

NEWSLETTER



May 2024

Welcome to NICOR's latest e-bulletin. This edition we are focusing on the latest developments at NICOR, including the look and style of our newsletter.

With a mix of technology enhancements, our passion and drive, collectively our overall aim is to support the NHS to improve patient outcomes.

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Publications

NICOR publishes 2024 Annual Report with new interactive reporting

On 10 April 2024, NICOR published its [National Cardiac Audit Programme \(NCAP\) 2024 Annual Report](#) supported with [8 interactive sub-specialty clinical reports](#), and a dedicated [Annual Report for Patients, Carers and the Public](#), covering the 12 months from 1 April 2022 to 31 March 2023.

This year's report explores potentially important post-pandemic shifts in the demand for cardiovascular services, how these are provided, and the variability experienced in different locations. Levels of activity for most cardiovascular sub-specialties have continued to improve and are higher than the levels seen in 2020/21 during the COVID-19 pandemic. Some areas remain below pre-COVID levels, most notably adult and paediatric cardiac surgery.

In addition to the annual report, we are presenting for the first time our interactive reports for the 8 sub-specialties covered by the audit programme. They are produced with more detailed domain-level analyses and commentary. This allows clinicians, patients and members of the public, commissioners, and others to focus on the information that is of most interest to them (for

example drilling down to explore the performance of different parts of the country and individual hospitals). These reports can be found on the [NICOR website](#).

Understanding the continued pressures on hospitals and their clinical teams, a big thank you to all our colleagues and stakeholders for their continued support and contribution. Particularly our clinical colleagues, their supporting audit and clerical teams, and their hospital management teams for ensuring that important data are collected and sent to NICOR. We hope our annual reports put these data into context. In addition to the annual reports, we are incredibly pleased to see an increasing uptake in the use of our new data reporting tools across the country. These allow clinical teams to determine how they are performing on a continuous basis and provide a feedback system to help audit teams improve data quality.

2024 reports at a glance

Post-pandemic shift: admissions and procedures

The icon colours indicate the different sub-specialty sources of the data.



The number of confirmed heart attacks has fallen **8.4%** since 2017/18.



43% of patients aged 75 and over who undergo a TAVI procedure are female (a lower proportion than might be expected).



In 2022/23, the number of heart attacks per 100,000 people was **4** times higher in Merseyside and Wales compared with areas with lower rates.



Surgical procedures for congenital heart disease have fallen **23%** over 10 years, with interventional procedures rising by **9%**.



1 in 10 people with higher risk heart attacks are 'self-presenting' to hospital rather than travelling by ambulance, potentially delaying life-saving medical treatment.



74% of patients undergoing a complex percutaneous coronary intervention (PCI) did not have this checked with intracoronary imaging.



The median Call-To-Balloon time for higher risk heart attack patients undergoing primary angioplasty has worsened by **28%** since 2013/14



63% of acute coronary syndrome patients (with sudden, reduced blood flow to the heart) were not prescribed either prasugrel or ticagrelor, contrary to medication guidelines.



The average waiting time for elective coronary artery bypass graft (CABG) surgery in England, Wales and Northern Ireland is **119 days**, the target is under 84 days.



82% of patients with heart failure were seen by a specialist heart failure team, but only **15%** of patients cared for on a cardiology ward were referred for cardiac rehabilitation.



There has been a **32%** drop in the average number of CABG procedures performed annually by each cardiac surgeon since 2013/14.



There has been a **17%** increase in the use of implantable loop recorders for diagnostic and monitoring purposes since 2017/18.



Alternatives to surgery are growing for valve disease cases. There has been a **36%** growth in transcatheter aortic valve implantation (TAVI) procedures since 2019/20.



15% increase in the use of more 'complex' cardiac resynchronisation therapy pacemakers (CRT-P) to improve heart function since 2017/18.

