



Resource impact statement

Resource impact

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Indicator

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 <u>cardiovascular disease</u>: <u>risk assessment and reduction, including lipid modification</u>, 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

Category	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.

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 is £288,975.

This is 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.