



Resource impact statement

Resource impact

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Indicators

IND231: The percentage of patients with CKD, on the register, who are currently treated with a lipid-lowering therapy.

IND232: The percentage of patients (excluding those on the CKD register) prescribed long-term (chronic) oral non-steroidal anti-inflammatory drugs (NSAIDs) who have had an eGFR measurement in the preceding 12 months.

IND233: The percentage of patients with a new diagnosis of CKD stage G3a–G5 (on the register, within the preceding 12 months) who had eGFR measured on at least 2 occasions separated by at least 90 days, and the second test within 90 days before the diagnosis.

IND234: The percentage of patients with a new diagnosis of CKD stage G3a–G5 (on the register, within the preceding 12 months) who had eGFR and ACR (urine albumin to creatinine ratio) measurements recorded within 90 days before or after diagnosis.

IND235: The percentage of patients on the CKD register and with an albumin to creatinine ratio (ACR) of less than 70 mg/mmol, without moderate or severe frailty, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg if using ambulatory or home monitoring, or less than 140/90 mmHg if monitored in clinic.

Resource impact

The prevalence of chronic kidney disease (CKD) in adults in England is around 3.96% ([Quality and Outcomes Framework, 2020-21](#)). This is equivalent to around 310 people per 10,000 population.

IND231: The proportion of people with CKD with a previous prescription for a lipid-lowering therapy is around 75% ([CVD prevent](#)). It is estimated that for every additional 10% of the population with CKD, on the register, who are treated with a lipid-lowering therapy, per 10,000 population, this will lead to an extra 31 people being treated with a lipid-lowering therapy. Due to the small numbers involved, the impact on general practice is anticipated to be minimal and the resource impact associated with any increase will not be significant.

IND232: Pilot study data for the indicator estimate there are around 80 people per 10,000 population, excluding those on the CKD register, prescribed long-term (chronic) oral NSAIDs. The number who have had an eGFR measurement in the preceding 12 months is unknown. However, it is estimated that for every 10% increase in the number of people who achieve the indicator, an additional 8 people per GP practice will have an eGFR measurement. Due to the small numbers involved, the impact on general practice is anticipated to be minimal and the resource impact associated with any increase will not be significant.

IND233 and IND234: Pilot study data for the indicators estimates there are around 40 people per 10,000 population with a new diagnosis of CKD each year. For every 10% increase in the number of people who achieve each indicator, an additional 4 people per GP practice will have eGFR and/or ACR measurements recorded. Due to the small numbers involved, the impact on general practice is anticipated to be minimal and the resource impact associated with any increase will not be significant.

IND235: Pilot study data for the indicator estimate there are around 150 people per 10,000 population with CKD and with an ACR of less than 70 mg/mmol, without moderate or severe frailty. Of these, it is estimated that around 84% have had a blood pressure reading in the last 12 months ([CKD audit, 2017](#)). For every 10% increase in the number of people whose blood pressure is measured, an additional 15 people per GP practice will have a blood pressure reading taken. Due to the small numbers involved and the high proportion of people in the associated population already having their blood pressure measured, the impact on general practice is anticipated to be minimal and the resource impact associated with any increase will not be significant.