

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

Please read

This is the response form for the [NICE indicator consultation 2016](#). The consultation document should be read before making comments on the indicators listed in this document.

As stated in the consultation document, this consultation includes indicators for different uses and settings:

- **IND CCG** - clinical commissioning group outcome indicators
- **IND GP** - general practice indicators for quality improvement general practice indicators for quality improvement, for example to support local schemes
- **IND QOF** - general practice indicators suitable for incentivisation (QOF)

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

<p>Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>[Optical Confederation]</p>
<p>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p>[Insert disclosure here]</p>
<p>Name of commentator person completing form:</p>	<p>[Sophie Pavlovic]</p>
<p>Type</p>	<p>[office use only]</p>

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Topic	Indicator ID and draft wording	Questions	ID	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
Antenatal care – seen for booking by 10 weeks	IND CCG1: The proportion of pregnant women accessing antenatal care who are seen for booking by 10 weeks 0 days	Do you think there are any barriers to implementing the care described by this indicator?	1.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	1.2	
		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.	1.3	
		Do you have any general comments on this indicator?	1.4	
Identifying undiagnosed atrial fibrillation (people with comorbidities)	IND GP1: Of those patients registered at the practice aged 65 years and over who have been diagnosed with one or more of the following conditions hypertension, diabetes, CKD, PAD, stroke or COPD and who have had at least	Do you think there are any barriers to implementing the care described by this indicator?	2.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	2.2	
		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.	2.3	
		Do you have any general comments on this indicator?	2.4	
		Can respondents comment on access to ECG services?	2.5	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

	one consultation in the preceding 12 months: the proportion that have had a manual pulse palpation on at least one occasion.	People with chronic conditions were identified as an appropriate population for manual pulse palpation. Do stakeholders consider the range of the conditions covered in the indicator suitable?	2.6	
Identifying undiagnosed atrial fibrillation (people aged 65 years and over)	IND GP2: Of those patients registered with the practice aged 65 years and over who have had at least one consultation in the preceding 12 months: the percentage that has had a manual pulse palpation on at least one occasion.	Do you think there are any barriers to implementing the care described by this indicator?	3.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	3.2	
		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.	3.3	
		Do you have any general comments on this indicator?	3.4	
		Can respondents comment on access to ECG services?	3.5	
Anticoagulation to prevent stroke	IND QOF1: The percentage of patients with atrial fibrillation and a CHA ₂ DS ₂ -VASc of ≥2 at any time who are not currently treated with anticoagulant	Do you think there are any barriers to implementing the care described by this indicator?	4.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	4.2	
		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	4.3	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

	therapy who have had a review of the risks and benefits of anticoagulation in the preceding 12 months	group.		
		Do you have any general comments on this indicator?	4.4	
		To what extent would this already happen as routine practice during consultations with this population?	4.5	
		Does this indicator expand on the indicator currently in the 2015/16 QOF?	4.6	
Review of anticoagulation	IND QOF2: The proportion of people with atrial fibrillation who are prescribed anticoagulation who have a review of the need for and quality of anticoagulation in the preceding 12 months	Do you think there are any barriers to implementing the care described by this indicator?	5.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	5.2	
		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.	5.3	
		Do you have any general comments on this indicator?	5.4	
Stroke rates in people with atrial fibrillation	IND CCG2: Stroke rates in people with atrial fibrillation	Do you think there are any barriers to implementing the care that would impact on this indicator	6.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	6.2	
		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.	6.3	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

		Do you have any general comments on this indicator?	6.4	
		If the data are available should this indicator being expanded to include: <ul style="list-style-type: none"> • Infarction stroke rates in people with atrial fibrillation • Intracerebral haemorrhage stroke rates in people with atrial fibrillation • TIA rates in people with atrial fibrillation 	6.5	
Chronic kidney disease - register	IND QOF3: The contractor establishes and maintains a register of patients aged 18 or over with CKD	Do you think there are any barriers to establishing and maintaining this register indicator?	7.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	7.2	
		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.	7.3	
		Do you have any general comments on this indicator?	7.4	
		Would expansion of the CKD QOF register to include people with early stages of CKD have clinical value?	7.5	
Diabetes HbA1c targets	IND QOF4: The percentage of patients with diabetes in whom the last IFCC-HbA1c is 53 mmol/mol or less	Do you think there are any barriers to implementing the care described by these indicators?	8.1	
		Do you think there are potential unintended consequences to implementing / using these indicators?	8.2	
		Do you think there is potential for differential impact (in respect of	8.3	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

