



# Resource impact statement

Resource impact

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## Indicator:

The percentage of patients with diabetes aged 40 years and over, with no history of CVD and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a CVD risk score of <10% recorded in the preceding 3 years).

## 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 1 or type 2 diabetes under certain circumstances. Benefits are expected because of a subsequent reduction in adverse events related to CVD, such as stroke and myocardial infarction. 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 27.5 million people aged 40 or over in England ([Office for National Statistics, 2017](#)), of whom it is estimated around 1.8 million have diagnosed type 1 or type 2 diabetes ([NHS Digital, 2017](#)).

It is not known how many of these people have no history of CVD, are without moderate or severe frailty and are currently treated with a statin.

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) for the primary prevention of CVD 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.

It is possible that this proposed indicator could lead to additional risk assessments for CVD to be carried out by GPs to exclude additional patients with a CVD risk score of less than 10% being treated with statins.