

# Can the indicators no longer in QOF (INLIQ) be used to assess CVD prevention?

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## INTRODUCTION

The 2018/19 PHE cardiovascular disease (CVD) prevention programme focused on three high risk conditions; high blood pressure, atrial fibrillation and high cholesterol. Ambitions<sup>1</sup> to improve detection and management of these risk factors were developed and agreed by the multiagency CVD system leadership forum. It was acknowledged that the intelligence required to fully assess these ambitions is incomplete.

One of the major sources of primary care data is the General Practice Quality and Outcomes framework (QOF). This system rewards practices for the provision of quality care. Practices are measured against a suite of indicators developed to approximate good quality care. In 2014/15 and 2015/16 several clinical indicators were retired from QOF, 14 related to CVD. These indicators covered a range of disease areas including hypertension, coronary heart disease (CHD), stroke, chronic kidney disease (CKD) and diabetes.

The retired indicators are referred to as 'Indicators No Longer In QOF' (INLIQ). Although these clinical indicators are no longer incentivised through the QOF remuneration system, NHS Digital continue to publish data<sup>2</sup> on practice achievement for these indicators. The GP contract mandates the ongoing collection of these indicators. The INLIQ collection mechanism differs from the mechanism used in QOF, which means that the QOF and INLIQ treatment levels are not directly comparable.

The INLIQ referring to blood pressure control, or cholesterol testing or treatment were investigated for their suitability for assessing CVD prevention efforts. One of the indicators (HYP003) measured blood pressure control for people diagnosed with hypertension to the 140/90 mmHg level, which is not collected elsewhere. The cholesterol indicators describe testing for high cholesterol or treatment to 5 mmol/l or less level in people with pre-existing stroke (STIA004 and STIA005), peripheral arterial disease (PAD003) or CHD (CHD003).

There are now five years worth of INLIQ data available, this data has been analysed to assess its value in the assessment of CVD prevention in England.

## METHODS

NHS Digital collect and publish the INLIQ at practice level. However, not all practices submit this data. Nationally 68% of active practices submitted the INLIQ, this covers approximately 73% of the population. NCVIN produced treatment values and estimates of population coverage at CCG level<sup>3</sup>.

As not all practices submit INLIQ, there is a risk that practices that continue to return the INLIQ may be a biased sample. The returning and non returning practices were compared by assessing any difference in the treatment levels for their last incentivised QOF return. This subset analysis showed that those that had gone on to return the INLIQ had achieved higher QOF treatment levels but, these differences were small (generally under 1%).

For the CVD related INLIQ there was a decrease in achievement at England level between the final year when the indicators were included in QOF and the first year that they were removed.

A time trend analysis of treatment levels (since retirement from QOF) was used to assess which indicators were likely to be representative of overall care despite the change in recording. The change in treatment level over time for 9 of the indicators removed in 2013/14 are shown in figure 1.

