NICE National Institute for Health and Care Excellence

Indicator development programme

NICE indicator validity assessment

Indicator IND231

The percentage of patients with CKD, on the register, who are currently treated with a lipid lowering therapy.

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.
The CVDPREVENT Second Annual Audit Report found that the percentage of patients with CKD categories G3a to G5 ever prescribed a lipid lowering therapy was 74.3%, a slight increase from the previous audit. This did vary by gender (79.3% of males, 70.7% of females), increased by age (77.8% in those aged 80 and over) and varied by ethnic group (Black ethnic group least likely with 66.6%, Asian ethnic group most likely with 84.3%) and socio-economic status (78.9% in the most deprived quintile, and 70.8% in the least deprived quintile).	The indicator relates to an area where there is known variation in practice. The indicator addresses under-treatment.
People with chronic kidney disease (CKD) are at increased risk of cardiovascular disease (CVD). Lipid lowering therapies can help lower LDL cholesterol as part of primary and secondary prevention of CVD in people with CKD. Atorvastatin 20 mg is recommended as first line therapy for the primary and secondary prevention of CVD in people with CKD.	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	The indicator is derived from a high-quality evidence base.

(2023) recommendations 1.7.10, 1.7.11, 1.8.1, 1.10.1 and 1.10.2 Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia. NICE technology appraisal guidance TA385 (2016) Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance TA694 (2021)	The indicator aligns with the evidence base.

Specification

Considerations	Assessment
Numerator: The number in the denominator who are currently treated with a lipid modifying therapy. Denominator: The number of patients with CKD on the register. Exclusions: People with a history of haemorrhagic stroke. Definitions: 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. Contract negotiators may want to consider including additional therapies that have been approved by NICE but are generally not initiated in general practice. 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.	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. CKD prevalence data from QOF 2020-21 compared with ONS population statistics shows that an average practice with 10,000 patients would have around 311 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: • CVDASSRA_COD • STAT_COD • CHD_COD • CKD_COD • STATINDEC_COD • TXSTAT_COD • XSTAT_COD • LIPIDTHERADV_COD • LIPIDTHERCON_COD • LIPIDTHERDEC_COD • LIPIDTHERIND_COD • LIPIDTHERNIND_COD	The indicator is repeatable. The indicator is measuring what it is designed to measure.

Acceptability

Considerations	Assessment
Patients refusing lipid modifying therapy could affect the ability of clinicians to perform against the indicator. Personalised care adjustments are able to be used if lipid modifying 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
At consultation, some stakeholders felt that the indicator should focus on statins only, with current wording allowing for use of drugs with “poorer evidence bases”. The committee considered limiting the indicator to statins only, and agreed that while statins would be first line treatment, there needs to be consideration for other treatment options, and chose to retain the focus on of lipid lowering therapies. Similar NICE menu indicators on lipid lowering therapy exclude people with a history of haemorrhagic stroke. IND231 has been updated to align.	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.