NICE National Institute for
Health and Care Excellence

Indicator development programme

NICE indicator validity assessment

Indicator IND184

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

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

Importance

Considerations	Assessment
The NHS Long Term Plan identifies cardiovascular disease as a clinical priority, and the single biggest condition where lives can be saved by the NHS over the next 10 years.	The indicator reflects a specific priority area identified by NHS England.
Quality and Outcomes framework data (2019 to 2020) reported achievement rate of 92.97% for indicator DM023 (the percentage of patients with diabetes, on the register, and a history of CVD (excluding haemorrhagic stroke) who are currently treated with a statin). Quality and Outcomes Framework data reported an increase of achievement rate (net of PCAs) to 94.44% for indicator DM023 in the 2022 to 2023 report.	The indicator relates to an area where there is known variation in practice. The indicator addresses under-treatment.
This indicator aims to reduce cardiovascular risk and prevent future cardiovascular events. NICE's guideline on cardiovascular disease recommends treatment is started with atorvastatin 80mg, whilst highlighting situations where a lower dose should be used. The indicator wording allows for choice of the appropriate dosage.	The indicator will lead to a meaningful improvement in patient outcomes.

Evidence base

Considerations	Assessment
Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendations 1.7.2 and 1.7.3	The indicator is derived from a high-quality evidence base. The indicator aligns with the evidence base.

Specification

Considerations	Assessment
Numerator: The number of patients in the denominator who are currently treated with a statin. Denominator: The number of patients with diabetes and a history of cardiovascular disease (excluding a history of haemorrhagic stroke). Exclusions: None. Definitions: For the purposes of this indicator, cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, ischaemic stroke or TIA or symptomatic peripheral arterial disease. Existing QOF registers for coronary heart disease (CHD001), stroke or transient ischaemic attack (STIA001 excluding a history of haemorrhagic stroke) and symptomatic peripheral arterial disease (PAD001). Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if prescription of a statin is not appropriate (for example, non-atherosclerotic cardiovascular disease).	The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.
To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator prior to application of personalised care adjustments. QOF data for 2022 to 2023 shows that an average practice with 10,000 patients would have around 195 eligible patients.	The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation. Available data does suggest that the number of eligible patients per average practice would be above this minimum number.

Feasibility

Considerations	Assessment
Data can be collected from GP systems using SNOMED coding.	The indicator is repeatable.
Data fields collected include: - CHD_COD - STRK_COD - TIA_COD - PAD_COD - HSTRK_COD - STAT_COD - STATINDEC_COD - TXSTAT_COD	The indicator is measuring what it is designed to measure. The indicator uses existing data fields.

• XSTAT_COD	

Acceptability

Considerations	Assessment
Patients refusing statin therapy could affect the ability of clinicians to perform against the indicator. Personalised care adjustments are able to be used if statin therapy is contra-indicated or declined.	The indicator assesses performance that is attributable to or within the control of the audience.
Data can be extracted and used to compare practice within the GP practice or with other GP practices.	The results of the indicator can be used to improve practice.

Risk

Considerations	Assessment
The indicator measures prescription of a statin but underpinning recommendations refer to atorvastatin 80mg which is a high-intensity statin. The indicator measures statin prescription as some people may be prescribed a lower dose due to individual characteristics, and GPES cannot extract dosage information. The rationale and source guidance sections highlight recommendations for atorvastatin 80mg. Consultation comments for IND268 highlighted the need to exclude non-atherosclerotic CVD from indicators on lipid lowering therapy for secondary prevention of CVD. The PCAs for IND184 have been updated to reflect this.	The indicator has an acceptable risk of unintended consequences.

NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu.