Cardiovascular disease prevention: secondary prevention with lipid lowering therapies

NICE indicator
Published: 24 August 2022
Last updated: 5 June 2023

www.nice.org.uk/indicators/ind230

Indicator

The percentage of patients with cardiovascular disease who are currently treated with a lipid-lowering therapy.

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

Lipid-lowering therapies can help lower low-density lipoprotein (LDL) cholesterol as part of secondary prevention of cardiovascular disease (CVD). Atorvastatin 80 mg is recommended as first-line therapy for the secondary prevention of CVD.

Source guidance

Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2014, updated 2023), recommendations 1.7.2, 1.7.3, 1.7.10, 1.7.11, 1.10.1 and 1.10.2

Specification

Numerator: The number in the denominator who are currently treated with a lipid-lowering therapy.

Denominator: The number of patients with cardiovascular disease.

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

Definitions: Cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, ischaemic stroke or transient ischaemic attack (TIA) or symptomatic peripheral arterial disease. Existing NHS QOF registers could be used for coronary heart disease (CHD001), stroke or TIA (STIA001 excluding history of haemorrhagic stroke) and symptomatic peripheral arterial disease (PAD001).

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.

Exclusions: People with chronic kidney disease (CKD; see indicator IND231) or a history of haemorrhagic stroke.

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 (for example, non-atherosclerotic cardiovascular disease).

Expected population size: CVD Prevent data up to September 2021 shows 436 patients for an average practice with 10,000 patients. 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, before application of personalised care adjustments.

ISBN: 978-1-4731-5992-1