

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE QOF INDICATOR DEVELOPMENT PROGRAMME

### Resource impact statement: NM142

**Date:** October 2018

#### **Indicator**

NM142: The percentage of patients with type 1 diabetes who are aged over 40 years currently treated with a statin (updated 2018).

#### **Introduction**

NICE guidance CG181 on [cardiovascular disease: risk assessment and reduction, including lipid modification](#), recommends that statin treatment for the primary prevention of cardiovascular disease (CVD) should be offered to people aged over 40 with type 1 diabetes who have either had diabetes for more than 10 years, or who have established nephropathy or other CVD risk factors. Benefits are expected because of a subsequent reduction in adverse events related to CVD, such as stroke and myocardial infarction.

This statement covers a new indicator that is part of the NICE menu of indicators for general practice, following the recommendations of the NICE indicator advisory committee in August 2018.

#### **Resource impact**

There are around 27.5 million people aged 40 or over in England ([Office for National Statistics, 2017](#)), of whom it is estimated around 180,000 have type 1 diabetes ([NHS Digital, 2017](#)).

Previous indicator pilot data indicated around 66% of the eligible population for the indicator population are currently treated with a statin (University of Birmingham and York Health Economics Consortium).

Based on the annual unit cost of treatment with a statin of around £12.50 ([costing template for CG181 cardiovascular disease: risk assessment and reduction, including lipid modification, updated to current cost from NHS drug tariff](#)), current expenditure is therefore estimated at £1.5m for statins for people with type 1 diabetes.

The additional cost for indicator achievement levels at 70%, 80% and 90% are around £92,000, £322,000 and £551,000 respectively.

This assumes all people over 40 with type 1 diabetes decide to take statin therapy (up to the indicator level modelled), and excludes any offsetting savings from reduced CVD events avoided. As a result, this may be an overestimate.