The King's Fund

Ideas that change health care

Consultation response

The King's Fund response to the National Institute for Health and Clinical Excellence consultation: Potential new indicators for QOF

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The King's Fund seeks to understand how the health system in England can be improved. Using that insight, we help to shape policy, transform services and bring about behaviour change. Our work includes research, analysis, leadership development and service improvement. We also offer a wide range of resources to help everyone working in health to share knowledge, learning and ideas.

We welcome the opportunity to respond to this consultation. We broadly support the introduction of each of the new indicators, particularly the six mental illness indicators as there is strong evidence of the link between poor mental health and health inequalities.

Our primary concern regarding the proposed QOF indicators is the role health inequalities plays in the selection of new indicators.

In 2009, the Health Select Committee recommended that the selection and weighting of QOF indicators in future needed to better align to the objective of reducing health inequalities. Although QOF was not explicitly designed to tackle health inequalities, its aim of improving GP performance and reducing variations in management of some common chronic conditions has the potential to do so.

Overall, the evidence, as measured by QOF, suggests that differences in performance between practices in deprived and non-deprived areas are narrowing. However, our research shows there is weak evidence as to the impact of QOF on health inequalities (The King's Fund (in press)). Research remains uncertain as to whether improvements in clinical care are influenced by the incentives created by QOF and whether this translates into reduced health inequalities. If QOF is to play a stronger role in tackling health inequalities in primary care, each new QOF indicator should include explicit evidence about its role in reducing health inequalities. If this evidence is unavailable, NICE should recommend areas of research to improve the evidence base on the role of general practice in reducing health inequalities.

In addition, while the new selection process signals the importance of addressing health inequalities in QOF by listing it as one of eight criteria used to score potential topics, it is unclear if an indicator can score 0 in terms of effectiveness of reducing health inequalities and still be considered as a potential indicator. This issue requires clarification.

Please find below our specific comments on the new indicators.

Comments proforma

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Indicator	Respondent comment
Myocardial Infarction 1) The percentage of patients with a history of myocardial infarction (from 1 April 2011 ((from 1 October 2009 for the purposes of piloting)) currently treated with an ACE inhibitor, aspirin or an alternative anti-platelet therapy, beta-blocker and statin (unless a contraindication or side effects are recorded).	There may be unintended consequences related to these two indicators, with reference to prescribing medications. The indicators do not recommend prescribing cost-effective medicines, increasing the number of patients on these drugs could potentially drive up drug costs. There are low-cost generics for ACE inhibitors, beta-blockers and statins. We would recommend the wording of the indicator refer to the availability of these low-cost generics. Supporting information could refer or link to the NHS Institute's Better Care, Better Value Indictors, which highlight variations in prescribing practice across PCTs.
Myocardial Infarction 2) The percentage of patients with a history of myocardial infarction who have a record of intolerance or allergy to an ACE inhibitor who are currently treated with an ARB (unless a contraindication or side effects are recorded).	

Indicator	Respondent comment
Palliative care 1) The percentage of patients on the palliative care register who have a preferred place to receive end-of-life care documented in the records.	We welcome the inclusion of this palliative care indicator but suggest a small amendment, which may enhance the way that the indicator is delivered in practice. This indicator is consistent with our recommendations for improving care at the end of life and ensuring that patients are able to achieve their preferred place of care (The King's Fund 2009). We recommend the following amendment to this indicator: *The percentage of patients on the palliative care register who have a preferred place to receive end-of-life care documented in the records* ***that has been discussed and agreed between the patient and GP****.* This amendment would encourage GPs to see this indicator as a joint discussion and decision between themselves and their patients. It would also add consistency to the actions of what should occur when a patient is added to the palliative care register.
Serious mental illness 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.	We are concerned there may be barriers to implementing the entire set of mental health indicators. The current QOF indicators related to serious mental illness and pyschoses have the highest exception reporting of all indicators (The Information Centre 2009). This may in part be justifiable, but high exception reporting could potentially influence whether these indicators will lead to improvements for those with serious mental illness. We recommend research is undertaken to explore the factors that contribute to the high exception rates for the current QOF indicator MH9. Many of the same factors that lead to high exception reporting for MH 9 are likely to apply to the proposed MH indicators. If patients are not presenting for
Serious mental illness 2) The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months.	
Serious mental illness 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.	

Indicator	Respondent comment
Serious mental illness 4) The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol: hdl ratio level in the preceding 15 months.	the Mental Health review, the same will likely apply for blood pressure checks and the proposed preventative indicators. As all but one of these indicators are process indicators (not including the cervical screening indicator), health outcomes are unlikely to be significantly affected. Process indicators simply record existence or absence of the problem and do not necessarily result in the person being offered preventive services. The proposed indicators are a first step towards prevention by identifying the problem. However, indicators should also reflects GPs' actions upon identifying the problem, such as giving advice or referring to specialist services. For example, the smoking cessation indicator records and requires advice or referral to specialist services.
Serious mental illness 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.	
Serious mental illness 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 five years.	

References

House of Commons Health Committee (2009). *Health Inequalities: Third Report of Session 2008–09*. London: The Stationery Office. Available at: www.publications.parliament.uk/pa/cm200809/cmselect/cmhealth/286/286.pdf (accessed 9 April 2010).

The Information Centre (2009). *The Quality and Outcomes Framework Exception Reportin 2008/09*. London: The Information Centre. Available at: www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework/the-quality-and-outcomes-framework-exception-reporting-2008-09 (accessed 9 April 2010).

The King's Fund (2009). *Delivering better care at end of life*. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/leeds_castle_eolc.html (accessed 9 April 2010).

The King's Fund (in press). A review of the public health impact of the Quality and Outcomes Framework, *Quality in Primary Care.*

How to submit your comments

If you would like to comment on any of the 13 indicators out for consultation, please use the comments proforma and forward this to Emma Boileau at: qof@nice.org.uk