

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE QOF INDICATOR DEVELOPMENT PROGRAMME

Resource impact statement: NM162

Date: October 2018

Indicator

NM162: The percentage of patients with diabetes aged 40 years and over, with no history of CVD and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a CVD risk score of <10% recorded in the preceding 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 1 or type 2 diabetes under certain circumstances. 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 1.8 million have diagnosed type 1 or type 2 diabetes ([NHS Digital, 2017](#)).

It is not known how many of these people have no history of CVD, are without moderate or severe frailty and are currently treated with a statin.

The additional costs of treating more people with a statin, when appropriate, are not considered to be significant.

As an illustrative example, based on the annual unit cost of treatment with a statin (where appropriate) for the primary prevention of CVD 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 a statin is around £125,000. When savings from a reduction in adverse events ([costing template for CG181 cardiovascular disease: risk assessment and reduction, including lipid modification](#)) are taken into account, the net cost falls to around £36,000.

It is possible that this proposed indicator could lead to additional risk assessments for CVD to be carried out by GPs to exclude additional patients with a CVD risk score of less than 10% being treated with statins.