

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE INDICATOR GUIDANCE

Resource impact statement: IND228, IND229, IND230

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Indicators

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.

IND229: The percentage of patients with a CVD risk assessment score of 10% or more who are currently treated with a lipid lowering therapy.

IND230: The percentage of patients with CVD who are currently treated with a lipid lowering therapy.

Resource impact

The prevalence of cardiovascular disease in England is estimated to be around 4.36% ([CVD prevent](#)). This is equivalent to around 436 people per 10,000 population.

IND228: Pilot study data for the indicator estimate there are around 250 people per 10,000 population with a CVD risk assessment score of 10% or more identified in the preceding 12 months. The number who are currently offered advice and support for smoking cessation, safe alcohol consumption, healthy diet and exercise within 3 months of the score being recorded is unknown. However, it is estimated that for every 10% increase in the number of people who achieve the indicator, an additional 25 people per GP practice will be offered advice and support. Due to the small numbers involved, the impact on general practice is anticipated to be minimal and the resource impact associated with any increase will not be significant.

IND229: There are around 5.7 million adults in England with a CVD risk assessment score of 10% or more and no GP record of CVD ([CVD prevent](#)). This is equivalent to around 1,000 people per 10,000 population ([Office for National Statistics, 2020](#)). Of these, around 45% (450 people per 10,000 population) are currently treated with a lipid-lowering therapy (LLT; [CVD prevent](#)).

It is estimated that for every additional 10% of the population with a CVD risk assessment score of 10% or more who are treated with an LLT, per 10,000 population, this will lead to an extra 100 people being treated with an LLT. This would result in additional drug cost of around £1,560 per year and an extra 200 monitoring appointments in the first year of treatment for an extra 100 people being treated. See tables 1 to 3 for further details.

Table 1 Estimated impact on activity for a theoretical 1%, 5% and 10% increase in the proportion of people treated with an LLT

	Current proportion treated with a LLT	Potential extra activity		
		People treated with a LLT		
		1% increase	5% increase	10% increase
Per GP practice (10,000 registered patients)	45%	10	50	100

Table 2 Estimated impact on drug costs for a theoretical 1%, 5% and 10% increase in the proportion of people treated with an LLT

	Unit cost of LLT (£)	1% increase	5% increase	10% increase
Per GP practice (10,000 registered patients)	15.53	156	778	1,556

LLT costs taken from [resource impact tools for NICE's technology appraisal guidance on icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides](#)

Table 3 Estimated impact on appointments for a theoretical 1%, 5% and 10% increase in the proportion of people treated with an LLT

	Additional appointments per person	1% increase	5% increase	10% increase
Per GP practice (10,000 registered patients)	2	20	100	200

This assumes 2 additional monitoring appointments per person on a LLT and is based on 10,000 registered patients in a GP practice.

IND230: The prevalence of cardiovascular disease in England is around 4.36% ([Quality and Outcomes Framework, 2020/21](#)). This is equivalent to around 436 people per 10,000 population. Of these, it is estimated that around 93% have had a prescription for a LLT ([CVD prevent](#)). It is estimated that for every 5% increase in the number of people who achieve the indicator, an additional 22 people per GP practice will be treated with an LLT. Due to the small numbers involved, the impact on general practice is anticipated to be minimal and the resource impact associated with any increase will not be significant.