Indicator development programme

NICE indicator validity assessment

# Indicator IND230

# The percentage of patients with cardiovascular disease (excluding people with a history of haemorrhagic stroke) who are currently treated with a lipid lowering therapy.

# Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

# Importance

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/) identifies cardiovascular disease as a clinical priority, and the single biggest condition where lives can be saved by the NHS over the next 10 years. | The indicator reflects a specific priority area identified by NHS England. |
| Since publication on the NICE menu, a similar indicator has been included in the CVD Prevent audit. [CVD Prevent indicator CVDP009CHOL](https://www.cvdprevent.nhs.uk/home) (data to June 2023) reported 82.35% of patients aged 18 and over with GP recorded CVD, who are currently treated with lipid lowering therapy.  [NHS England’s Quality and Outcomes Framework 2023-4](https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data) indicator CHOL001 reported an achievement rate of 90.75% for people on the QOF Coronary Heart Disease, Peripheral Arterial Disease, Stroke/TIA or Chronic Kidney Disease Register who are currently prescribed a statin, or where a statin is declined or clinically unsuitable, another lipid lowering therapy. | The indicator relates to an area where there is assumed variation in practice.  The indicator is proposed to address under-treatment. |
| Lipid lowering therapies can help lower 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.  CVD is defined as angina, previous myocardial infarction, revascularisation, ischaemic stroke or TIA or symptomatic peripheral arterial disease. | The indicator will lead to a meaningful improvement in patient outcomes. |

# Evidence base

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| * [NICE's guideline on cardiovascular disease: risk assessment and reduction, including lipid modification](https://www.nice.org.uk/guidance/ng238) (2023) recommendations 1.7.2, 1.7.3, 1.7.10, 1.7.11, 1.10.1 and 1.10.2 * [Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance 733](https://www.nice.org.uk/guidance/ta733) (2021) * [Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. NICE technology appraisal guidance 694](https://www.nice.org.uk/guidance/ta694) (2021) * [Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. NICE technology appraisal guidance 394](https://www.nice.org.uk/guidance/ta394) (2016) * [Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. NICE technology appraisal guidance 393](https://www.nice.org.uk/guidance/ta393) (2016) * [Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia. NICE technology appraisal guidance 385](https://www.nice.org.uk/guidance/ta385) (2016) | The indicator is derived from a high-quality evidence base.  The indicator aligns with the evidence base. |

# Specification

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| Numerator: The number in the denominator who are currently treated with a lipid modifying therapy.  Denominator: The number of patients with CVD (excluding a history of haemorrhagic stroke).  Exclusions: People with a history of haemorrhagic stroke (as the risk of further haemorrhage may outweigh the risk of a vascular event).  Definitions: CVD is defined as angina, previous myocardial infarction, revascularisation, ischaemic stroke or 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. 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). | The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions. |
| To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator prior to application of personalised care adjustments. [Quality and Outcomes Framework for 2023 to 2024](https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2023-24) (CHOL001) shows 520 patients for an average practice with 10,000 patients. | The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.  Available data does suggest that the number of eligible patients per average practice would be above this minimum number. |

# Feasibility

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| Data can be collected from GP systems using SNOMED coding. | The indicator is repeatable. |
| Existing data fields and code clusters are used in diabetes and cholesterol indicators in the 2024/25 QOF. | The indicator is measuring what it is designed to measure.  The indicator uses existing data fields. |

# Acceptability

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| Patients refusing lipid modifying therapy could affect the ability of clinicians to perform against the indicator. Personalised care adjustments are able to be used if lipid modifying therapy is contra-indicated or declined. | The indicator assesses performance that is attributable to or within the control of the audience. |
| Data can be extracted and used to compare practice within the GP practice or with other GP practices. | The results of the indicator can be used to improve practice. |

# Risk

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| At consultation it was highlighted that was no incentive to progress through the lipid management pathway, or to optimise the lipid modifying therapy. The committee agreed noted comments but felt that understanding the numbers of people on lower lipid lowering therapies was a positive first step.  Consultation comments for NM252 highlighted the need to exclude non-atherosclerotic CVD from indicators on lipid lowering therapy for secondary prevention of CVD. The PCAs for NM212 have been updated to reflect this. | The indicator has an acceptable risk of unintended consequences. |

# NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu.