Indicator development programme

New NICE indicators November 2024

This paper provides the latest set of new indicators NICE has published on the NICE indicator menu ([table 1](#_Table_1:_New)).

Indicators that are suitable for inclusion in the Quality and Outcomes Framework (QOF) are marked as ‘suitable for use in the QOF’. In England, the content of QOF is determined through contract negotiations between NHS England and the BMA’s General Practitioners Committee (GPC). NICE and the NICE indicator advisory committee have no role in these negotiations.

The full NICE indicator menu and the associated supporting documentation are available on the [NICE website](https://www.nice.org.uk/standards-and-indicators/indicators).

# Table 1: New indicators added to the NICE indicator menu

| NICE ID | Indicator type | Indicator | Evidence base, rationale and notes |
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| IND272 | General practice indicator suitable for use in the QOF | The percentage of patients with a new diagnosis of asthma on or after (start date) with a record of an objective test between 3 months before or 3 months after diagnosis. Relevant to QOF AST011. | * Based on the BTS, NICE and SIGN guideline for asthma (expected publication 27 November 2024). This is an update to previous indicator IND187 which required spirometry and one other specific test.
* A combination of objective tests is needed to diagnose asthma, with different sequences for adults, and children and young people. Improving the accuracy of diagnosis will reduce incidences of patients with untreated asthma having an asthma attack and patients who do not have asthma receiving unnecessary drugs. The guideline recommends specific tests are used first in the sequence. The indicator allows the full range of possible tests to count as a success following stakeholder feedback on the availability of FENO and spirometry, and variation in patient characteristics.
* Objective tests for adults and young people over 16 (in order)
	+ Blood eosinophil count or fractional exhaled nitric oxide (FeNO)
	+ Bronchodilator reversibility with spirometry (BDR)
	+ Peak expiratory flow variability (if spirometry is not available or delayed)
	+ Bronchial challenge test
* Objective tests for children aged 5 to 16 (in order)
	+ Fractional exhaled nitric oxide (FeNO)
	+ Bronchodilator reversibility with spirometry (BDR)
	+ Peak expiratory flow variability (if spirometry is not available or delayed)
	+ Skin prick test to house dust mite or total IgE level and blood eosinophil count
	+ Bronchial challenge test
* The expected population size will vary depending on the start date.
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| IND273 | General practice indicator suitable for use in the QOF | 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, a recording of the number of exacerbations and a written personalised action plan. Relevant to QOF AST007. | * Based on the BTS, NICE and SIGN guideline for asthma (expected publication 27 November 2024). This is an update to previous indicator IND188 which required the use of an asthma control questionnaire.
* Annual asthma reviews can help identify people at increased risk of poor outcomes so that support can be provided based on information from their review to help them self-manage their asthma and maximise their future health.
* The expected eligible population size (the denominator) is around 614 patients per 10,000.
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| IND274 | General practice indicator suitable for use in the QOF | The percentage of patients with a diagnosis of type 2 diabetes and a recorded cardiovascular disease risk assessment score of 10% or more (without moderate or severe frailty), who are currently treated with a lipid-lowering therapy.  | * Based on NICE’s guideline [cardiovascular disease](https://www.nice.org.uk/guidance/NG238) (2023) and technology appraisals for:
	+ [Bempedoic acid with ezetimibe](https://www.nice.org.uk/guidance/ta694) (2021).
	+ [Evolocumab](https://www.nice.org.uk/guidance/ta394) (2016).
	+ [Alirocumab](https://www.nice.org.uk/guidance/ta393) (2016).
	+ [Ezetimibe](https://www.nice.org.uk/guidance/ta385) (2016).
* This is an update to previous indicator IND182 which focused on provision of statins.
* A focus on primary prevention of cardiovascular disease in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care. Atorvastatin 20 mg is recommended as first-line therapy for the primary prevention of cardiovascular disease in adults with type 2 diabetes and a recorded cardiovascular disease risk assessment score of 10% or more. Alternative lipid lowering therapies may be considered if statins are contraindicated or not tolerated.
* Exclusions:
	+ People with diagnosed cardiovascular disease. Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, stroke or TIA or symptomatic peripheral arterial disease.
	+ Patients aged 24 and under (QRISK3 is not validated in people under 25 years)
	+ Patients aged 85 and older (QRISK3 is not validated in people over 84 years).
* The expected eligible population size (the denominator) is around 258 patients per 10,000.
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| IND275 | General practice indicator suitable for use in the QOF | The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, who are currently treated with a lipid-lowering therapy (excluding patients with type 2 diabetes and a cardiovascular disease risk score of less than 10% recorded in the preceding 3 years).Relevant to QOF DM022. | * Based on NICE’s guideline [cardiovascular disease](https://www.nice.org.uk/guidance/NG238) (2023) and technology appraisals for:
	+ [Bempedoic acid with ezetimibe](https://www.nice.org.uk/guidance/ta694) (2021).
	+ [Evolocumab](https://www.nice.org.uk/guidance/ta394) (2016).
	+ [Alirocumab](https://www.nice.org.uk/guidance/ta393) (2016).
	+ [Ezetimibe](https://www.nice.org.uk/guidance/ta385) (2016).
* This is an update to previous indicator IND183 which focused on provision of statins.
* A focus on primary prevention of cardiovascular disease in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care. Atorvastatin 20 mg is recommended as first-line therapy for the primary prevention of cardiovascular disease in adults with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty. Alternative lipid lowering therapies may be considered if statins are contraindicated or not tolerated.
* Exclusions:
	+ People with diagnosed cardiovascular disease. Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, stroke or TIA or symptomatic peripheral arterial disease.
	+ Patients with type 2 diabetes and a cardiovascular disease risk score of less than 10% recorded in the preceding 3 years (as lipid-lowering therapy may not be needed).
* The expected eligible population size (the denominator) is around 258 patients per 10,000.
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| IND276 | General practice indicator suitable for use in the QOF | The percentage of patients with diabetes and a history of cardiovascular disease (excluding a history of haemorrhagic stroke) who are currently treated with a lipid-lowering therapy.Relevant to QOF DM023. | * Based on NICE’s guideline [cardiovascular disease](https://www.nice.org.uk/guidance/NG238) (2023) and technology appraisals for:
	+ [Inclisiran](https://www.nice.org.uk/guidance/ta733) (2021).
	+ [Bempedoic acid with ezetimibe](https://www.nice.org.uk/guidance/ta694) (2021).
	+ [Evolocumab](https://www.nice.org.uk/guidance/ta394) (2016).
	+ [Alirocumab](https://www.nice.org.uk/guidance/ta393) (2016).
	+ [Ezetimibe](https://www.nice.org.uk/guidance/ta385) (2016).
* This is an update to previous indicator IND184 which focused on provision of statins.
* This indicator aims to reduce cardiovascular risk and prevent future cardiovascular events. NICE’s guideline on cardiovascular disease recommends treatment is started with atorvastatin 80 mg, whilst highlighting situations where a lower dose should be used. The indicator wording allows for choice of the appropriate dosage. Alternative lipid lowering therapies may be considered if statins are contraindicated or not tolerated, or cholesterol treatment targets are not met.
* Exclusions: People with a history of haemorrhagic stroke (as the risk of further haemorrhage may outweigh the risk of a vascular event).
* The expected eligible population size (the denominator) is around 182 patients per 10,000.
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| IND277 | General practice indicator suitable for use in the QOF | The percentage of patients with type 1 diabetes aged over 40 years (excluding people with a history of haemorrhagic stroke) who are currently treated with a lipid-lowering therapy. | * Based on NICE’s guideline [cardiovascular disease](https://www.nice.org.uk/guidance/NG238) (2023) and technology appraisals for:
	+ [Inclisiran](https://www.nice.org.uk/guidance/ta733) (2021).
	+ [Bempedoic acid with ezetimibe](https://www.nice.org.uk/guidance/ta694) (2021).
	+ [Evolocumab](https://www.nice.org.uk/guidance/ta394) (2016).
	+ [Alirocumab](https://www.nice.org.uk/guidance/ta393) (2016).
	+ [Ezetimibe](https://www.nice.org.uk/guidance/ta385) (2016).
* This is an update to previous indicator IND166 which focused on provision of statins.
* This indicator aims to reduce cardiovascular risk and prevent future cardiovascular events. Statin therapy helps to lower the level of low-density lipoprotein (LDL) cholesterol in the blood and is associated with a reduction in myocardial infarction (MI), coronary heart disease and stroke. Atorvastatin is recommended for the primary and secondary prevention of cardiovascular disease in adults with type 1 diabetes. Alternative lipid lowering therapies may be considered if statins are contraindicated or not tolerated, or cholesterol treatment targets are not met.
* Exclusions: People with a history of haemorrhagic stroke (as the risk of further haemorrhage may outweigh the risk of a vascular event).
* The expected eligible population size (the denominator) is around 26 patients per 10,000.
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| IND278 | General practice indicator suitable for use in the QOF | The percentage of patients with CVD in whom the last recorded LDL or non-HDL cholesterol level (measured in the preceding 12 months) is 2.0 mmol per litre or less for LDL cholesterol or 2.6 mmol per litre or less for non-HDL cholesterol.Relevant to QOF CHOL004. | * Based on NICE’s guideline [cardiovascular disease](https://www.nice.org.uk/guidance/NG238) (2023).
* This indicator aims to support improvements in secondary prevention of cardiovascular disease by managing cholesterol levels. Where the lipid target is not met, treatment should be escalated in line with NICE guidance.
* The LDL cholesterol level should be selected if both LDL and non-HDL are recorded on the same day.
* Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, ischaemic stroke or TIA or symptomatic peripheral arterial disease,
* Exclusions: Patients with a diagnosis of familial hypercholesterolaemia or a history of haemorrhagic stroke.
* The expected eligible population size (the denominator) is around 461 patients per 10,000.
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