NICE National Institute for Health and Care Excellence

Consultation on NICE indicators – deadline for comments 5pm on Thursday 16 May 2019 email: indicators@nice.org.uk

	Comments Proforma – Consultation on NICE indicators We would like to hear your views on the proposed amendments and additions to the NICE indicators for: • asthma, COPD, heart failure – these indicators have been amended as a result of reviewing existing QOF indicators; • multi-morbidity, frailty, familial hypercholesterolaemia and alcohol - these indicators are currently being piloted in general practice and may be suitable for a national measurement framework; • HIV testing – these indicators are intended for use in general practice in specified areas of high or extremely high prevalence only Do you have any general comments on these indicators? When commenting on these indicators you may also wish to consider whether: • the proposed indicators will lead to improvements in care and outcomes for patients? • there are any barriers to implementing the care described? • there are potential unintended consequences to implementing / using the indicators? • 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. The consultation document should be read before making comments on the topic areas listed in this document. Please be clear which indicator you are commenting on where your comment is specific to an individual indicator. Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

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NICE Indicators April 2019

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Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):		[**KSS AHSN Respiratory Programme**] (Kent Surrey Sussex Academic Health Science Network)
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		[Nil to declare]
Name of commentator person completing form:		[**Jo Congleton**]
Type		[office use only]
Comment number	**Indicator 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.
Example 1		Enter your comment
1	**Asthma IND63**:	The removal of the exclusion (which works well and has no cost implications) is unnecessary. The change will increase workload and cost, as we will need to assess a greater number of patients for QOF every year. Practices will manage this in different ways, resulting in less good National Data. The patients who only have occasional wheeze, and use salbutamol at these times e.g. with colds, are very, very difficult to get to come for review. One

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		approach practices may take is to do a search and change these people to “asthma resolved” and remove the patients from the register. The Practices will then get warnings e.g. salbutamol without a clinical indication on the years they do require a prescription.
2	Asthma IND64	Would suggest ‘spirometry, reversibility or variability’ is replaced with ‘spirometry demonstrating reversible airflow obstruction and/or peak flow diurnal/day to day variability’
3	Asthma IND64	The main issues is FeNO in primary care and availability due to costs but the guidance could support practices in funding buying equipment so it is helpful for it to remain there particularly to reduce over diagnosis. We do not feel that FeNO is required in every case to support diagnosis and it is still not widely accessible in primary care.
4	**Asthma IND65**	Action plans are good idea but presumably it would not need to be a new plan every year, if the current plan is still appropriate. Suggest NICE should provide examples of templates which can be pre populated and printed off GP systems.
5	Asthma IND 65	Disappointed that inhaler technique is not specifically mentioned as this should be checked and corrected as required.
6	Asthma IND 66	Only goes a small way to address the issue of inhaling multiple substances and needs to include vaping, water pipe smoking and a question that is asked of all ‘ do you or have you ever smoked, tobacco, shisha, cannabis, heroin, crack cocaine……’ Vaping is particularly important in the younger age group
7	COPD IND67	The ARTP course & subsequent registered practitioners advise using the LLN rather than <70% ratio for COPD diagnosis as per NICE 2018 update to avoid misdiagnosis. The Guide to Performing Quality Assured Diagnostic Spirometry a document vailidated by the BLF, Asthma UK, NHS, BTS, PCRS, PCC, ARTP, Education for Health supports this approach to diagnosis of obstruction. Guidance and QoF should align. Would prefer to see LLN used for quantifying airflow obstruction not a fixed ratio given the risk of over and under diagnosis at either end of the age spectrum.

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8	**COPD IND67**	The 3 month timescale after diagnosis is tight to be able to get people in after an exacerbation for full spirometry. **T**here could also be a large work load to try and discover if a patient has had quality spirometry at the time of diagnosis- e.g. may have been done at a hospital and notes not transferred with change of GP.
9	**COPD IND67**	Concern re patients with significant emphysema who may have preserved FEV/FVC ratio, and those who have mixed Obstruction and Restrictive lung defects - they would be removed from follow up if they have a normal ratio
10	**COPD IND67**	There is coding in place for recording spirometry but will NICE define 'quality-assured' spirometry further (and who will assess this). Will there be a separate code for "quality-assured spirometry"?
11	COPD IND 68	Pleased to see exacerbation frequency has been added as this supports customising the care to follow the appropriate guideline for treatment of COPD. Would like option of additional breathlessness assessment tools as MRC does not reflect change well compared to CATest. Need to add check and correct inhaler technique. Concern that oxygen saturation assessment does not feature now as although it is assumed to be commonplace now there is concern that if not specifically listed it may well cease to be checked.
12	Multimorbidity IND1	This is very welcome and will help support a holistic approach identifying patients who require services supporting multi- morbidity. Agree frailty is missing from these indicators and I would also like to see it added to the indicators in regards to COPD

Insert extra rows as needed

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.
- Include **the indicator ID** for the indicator you are commenting on
- 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.

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- **Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- 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.
- **We do not accept comments submitted after the deadline stated for close of consultation.**
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You can see any guidance that we have produced on topics related to these 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. Further information regarding our privacy information can be found at our privacy notice on our website.

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