NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INDICATOR DEVELOPMENT PROGRAMME (QOF)

Resource impact statement: Mental health (CVD risk assessment)

Date: July 2015

Indicator

NM120: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses aged 25-84 (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) who have had a CVD risk assessment performed in the preceding 12 months (using an assessment tool agreed with NHS England).

Introduction

This report covers a new indicator that is part of the NICE menu of potential Quality and Outcomes Framework (QOF) indicators for 2016/17, following the recommendations of the NICE indicators advisory committee in June 2015. The indicator has been piloted as part of the NICE QOF indicator development process.

This report considers the likely resource impact of incentivising the interventions associated with the proposed indicators in terms of the number of additional interventions provided and the cost of each intervention. Costs to NHS commissioners are outlined where relevant.

People with schizophrenia, bipolar disorder and other psychoses are reported to be at higher risk of developing CVD. NICE has recommended in clinical guideline 178 Psychosis and schizophrenia in adults and clinical guideline 185 Bipolar disorder, that people with a high risk of CVD are identified and provided with treatment to reduce that risk. Because of the likely need for

more GP input into the process, CVD risk assessment for people with serious mental illness is likely to cost more than for the general population.

Number of people affected

Based on pilot data (University of Birmingham and York Health Economics Consortium) the number of people with schizophrenia, bipolar affective disorder and other psychoses aged 25-84 (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) who will require a CVD risk assessment is estimated at around 286,800.

Current care

Pilot data showed the indicator was achieved on average for 12.4% of eligible patients at the beginning of the pilot, equivalent to around 35,600 people.

Proposed care

This indicator incentivises CVD risk assessment for people aged 25-84 who have schizophrenia, bipolar affective disorder and other psychoses. In line with NICE guidance, it is assumed that a risk assessment is done using QRISK2 and that treatment with atorvastatin 20mg is prescribed if the 10 year risk is >10%. In line with the pilot data, the above model assumes a GP consultation of 17 minutes is required to discuss the importance of risk assessment and of potential treatment strategies with each patient (Personal Social Services Research Unit

The population has been split between men and women due to the CVD risk being higher in men. This is taken from NICE clinical guideline CG181 lipid modification.

Resource impact

Table 1 shows estimated cost at achievement levels of 45% to 80%.

Table 1 Estimated Annual cost of implementing indicator NM12

Heading	Proportions	Populations	Unit cost (£)	Totals (£)
England population		53,107,169		
Eligible population 0.54% of the total population	0.54%	286,779		
Current practice				
Achievement of assessment	12.4%	35,561	£50	1,778,028
Men aged 25 to 84 years	49%	17,399		
Women aged 25 to 84 years	51%	18,161		
CVD Risk				
Men aged 25 to 84 years	28.4%	4,941	£18.48	91,318
Women aged 25 to 84 years	22.2%	4,032	£18.48	74,507
		8,973		
Reduction in adverse events	0.65%	58	£1,391	80,531
Total cost of current practice				**1,863,322**
Future Practice				
Achievement of assessment@ 45%	45%	129,050	£50	6,452,521
Men aged 25 to 84 years	49%	63,143		
Women aged 25 to 84 years	51%	65,907		
CVD Risk				
Men aged 25 to 84 years	28.4%	17,933	£18.48	331,395
Women aged 25 to 84 years	22.2%	14,631	£18.48	270,389
		32,564		
Reduction in adverse events	0.65%	210	£1,391	292,251
Total cost of achievement at 45%				**6,762,054**
Cost impact of achievement @45%				**4,898,732**
Achievement of assessment@ 80%	80%	229,423	£50	11,471,149
Men aged 25 to 84 years	49%	112,254		
Women aged 25 to 84 years	51%	117,169		
CVD Risk				
Men aged 25 to 84 years	28.4%	31,880	£18.48	589,147
Women aged 25 to 84 years	22.2%	26,011	£18.48	480,691
		57,892		
Reduction in adverse events	0.65%	374	£1,391	519,557
Total cost of achievement at 80%				**12,021,429**
Cost impact of achievement @ 80%				**10,158,108**

The annual resource impact of the implementation of QOF indicator NM120 is estimated to be £4.9 million at 45% achievement and £10.2 million at 80% achievement.

This may be an over estimate of cost and time as the economic model for [NICE clinical guideline CG181 lipid modification](#) assumed that a nurse undertook the risk assessment. Unit costs for CVD treatment and savings from a reduction in adverse events are taken from the [costing template for NICE clinical guideline CG181 lipid modification](#).

It could also be argued that this is an over estimate of the true cost as the patients the QOF indicator is targeting are at higher risk of CVD events and so are more likely to benefit from assessment and treatment, thus averting costly cardiovascular events in the future. The savings due to a reduction in adverse events in the model above may therefore be understated.

References

University of Birmingham and York Health Economics Consortium (NICE External Contractor), Development feedback report on piloted indicators, 2015.