

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Indicators for the NICE menu for the QOF

Indicator area: Primary prevention of cardiovascular disease

Indicator: NM133

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In those patients with a new diagnosis of hypertension or type 2 diabetes aged 25-84 years, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, type 1 diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using the QRISK2 assessment tool) of >20% in the preceding 12 months: the percentage who are currently treated with statins (unless there is a contraindication)

Introduction

Cardiovascular disease (CVD) describes disease of the heart and blood vessels caused by the process of atherosclerosis. It is the leading cause of death in England and Wales, accounting for almost one-third of deaths. In spite of evidence that mortality from CVD is falling, morbidity appears to be rising.

Type 2 diabetes is commonly associated with obesity, physical inactivity, raised blood pressure, disturbed blood lipid levels and a tendency to develop thrombosis, and therefore is recognised to have an increased cardiovascular risk.

Hypertension is a major risk factor for ischaemic and haemorrhagic stroke, myocardial infarction, heart failure, chronic kidney disease, cognitive decline and premature death and is therefore also recognised to have an increased cardiovascular risk.

This indicator proposes a pragmatic level for initiating statin therapy in people with hypertension and/or type 2 diabetes at a CVD risk score of >20%.

Rationale

This indicator measures the percentage of patients with a new diagnosis of hypertension or type 2 diabetes with a 20% or greater 10-year risk of developing CVD (assessed using the QRISK2 cardiovascular risk tool) who are currently treated with statins. The aim is to reduce cardiovascular risk and prevent future cardiovascular events.

For the primary prevention of CVD the NICE guideline on [lipid modification](#) recommends initiating statin therapy with atorvastatin 20 mg. CG181 also recommends that all other modifiable CVD risk factors should be optimised before statin therapy for primary prevention is offered.

The age range adopted in this indicator reflects that of the QRISK2 cardiovascular risk assessment tool which is recommended for use in people aged 25 to 84 years.

Source guidance and recommendations

- [Lipid modification](#) (2014) NICE guideline CG181
 - Recommendation 1.3.18: Offer atorvastatin 20 mg for the primary prevention of CVD to people who have a 10% or greater 10-year risk of developing CVD. Estimate the level of risk using the QRISK2 assessment tool. [new 2014]
 - Recommendation 1.3.26: Offer atorvastatin 20 mg for the primary prevention of CVD to people with type 2 diabetes who have a 10% or greater 10-year risk of developing CVD. Estimate the level of risk using the QRISK2 assessment tool. [new 2014]

Reporting and verification

See indicator wording for requirement criteria. People with the following conditions are excluded from this indicator:

- coronary heart disease or angina
- stroke or transient ischaemic attack
- peripheral vascular disease

- familial hypercholesterolaemia
- type 1 diabetes
- chronic kidney disease with classification of categories G3a to G5.

Commissioners may request that the contractor randomly selects a number of case records of patients recorded as having had a risk assessment, to confirm that key risk factors and lifestyle factors have been addressed.

Further information

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

<http://www.nice.org.uk/standards-and-indicators/qofindicators>