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						
Project and Title of report			**National Heart Failure Audit 2020 Summary Report (18/19 data).**			
1. What is the report looking at/what is the project measuring?			**Quality Improvement in Heart Failure Admissions**			
2. What countries are covered?			**England and Wales**			
3. The number of previous projects (e.g. whether it is the 4th project or if it is a continuous project)			**12th report**			
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)			**1st April 2018 to 31st March 2019**			
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	Hospitals not achieving the recommended standard of the use of in-house echocardiography for patients with acute heart failure should review their clinical pathways and ensure that echocardiography is performed.	NHFA report: Pages 10 – 11 Patients admitted to cardiology wards were more likely to have echocardiography than those admitted to general medical wards	90%	N/A	NICE Clinical Guideline CG 187 Reference 3 in report	The proportion of patients receiving an ECG has increased from 86% to 96%. Echocardiography rates are high and stable but 13% of patients do not undergo this

		(94% versus 83%). Patients receiving specialist input to their care, no matter where they are admitted, have similar rates of echocardio-graphy (91%) as those on cardiology wards. Only 70% of patients not having access to specialist care undergo echocardiography. Fifty-nine percent of hospitals achieved an echocardiography rate of 90% or more, an improvement of 1% from last year.				diagnostic procedure
Rec 2	Hospitals should ensure that high-risk cardiac patients have access to cardiology wards.	NHFA report: Page 10 In this audit cycle, as in the preceding five years, just under half of patients were admitted to cardiology wards. Whilst the low figure may reflect a fixed number of cardiology beds being available in most hospitals, there is an enormous variation within the audit in the percentage being treated in cardiology wards (0-100%).	No current standard	N/A	NICE Clinical guideline CG 187 Reference 3 in report	No improvement
Rec 3	Hospitals not achieving the standards for ensuring a patient with acute heart failure is managed on a cardiology ward or seen by a heart failure team should review their pathways of care and consider a quality improvement programme to improve on their current performance.	NHFA report: Pages 12 – 13 Sixty-one per cent of hospitals achieved specialist review rates of over 80%. This is an increase of 2% since last year.	At least 80% of patients should be seen by a member of the specialist team	Best Practice Tariff set at 60%	NICE Clinical guideline CG 187 Reference 3 in report	Improvement of 2% over last year for hospitals achieving the standard
Rec 4	Further research is required into the association between length of	NHFA report: Page 14	N/A	N/A	N/A	Mean LOS has been falling gradually over the last five

	stay (LOS), severity of disease and outcomes, especially around the value of short periods of hospitalisation for initiation of care supported by community services	There is considerable variation between hospitals in mean LOS. The median LOS was 9 days for those admitted to cardiology wards and 6 days for those in general medicine, unchanged compared to the 2017/18 data. Those receiving specialist care also have a higher median LOS at 9 days compared to 5 days for patients not seeing specialists. Mean LOS is becoming shorter for those in general medical wards and those not being reviewed by specialists. The longer LOS for patients receiving specialist care will include referral of more severe cases for expert care, higher rates of implementation of disease-modifying therapies and greater care to ensure that the patient is stable prior to discharge.				years by nearly 2 days
Rec 5	Greater attention is needed to ensure all patients with HFrEF receive the disease-modifying drugs that they should be on unless there is a contra-indication. This can be increased by patients being managed on cardiology wards or being seen by a HF specialist team. Those hospitals not meeting the expected standards should perform a clinical pathway review to investigate	NHFA report: Pages 15 – 17 84% of patients are discharged on an ACEI or angiotensin receptor blocker (ARB). 90% were discharged on a beta-blocker. 55% were discharged on an MRA. There is a slight increase to 48% (from 47%) on those discharged on all three	90% for ACEI/ARB 90% for BB 60% for MRA 60% for all three drugs	N/A	NICE guideline NG106 NICE Clinical guideline CG187 References 1,3 in report	1% increase in prescription of all three disease-modifying drugs Trend is for an increase since last year for those seen by specialists on general medical wards by 1%. It is static on Cardiology wards.

	where improvements can be made.	disease-modifying drugs.				
Rec 6	More attention to follow-up arrangements is required so that patients are referred for Cardiology and Specialist Heart Failure Nurse follow-up, if required. Trusts should review their pathways for referral to cardiac rehabilitation to allow great access and uptake for heart failure patients.	NHFA report: Pages 18 – 19 This metric has improved in 2018/19 with 41% of patients (37% last year) recorded as having the follow-up appointment in place at discharge. Overall 45% of those discharged have cardiology follow-up, and 55% have HF Specialist Nurse appointments post discharge. These rates are higher for those being discharged from cardiology wards at 64% and 66% respectively. Trends for both cardiology and HF nurse follow-up are largely static. This is a key area for future improvement as such follow-up has been demonstrated repeatedly by this audit to be associated with improved outcomes. Overall, 13.3% of patients are referred for cardiac rehabilitation during hospitalization. Rates are higher for those cared for in cardiology wards (21%) compared to 9% for those seen on general medical wards. Many more are purportedly referred after discharge by community teams, however, the audit does not capture this.	100% of patients discharged should be offered early follow-up 100% of patients fit for discharge should be offered access to a cardiac rehabilitation team	N/A	NICE Quality standard 103 NICE guideline NG106 References 1,4 in report	3% improvement in rates of confirmed date of early follow-up Rates of specialist team follow-up remain static over the last five years Rates of referral to cardiac rehabilitation whilst an in-patient remain very low.