NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator IND228

The percentage of patients with a CVD risk assessment score of 10% or more identified in the preceding 12 months who are offered advice and support for smoking cessation, safe alcohol consumption, healthy diet and exercise within 3 months of the score being recorded.

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. It outlines the need for early detection and prevention.	The indicator reflects a specific priority area identified by NHS England.
No data identified. This area is based on the indicator advisory committee and stakeholder's knowledge.	The indicator relates to an area where there is assumed variation in practice. The indicator is proposed to address under-treatment.
Cardiovascular risk assessment aims to identify people who do not already have CVD but who may be at high risk of developing it. Those people can then be offered focused interventions, including help to stop smoking, and advice on diet (including alcohol intake) and physical activity to support primary prevention of CVD through managing lifestyle risk factors.	The indicator will lead to a meaningful improvement in patient outcomes.

Evidence base

Considerations	Assessment
NICE's guideline on cardiovascular disease: risk assessment and reduction, including lipid modification (2014, updated 2016) recommendations 1.2.1 to 1.2.16. A timeframe of 3 months has been chosen for measurement purposes only.	The indicator is derived from a high-quality evidence base. The indicator aligns with the evidence base.

Specification

Considerations	Assessment
Numerator: The number in the denominator who are offered advice and support for smoking cessation, safe alcohol consumption, healthy diet and exercise within 3 months of the score being recorded. Denominator: The number of patients with a CVD risk assessment score of 10% or more identified in the preceding 12 months. Exclusions: People with diagnosed CVD. Personalised care adjustments should be used if lipid modifying therapy is contra-indicated or declined.	The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.
The indicator would be appropriate to assess performance at individual general practice level. 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. Piloting data showed approximately 254 eligible patients for an average practice with 10,000 patients (using ONS population statistics).	The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.

Feasibility

Considerations	Assessment
Data can be collected from GP systems using SNOMED coding.	The indicator is repeatable.
Data fields collected include: • CVDASSRA_COD • PHARM_COD • REFERSSSA_COD • SMOKADV_COD • SMOKINGINT_COD • SMOKINVITE_COD • SMOKREFDEC_COD • ALCOHOLINT_COD • ALCSPADV_COD • ALCSPADVDEC_COD • ALCADV_COD • EXERCISEINT_COD • EXERASSDEC_COD • DIETINT_COD • LIFESTLEINT_COD	The indicator is measuring what it is designed to measure. The indicator uses existing data fields.

Acceptability

Considerations	Assessment
The committee discussed the high level of personalised care adjustments if the indicator focused on provision of advice, rather than the offer.	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
At consultation stakeholders felt that a CVD risk assessment score of 10% or more captured a high number of patients and might have a significant impact on primary care workload. They fed back on the possibility of the indicator becoming a one size fits all tick-box exercise, and risks of deterring the recording of QRISK scores. The committee agreed that a 10% or more threshold was appropriate as it aligned with NICE guidance and that early intervention was key for positive health outcome. Workload implications were considered and it was agreed that the long-term workload increase would be far greater without early intervention, and could be split between different primary care roles to reduce impact.	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.