**National Institute for Health and Care Excellence**

**Indicator Advisory Committee meeting minutes**

**Unconfirmed**

**Date:** Tuesday 17 September 2024, 10:00 – 13:30

**Location:** Virtual via Zoom

**Attendees:**

**Indicator Advisory Committee members:**

Tessa Lewis (TL) [chair], Victoria Welsh (VW) [vice-chair], Rachel Brown (RB), Waqas Tahir (WT), Chris Wilkinson (CW), Ben Anderson (BA), Paula Parvulescu (PP), Michael Bainbridge (MB), Elena Garralda (EG), Mieke Van Hemelrijck (MVH), Adrian Baker (AB) Linn Phipps (LP)

**NICE attendees:**

Mark Minchin (MM), Nicola Greenway (NG), Melanie Carr (MC), Eileen Taylor (ET), Christine Harris (CH) Christina Barnes (CB) [minutes], Rick Keen (RK) [minutes], Sana Issa (SI) [host]

**National Collaborating Centre for Indicator Development (NCCID):**

Andrea Brown (ABr), Kate Thurland (KT)

**NHS England:**

Laura Corbett (LC)

**Topic experts:**

None.

**NICE observers:**

Louisa Regan, Erica Taylor

**Apologies:**

Ronny Cheung, Chloe Evans, Martin Vernon, Chris Gale, Liz Cross

**Quoracy:** The meeting was quorate.

**Outline of the meeting**

TL welcomed the attendees, and the indicator advisory committee (IAC) members introduced themselves.

**NICE advisory body declarations of interest**

TL asked committee members to declare all new interests, that is those not already included in the register of declared interests NICE has on file (and circulated in today’s papers) and all interests related to items under discussion during the meeting. No new interests were declared.

**Item 1 - Review of minutes and actions from 05 June 2024 meeting**

MM informed the committee that all actions from the last committee meeting on 05 June 2024 had been progressed or were included in today’s agenda.

The 05 June 2024 minutes were approved by the committee as an accurate record.

**Item 2 – CLOSED SESSION**

**Information from the guideline which has not yet published.**

AB noted that there were no minutes included for the confidential part of the last meeting due to the confidential details of the asthma guideline. It would have been useful to have some separate minutes to review the previous discussions from the last meeting. This was noted.

**Item 3 - Asthma 2024-2 (Asthma diagnosis)**

*IND187: The percentage of patients with asthma on the register from (start date) with a record of spirometry and one other objective test (FeNO or reversibility or variability) between 3 months before or 3 months after diagnosis*

MC presented to the committee the background to the proposed indicator update. This indicator is currently included in the QOF and has a high PCA rate. The update is needed because an updated asthma guideline is scheduled to publish in November 2024. This is a collaborative guideline with BTS/SIGN/NICE.

During consultation on the draft guideline, a question was included about the update to the indicator. This outline two proposed options for an updated indicator.

* Option A – focused on the initial diagnostic test
* Option B – focused on any objective test

MC presented an overview of the feedback from the consultation for both options. Key points to highlight are:

* Total 19 responses.
* 7 Stakeholders preferred option A – this was because of the tests included as it was suggested they may be more deliverable in primary care and have the strongest evidence base; however concern was raised around spirometry as it is not the initial test for adults and this could affect the commissioning of services.
* 13 stakeholders preferred option B –it offers more flexibility and includes a wider range of tests, including peak flow. There was some concern about the range of tests included as some will need to be provided in secondary care.

MC advised that a feasibility review had been carried out in conjunction with NHS England. It was suggested that the proposed wording for the updated indicator should be amended to match the QOF focus on a new diagnosis of asthma. SNOMED codes are available for all the tests but they may not all be being used in primary care currently.

The committee was asked to consider the consultation feedback and decide if the indicator should publish on the NICE menu as suitable for use in the QOF and if it should focus on specific initial diagnostic tests or a record of any objective test. They were also asked to agree if amendments were needed to clarify the focus on new diagnosis, add test standards, confirm the appropriate timescale and clarify differences between adults and children,

Members noted that the PCA rate for the existing indicator of 56% was high and asked if the NICE team had a view about what it should be. MM responded to say that ideally, we would expect it would broadly be in line with other similar indicators and significantly lower than currently.

The committee agreed that the focus should be on a new diagnosis. They noted that people diagnosed during COVID-19 are unlikely to have had objective tests due to a lack of availability of testing at that time. They recognised that including all asthma diagnoses retrospectively would be a substantial task.

The committee supported option B as being pragmatic but there was concern that if the tests included are not of equal value this could reduce quality. It was agreed however that it is important to balance the accuracy of the testing with what is currently available within primary care.

