

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE QOF INDICATOR DEVELOPMENT PROGRAMME

Resource impact statement: NM163

Date: October 2018

Indicator

NM163: The percentage of patients with diabetes and a history of CVD (excluding haemorrhagic stroke) who are currently treated with a statin.

Introduction

NICE guidance CG181 on [cardiovascular disease: risk assessment and reduction, including lipid modification](#), recommends that statin treatment for the secondary prevention of cardiovascular disease (CVD) in people with CVD should started with be atorvastatin 80 mg with a lower dose applying in certain circumstances.

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 55.3 million people in England ([Office for National Statistics, 2017](#)), of whom it is estimated around 2.9 million have diagnosed type 1 or type 2 diabetes ([NHS Digital, 2017](#)). It is not known how many of these people have a history of CVD (excluding haemorrhagic stroke) 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 secondary prevention of CVD of around £23.10 ([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 £231,000. 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 £141,000.