

**UNIVERSITY OF MANCHESTER NATIONAL PRIMARY
CARE RESEARCH AND DEVELOPMENT CENTRE AND
UNIVERSITY OF YORK HEALTH ECONOMICS
CONSORTIUM
(NICE EXTERNAL CONTRACTOR)**

Development feedback report on piloted indicator(s)

QOF indicator area: Physical activity

Pilot period: 1st October 2010 – 31st March 2011

Potential output: Recommendations for NICE Menu

Contents

Piloted indicator(s)	2
Clarity	2
Reliability and Feasibility	2
Acceptability	3
Implementation	5
Assessment of piloting achievement	6
Changes in practice organisation	6
Resource utilisation and costs	7
Barriers to implementation	7
Assessment of exception reporting	8
Assessment of potential unintended consequences	8
Assessment of overlap with existing QOF indicators and potential changes to existing QOF indicators	8
Overall recommendation	8
Suggested amendments to indicator	8
Appendix A: Indicator details	9
Appendix B: Details of assessment criteria for piloted indicators	11

Piloted indicator(s)

1. The percentage of patients with hypertension in whom there is an annual assessment of physical activity, using GPPAQ, in the previous 15 month.
2. The percentage of patients with hypertension who score 'less than active' in the latest physical activity on GPPAQ in the previous 15 months, who also have a record of a brief intervention in the previous 15 months.

Number of practices participating in the pilot: 30

Number of practices withdrawing from the pilot: 3¹

Number of practices where staff were interviewed: 29

Assessment of clarity, reliability, acceptability, feasibility, and implementation

Clarity

- Indicator wording as stated, rated as clear and unambiguous by the RAM panel.
- The NHS IC has confirmed that they have been able to write Business Rules (and/or an Extraction Specification).

Reliability² and Feasibility

Indicator	Feasibility	Reliability	Implementation
1	2	2/3	2
2	2	2/3	2

¹ 3 practices withdrew late in the pilot. 2 were still able to give comments about the indicators.

² NHSIC provide guidance on whether the piloted indicators are, from a business rule perspective, suitable to become 'live' indicators. A notional 'scoring' system is used:

1. No problems to implement in live with other indicators
2. Minor re-work before it can go live with other indicators
3. Major re-work but do-able without recourse to anyone outside of the process
4. Major considerations to be made before the indicator can go live - possibly need to speak to CFH / suppliers
5. Not feasible

Comments	Response	NHSIC Summary
1) Is it appropriate to add age exclusion? It looks like a GPPAQ is intended for use in those aged 16 -74?	If the indicator does go in then the age range would need to be added to the wording	May effect reliability
Is GPPAQ available across all four countries?		May effect reliability
2)Wording is clumsy		Need to be clear on what constitutes brief intervention as could be interpreted differently by practices

Acceptability

General comments

- There was a mixed response to these indicators with 40% of practices feeling they should NOT be included in QOF, 35% that they definitely should and 25% were ambivalent.
- No practice had used the GPPAQ pre QOF. GPPAQ has been validated but some of the practices were not convinced of its utility since they found that when they used it on members of their own practice, results did not always have good face validity.
- It was frequently noted that it was easier to give this brief intervention advice if you were a slim active GP yourself.

Specific comments indicator 1

Positive comments:

- Many practices felt that using GPPAQ reflected the general direction of travel in QOF and that practice nurses and GPs knew their patients and therefore were well placed to broach the topic in a sensible and sensitive manner.
- Those that were in favour of GPPAQ felt it should be extended to other people with long term conditions, particularly people with COPD, diabetes, CHD, and also people who were depressed, obese and had cancer.

Negative comments:

- Many GPs felt that giving out the GPPAQ was time consuming and achieved relatively little.

Specific comments indicator 2

Positive comments:

- A minority of GPs felt that the piloted indicator was an improvement on the current PP2 where “increasing physical activity” is suggested. *“It’s much less woolly than lifestyle advice”. “Puts meat on the bones of lifestyle counseling.”*
- There was also a feeling that this indicator simply formalizes something that many GPs do every day. *“We do this all the time so this formalizes it.”*

Negative comments

- There were considerable worries that patients might appear to listen but would not in fact do anything to change their lifestyle. *“I think a lot of people suffer from motivational deficiency disorder.”*
- There was a strong feeling that patients knew the rules re: activity and knew if they were not taking sufficient exercise/activity or not and therefore the Brief Intervention (BI) was little more than a tick box exercise. *“An unrealistic time consuming box ticking exercise.”*
- Although some practices had used existing schemes or created their own locally specific and often very innovative BI, the lack of precise guidance nationally (see footnote) meant that practices felt advice would become tick box in nature and therefore not good value for money.³

Types of interventions used by practices

There were three basic approaches: a tick box approach; practice innovations (2 practices) and most commonly practices used locally set up schemes more regularly. This however led to many comments that if the BI became part of QOF, that local schemes would soon become overwhelmed by the extra demand.

- 1-2 minute talk with the GP or PN at the end of the consultation
- One practice organized a two hour training session for all clinical staff with a motivational trainer who taught them relevant motivational techniques e.g. cycles of change and how to challenge the ‘yes but’ patient; Practice hired a personal trainer to take patients on group walks

³ The NICE guidance states that a brief intervention in physical activity should include the following recommendations:

- When providing physical activity advice, primary care practitioners should take into account the individual’s needs, preferences and circumstances.
- They should agree goals with them. They should also provide written information about the benefits of activity and the local opportunities to be active.
- Where appropriate offer a referral into a condition specific or exercise on referral programme, if they exist in your area.
- They should follow them up at appropriate intervals over a 3 to 6 month period.

- One practice had access to YMCA passport to health vouchers/fit script for a local gym/local free health trainers/subsidized local authority swimming

Acceptability recommendation

- There are barriers/risks/issues/uncertainties identified from the pilot *in terms of acceptability* that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Implementation

Assessment of piloting achievement

The percentage of patients with hypertension in whom there is an annual assessment of physical activity, using GPPAQ, in the previous 15 month.

	Baseline	Final	Number of practices uploading data at both baseline and final
Population	139561	147152	
Number of practices uploading data	16	18	16
Total Denominator (Patients eligible for GPPAQ)	14854	16373	
Total Numerator (Patients had GPPAQ)	1	561	
Mean practice denominator ⁴	928 (14854)	910 (16373)	
Mean score ⁵	0.0067%	3.4%	
To what extent is the baseline representative of the national baseline?	N/A		

The timeframe for baseline and final uploads was 15 months.

⁴ The average number of people across practices eligible for inclusion in the indicator population

⁵ The average achievement across practices for the indicator

Assessment of piloting achievement

The percentage of patients with hypertension who score 'less than active' in the latest physical activity on GPPAQ in the previous 15 months, who also have a record of a brief intervention in the previous 15 months.

	Baseline	Final	Number of practices uploading data at both baseline and final
Population	139561	147152	
Number of practices uploading data	16	18	
Total Numerator	0	85	
Mean practice denominator ⁶	0	16 (291)	
Mean score ⁷	0	29%	
To what extent is the baseline representative of the national baseline?	N/A		

The timeframe for baseline and final uploads was 15 months.

Summary:

- The baseline data clearly show that using GPPAQ is not part of routine primary care. Only 1 patient with hypertension had a GPPAQ score in the previous 15 months.
- During the pilot at least 560 GPPAQs were given out.
- The data suggest that of the 291 people who scored less than active on GPPAQ, only 29% had a brief intervention.

Changes in practice organisation

General comments

- Two practices (both unusual in other ways e.g. one had a practice manager who was a GP) restructured services a little to ensure that clinicians were trained to deliver the BI or there was an 'in house' trainer for patients to see. Most practices however did not make changes to their practice in response to these two indicators.

⁶The average number of people across practices eligible for inclusion in the indicator population

⁷The average achievement across practices for the indicator

Specific comments indicator 1

- GPPAQ was mostly practice nurse led, face to face and there were minimal training requirements.

Specific comments indicator 2

- See above

Resource utilisation and costs

General comments

- Practices generally felt that if PA was to be introduced into QOF, then the GPPAQ should be repeated on an annual basis.

Specific comments indicator 1

- GPPAQs tended to be printed off and handed out to patients in annual reviews and sometimes opportunistically i.e. time implications/costs.

Specific comments indicator 2

- Most practices who fully engaged with this indicator set found that most patients they asked to use the GPPAQ did need to go on and have a BI.

Barriers to implementation

General comments

- See below but interestingly NO negative feedback from patients noted by practices.

Specific comments indicator 1

- Workload was highlighted as an issue, particularly if extended beyond people with newly diagnosed hypertension.

Specific comments indicator 2

- Patient “motivational deficiency disorder”- and need to pick the right time to motivate someone appropriately were highlighted.
- Availability of local resources such as exercise on prescription if introduced into live QOF was mentioned by many GPs.
- Worries were expressed about workload if the indicator set was extended to follow up at 3-6 months or outcomes such as attendance at exercise on prescription.

