

**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 2022 Summary Report (2020/21)</b>
1. What is the report looking at/what is the project measuring?	<b>The quality of the care of people admitted to hospital with acute heart failure, and its improvement or other changes over time.</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>14<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 2020 to 31<sup>st</sup> March 2021</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>
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Rec 1	Hospitals not achieving the recommended standard of the use of in-patient echocardiography for patients with acute heart failure (HF) should review their clinical pathways and ensure that echocardiography is performed and ideally within the first 48 hrs of admission.	<p>NHFA report, pages 12-14.</p> <p>Patients admitted to cardiology wards were more likely to have echocardiography than those admitted to general medical wards (92% versus 82%). Patients receiving specialist input to their care, no matter where they are admitted, have slightly lower echocardiography rates at 89%, but better than the 69% rate for patients not having access to specialist care. The echocardiography rate is less good in older patients, aged <math>\geq 75</math>, at 83%, and overall women fare less well than men with rates of 83% and 86.2%, respectively.</p> <p>Only 48% of hospitals achieved an echocardiography rate of 90% or more for this audit cycle, down from 60% in the last audit cycle, with considerable variation between hospitals.</p> <p>See Figures 3.1 – 3.3</p>	90%	N/A	NICE Clinical Guideline CG 187	Echocardiography rates have decreased over the last five years from 89% to 85%.
Rec 2	Hospitals should ensure that high-risk cardiac patients have access to cardiology wards. Heart failure patients are often the highest risk patients in the cardiology wards, with better outcomes if looked after here.	<p>NHFA report, page 14-15.</p> <p>In this audit cycle, 48% were admitted to cardiology wards, and up from 43%, in the 2019/20 audit. Whilst the low figure may reflect a fixed number of cardiology beds being available in most hospitals, there is an enormous variation in the number admitted to cardiology (0-100%) between hospitals within the audit. If there is no or inadequate access to a cardiology ward this needs to be</p>	No current standard	N/A	NICE Clinical guideline CG 187	There has been an increased percentage access to cardiology beds from 43% (2019/20) to 48%, in the context of a reduction of overall HF admissions, in response to COVID in this 2020/21 cycle.

		<p>addressed locally as a matter of urgency. COVID has demonstrated an ability to re-purpose wards and beds and this approach could be used to increase cardiology bed access for HF patients.</p> <p>See Figure 3.4</p>				
Rec 3	<p>Hospitals not achieving the standards for ensuring a patient with acute HF is managed on a cardiology ward or seen in person by a HF team should review their pathways of care and consider a quality improvement programme to improve on their current performance.</p> <p>Hospitals without a clinical lead for HF should appoint one: ideally a consultant cardiologist with sub-specialty training in HF</p> <p>Hospitals without access to Specialist Heart Failure Nurses within their hospital team and in the community should urgently seek to appoint them.</p> <p>NICE CG 187 is explicit</p> <ul style="list-style-type: none"> <li>All hospitals admitting people with suspected acute heart failure should provide a specialist heart failure team that is based on a cardiology ward and provides outreach services</li> </ul>	<p>NHFA report, pages 15-17.</p> <p>Eighty-eight per cent of patients were seen by a HF specialist during the admission, an increase from 82% in 2019/20.</p> <p>For those on cardiology wards, 99% (unchanged from 2019/20) were seen by specialists, 82% were seen by a consultant cardiologist, a substantial decrease from the previous cycle, but the 52% seen by HF nurses is almost unchanged.</p> <p>Overall, 74% of patients on General Medical wards were seen by 'Any HF specialist', an increase from 70% in 2019/20.</p> <p>65% hospitals achieved specialist review rates of over 80%.</p> <p>See Figures 3.5 and 3.</p>	<p>At least 80% of patients should be seen by a member of the specialist team</p>	<p>Best Practice Tariff set at 60%</p>	<p>NICE Clinical guideline CG 187</p>	<p>During this cycle with COVID pressures the overall percentage of those seen by a HF Specialist has increased from 82% to 88%, albeit of a smaller cohort of people admitted with acute HF.</p> <p>132 (65%) hospitals achieved specialist review rates of over 80%. This is an improvement of 1% of hospitals since last year.</p>

