## **Comments form – Consultation on NICE indicators**

**Deadline for comments:** 5pm on Thursday 28 March 2024. **Please return to:** <u>indicators@nice.org.uk</u>

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.

| Requirement                                                                                                                                                       | Response                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Organisation name –<br>Stakeholder or<br>respondent (if you are<br>responding as an<br>individual rather than a<br>registered stakeholder<br>please leave blank): | Royal College of General Practitioners |
| Disclosure<br>Please disclose any past<br>or current, direct or<br>indirect links to, or<br>funding from, the<br>tobacco industry.                                | No disclosures                         |
| Name of commentator<br>person completing<br>form:                                                                                                                 | Michael Mulholland/ Adrian Hayter      |
| Туре                                                                                                                                                              | [office use only]                      |

| Comment<br>number | Indicator ID  | Comments                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |               | Insert each comment in a new row.<br>Do not paste other tables into this table, because your comments could get lost – type directly into this table.                                                                                                                                                                                                                                                                   |
| 1                 | IND2023 - 164 | The NHS Health check programme has been delivered through local authority funding and there is variation in Commissioning arrangements over the years which leads to a baseline historic inequality at a General Practice level. For some practices where this work has been unfunded in previous years, it may represent a barrier for implementation.                                                                 |
| 2                 | IND2023 - 164 | Performing a Health check every 3 years, on such a large population is unachievable given the prioritisation given to acute, on the day care.                                                                                                                                                                                                                                                                           |
| 3                 | IND2023 - 164 | Modifiable risks factors should also include a greater emphasis on a lifestyle approach. This seems to be very medicines and statins orientated and does not adopt a holistic personalised care approach which is more time consuming.                                                                                                                                                                                  |
| 4                 | IND2023-167   | There is variation across the country around alternatives to hospital admission such as the development of integrated community teams<br>Virtual Wards. This means that the denominator may vary according to local services. We need to use other measures around rising risk.                                                                                                                                         |
| 5                 | IND2023-156   | Most Practices implement a joint visit at 8 weeks. The postnatal period often signals change in living circumstances of families and often<br>there may be a delay due to families moving either temporarily (to stay with family) or permanently to move to more suitable<br>accommodation. Therefore, it is important to set a target beyond 12 weeks and adjust lower achievement targets to take this into account. |
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Insert extra rows as needed

## **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.