Indicator development programme

NICE indicator guidance

# Diabetes: CVD risk assessment

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# Indicator NM160

The percentage of patients aged between 25 and 84 years, with type 2 diabetes, without moderate or severe frailty, not currently treated with a statin, who have had a consultation for a full formal cardiovascular disease risk assessment in the last 3 years.

## Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

## Rationale

This indicator aims to increase cardiovascular risk assessment in people with type 2 diabetes in order to prevent cardiovascular events. A focus on cardiovascular disease risk assessment in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care. NICE [quality standard 100](https://www.nice.org.uk/guidance/qs100) highlights a full formal risk assessment using the QRISK3 tool as a national priority for quality improvement.

## Source guidance

[NICE’s guideline for cardiovascular disease: risk assessment and reduction, including lipid modification](https://www.nice.org.uk/guidance/cg181) (2014, updated 2023) recommendation 1.1.7 and 1.1.8

The 3 year timeframe has been chosen for measurement purposes as a sensible and realistic timeframe.

## Specification

Numerator: The number of patients in the denominator who have had a consultation for a full formal cardiovascular disease risk assessment in the last 3 years.

Denominator: The number of patients aged between 25 and 84 years, with type 2 diabetes, without moderate or severe frailty not currently treated with a statin.

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions:

* Full formal CVD risk assessment. NICE guidance recommends QRISK3 for full formal cardiovascular disease risk assessment however the indicator allows for additional coded tools to be used dependent on local practice.

Exclusions: People with pre-existing cardiovascular disease (angina, previous myocardial infarction, revascularisation, stroke or TIA or symptomatic peripheral arterial disease), familial hypercholesterolaemia or chronic kidney disease.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if the indicator is not appropriate.

Expected population size:

The indicator would be appropriate to assess performance at individual general practice level.

## Further information

This is NICE indicator guidance, which is part of the [NICE menu of indicators](https://www.nice.org.uk/Standards-and-Indicators/index). This document does not represent formal NICE guidance.

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