

**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>National Heart Failure Audit 2020 Summary Report (19/20 data).</b>
1. What is the report looking at/what is the project measuring?	<b>Quality Improvement in Heart Failure Admissions</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>13<sup>th</sup> report</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<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020</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**

<b>No.</b>	<b>Recommendation</b>	<b>Evidence in the report which underpins the recommendation</b>	<b>Current national audit benchmarking standard if there is one</b>	<b>Associated NHS payment levers or incentives'</b>	<b>Guidance available (for example, NICE guideline)</b>	<b>% 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</b>
Rec 1	Hospitals not achieving the recommended standard of the use of in-patient echocardiography for patients with acute heart failure should review their clinical pathways and ensure that echocardiography is performed	NHFA report: Pages 18-21  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	Echocardiography rates have decreased over the last five years from 92% to 86%.

	and ideally within the first 48 hrs of admission.	<p>(93% versus 82%). Patients receiving specialist input to their care, no matter where they are admitted, have similar rates of echocardiography (90%) as those on cardiology wards. Only 69% of patients not having access to specialist care undergo echocardiography.</p> <p>Sixty percent of hospitals achieved an echocardiography rate of 90% or more, an improvement of 1% from last year.</p> <p>The hospital variation is also age dependent, with 72% of hospitals achieving the <math>\geq 90\%</math> target for those &lt;75 years compared to only 54% for those aged <math>\geq 75</math> years</p>				
Rec 2	Hospitals should ensure that high-risk cardiac patients have access to cardiology wards. Heart failure patients are often the highest risk.	<p>NHFA report: Page 22-24</p> <p>In this audit cycle, 43% 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%). If there is no access to a cardiology ward this needs to be addressed locally as a matter of urgency.</p>	No current standard	N/A	NICE Clinical guideline CG 187	There is a worrying downward trend over the last six years from 49% to 43% this year
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	<p>NHFA report: Pages 25-27</p> <p>Eighty-two per cent of patients were seen by a HF specialist during the</p>	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	The overall percentage of those seen by Specialist HF Nurses has increased by in both Cardiology (by 2%) and in General Medicine wards (by

	<p>heart failure team should review their pathways of care and consider a quality improvement programme to improve on their current performance.</p> <p>Hospitals that do not have a clinical lead for Heart Failure should appoint one: ideally a consultant cardiologist with sub-specialty training in heart failure.</p> <p>Hospitals that do not have access to Specialist Heart Failure Nurses within their hospital team or in the community should urgently seek to appoint them.</p>	<p>admission.</p> <p>Fifty-four per cent of patients were seen by a Consultant Cardiologist and 51% of patients now see a HF Specialist Nurse during their admission.</p> <p>For those on cardiology wards, 99% are seen by specialists, 92% are seen by a Consultant Cardiologist and 53% by HF nurses. Overall, 70% of patients on General Medical wards are seen by 'Any HF specialist'.</p> <p>64% hospitals achieved specialist review rates of over 80%.</p> <p>The hospital variation is age dependent, with 80% of hospitals achieving the ≥80% target for those &lt;75 years compared to only 55% for those aged ≥75 years</p>				<p>1%) to 54% and 46%, respectively.</p> <p>64% hospitals achieved specialist review rates of over 80%. This is an improvement of 3% of hospitals since last year.</p>
Rec 4	<p>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, early in the admission. Those hospitals not meeting the expected standards should perform a clinical pathway review to investigate where</p>	<p>NHFA report: Pages 30-38</p> <p>High aggregate standards were again achieved with 84% of patients being discharged on an ACEI or angiotensin receptor blocker (ARB) and 90% on a beta-blocker. Further improvements were seen compared to 2018/19 with 56% on an MRA.</p> <p>The inter-hospital variation in percentage prescription of these drugs demonstrates that many hospitals fall far short of the benchmarks set:</p>	<p>90% for ACEI/ARB 90% for BB 60% for MRA 60% for all three drugs</p>	N/A	<p>NICE guideline NG106</p> <p>NICE Clinical guideline CG187</p>	<p>Further improvements were seen compared to 2018/19 aggregate data with 56% on an MRA.</p> <p>Number of hospitals achieving the benchmark targets for prescription rates: ACEI/ARB - static at 44%. BBs - increase from 56% to 66% MRAs-decrease from 50% to 49% All 3 drugs- fall from 40% to 39%- compared to 2018/19 data.</p>

	improvements can be made.	ACEI/ARB - static at 44%. BBs - increase from 56% to 66% MRAs-decrease from 50% to 49% All 3 drugs- fall from 40% to 39%. (comparison to 2018/19 data).				
Rec 5	More attention to follow-up arrangements is required so that patients are referred for Cardiology & Specialist Heart Failure Nurse follow-up, ideally leaving hospital with their first appointment. Hospitals should review their pathways for referral to cardiac rehabilitation to allow greater access and uptake for heart failure patients.	NHFA report Pages 38-43  40% of patients leave hospital with a follow-up appointment arranged within 2 weeks.  Overall 46% 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 61% and 67% respectively  15.2% referred for cardiac rehabilitation (22% for those on cardiology wards)	The standard should be 100% for specialist follow-up.	N/A	NICE guideline NG 106  NICE Quality standard QS103	Reduction follow-up appointment rates from 41% in 2018/19 to 40% this year.  46% Cardiology follow-up increased by 1% on last year.  55% nurse follow up-no change  Cardiac rehabilitation referral rates increased by 2% from last year.