Assessment of exception reporting

- A significant minority of practices felt that both the GPPAQ and particularly the BI were open to gaming and this included exception reporting, particularly for older patients (NB GPPAQ age range is 16-74 years).

Assessment of potential unintended consequences

General comments

- The major concern expressed by many GPs was that without funding for locally available services to refer people to e.g. for exercise on prescription or subsidized gym membership, both these indicators would become tick box in nature.

Implementation recommendation

- There are barriers/risks/issues/uncertainties identified from the pilot in terms of implementation that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Assessment of overlap with existing QOF indicators and potential changes to existing QOF indicators

There are no physical activity related indicators on the NICE menu of indicators but current PP 2 is: The percentage of people diagnosed with hypertension diagnosed after 1 April 2009 who are given lifestyle advice in the last 15 months for: increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet.

Overall recommendation

- There are barriers/risks/issues/uncertainties identified from the pilot that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Suggested amendments to indicator

The indicator wording could include the validated age range for using GPPAQ as follows:

- The percentage of patients aged between 16 years and 74 years with hypertension in whom there is an annual assessment of physical activity, using GPPAQ, in the previous 15 month.
- The percentage of patients aged between 16 years and 74 years with hypertension who score 'less than active' in the latest physical activity on GPPAQ in the previous 15 months, who also have a record of a brief intervention in the previous 15 months.

Appendix A: Indicator details

Recommendation(s) presented & prioritised by the Advisory Committee

<p>NICE Public Health Intervention Guidance no. 2 (Four Commonly used methods to increase physical activity)</p>	<p>NICE Recommendation 1</p> <p>Primary care practitioners should take the opportunity, whenever possible, to identify inactive adults and advise them to aim for 30 minutes of moderate activity on 5 days of the week (or more). They should use their judgement to determine when this would be inappropriate (for example, because of medical conditions or personal circumstances). They should use a validated tool, such as the Department of Health's forthcoming general practitioner physical activity questionnaire (GPPAQ), to identify inactive individuals.</p>
<p>NICE Public Health Intervention Guidance no. 2 (Four Commonly used methods to increase physical activity)</p>	<p>NICE Recommendation 2</p> <p>When providing physical activity advice, primary care practitioners should take into account the individual's needs, preferences and circumstances. They should agree goals with them. They should also provide written information about the benefits of activity and the local opportunities to be active. They should follow them up at appropriate intervals over a 3 to 6 month period.</p>

Summary of Committee considerations (taken from the Committee minutes)

Committee Decision	
<p>NICE public health intervention guidance no. 2: recommendation 1</p>	<p>Recommend to progress for development</p>
<p>NICE public health intervention guidance no. 2: recommendation 2</p>	<p>Recommend to progress for development</p>

The Committee considered the information and evidence presented in the briefing paper for physical activity brief interventions in primary care. It was noted that the briefing paper presented to the Committee focused on physical

activity in the context of the management of chronic disease and conditions for existing QOF domains rather than in the context of primary prevention.

The Committee agreed that physical activity is a national priority.

The Committee noted that physical activity was also important in the management of a wide range of chronic diseases and conditions.

The Committee noted that the evidence presented focused on the delivery of brief interventions and that specifying a service for referral is not necessary.

The Committee considered the disease groups on which indicator development could focus. The Committee agreed that focusing indicator development on people newly diagnosed with hypertension may be appropriate, as this may be the group where prevention of other conditions could be achieved. However, this could result in small denominators from the pilot practices which may limit any conclusions that could be drawn from the development process. The Committee therefore agreed that indicator development should focus on people with hypertension including those newly diagnosed.

Pre-RAND indicators

1. The percentage of patients with hypertension in whom there is an annual assessment of physical activity, using GPPAQ, in the previous 15 months
2. The percentage of patients with hypertension who score 'less than Active' in the latest annual assessment of physical activity on GPPAQ who have a record of a brief intervention about physical activity within 3 months of the recording of the 'less than active' assessment of physical activity
3. The percentage of patients with hypertension who have a further assessment of physical activity using GPAQQ within 3-6 months after the latest record of physical activity with a score 'less than Active' on GPPAQ

Final indicators as piloted

- The percentage of patients with hypertension in whom there is an annual assessment of physical activity, using GPPAQ, in the previous 15 months.
- The percentage of patients with hypertension who score 'less than active' in the latest physical activity on GPPAQ in the previous 15 months, who also have a record of a brief intervention in the previous 15 months.

Appendix B: Details of assessment criteria for piloted indicators

This appendix provides details for each of the assessment criteria used in the report to provide the basis of the pilot feedback, assessments and recommendations.

