



Provider line of sight table on report recommendations for submission to the funders						
Please can the provider complete the following details to allow for ease of access and rapid review						
<b>Project and Title of report</b>		<b>Audit: National Audit of Percutaneous Coronary Intervention (NAPCI) 2022 Summary Report (2021/22 data)</b>				
1. What is the report looking at/what is the project measuring?		<b>Aspects of care for patients undergoing Percutaneous Coronary Intervention (PCI)</b>				
2. What countries are covered?		<b>England and Wales</b>				
3. The number of previous projects (e.g. whether it is the 4 <sup>th</sup> project or if it is a continuous project)		<b>Continuous Project</b>				
4. The date the data is related to (please include the start and end points – e.g. from 1 January 2016 to 1 October 2016)		<b>1 April 2021 to 31 March 2022</b>				
5. Any links to NHS England/NHS Improvement objectives or professional work-plans (only if you are aware of any)						
Please can the provider complete the below for each recommendation in the report						
No.	Recommendation	Evidence in the report which underpins the recommendation	Current national audit benchmarking standard if there is one	Associated NHS payment levers or incentives'	Guidance available (for example, NICE guideline)	% project result if the question previously asked by the project (date asked and result). If not asked before please denote N/A. This is so that there is an



						indication of whether the result has increased or decreased and over what period of time
Rec 1	Operators undertaking Left Main Stem PCI should use intracoronary imaging (either IVUS or OCT) to guide interventional strategy and optimise stent expansion and apposition, in line with international consensus statements around best practice.	<p>NAPCI report, section 3.1.</p> <p>Trend for increase over several years, but still below the recommendation [Figure 3.1].</p> <p>Wide variation between PCI centres from 100% use to 10% use [Figure 3.2 and 3.3].</p>	It is recommended that centres undertaking Left Main Stem PCI use intracoronary imaging (either IVUS or OCT) to guide interventional strategy and optimise stent expansion and apposition, in line with international consensus statements around best practice. Centres should perform intracoronary imaging in at least 75% of cases.	NA	<p>EAPCI expert consensus statement. Räber L, Mintz GS, Koskinas KC, Johnson TW, Holm NR, Onuma Y et al. Clinical use of intracoronary imaging. Part 1: guidance and optimization of coronary interventions. An expert consensus document of the European Association of Percutaneous Cardiovascular Interventions. EuroIntervention. 2018 Aug 20;14(6):656-677.</p> <p>Lawton JS, Tamis-Holland JE, Bangalore S, Bates ER, Beckie TM, Bischoff JM, et al. 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization. J Am Coll Cardiol. 2022;79(2):e21–129.</p> <p>BCIS recommendation.</p>	<p>New analysis. Use of intracoronary imaging has increased from 66.5% in 2020/21 to 70.5% in 2021/22.</p>



Rec 2	Hospitals should modify their pathways and ward structures to maximise the use of day-case procedures so reducing avoidable overnight stays for patients.	<p>NAPCI report, section 3.2.</p> <p>Overall rate up to 71.4 % but there remains significant variation in day case rates, varying from between 5%-100% [Figures 3.4 – 3.6]. This variation cannot be explained by differences in case mix / patients demographics.</p>	>75% of PCI procedures performed electively for stable symptoms should be discharged the same day as the procedure.	NA	<p>BCIS recommendation.</p> <p>References in report.</p>	71.4% of elective cases performed as a day case (up from 69.1% in 2020/21).
Rec 3	Hospitals should review their STEMI protocols to see where improvements can be made in the use of newer antiplatelet agents, in particular Prasugrel, during primary PCI.	<p>NAPCI report, section 3.3.</p> <p>With respect to the use of Prasugrel during STEMI PCI, there are low generally levels of compliance and variance between centres is from 0% to close to 70% (Figures 3.7 – 3.9)</p>	Newer P2Y12 antiplatelet agents (with a preference for Prasugrel) in >75% of primary PCI case where a contra-indication does not exist.	NA	<p>ESC guidelines: Collet JP, Thiele H, Barbato E, Barthélémy O, Bauersachs J, et al. Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. Eur Heart J. 2021 Apr 7;42(14):1289-1367. doi: 10.1093/eurheartj/ehaa575..</p> <p>NICE guidelines.</p>	59.7% of primary PCI cases in 2021/22 received a newer P2Y12 agent (Prasugrel or Ticagrelor).