The committee stated that option A is similar to the existing indicator that has a high PCA rate and so it would replicate the issue of high PCA rates. The committee recognised that it wasn’t an ideal situation to have an indicator that included tests that primary care couldn’t access.

Members highlighted that the availability of testing has improved post COVID-19. Change is happening and is expected to improve in the coming years. It was suggested that the indicator could have a shorter review date to look at how it is operating.

The committee discussed whether the tests should be listed within the wording of the indicator. There was concern that including them in the indicator wording could drive more referrals to secondary care for some tests. It was suggested that they should be removed from the indicator and included within the definition instead.

The committee discussed the need to reflect the differences in the diagnostic sequence between children and adults. It was agreed that these differences can be covered within the definition and at this time there is no need for more than one indicator.

The committee discussed the suggestion that the timeframe within the indicator should be extended to 6 months. It was recognised that there can be delays in the availability of testing but the committee felt it was important to keep the 3-month timescale in order to drive improved availability of testing and coding. It was noted that often the asthma diagnosis isn’t coded until the objective test has been obtained.

The committee also discussed the suggestion that test standards and thresholds should be included in the indicator. It was agreed that this detail could be included in the definition.

**ACTION:**

* **NICE team to progress option B based on final wording in the new guideline**
* **NICE team to amend the indicator wording to remove the list of tests and list in the definitions, and to add more detail about hierarchy and quality of tests**
* **NICE team to include adults and children in the same indicator**
* **NICE team to check if indicator goes for broad objective tests, that it works for the contracting rules**
* **NICE team to keep the 3-month timeframe in the indicator.**
* **NICE team to review the PCA rate to see if it reduces as a result of the new indicator, working with NHS E colleagues this could include looking at the detailed PCA data.**

**Item 4 - Asthma 2024-3 (Asthma reviews)**

*IND188: The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire (including assessment of short acting beta agonist use), a recording of the number of exacerbations and a written personalised action plan***.**

MC presented to the committee the background to the proposed indicator. This is currently included in the QOF. The review was prompted by an update to the NICE guideline and discussions with NHS England. It has been suggested that the indicator should focus more on asthma control and the action plan and that the reference to the asthma control questionnaire should be removed from the indicator. It was highlighted that asthma control questionnaires are a ‘consider’ recommendation in the new guideline and even though the evidence has been reviewed it wasn’t sufficient to make any stronger recommendations.

The committee agreed that it would be acceptable to remove asthma control questionnaires from the indicator but wanted to keep a reference to it in the supporting information.

Members highlighted that the questionnaires are widely used across the system and, in their professional opinion work well in practice. The committee agreed that the questionnaire was a good resource and not just a tick box exercise. It was agreed that this would be fed back to the guideline committee for consideration as a potential area for further research if the current evidence is insufficient.

**ACTION:**

* **NICE team to remove asthma control questionnaires from the indicator wording but retain a reference to them in the supporting information**
* **NICE team to feedback to the guideline committee that this is a potential area for further research**

**Public observers entered at 11:30am**

**Item 3 – 2023-167 COPD reviews**

MC presented the proposed wording for the indicator:

*The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale.*

This indicator was initially proposed as a general practice indicator suitable for use in the QOF.

MC outlined the background and rationale for the development of the indicator. The indicator aims to support effective targeting of available resources by focussing on people at highest risk of hospital admission against a background where workload issues are causing challenges in delivering reviews to all patients. It does not replace the existing indicator on COPD reviews for all people (IND191, currently in QOF) but is complementary to it. Higher risk was defined by a range of factors and comorbidities.

KT presented to the committee the results of the piloting. It was noted that 69 percent of survey respondents agreed that the indicator would improve the quality of care for patient and three quarters of the respondents felt the indicator represents an issue that is important to patients, families and carers. Respondents noted potential issues with implementation which were highlighted to the committee.

The committee noted the support for the indicator from patients and how this is important to consider. KT highlighted that the feedback was via practice staff and not directly from patients.

MC presented an overview of the consultation feedback. The general comments included:

* Concern it could reduce reviews for those not at high risk
* Concern it could introduce duplication as reviews should already be undertaken
* May not reflect current national guidance for annual reviews for mild and moderate COPD and more frequent for more severe disease

The main points raised about the definition of high risk included:

* Some support as well-evidenced
* Substantial % of all patients with COPD
* Smoking important but includes milder disease
* Exacerbations a priority- amend to 1 or more and required corticosteroids
* Extend hospital admission to include emergency attendances
* Suggestions for additional risk factors

MC presented the CPRD data analysis. The data showed:

* 80% of the population with COPD (equivalent to those on the QOF register) met the definition of ‘at high risk of hospital admission’
* FEV1% and CPRD hospital admissions data incomplete
* Current provision of annual reviews to people at higher risk similar to all people with COPD. Slightly higher provision of reviews for some higher risk groups and lower for others.