Data & reporting

Next round of reports and deadline for submission

Following the publication of the new interactive clinical sub-specialty reports we are carrying out a review of what updates would be of most use and benefit to clinicians, hospitals across the UK and our other stakeholders. The aim is to produce quarterly clinical domain reports to ensure that up-to-date information is available throughout the year.



To help achieve this, it is important hospitals submit data in a timely manner and it is their responsibility to ensure the data are complete and accurate since we will be reporting on the data we receive from them. NHS England has recently shared the changes required to the data submissions, and all NHS hospitals are now required to complete **monthly data submissions**,

within 2 weeks following the end of each month. This will enable NICOR to complete the monthly downloads and produce quarterly reports.

To meet the data deadline for 2023/24, data submission has been brought forward to **31 May 2024**. This will support the teams at NICOR to produce and publish the annual report in the same calendar year.

At NICOR our teams are in the process of identifying the Quality Indicator (QI) metrics and we will confirm these in due course.

A helpful user guide is available on NICOR's [interactive reports webpage](#). If you have any questions, please email us at nicor.auditenquiries@nhs.net.

Health inequalities: Ethnicity data

Patient characteristic data (age, sex, patient postcode/geographical region, ethnic origin) is important to understand the impact of health inequalities. We are intending to investigate further and report on these characteristics across the whole NCAP programme.

Currently we have low completion rate for the **ethnicity** field in each of the NICOR audits and registries. Please can you ensure this data item is included in your data submissions. This will help us to ensure better utilisation of the data to generate meaningful analysis.

PROMs feasibility study

We will be undertaking a PROMs (Patient Reported Outcome Measures) feasibility pilot on behalf of NHS England. This will assess the feasibility of electronic data collection of Atrial Fibrillation (AF) PROMs from patients who have undergone an AF Ablation, which is part of the National Audit for Cardiac Rhythm Management (NACRM). The pilot will attempt to achieve a geographical spread, include different-sized centres, and analyse data collected from a range of demographic groups. Hospital centres will be contacted by the project team for their availability to participate in the pilot.

Left Atrial Appendage Occlusion (LAAO) and Patent Foramen Ovale Closure (PFOC) Registries open for data submission

Following the request from NHS England (NHSE), NICOR re-developed the registries for patients undergoing LAAO and PFOC procedures. The registries were initially set up for the Commissioning through Evaluation process supported by NHSE some years ago, and the original datasets have now been modified and simplified.

The datasets can be viewed on the NICOR website: [NICOR | Datasets and User Guides](#). It is now **mandated** that all commissioned centres carrying out LAAO and PFOC procedures participate and provide accurate, complete, and timely data.

The relevant approvals are in place for such data to be collected and sent to NICOR for the purposes of the national audit without patient consent. NICOR has also been granted exemption from the data opt-out legislation for these registries, so data can be sent from a participating hospital without that hospital having to first check with the National Data Opt-Out Registry.



Latest developments

Collect, Analyse & Report (CAR): NCAP applications platform updated

The long-anticipated updates to the NCAP applications platform are in progress with improvements made to the existing framework (Qreg). The new framework **Collect, Analyse &**

Report (CAR) has been developed using new technologies and will be rolled out in phases, by clinical domain, from June 2024 onwards, starting with the Transcatheter Aortic Valve Implantation (TAVI) application. Communications will be sent out closer to the time to the relevant hospitals.

The updates will include a brand-new modern user interface, improvements in searching facilities, a larger dashboard containing more widgets to enable data monitoring to be more intuitive, and dynamic reports.

Data entry issues such as not being able to set a field to blank are fixed in this release. The fixed reports will have more features, such as downloading graphs only, zooming, and user interaction. Over the coming months we will be incorporating additional reports including the new registries: Transcatheter Mitral and Tricuspid Valve procedure (TMTV), Percutaneous Foramen Ovale Closure (PFOC), and Left Atrial Appendage Occlusion (LAAO).

In addition, we will be introducing new functionality for **barcode scanning of device** related information, avoiding the need for manual input. In the background, the patient and registration data will no longer need to be synchronised for the reporting tools, so any data created will be immediately available to query or run reports on.

