Diabetes: CVD risk assessment

NICE indicator
Published: 17 October 2018
Last updated: 5 June 2023

www.nice.org.uk/indicators/ind181

Indicator

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.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

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's quality standard on cardiovascular risk assessment and lipid modification highlights a full formal risk assessment using the QRISK3 tool as a national priority for quality improvement.

Source guidance

Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendations 1.1.7 and 1.1.8

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: QOF data from 2022 to 2023 for DM022 suggests 0.9% of

people in England have type 2 diabetes without moderate or severe frailty and are over 40 years and are not prescribed a statin: 89 patients for an average practice with 10,000 patients. This estimate is based on denominator and numerator data from QOF indicator DM022. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Update information

Minor changes since publication

April 2024: We updated links to the source guidance and added expected population size.

ISBN: 978-1-4731-5976-1