

National Institute for Health and Care Excellence

Cardiovascular risk assessment and lipid modification

Consultation on draft quality standard – deadline for comments 5pm on 25/03/2025

Please email your completed form to: QualityStandards@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

Use the form to comment on the content of the quality standard (i.e. the statements and other sections e.g. rationale, measures etc.), as well as answer the following questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Can data for the proposed quality measures be collected locally? Please include in your answer any data sources that can be used or reasons why data cannot be collected.
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. For draft quality statement 1: Please provide real-world examples of systematic strategies used in your practice.
5. What are the challenges to implementing the NICE guidance underpinning this quality standard? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives).

Organisation details

Organisation name (if you are responding as an individual rather than a registered stakeholder please leave blank)	Royal College of General Practitioners
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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of person completing form	Michael Mulholland/ Adrian Hayter
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	No

Comments on the draft quality standard

Comment number	Statement or question number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
<i>Example 1</i>	<i>Statement 1</i>	<i>This statement may be hard to measure because...</i>
1	Quality Statement 1	We agree that general practices have the ability through EHR to support a strategy, however it important that a consistent data set is collected. This needs to be consistent with other overlapping priorities e.g obesity recording. As well as the collecting the correct data, it is important that the most up to date tools are embedded in GP clinical systems and are interoperable so that it reduces the administrative burden and enhances clinical time (ie Q risk 3 – this was introduced in 2017 – 8 yrs ago and it is not embeded in GP systems). Q risk 4 has been heralded and it is very important if this is an NHS Priority that GP systems are given the most up to date validated tools to be able to make good decisions with patients – it is not good enough to be using Q Risk 2.
3	Quality Statement 2	We recognise that diet and lifestyle advice is important, but we believe the outcomes of actual behaviour change is even more crucial and this is governed by all kinds of external factors. It is important to consider methods and evidence for diet and lifestyle advice such as group consultations and which health professionals are most appropriate to give this advice given the pressures on general practice resources.

		For example, new diabetics who are supported through a series of diabetes education sessions delivered by community services staff including, dieticians, podiatrists and community specialists. The traditional resource of asking GPs to give 1:1 advice and counselling is resource heavy and may be less successful than other solutions.
4	Quality statement 3	We believe that an effective way of increasing patient's awareness would be through sharing a reliable resource with them during or before the consultations (through AccuRX for example), in order for them to go back home and read and reflect on. The Heart UK cholesterol is a beneficial resource to share during and after consultation. Unfortunately, the NICE patient decision aid is not commonly used as GPs may not be aware of it.
5	Quality Statement 4	It is important to note that is a shared decision-making process with the patient.
6	General	We believe that the Q risk 3 tool should be embedded into clinical systems.

Insert more rows as needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

Please return to QualityStandards@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.