

27 June 2016

Dear LMC

Prioritisation of work with respect to QRISK2 miscalculations

Concerns have been raised about calls for GPs to review urgently the care of patients whose risk calculation may have been incorrect, and management plan may have been affected. The concern is that, by prioritising this work, the overall primary health care of our patients may be harmed by diverting clinical time away from those with higher needs.

It is important to appreciate that the prescription or otherwise of a statin, which is the likely drug intervention under consideration, is only one part of the management of these patients. Whatever the calculation the most important part of care, the lifestyle advice, will not have been affected. Also the benefits, such as they are, of statin therapy apply to all patients no matter what their initial risk level, and the NICE cut-offs are based on economic not clinical grounds.

The precise QRISK2 figure (within reasonable limits) is rarely the ultimate determinant of whether a patient chooses to take a statin or not, which is far more likely to be based on patient factors such as attitude to risk, and the willingness to take medication to mitigate that risk.

Patients who are taking a statin without problems, but where one is not recommended according to NICE, will be highly unlikely to be harmed by the continuing prescription although it may not be as cost-effective. With the acquisition cost of the recommended statins being low it could be argued that providing expensive GP time to provide an earlier review than previously planned simply compounds the situation.

For those patients whose recalculated risk would lead to a discussion of possible benefits of prescribing, a review is indicated. However, as any benefits that might result from drug therapy for primary prevention would come to fruition in the long and not short term this review must not disrupt the care of other patients.

In dealing with any unexpected situation it is up to GPs to clinically prioritise the demands on their time to ensure maximum overall health benefit.

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GPC is working with NHS England on its audit of a number of practices to assess the time required for this work with a view to getting it properly reimbursed.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Andrew Green', is positioned above a faint, light-colored rectangular stamp or watermark.

Dr Andrew Green
Chair, GPC Clinical & Prescribing Subcommittee