

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.