Diabetes: statins for primary prevention of CVD (T2DM and 10% risk)

NICE indicator

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www.nice.org.uk/indicators/ind182

Indicator

The percentage of patients with a diagnosis of type 2 diabetes and a recorded cardiovascular disease risk assessment score of 10% or more (without moderate or severe frailty), who are currently treated with a statin (unless there is a contraindication or statin therapy is declined).

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

This indicator aims to reduce cardiovascular risk and prevent future cardiovascular events.

Management of diabetes regardless of co-morbidities may inadvertently lead to both under-treatment and overtreatment. People with diabetes and less complex care needs may be under-treated, whilst people with more complex care needs may be at risk of overtreatment. A focus on primary prevention of cardiovascular disease in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care.

Source guidance

Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendation 1.6.7

Specification

Numerator: The number of patients in the denominator who are currently treated with a statin (unless there is a contraindication or statin therapy is declined).

Denominator: The number of patients with a diagnosis of type 2 diabetes and a recorded cardiovascular disease risk assessment score of 10% or more (without moderate or severe frailty) identified in the preceding 12 months.

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

Definitions: N/A.

Exclusions:

- People with diagnosed cardiovascular disease. Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, stroke or TIA or symptomatic peripheral arterial disease.

- Patients aged 24 and under.

- Patients aged 85 and older.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if treatment with a statin is not appropriate.

Expected population size: QOF data for indicator DM022 for 2022 to 2023 shows that 3.2% of people in England have a diagnosis of diabetes and are aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty (excluding patients with type 2 diabetes and a cardiovascular disease risk score of <10% recorded in the preceding 3 years): 317 patients for an average practice with 10,000 patients. Although this estimate only includes people 40 and over and also includes people with type 1 diabetes the estimated population suggests this indicator is suitable for QOF. 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, prior to application of personalised care adjustments.

Update information

Minor changes since publication

April 2024: We updated links to source guidance and added expected population size.

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