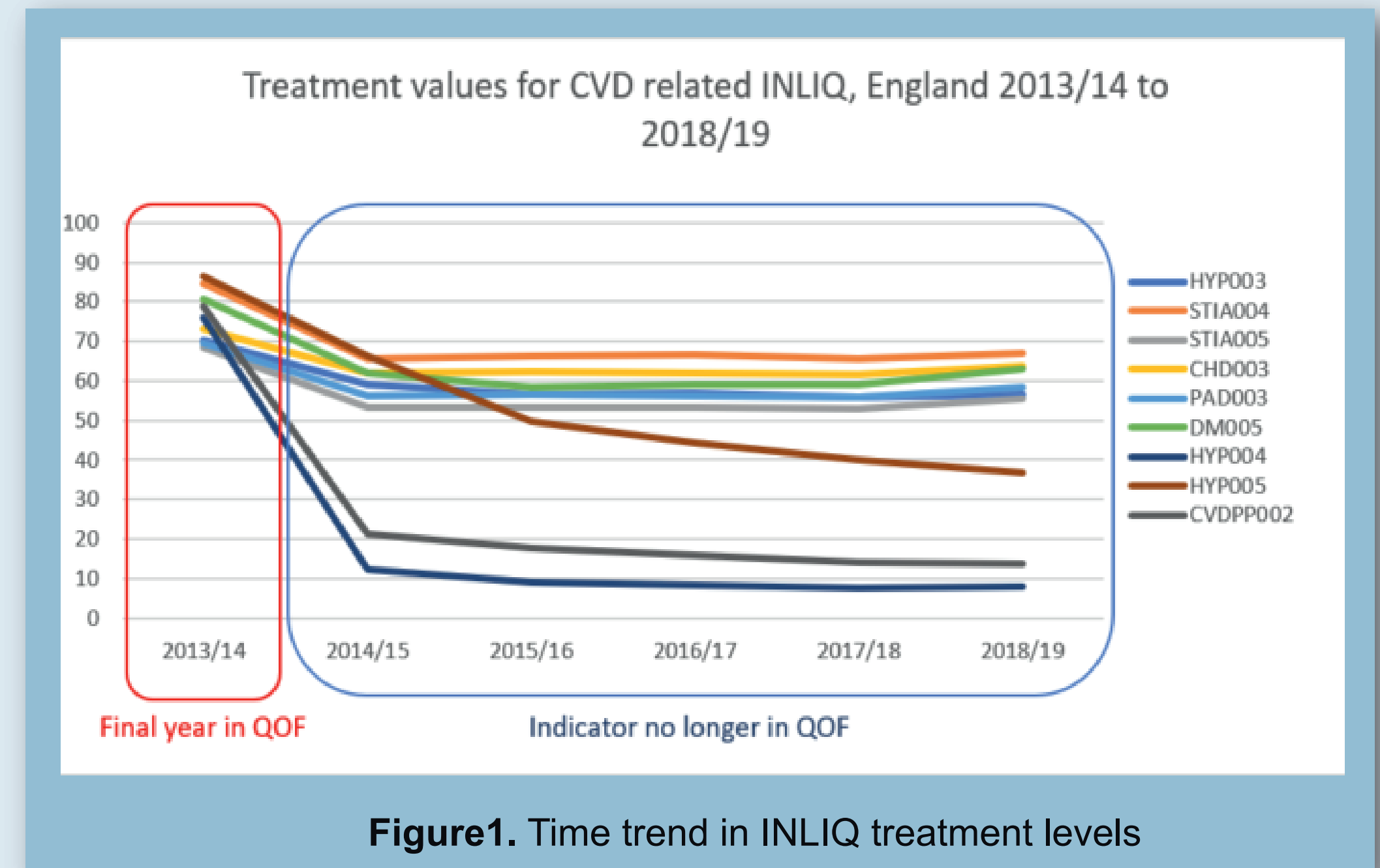


Figure 1. Time trend in INLIQ treatment levels

## RESULTS

- The time trend analysis revealed that there was a decrease in treatment levels for all indicators in the first year they were removed from QOF. From 2014/15 onwards the change in treatment levels was more variable. Some of the indicators with the greatest fall in achievement are directly related to the public health prevention agenda. However, for 7 of the indicators the treatment levels have stabilised suggesting they represent actual treatment. These included the indicators relating to high blood pressure and cholesterol management and so were helpful in assessing the CVD prevention programme.
- The population coverage of the INLIQ was variable by CCG. Fifteen CCGs had 100% coverage; 138 had between 60 and 100%; 12 had between 0 and 60% and 26 had no coverage. Only CCGs with a population coverage above 60% have had their treatment levels reported and used within the CVD prevention work.

- The INLIQ hypertension management indicator was used to inform the CVD prevention programme ambitions. The 2017/18 INLIQ figures suggested that 56% people diagnosed with hypertension (under the age of 80) were being managed to 140/90 mmHg. The ambition aims for 80% treatment levels (figure 2). In the following year 2018/19, the blood pressure management treatment levels varied widely across CCGs, from 39% to 68%.
- Between 2017/18 and 2018/19 there was a small improvement in the management of high blood pressure in people with chronic kidney disease. There were also improvements in the management of cholesterol in people with pre-existing stroke, CHD and peripheral arterial disease.

