

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**
www.dhsspsni.gov.uk

Circular HSC (SQSD) (NICE CG181) 22/14

Subject: NICE Clinical Guideline CG181 – Lipid Modification- cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease

For action by:

Chief Executive of HSC Board – **for distribution to:**
All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for cascade to:**
Head of Pharmacy and Medicines Management
Family Practitioner Services Leads – for cascade to relevant
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**
Director of Public Health and Medical Director – for cascade
to relevant staff
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Heads of Pharmaceutical Services – for cascade to relevant
staff
Directors of Acute Services – for cascade to relevant staff
HSC Clinical and Social Governance Leads
Directors of Social Services – for cascade to relevant staff
Directors of Finance – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:

Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers' Forum

Summary of Contents:

This clinical guideline (published July 2014) updates and replaces NICE clinical guideline 67 (published May 2008) and NICE technology appraisal guidance 94 (published January 2006). It offers evidence-based advice on the care and treatment of people at risk of cardiovascular disease and people who have had previous cardiovascular disease. It includes new and updated recommendations on risk assessment, lifestyle modifications and the use of lipid-lowering drugs.

Enquiries:

Any enquiries about the content of this Circular should be addressed to:

Standards & Guidelines Quality Unit
DHSSPS
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BELFAST
BT4 3SQ

SGU-NICEGuidance@dhsspsni.gov.uk

Circular Reference: HSC (SQSD) (NICE CG181) 22/14

Date of Issue: 23 September 2014

Related documents:

HSC (SQSD) 3/13

Superseded documents

HSC (SQSD) (NICE) 15/09 CG 67 (PDF 277KB)

Status of Contents:

Action

Implementation:

As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:

Available to download from
<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

Dear Colleagues

NICE Clinical Guidelines CG181 - Lipid Modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (<http://www.nice.org.uk/guidance/CG181>)

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13 (http://www.dhsspsni.gov.uk/hsc_sqsd_3_13.pdf), the following actions should be taken

1. HSC Board / PHA
 - a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
 - b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
 - c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
 - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.
2. HSC Trusts
 - a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
 - b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
 - c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
 - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.
3. RQIA
 - a. Disseminate the Guideline to the independent sector as appropriate.
4. HSC Special Agencies and NDPBs
 - a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review including estimates of costs / savings based on the NICE costing template, where this is applicable. You should also consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website (<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance/sqsd-guidance-nice-guidance.htm>).

A handwritten signature in black ink, appearing to read 'Michael McBride', written in a cursive style.

Dr Michael McBride
Chief Medical Officer

Appendix 1

Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Clinical Guideline - CG181
Title	Lipid Modification- cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease
Summary of guidance	<p>This clinical guideline (published by NICE in July 2014) updates and replaces NICE clinical guideline 67 (endorsed by the Department in February 2009) and NICE technology appraisal guidance 94 (endorsed by the Department in January 2007).</p> <p>It offers evidence-based advice on the care and treatment of people at risk of cardiovascular disease and people who have had previous cardiovascular disease. It includes new and updated recommendations on risk assessment, lifestyle modifications and the use of lipid-lowering drugs.</p>
Number of people expected to take up or benefit from the service / therapy	It is estimated that the number of people benefiting from fully implementing this guidance in NI will increase gradually until year 5. From year 5 onwards around an additional 115,000 people will benefit from this guidance.
Costs / savings associated with implementation	<p>Fully implementing this guidance in NI is estimated to result in a net additional cost of around £314,000 in the first year.</p> <p>Fully implementing this guidance in NI is estimated to result in a recurrent annual net additional cost of around £1.57m from year 5 onwards. Total costs are therefore estimated to be around £5m.</p> <p>Estimated net additional costs for years 1-5 are as follows: Year 1 - £314,000 Year 2 - £629,000 Year 3 - £943,000 Year 4 - £1.25m Year 5 onwards - £1.57m</p>
Related strategically relevant DHSSPS policies	None
Inter-Departmental interest	None

<p>Legislative / policy caveats</p>	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>In line with “Making Life Better”, the public health strategy for Northern Ireland 2013-2023 and supporting DHSSPS policies and strategies related to lifestyle choices, clinicians should be mindful of the importance of the potential benefits from lifestyle modifications before deciding whether to start statin therapy. Recommendation 1.3.12 in the guidance provides further detail.</p> <p>It should be noted that this guidance contains some recommendations for off-label use of medicines. Trusts and practitioners must be aware of their responsibilities and ensure that appropriate policies are in place when medicines are used off-label.</p> <p>The Mental Capacity Act 2005 and the Department of Health document ‘Reference Guide to Consent for Treatment or Examination’ do not apply in NI, but work is under way to bring forward similar legislation for NI, incorporating mental capacity and mental health provisions. The DHSSPS guidance ‘Reference Guide to Consent for Examination, Treatment or Care (2003)’, which is available on the DHSSPS website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. Available from: http://www.dhsspsni.gov.uk/consent-referenceguide.pdf</p>
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