



Cardiovascular disease prevention: secondary prevention with lipid lowering therapies

NICE indicator

Published: 24 August 2022

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Indicator

The percentage of patients with cardiovascular disease (excluding people with a history of haemorrhagic stroke) who are currently treated with a lipid-lowering therapy.

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

Lipid-lowering therapies can help lower low-density lipoprotein (LDL) cholesterol as part of secondary prevention of cardiovascular disease (CVD). Atorvastatin 80 mg is recommended as first-line therapy for the secondary prevention of CVD. Alternative lipid-lowering therapies may be considered if statins are contraindicated or not tolerated, or cholesterol treatment targets are not met.

Source guidance

- [Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 \(2023\)](#), recommendations 1.7.2, 1.7.3, 1.7.9, 1.7.10, 1.10.3 and 1.10.4
- [Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance 733 \(2021\)](#)
- [Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance 694 \(2021\)](#)
- [Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. NICE technology appraisal guidance 394 \(2016\)](#)
- [Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. NICE technology appraisal guidance 393 \(2016\)](#)
- [Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia. NICE technology appraisal guidance 385 \(2016\)](#)

Specification

Numerator: The number in the denominator who are currently treated with a lipid-lowering therapy.

Denominator: The number of patients with cardiovascular disease (excluding a history of haemorrhagic stroke).

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions: Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, ischaemic stroke or transient ischaemic attack (TIA) or symptomatic peripheral arterial disease. Existing NHS QOF registers could be used for coronary heart disease (CHD001), stroke or TIA (STIA001 excluding history of haemorrhagic stroke) and symptomatic peripheral arterial disease (PAD001).

Current treatment with a lipid-lowering therapy is defined as prescription of a statin or non-statin lipid-lowering therapy in the last 6 months of the reporting period.

Exclusions: People with a history of haemorrhagic stroke (as the risk of further haemorrhage may outweigh the risk of a vascular event).

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if lipid-lowering therapy is not appropriate (for example, non-atherosclerotic cardiovascular disease).

Expected population size: [Quality and Outcomes Framework for 2023 to 2024 \(CHOL001\)](#) shows 520 patients for an average practice with 10,000 patients. 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, before application of personalised care adjustments.

Update information

Minor changes since publication

September 2025: We updated the source guidance section to align with updated

recommendations in [NICE's guideline on cardiovascular disease](#) that link to relevant technology appraisals.

November 2024: We added relevant NICE technology appraisal guidance as source guidance.

June 2023: We updated references to NICE guidance.

ISBN: 978-1-4731-5992-1