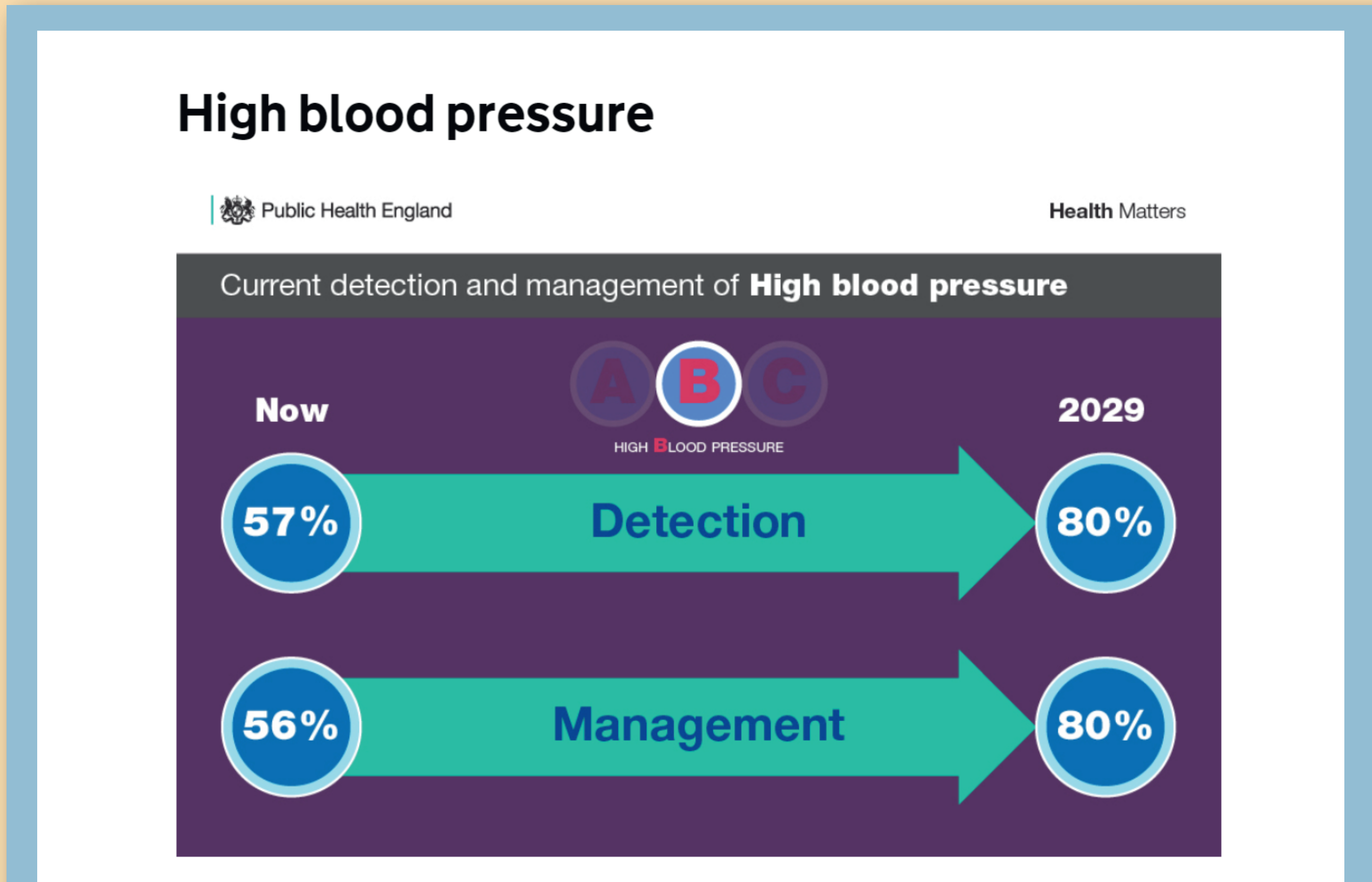


Figure 2. The CVD prevention programme includes a hypertension management ambition based on the INLIQ hypertension management indicator (Source: PHE Health Matters 2019)

