or ischaemic heart disease) were already known to be at high risk and did not require formal cardiovascular risk factor assessment.

The Committee agreed that there was a lack of evidence that all people with serious mental illness should have cholesterol and blood glucose testing, and that the age band of 40 years and older, on which the committee had made its original recommendations for development, should be reinstated for these indicators.

The Committee agreed that the uptake of cervical services is lower in this group than in the general population. The Committee agreed that the age range should be changed to reflect the age range used in the current cervical screening indicator.

The Committee added that the uptake of mammography services is also much lower in this group but that breast screening is not performed by general practices in the same way as cervical screening.

Additional considerations (from AC briefing papers)

It should be noted that the recommendation to use both blood glucose and HbA1c in SMI indicator 5 is to promote case finding for diabetes (by taking a blood glucose level) and to encourage better glycaemic control in people with diabetes (by use of HbA1c).

QOF Indicator Advisory Committee final recommendation

The Committee recommended that the indicators are published on the NICE menu of indicators for consideration for the QOF with amendments to the age range for the indicators relating to cholesterol (piloted indicator 4) and HbA1c (piloted indicator 5) and to the indicator relating to cervical screening (piloted indicator 6).