MC presented the findings from NHS England data and analytics feasibility review on this indicator, it highlighted the following:

* They felt the indicator could progress and identified relevant code clusters.
* They highlighted poor quality data for FEV1and poor coding of COPD admissions

The committee was asked to consider the testing, piloting, consultation results and decide if the indicator is suitable for publication on the menu as suitable for use in the QOF. The committee were asked specifically to consider the current definition of ‘at higher risk of hospital admission’ and the large proportion of people with COPD that this would cover. The committee suggested that a high risk subgroup would need to be less than 30-40% of people and ideally much lower eg 10-15%

Members discussed the focus of the indicator. It was suggested that the indicator could focus on those at lower risk to prevent progression of the disease to exacerbations, rather than those with more exacerbations who may be towards the end of life. however there was more support for focusing on higher risk patients. There was uncertainty about what the indicator was trying to change and where we would get the best investment in health care through improved care and outcomes. . The committee suggested that an economic model may be helpful and may show who the indicator should target, it was noted that risk prediction tools such as the John Hopkins tool on risk of admission may be helpful. The committee heard that it may take a significant amount of time to get a formal diagnosis of COPD. There was concern that if people are at high risk of hospital admission, a more holistic reivew rather than a COPD- review, t may be needed.

The committee expressed concern if this indicator as worded would address the health inequalities which was the heading it has been proposed under. Could it focus on certain groups as outlined in the NHS CorePlus20 related to health inequalities instead of risk?

The committee also suggested that the indicator could be looked at from a treatment focussed approach rather than risk or focus on those with exacerbations who may be receiving frequent rescue packs

The committee highlighted that the indicator needs more work to identify the population that would be most likely to benefit from a COPD review. It was suggested that it may be helpful to consider other populations where this approach may be relevant such as heart failure to focus on hospital avoidance.

**ACTIONS:**

**NICE team to explore how the indicator can be further developed for example an economic model as to where best to use resources to improve the standard of care and also reduce health inequalities as well as being clear about what we are trying to achieve.**

**Item 4 - 2023-156 and 2023-160 Postnatal checks**

ET presented the proposed wording for the 2 indicators

*IND2023-156: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth.*

This indicator (156) was proposed as suitable for QOF.

*IND2023-160: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth.*

This indicator (160) was proposed as a network / system level indicator.

ET highlighted that the NICE guidance (guideline and quality standard) states the postnatal check should be carried out 6 - 8 weeks following birth. The indicators use an extended time window of 12 weeks as an acknowledgement of the realities in clinical practice. This was also highlighted at consultation, but stakeholder responses were mixed.

ET outlined the background and rationale for the development of the indicators.

KT presented on the NEQOS pilots and outlined the feedback from the exercises. It was noted that for indicator 1 over half of the survey respondents felt that it would improve quality of care for patents (52%) and over 70% of respondents thought the indicator represents an issue that is important for patients, their families and carers (72%). KT outlined the key points raised around the potential issues associated with implementation and the means of mitigation. This included:

* Cohort identification, and lack of ‘joined-up’ care.
* Indicator construction
* The impact of challenging groups

KT outline the key points raised around the potential issues associated with implementation and the means of mitigation. This included:

* Cohort definition
* Indicator type

KT highlighted that most respondents and interviewees felt the proposed upper time limit of 12 weeks was about right for both indicators.

ET presented an overview of the feedback from the consultation which was carried out for both statements. The general comments included:

* Well received
* Could lead to improvements in care
* 12-week extended time window is reasonable

The main concerns raised on both these indicators included:

* Contractual requirement so indicators not needed
* 12 weeks is too long / short
* exception reporting for people who do not attend is not advisable
* emphasis needed that this is a GP consultation
* gender inclusivity

ET presented consultation feedback specific to each of the indicators:

**IND2023-156 (all women)**

* hypertension/diabetes in pregnancy – risk assessments should be completed
* could unintentionally widen health inequalities as vulnerable patients are perhaps less likely to attend appointments.

**IND2023-160 (women with complex social factors)**

* reflect that this population may be vulnerable
* include significant learning disabilities
* link primary care data with the Maternity Services Dataset.