	in the preceding 12 months. IND QOF5: The percentage of patients with diabetes in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months.	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.		
		Do you have any general comments on these indicators?	8.4	
Type 1 diabetes - statin therapy	IND QOF6: Of the patients with type 1 diabetes who meet the following criteria: aged over 40 years and who have either had diabetes for more than 10 years, or who have established nephropathy or other CVD risk factors; the percentage currently treated with a statin.	Do you think there are any barriers to implementing the care described by this indicator?	9.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	9.2	
		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.	9.3	
		Do you have any general comments on this indicator?	9.4	
Diabetes in pregnancy	IND CCG3: The proportion of pregnant women with pre-existing	Do you think there are any barriers to implementing the care described by this indicator?	10.1	
		Do you think there are potential unintended consequences to	10.2	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

	diabetes who have a joint diabetes and antenatal care team review within 1 week of referral.	implementing / using this indicator?		
		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.	10.3	
		Do you have any general comments on this indicator?	10.4	
Diabetes in pregnancy	IND CCG4: The proportion of pregnant women diagnosed with gestational diabetes that have a joint diabetes and antenatal care team review within 1 week of diagnosis.	Do you think there are any barriers to implementing the care described by this indicator?	11.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	11.2	
		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.	11.3	
		Do you have any general comments on this indicator?	11.4	
Annual diabetes test following gestational diabetes	IND GP3: The proportion of women with a history of gestational diabetes who have had an HbA1c recorded in the preceding 12 months.	Do you think there are any barriers to implementing the care described by this indicator?	12.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	12.2	
		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	12.3	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

		group.		
		Do you have any general comments on this indicator?	12.4	
Complications of diabetes	IND CCG5: Admission rates due to complications associated with diabetes	Do you think there are any barriers to implementing the care that would impact on this indicator?	13.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	13.2	
		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. ³	13.3	
		Do you have any general comments on this indicator?	13.4	
Diabetes in children and young people	IND CCG6: Proportion of children and young people who receive the following individual care processes: <ul style="list-style-type: none">• Glycated Haemoglobin A1c (HbA1c) monitoring• Body Mass Index (BMI)• Blood pressure	Do you think there are any barriers to implementing the care described by this indicator?	14.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	14.2	
		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.	14.3	
		Do you have any general comments on this indicator?	14.4	
		If the data are available should this indicator be broken down into age bands of perhaps 5 years – ie, 0 – 5 years, 5 – 10 years, and 10 – 15 years etc.	14.5	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

	<ul style="list-style-type: none"> • Urinary Albumin • Cholesterol • Eye screening • Foot examination • Smoking • Screening for thyroid and coeliac disease • Psychological assessment 			
Diabetic eye screening	IND CCG7: The percentage of people with diabetes aged 18 years and older who have a record of retinal screening in the past 12 months	Do you think there are any barriers to implementing the care described by this indicator?	15.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	15.2	
		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.	15.3	
		Do you have any general comments on this indicator?	15.4	<p>We support the introduction of this indicator but would make the following observation:</p> <p>Where a programme has an annual screening interval, setting a target which, in one form or another, measures screening uptake within a 12 month period requires programmes to invite well in advance of 12 months. This inevitably means some screening will take place at</p>

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

				<p>less than 12 months, which adds cost to the programme. Consideration could be given to measuring the uptake over a slightly longer period of, say, 14 months.</p> <p>Separately, consideration should be given to adding a second measure to the DE1 KPI which would require information on the number of patients excluded from the programme. Without knowing how many "difficult to screen" patients have been excluded from the denominator of DE1, the results are not comparable between programmes.</p>
Annual health assessment in people with learning disabilities	IND GP4: The percentage of patients with a learning disability who have received a health assessment in the preceding 12 months.	Do you think there are any barriers to implementing the care described by this indicator?	16.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	16.2	
		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.	16.3	
		Do you have any general comments on this indicator?	16.4	
Non-elective admissions for people with learning disabilities and autism	IND CCG8: Rates of non-elective admissions for people with learning disabilities and or	Do you think there are any barriers to implementing the care described by this indicator?	17.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	17.2	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

	autism to mental health and general hospital settings	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.	17.3	
		Do you have any general comments on this indicator?	17.4	
Recording of BMI	IND QOF7: The percentage of patients aged 18 or over who have had a record of a BMI being calculated in the preceding 5 years.	Do you think there are any barriers to implementing the care described by this indicator?	18.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	18.2	
		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.	18.3	
		Do you have any general comments on this indicator?	18.4	
Weight management advice	IND QOF8: The percentage of patients aged 18 years and above with a BMI ≥ 25 in the preceding 12 months who have been given appropriate weight management advice within 90	Do you think there are any barriers to implementing the care described by this indicator?	19.1	
		Do you think there are potential unintended consequences to implementing / using this indicator?	19.2	
		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.	19.3	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

	days of their BMI being recorded.	Do you have any general comments on this indicator?	19.4	
General feedback	N/A	Do you have any general comments?	20.1	

Consultation on potential new indicators – deadline for comments 5pm on 29/02/16 email: indicators@nice.org.uk

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to the proposed indicators by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.