

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator IND268

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.

Importance

Considerations	Assessment
The NHS Long Term Plan 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.
CVD Prevent indicator CVDP0007CHOL reports the percentage of patients aged 18 and over, with GP recorded CVD, in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5 mmol/L or LDL-cholesterol less than 1.8 mmol/L. Data to June 2023 for England shows an achievement rate of 28.68%.	The indicator relates to an area where there is known variation in practice. The indicator addresses under-treatment.
A reduction in cholesterol levels is associated with a reduction in cardiovascular events. This indicator aims to support effective lipid management for secondary prevention of cardiovascular disease.	The indicator will lead to a meaningful improvement in patient outcomes.

Evidence base

Considerations	Assessment
Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendation 1.7.1 For secondary prevention of CVD aim for low-density lipoprotein (LDL) cholesterol levels of 2.0 mmol per litre or	The indicator is derived from a high-quality evidence base. The indicator aligns with the evidence base.

less, or non-HDL cholesterol levels of 2.6 mmol per litre or less.	
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Specification

Considerations	Assessment
<p>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.</p> <p>Denominator: The number of patients with CVD.</p> <p>Exclusions: Patients with a diagnosis of familial hypercholesterolaemia or a history of haemorrhagic stroke. These patients are not included in the scope for NICE NG238.</p> <p>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).</p> <p>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).</p>	<p>The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.</p>
<p>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. CVD Prevent data up to June 2023 compared with ONS population statistics shows that an average practice with 10,000 patients would have around 461 eligible patients.</p>	<p>The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.</p> <p>Available data does suggest that the number of eligible patients per average GP practice would be above this minimum number.</p>

Feasibility

Considerations	Assessment
<p>The required data is available with general practice electronic medical records.</p>	<p>The indicator is repeatable.</p>

Validated business rules for consistent extraction of data have been published by NHS Digital for QOF indicator CHOL002.	
Validated business rules for consistent extraction of data have been published by NHS Digital for QOF indicator CHOL002. They would require adaptation to the specified targets levels, the order in which the tests are searched and personalised care adjustments.	<p>The indicator is measuring what it is designed to measure.</p> <p>The indicator uses existing data fields.</p>

Acceptability

Considerations	Assessment
<p>Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines a cholesterol test, does not attend or if cholesterol management is not appropriate for the individual.</p> <p>The 12-month timeframe was chosen to allow measurement of performance. The 12-month timeframe is consistent with other indicators in QOF.</p>	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
The indicator target for LDL cholesterol or non-HDL cholesterol is different to that used in the QOF indicator CHOL002 in QOF 2023/24 and those used in other guidance. The targets use in this indicator reflect those in the NICE guideline and are based on both clinical and cost-effectiveness.	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.