	<ul style="list-style-type: none"> <li>Ensure that all people being admitted to hospital with suspected acute heart failure have early and continuing input from a dedicated specialist heart failure team.</li> </ul>					
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 improvements can be made. They should address particular attention to the inpatient prescribing of MRAs.</p>	<p>NHFA report, pages 17-20.</p> <p>High <i>aggregate</i> standards were again achieved with 84% of patients being discharged on an ACEI or angiotensin receptor blocker (ARB), and unchanged from 2019/20 and 91% on a beta-blocker a modest increase. Further improvements were seen compared to 2019/20 with an increase from 56% to 61% on an MRA.</p> <p>However, with increasing age from the 55-64 group onwards, there is a persistent age-related fall off in prescribing of these drugs. Nonetheless, for those aged &gt;85 beta-blocker prescribing is relatively well maintained at 85.7% in this age group.</p> <p>The <i>inter-hospital variation</i> in percentage prescription of these drugs demonstrates that many hospitals still fall far short of the benchmarks set.</p> <p>The proportion achieving the ACEI/ARB target is static at 44%. The proportion achieving the beta-blocker benchmark is similar to last year at 65%. The proportion achieving the target for MRAs</p>	<p>90% for ACEI/ARB 90% for BB 60% for MRA 52% for all three drugs</p>	N/A	<p>NICE guideline NG106</p> <p>NICE Clinical guideline CG187</p>	<p>The prescribing of these drugs was improved or stable for aggregate data, and for the number of hospitals achieving the current modest benchmarks.</p> <p>Although there is a modest percentage increase in MRA prescribing seen in both the aggregate data and for the number of hospitals achieving the benchmarks, this is in the context of a smaller cohort delivered under the pressures of COVID, when compared with 2019/2020 data.</p>

		<p>was improved at 60% compared with 51% in 2019/20</p> <p>See Table 3.1 and Figures 3.7 – 3.12</p>				
Rec 5	<p>More attention to follow-up arrangements is required so that patients are referred for cardiology &amp; specialist HF nurse follow-up, ideally leaving hospital with their first appointment to see the cardiologist, HF nurse or another member of the team within 2 weeks. In addition, all stable patients should be offered cardiac rehabilitation.</p> <p>Health Board Trusts and Hospitals should ensure they have an adequately structured and staffed heart failure (HF) team and plans to protect these essential services during future pandemic surges should be agreed.</p>	<p>NHFA report, pages 21-23.</p> <p>Overall, 39% of those discharged from hospital following a HF admission have cardiology follow-up (down 7% from last audit cycle), and 47% have HF specialist nurse appointments post discharge (down 8% from last year). Rates for both were better (but still lower than last year) for those being discharged from cardiology wards at 52% and 57% respectively.</p> <p>Overall, 12.2% of patients were referred for cardiac rehabilitation during hospitalization (down 3% from the 2019/20 cycle). Rates are higher for those cared for in cardiology wards (18%), representing a decrease of 4% from last year compared with an 8% drop for those seen on general medical wards (trend downwards by 1%).</p> <p>All these essential follow up services appear to have been especially vulnerable to staff redeployment and other pressures during COVID.</p> <p>See Figure 3.13</p>	<p>The standard should be 100% for specialist follow-up.</p>	N/A	<p>NICE guideline NG 106</p> <p>NICE Quality standard QS103</p>	<p>Trends for both cardiology and HF nurse follow-up were decreased in this COVID pressured audit cycle of 2020/21, when compared with the previous cycle.</p> <p>Overall, only 39% received cardiology follow-up (a 7% fall), and only 47% (down 8%) received a timely specialist nurse follow up.</p> <p>Cardiac rehabilitation referral rates dropped from just over 15% to 12.2% over these audit cycles.</p>