



Resource impact statement

Resource impact

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Indicator:

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

Introduction

NICE guidance CG181 on [cardiovascular disease: risk assessment and reduction, including lipid modification](#), recommends that statin treatment for the primary prevention of cardiovascular disease (CVD) should be offered to people with type 2 diabetes who have a 10% or greater 10-year risk of developing CVD and to estimate the level of risk using the QRISK2 assessment tool.

This statement covers a new indicator that is part of the NICE menu of indicators for general practice, following the recommendations of the NICE indicator advisory committee in August 2018.

Resource impact

There are around 55.3 million people in England ([Office for National Statistics, 2017](#)), of whom it is estimated around 2.6 million have diagnosed type 2 diabetes ([NHS Digital, 2017](#)). It is not known how many of these people are without moderate or severe frailty and are not currently treated with a statin (unless there is a contraindication or statin therapy is declined).

The additional costs of treating more people with a statin, when appropriate, are not considered to be significant.

As an illustrative example, based on the annual unit cost of treatment with a statin (where appropriate) of around £12.50 ([costing template for CG181 cardiovascular disease: risk assessment and reduction, including lipid modification](#) updated to current cost from [NHS drug tariff](#)), the additional cost per 10,000 people receiving a statin is around £125,000. When savings from a reduction in adverse events ([costing template for CG181 cardiovascular disease: risk assessment and reduction, including lipid modification](#)) are taken into account, the net cost falls to around £36,000.