ET presented the CPRD data analysis for the indicators. The data obtained was on GP postnatal checks for women who gave birth between 1 Jan – 31 Dec 2023. The CPRD data showed:

* approximately 62 per 10,000 patients were identified as having a record of giving birth in the 12 month period
* approximately 27 per 10,000 (43%) of those had a GP postnatal check recorded 6 – 12 weeks after giving birth
* approximately 5 per 10,000 patients were identified as having a record of giving birth in the 12 month period and had at least 1 complex social factor recorded
* approximately 2 per 10,000 (35%) of those had a GP postnatal check recorded 6 – 12 weeks after giving birth

ET highlighted a couple of important things to note:

* Extrapolating CPRD data to cover the whole population in England would result in just over 382,000 deliveries for 2023. Latest available ONS data (for 2022) showed just over 577,000 deliveries. Therefore, it can be estimated that only around 66% of deliveries are recorded on mothers’ general practice records.
* Data from the Maternity Services Data Set show that 12.9% of births are in women with complex social factors: approximately 12 per 10,000 patients. That data is perhaps more reliable than CPRD data because it is obtained by maternity services during pregnancy, rather than coming from GP records where the patient may not be seen during pregnancy.
* It is also important to note that, since 2007, pregnant women have had the option to register with a midwife directly without first attending their GP practice to confirm their pregnancy. Whilst information that a woman is pregnant should still be reported to her GP practice, this may not be consistently recorded as a coded record, possibly being uploaded directly as a free text attachment to the patient record, which will not appear in CPRD. This is a limitation of using primary care data to identify births.

ET presented the findings from NHS England data and analytics feasibility review, neither indicator were recommended due to poor coding of birth and complex social factors in primary care. The main issues highlighted for pregnancy and delivery to be:

* identifying women who have given birth as birth is not coded well
* the coding of maternal delivery does not appear to be universal
* limiting the indicators to women may miss some trans men or nonbinary people.

In relation to the recording of complex social factors:

* some terms cannot be coded
* greater clarity is needed in defining an ‘active’ complex social factor compared to historic.

ET highlighted that there is one indicator on the NICE menu classified as suitable for use in the QOF:

***IND178:*** *The percentage of women who have given birth in the preceding 12 months who have had an enquiry about their mental health between 4 to 16 weeks postpartum.*

As concerns have been highlighted around the flow of data to primary care, it was noted that any decisions made today may also affect this indicator.

The committee were asked to consider whether to halt development of these 2 indicators due to the issues identified around data quality and coding or agree to progress 1 or both indicators for publication on the NICE menu.

Members highlighted the purpose of general practice is to provide continuous lifetime care and were concerned to learn only 66% of deliveries are coded in general practice. It was noted that this may reflect system level and integration issues

The committee agreed that this is an important area but recognise the logistical issues of joining up records. They felt an indicator could be important to encourage this from a practical perspective.

It was suggested that the definition of complex social factors could be expanded to include neurodiversity, any long-term condition, gestational diabetes, miscarriages, serious mental illness (SMI) and disabilities. However, it was noted that complex social factors and complex medical factors differ and it was agreed that this indicator should remain specific to social factors but could potentially be expanded to include learning disabilities and SMI. The committee considered that Core20PLUS5 could be used. It was suggested that specific elements of the postnatal check could be highlighted to ensure that it does not just become a tick box exercise.

The committee agreed postnatal checks was an important area but not suitable for QOF or to be published on the NICE menu at this time because of the issues with the data. However, there was good support to continue to explore and develop the indicators. They agreed that further work is needed to understand the data challenges

**ACTION:**

* **NICE team to provide the information presented to the committee, and their views, to the relevant NHSE policy team .**

**Item 4 - Review of decisions**

MM confirmed details of the business and all recorded decisions and actions discussed had been noted.

**Item 5 – AOB**

* **NICE non-staff expenses policy**

MM informed the committee of the recent changes to the NICE non-staff expenses policy which has been updated. Members were encouraged to read the updated policy and get back to the NICE team with any questions.

* **NICE centre for guidelines directorate wide DOI audit**

MM advised the committee that a Directorate wide audit of DOIs is currently underway. It is expected that some minor changes will need to be made to the IAC recording of DOIs. MM outlined the NICE team will cross reference details held on the ABPI disclosure register, against those on record at NICE. NICE team will be in touch to ensure that all members details are aligned and correct.

* **IAC recruitment campaign for standing members**

MM advised the committee that there is currently a recruitment campaign live for new IAC committee members until 23 September 2024. It was noted that several members 10-year tenure will expire next calendar year. The recruitment opportunity has been shared so please share to your wider professional network and send on to anyone who may be interested.

* **December IAC meeting**

MM advised the December IAC meeting will be cancelled so the next IAC will be held in 2025. Details will be shared in due course.

**ACTION:**

* **CB to cancel the invite for the December IAC meeting**

TL and MM thanked everyone for their time.

AB thanked the NICE team and NEQOS team for all the work they have undertaken ahead of the committee and all the hard work on each of the indicators.

**Close of meeting**