

| Indicator | Query  | Response  | Date     |
|-----------|--|---|----------|
| CHD 8     | <p data-bbox="369 233 754 400">Why does the QOF target for cholesterol specify total cholesterol rather than HDL as the latter better reflects clinical risk?</p> <p data-bbox="369 437 754 735">Under the current indicators, a patient with a cholesterol just over 5 will not contribute to the achievement even though their HDL may be acceptable whereas another patient might have a lower total cholesterol but an unsatisfactory HDL level.</p> | <p data-bbox="777 233 1628 699">It has to be recognised that the QOF targets relate to audit standards rather than ideal levels for individual patients. The standards are set by a National expert team and are based on the expert interpretation of the available evidence, and are reviewed on a regular basis. The evidence about target cholesterol, HDL/LDL has been put forward for review by the QOF expert team. They have considered whether to lower the cholesterol target for the QOF, and/or whether to specify HDL (or for that matter, LDL) instead of total cholesterol. Their conclusion was that this would not improve management of cholesterol risks any more than the current situation. For improved population health, a higher target met for a greater number of patients will have a greater overall effect than lower levels for fewer patients.</p> <p data-bbox="777 735 1285 767">Evidence will continue to be evaluated.</p> <p data-bbox="777 804 1628 900">The necessary precision of the QOF indicators will naturally result in some patients almost reaching targets. This applies across all the clinical domains.</p> <p data-bbox="777 936 1547 1007">Their full reports from 2007 can be accessed at <a href="http://www.npcrdc.ac.uk/QOF_Evidencebased_reports.htm">http://www.npcrdc.ac.uk/QOF_Evidencebased_reports.htm</a></p> | 26.08.08 |