

Comments form – Consultation on NICE indicators

Deadline for comments: 5pm on Thursday 28 March 2024.

Please return to: indicators@nice.org.uk

We would like to hear your views on new draft NICE indicators focused on:

- Cardiovascular disease prevention risk assessment
- COPD
- Postnatal support
- Smoking cessation

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 and 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 note that there are specific questions for some indicators which you may wish to comment on. 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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Requirement	Response
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	BMA - GPCE
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<u>None</u>
Name of commentator person completing form:	Clare Bannon
Type	[office use only]

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Comment number	Indicator ID	<p style="text-align: center;">Comments</p> <p style="text-align: center;">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.</p>
1.	IND2023-164/5/6	This indicator appears to have been predicated on the NHS health check scheme. This is not a universal scheme. The way the NHS health check has been commissioned means that there is not universal coverage. For example, some areas are already limiting to only patients with modifiable risk factors, some have actually limited to patients only within certain postcodes. Many areas also have a cap on the number of patients that can access the scheme and some have non-GP providers.(See PH England Health Check Delivery Survey 2020). This risks driving further health inequalities by rewarding areas that already have well-funded NHS health check schemes.
2	IND2023-164	There has been evidence that the approach of providing NHS health checks far from prioritising the most in need prioritises those that wish to have a health check. Many commissioners moved away from this blanket approach for that reason.
3.	IND2023-164/65/66	The health check is differentially funded from area to area with some areas already. This risks areas with low funding being further disadvantaged as the health check is not cost effective- from aforementioned document funding varies by more than 50%.
4.	IND2023-165	This approach may be more helpful given the limited resource available but would have to tie in with locally commissioned services. However, given the variability this could worsen health inequalities by not targeting hard to reach groups. This could only be done by targeting patients already known to have one of the denominator conditions.
5.	IND2023-164/165	The large numbers are a potential barrier to improvement, and again given significant geographical variation in services and delivery this could widen health inequalities by rewarding areas with already high coverage and penalising those with low coverage and high numbers of patients.
6	IND2023-166	Very narrow denominator with 2 of the denominators already having required testing (lipids and BP). Again, this risks widening health inequalities by not targeting people who don't have known Obesity, smoking, hypertension or hyperlipidaemia.
7.	IND2023-164/5/6	These are not viable given the current state of the NHS health check scheme.
8.	IND2023-167	This appears to be a worsening of target driven care; we need to focus on high quality reviews for all patients. We should already be doing these reviews. This appears to be needless duplication.
9.	IND2023-156	This is already a contractual requirement with nothing added around quality improvement I'm not sure why this would be helpful.

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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.
- 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.

You can see any guidance that we have produced on topics related to these indicators by checking [the NICE website](#).

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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