



# Resource impact statement

## Resource impact

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### Indicator

The percentage of patients with a total cholesterol reading greater than 7.5 when aged 29 years or under, or greater than 9.0 when aged 30 years or over, who have been:

- diagnosed with secondary hyperlipidaemia or
- clinically assessed for familial hypercholesterolaemia or
- referred for assessment for familial hypercholesterolaemia or
- genetically diagnosed with familial hypercholesterolaemia.

### Resource impact

Data for March 2023 ([IIF CVD-04 data](#)) show that 0.6% of people in England had cholesterol levels in the at-risk range for familial hypercholesterolemia (FH). This suggests approximately 62 patients in an average practice with 10,000 patients would have a cholesterol reading in the at-risk range.

[March 2023 Network contract directed enhanced service data](#) show that 31% of people with cholesterol levels in the at-risk range for FH have a subsequent record of assessment, referral or diagnosis. This is equivalent to 19 people in an average practice with 10,000 patients.

It is estimated that for every 10% increase in the proportion of people in this population who are diagnosed, clinically assessed for familial hypercholesterolaemia or referred for assessment for familial hypercholesterolaemia, an additional 6 people per GP practice will have a subsequent record of assessment, referral or diagnosis (see table 1).

**Table 1 Estimated impact on activity for a theoretical 1%, 5% and 10% increase in the proportion of people with cholesterol levels in the at-risk range for FH with a subsequent record of assessment, referral or diagnosis. Based per GP practice (10,000 registered patients)**

Current number of people with cholesterol levels in the at-risk range for FH with a subsequent record of assessment, referral or diagnosis	Potential extra activity of 1% increase	Potential extra activity of 5% increase	Potential extra activity of 10% increase
19	1	3	6

Due to the small numbers involved, the impact on general practice is anticipated to be minimal. There may be an impact on secondary care as a result of some people with suspected FH being referred for DNA testing and subsequent cascade testing for family members if a diagnosis is confirmed, but this is not expected to be significant at a national level.

For every 6 additional people identified with a cholesterol reading in the at-risk range, only around 1 person would be expected to be referred to secondary care for DNA testing with subsequent cascade testing for family members if a diagnosis is confirmed.

Any costs associated with additional prescribing of lipid lowering therapies are also expected to be minimal.