We will issue the communication to the relevant hospitals with a more detailed update nearer to the roll out. In the meantime, if you have any questions, contact nicor.helpdesk@nhs.net.

NICOR SHARE

A new, more secure way of sharing files between users and the technical helpdesk is currently being tested and due for rollout in May. There is no restriction to the size of the files being submitted and the drop offs can be more controlled, for example, they can be set to download once only, or set to expire after a number of days. This will replace the current Dropbox.

Legacy logins

The ability to login via the legacy authentication is going to be removed at the end of May 2024. We have extended the time due to the large number of users of our applications, but from June onwards, you will not be able to login with your legacy username and password.

It is therefore imperative users move over to the new authentication. Your username will remain the same, in lowercase, in full, i.e., joe.bloggs/yyy/nicor and you will need to reset your password. There are links in the login screen to the user guide for full information on how to do this. If you experience any difficulties, please contact the technical helpdesk via email, nicor.helpdesk@nhs.net.

In the spotlight

New National Clinical Director for Heart Disease

Professor Simon Ray has been appointed as the National Clinical Director for Heart Disease, taking over the role from Professor Nick Linker. NHS England announced the appointment in January 2024. Professor Ray is a cardiologist at the Manchester Heart Institute and a past president of the British Cardiovascular Society. He is the current national cardiology lead for GIRFT and the National Consultant Information Programme (NCIP). Prior to taking up the NCD role he was the lead for the acute workstream of the Cardiac Transformation Programme (CTP).



NCDs are a group of senior practising clinicians who provide overarching national clinical leadership to NHS England to support programmes and priorities, in addition to their clinical practice in the NHS.

They have extensive knowledge of their speciality areas and current experience in frontline NHS services. The NCDs play a pivotal role in supporting NHS England to deliver the key ambitions set out in the NHS Long Term Plan; providing clinical advice and leadership to drive transformation of services for patients and ensuring an NHS fit for the future.

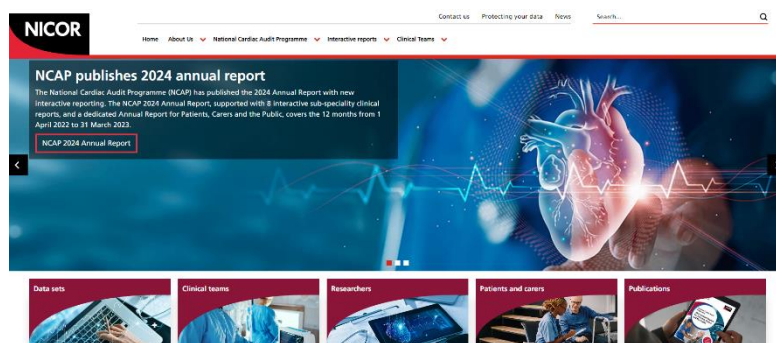
On a final note

FINAL THOUGHTS

New NICOR website

We are pleased to announce the launch of NICOR's new and improved [website](#).

The vision is for the website to be simple, modern, and accessible. The website is now easy to access, with a smooth user journey on both mobile devices and desktop. We hope the navigation is easier. There are menu options for users to find the information they are looking for and an effective search bar.



The new website meets the Web Content Accessibility Guidelines (WCAG) 2.1 (soon to be 2.2) accessibility regulations. The design of the website has been modernised, with a fresh new template applied whilst working within NICOR's current brand guidelines and style. We hope everyone is pleased with the new website and it meets the vision and aspiration we wanted to achieve. We would love to hear your feedback and any suggestions you may have. Please direct any feedback to [Sarah Colston](#), Senior Communications and Engagement Manager.

If you would like to submit an article for NICOR's next newsletter, please send it to sarah.colston@nhs.net.

If you do not want to receive this newsletter, email nicor.auditenquiries@nhs.net to be removed from the distribution going forward.