



Cardiovascular disease prevention: cholesterol treatment target (secondary prevention)

NICE indicator

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Indicator

The percentage of patients with CVD in whom the last recorded LDL cholesterol level (measured in the preceding 12 months) is 2.0 mmol per litre or less, or last recorded non-HDL cholesterol level (measured in the preceding 12 months) is 2.6 mmol per litre or less, if LDL cholesterol is not recorded.

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

This indicator aims to support improvements in secondary prevention of cardiovascular disease by managing cholesterol levels. Where LDL cholesterol is more than 2.0 mmol per litre (2.6 mmol per litre for non-HDL cholesterol), treatment should be escalated in line with NICE guidance.

Source guidance

[Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 \(2023\), recommendation 1.7.1](#)

Specification

Numerator: The number of patients in the denominator in whom the last recorded LDL cholesterol level (measured in the preceding 12 months) is 2.0 mmol per litre or less, or last recorded non-HDL cholesterol level (measured in the preceding 12 months) is 2.6 mmol per litre or less, if LDL cholesterol is not recorded.

Denominator: The number of patients with CVD.

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

Definitions: For the purposes of this indicator, cardiovascular disease is defined as angina, previous myocardial infarction, revascularisation, ischaemic stroke or TIA or symptomatic peripheral arterial disease. Existing QOF registers for coronary heart disease (CHD001), stroke or transient ischaemic attack (STIA001 excluding a history of haemorrhagic stroke) and symptomatic peripheral arterial disease (PAD001).

Exclusions: Patients with a diagnosis of familial hypercholesterolaemia or a history of haemorrhagic stroke.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines a cholesterol test or lipid lowering therapy, does not attend, is on maximum tolerated lipid lowering therapy or if lipid lowering therapy is not appropriate for the individual (for example, non-atherosclerotic cardiovascular disease).

Expected population size: CVD Prevent data to June 2023 (CVDP007CHOL) shows that 4.6% of people in England have CVD (defined as CHD, non-haemorrhagic stroke, TIA or peripheral arterial disease): 461 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, prior to application of personalised care adjustments.

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