Dear Esther

Consultation on proposed amendments to current QOF indicators

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The Association welcomes the opportunity to respond to the consultation on proposed amendments to current QOF indicators in the diabetes domain and a minor change to the current atrial fibrillation register.

Amendments to the diabetes domain

We support the proposed amendments to the indicators in the diabetes domain which we believe will improve overall care for people with type 2 diabetes by incentivising more intensive care for those who are generally younger and fitter, while protecting those with moderate and severe frailty from the dangers of over-treatment.

The proposed changes to statin therapy for primary prevention (DM004) are acceptable and easily understood and implemented. They would not negate the need for individual shared decision making which may result in younger patients being treated, and older ones not being treated, and the use of exception codes in the latter circumstance would be recommended.

We would also request that NICE investigate whether there is a case for frailty measures being applied to the management of microalbuminuria.

Changes to the atrial fibrillation domain

With regards to the proposed changes to the QOF atrial fibrillation (AF) indicators, we do not support the introduction of this into a quality standard at this stage, in particular due to concerns about the accuracy of atrial fibrillation entries in the lifetime record, especially where coded entries are not under the direct control of the practice. We are concerned that this may include many patients who are very frail, or who only had AF in a defined and resolved situation.
We would recommend that answers to the following questions would need to be provided:

1. Does the patient group ‘resolved fibrillation’ gain from anticoagulation in the same way as does the group with ongoing fibrillation?

2. Are the risks of adverse events due to anticoagulation for the patient group ‘resolved fibrillation’ the same as the group with ongoing fibrillation (with particular reference to those in this group with frailty)?

3. Is treatment with anticoagulation acceptable to this group of patients?

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely

[Signature]

Angela Kyle
Head, Committee Services
Policy Directorate