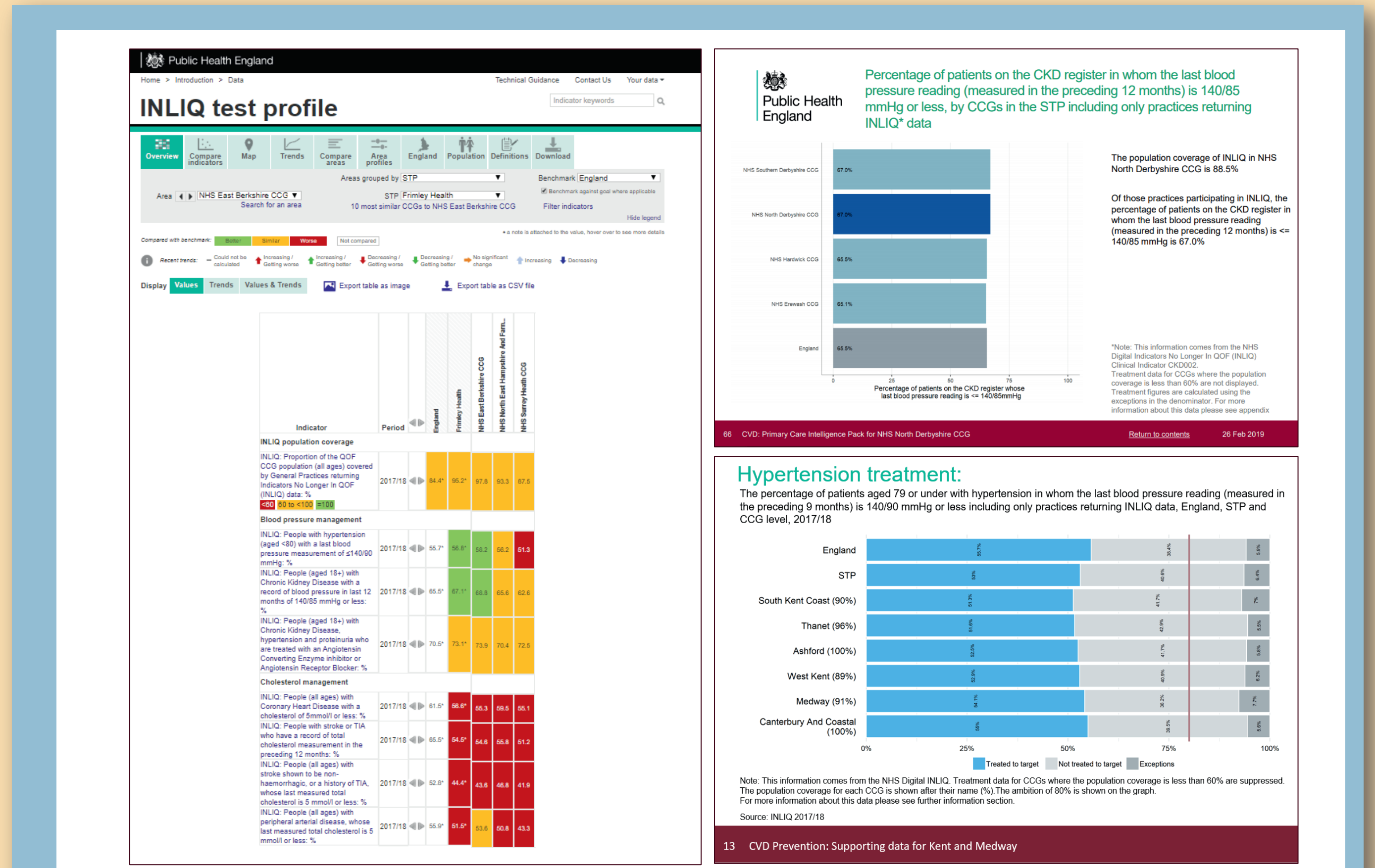


Figure 3. Example of INLIQ in PHE CVD prevention products: INLIQ test profile on PHE fingertips, primary care intelligence packs<sup>5</sup> and CVD prevention packs (Source: NCVIN)

## DISCUSSION

Despite being a mandated data collection the INLIQ are not universally returned by GP practices. From 2015/16 to 2017/18 roughly 4 in 5 practices returned the data, but this reduced to 68% in 2018/19. Despite this reduction in coverage, it appears to be valid to compare achievement between areas within the same reporting year to assess variation in the INLIQ data.

Analysis of 2017/18 INLIQ data suggests that the practices that did submit INLIQ in 2018/19 had slightly higher achievement levels than those practices who did not go on to submit in 2018/19. It is possible that this reporting bias may account for some of the increase in achievement between 2017/18 and 2018/19<sup>4</sup>.

There may be several reasons why there has been a change in the achievement of the INLIQ indicators since their removal from the incentivised QOF scheme. These could reflect data extraction issues, practice/primary care data entry issues (i.e. a change in the way that the data is actually coded by primary care professionals as a result of it no longer being in QOF) or it could be a change in practice by primary care (or a combination of several of these factors).

## CONCLUSIONS

- The INLIQ have been a useful data source to assess variation in CVD prevention in England. They have provided baseline information for the CVD Prevention programme, and have been used to highlight variation in the management of CVD.
- The INLIQ are now available in the PHE fingertips profile. They have also been used in several resources including NCVIN's CVD primary care intelligence packs<sup>5</sup>, CVD prevention data packs and NHS RightCare's packs.
- Although there is a current deficit in CVD prevention information, the introduction and development of CVDPREVENT<sup>6</sup>, a new CVD primary care audit, will collect and report on comparative measures which will offer more complete information on CVD prevention in primary care.

## REFERENCES

- PHE CVD Prevention Health Matters <https://www.gov.uk/government/publications/health-matters-preventing-cardiovascular-disease>
- NHS Digital INLIQ practice level figures <https://digital.nhs.uk/data-and-information/publications/statistical/gp-contract-services/2018-19/gprac1819>
- INLIQ profiles <https://fingertips.phe.org.uk/profile/inliq>
- Indicator No Longer in QOF (INLIQ) information 2018/19: Summary [https://fingertips.phe.org.uk/documents/INLIQ\\_2018.19\\_summary\\_final.pdf](https://fingertips.phe.org.uk/documents/INLIQ_2018.19_summary_final.pdf)
- CVD Intelligence packs <https://fingertips.phe.org.uk/profile/cardiovascular-disease-primary-care>
- CVDPREVENT <https://www.england.nhs.uk/ourwork/clinical-policy/cvd/cvdprevent/>