

Cardiovascular disease prevention: cholesterol treatment target (secondary prevention)

NICE indicator

Published: 27 November 2024

www.nice.org.uk/indicators/ind278

This other replaces IND268.

Indicator

The percentage of patients with cardiovascular disease (CVD) in whom the last recorded LDL or non-HDL cholesterol level (measured in the preceding 12 months) is 2.0 mmol per litre or less for LDL cholesterol or 2.6 mmol per litre or less for non-HDL cholesterol.

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 CVD by managing cholesterol levels. Treatment should be escalated in line with NICE guidance if the lipid target is not met.

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 or non-HDL cholesterol level (measured in the preceding 12 months) is 2.0 mmol per litre or less for LDL cholesterol or 2.6 mmol per litre or less for non-HDL cholesterol.

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 transient ischaemic attack (TIA), or symptomatic peripheral arterial disease. Existing QOF registers for coronary heart disease (CHD001), stroke or TIA (STIA001 excluding a history of haemorrhagic stroke) and symptomatic peripheral arterial disease (PAD001).

The last recorded LDL or non-HDL cholesterol level in the 12-month period should be chosen. The LDL cholesterol level should be selected if both LDL and non-HDL are

recorded on the same day.

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.

Expected population size: CHOL002 QOF data for 2023/24 shows 480 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.

ISBN: 978-1-4731-6665-3