NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**NICE INDICATOR GUIDANCE**

**Resource impact statement: NM244**

**Date first published on NICE menu:** August 2023

# Indicator

**NM244.** The percentage of patients with a total cholesterol reading greater than 7.5 when aged 29 years or under, or greater than 9.0 when aged 30 years or over, who have been:

• diagnosed with secondary hyperlipidaemia or

• clinically assessed for familial hypercholesterolaemia or

• referred for assessment for familial hypercholesterolaemia or

• genetically diagnosed with familial hypercholesterolaemia.

# Resource impact

Data for March 2023 ([IIF CVD-04 data](https://digital.nhs.uk/data-and-information/publications/statistical/mi-network-contract-des/2022-23)) show that 0.6% of people in England had cholesterol levels in the at-risk range for familial hypercholesterolemia (FH). This suggests approximately 62 patients in an average practice with 10,000 patients would have a cholesterol reading in the at-risk range.

[March 2023 Network contract directed enhanced service data](https://digital.nhs.uk/data-and-information/publications/statistical/mi-network-contract-des/2022-23) show that 31% of people with cholesterol levels in the at-risk range for FH have a subsequent record of assessment, referral or diagnosis. This is equivalent to 19 people in an average practice with 10,000 patients.

It is estimated that for every 10% increase in the proportion of people in this population who are diagnosed, clinically assessed for familial hypercholesterolaemia or referred for assessment for familial hypercholesterolaemia, an additional 6 people per GP practice will have a subsequent record of assessment, referral or diagnosis (see table 1).

**Table 1 Estimated impact on activity for a theoretical 1%, 5% and 10% increase in the proportion of people with cholesterol levels in the at-risk range for FH with a subsequent record of assessment, referral or diagnosis.**



This is based on 10,000 registered patients in a GP practice.

Due to the small numbers involved, the impact on general practice is anticipated to be minimal. There may be an impact on secondary care as a result of some people with suspected FH being referred for DNA testing and subsequent cascade testing for family members if a diagnosis is confirmed, but this is not expected to be significant at a national level.

For every 6 additional people identified with a cholesterol reading in the at-risk range, only around 1 person would be expected to be referred to secondary care for DNA testing with subsequent cascade testing for family members if a diagnosis is confirmed.

Any costs associated with additional prescribing of lipid lowering therapies are also expected to be minimal.