



Resource impact statement

Resource impact

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Indicator

The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded cardiovascular disease (CVD) risk assessment score in the preceding 3 years.

Resource impact

The aim of this indicator is to increase the use of CVD risk assessments within general practice. The risk assessment score can be used to prompt full formal risk assessment and discussion between healthcare professionals and patients regarding lifestyle changes and the risks and benefits of taking statins and other lipid-lowering therapies. This, in turn, may lead to increased use of lipid-lowering therapies.

The indicator excludes people with type 1 diabetes, CVD, familial hypercholesterolaemia, chronic kidney disease stage 3 to 5, current lipid-lowering therapies or a previous CVD risk score of 20% or more. Data from the <u>Clinical Practice Research Datalink (CPRD) Aurum March 2024 dataset</u> indicates that the number of remaining people with any of the following modifiable risk factors is around 1,230 per 10,000 population: current smoker, obesity, hypertension or hypercholesterolemia. Of these, 409 (33%) have a recorded CVD risk assessment score in the preceding 3 years.

Increasing this proportion by 10% to 43% (532 people) would lead to an additional 123 people having a recorded CVD assessment score in the preceding 3 years. This is equivalent to an additional 41 people per year. If it is assumed that 50% of these people will have an additional appointment in primary care to discuss the results and potential lifestyle changes and medication, the impact on primary care is as follows:

Table 1 Estimated impact on primary care activity (per GP practice)

Number of people with no exclusion and a modifiable risk factor or comorbidity	1% increase in activity over 3 years	5% increase in activity over 3 years	10% increase in activity over 3 years	1% increase in activity per year	5% increase in activity per year	10% increase in activity per year
1,230	6	31	62	2	10	21

This is based on 10,000 registered patients in a GP practice.

There may also be a subsequent impact on the number of people taking statins and other lipid-lowering therapies as a result of these discussions. This would include increased blood tests, increased drug costs and increased monitoring appointments. Given the uncertainties in the number of people who may progress to use statins and other lipid-lowering therapies, these costs have not been assessed in this statement.