

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

**NICE QOF INDICATOR DEVELOPMENT PROGRAMME**

**Resource impact statement: NM160**

**Date:** October 2018

**Indicator**

NM160: The percentage of patients aged 25–84 years, with a diagnosis of type 2 diabetes, without moderate or severe frailty, not currently treated with a statin, who have had a consultation for a cardiovascular risk assessment using a risk assessment tool agreed with the NHS Commissioning Board in the last 3 years

**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 with type 2 diabetes who have a 10% or greater 10-year risk of developing CVD and to estimate the level of risk using the QRISK2 assessment tool.

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 37.3 million people aged 25–84 years in England ([Office for National Statistics, 2017](#)), of whom it is estimated around 2.2 million have diagnosed type 2 diabetes ([NHS Digital, 2017](#)), as shown in table 1.

**Table 1 Estimated number of people aged 25-84 with type 2 diabetes**

	Proportion	Population
England population		55,268,067
England population aged 25-84	67.44%	37,273,043
Prevalence of diabetes in adults	6.67%	2,486,112
Proportion with type 2 diabetes	90.00%	2,237,501

It is not known how many of these people are without moderate or severe frailty, are not currently treated with a statin, and have had a consultation for a cardiovascular risk assessment using a risk assessment tool agreed with the NHS Commissioning Board in the last 3 years.

Table 2 shows an illustrative example for the estimated cost per additional 10,000 people having a consultation for a cardiovascular risk assessment and subsequent treatment with statins where appropriate.

**Table 1 Illustrative example of the estimated annual cost of implementing proposed indicator NM160 per additional 10,000 people having a consultation**

Consultation		10,000	28.00	280,000
Men aged 25 to 84 years	49.1%	4,910		
Women aged 25 to 84 years	50.9%	5,090		
<b>CVD Risk - cost of prescribing statins</b>				
Men aged 25 to 84 years	28.4%	1,394	£12.53	17,472
Women aged 25 to 84 years	22.2%	1,130	£12.53	14,159
		2,524		
Reduction in adverse events	0.65%	16	£1,391	- 22,656
<b>Total cost per 10,000 people</b>				<b>288,975</b>

Based on a GP consultation costing £28 ([Personal Social Services Research Unit, 2017](#)) for the assessment, and the annual unit cost of treatment with a statin (where appropriate) 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](#)), the additional cost per 10,000 people receiving an assessment is around £289,000. This includes savings from a reduction in adverse events ([costing template for CG181 cardiovascular disease: risk assessment and reduction, including lipid](#)

[modification](#)) but may overestimate costs since an additional consultation is unlikely to be required for all these people with type 2 diabetes.