Clarity

Clarity measures whether the indicator wording is clear and unambiguous. This is assessed and rated by the RAM⁸ panel, in terms of the ability to write business rules (and/or an extraction specification) for the indicator. Clarity may also take into account the attribution of the indicator, that is whether it is applicable to primary care and performed within the practice.

Reliability

Reliability measures how closely multiple formats or versions of an indicator produce the same result. Each indicator undergoes compulsory reliability testing (how closely multiple versions of a test produce the same result).

Data elements obtained through automated search strategies of electronic health records are verified against and compared with a reference manual review strategy for obtaining the data elements, and a report is compiled. Reasons for any discrepancies between electronic extraction and manual reviews are then investigated and documented. This procedure is undertaken for each indicator in a small number of practices.

During the analysis, development and execution of the extraction software, issues are documented and a statement on the level of change required to subsequent business rules is prepared.

Acceptability

Acceptability measures how acceptable the activity is to both the assessors and those being assessed, for example that the activity is perceived as good clinical practice without any major barriers, risks or issues. Assessment might examine any conflicts with national guidance, variation in preferences of engagement with patients, concerns in relation to exception reporting, frequency of prescribing or undue focus on one area of care.

Feasibility

Feasibility measures the ability of the clinical practice to interpret an indicator's definitions and technical specifications and integrate them into both clinical practice and health information systems, and generate performance reports within a reasonable time frame and budget. A technical feasibility

⁸ In the initial stages indicators in development go through a rigorous two-stage consensus process: a modified RAND/UCLA Appropriateness Method (RAM). This is the only systematic method of combining expert opinion and evidence (Naylor, 1998) and feeds consultation with experts in each clinical area as appropriate in to the development process.

assessment will include the ability to extract data from the pilot practices using business rules, and/or an extraction specification via an extraction software provider (PRIMIS+) at the appropriate times, using the technical solution for each extract.

Assessment will also include an outline of any exception reporting codes necessary or subsequent changes to the business rules for indicators to operate functionally in live QOF.

Implementation

Implementation measures several factors which may have an impact on a practice and/or patient during the piloting of an indicator.

An assessment of piloting achievement measures the current baseline and any changes in baseline including the degree of confidence that the baseline is representative of the expected national baseline. The assessment will also report if the baseline has been supplemented with GPRD/THIN⁹ data.

Changes in practice organisation measures any necessary changes required to create, use, and maintain the capacity to report on an indicator. These changes might involve IT, staffing, workflow structure, processes, policies, culture, inter-organisational relationships, and physical or financial capital critical to the cost effectiveness analysis.

Resource utilisation and costs measures the resource impact the indicator has on a practice. This may require engagement and consultation with practices through qualitative face-to-face methods, for example work load diaries, interviews and focus groups or quantitative methods exploring the extracted data from the piloted indicators.

Barriers to implementation measure any major barriers which would make the indicator unreasonably difficult to implement in practices or in live QOF. This may include requirements to make fundamental changes to practice organisation, unfeasible data collection or any unacceptable impact of unintended consequences. Assessment might examine barriers encountered in data collection, whether there was a lack of existing templates, the completeness of data and any missing data, and whether the indicator requires the reporting of new data items or concepts that are not routinely captured as part of current practice.

The implementation assessment will also take into account the overlap with existing indicators, and the extent of any overlap. For instance, whether the indicator partly or completely duplicates activities covered by other indicators in the same or a separate clinical domain.

An assessment of exception reporting measures the susceptibility of an indicator to high levels of exception reporting. This may include engagement

⁹ The Health Improvement Network (THIN) is a partnership of organisations which develop primary care systems. The general practice research database (GPRD), developed by THIN, is a database of anonymised patient records from information entered by general practices in their clinical systems.

issues, relevance of the indicator to certain groups, contraindications, and the accessibility of patients (namely those who are housebound or in a nursing home). The rate of exception reporting for the piloted indicator will include the extent to which exception reporting levels are within the expected range.

Unintended consequences are unforeseen effects of QOF measurements on processes of care, patient outcomes, and/or the functioning of the wider healthcare system. They may be positive in nature, for example encouraging general quality improvement, or negative, such as diversion of effort, disruption to clinical or organisational workflows, susceptibility to monetary gain, potential harm to patients, inappropriate standardisation of care or local practice, and undue focus on process. This may require auditing of patient exception reporting and referral rates to other health and social care sectors, and exploration of the reasons for these at an individual level including patient socio-demographic variables if available.