



Report key messages	
Project title: National Heart Failure Audit (NHFA)	
Report ref. and name: National Heart Failure Audit (NHFA) 2023 Summary Report (2021/22 data)	
Date of publication: 8 June 2023	
Key message 1:	<p>Echocardiography rates, for this key diagnostic test for heart failure (HF), have steadily decreased from the 90% level reported in the 2014/15 audit cycle to 85% in 2020/21. They have remained at the 85% level for the current 2021/22 cycle, for aggregate data, leaving 15% of patients without a secure diagnosis.</p> <p>There is considerable variation in echocardiography use between hospitals with only 51% of hospitals meeting the $\geq 90\%$ audit target, a 3% increase from the 2020/21 cycle, but one that requires improvement.</p> <p>Marked variation in echocardiography use within institutions is also noted. Patients admitted to cardiology wards are more likely to have echocardiography than those admitted to general medical wards (92% versus 82%). Patients admitted elsewhere, but receiving specialist input to their care, have lower echocardiography rates at 89%, but considerably better than the 67% rate for patients not receiving any input from the HF specialist team. The echocardiography rate is less good in older patients, aged ≥ 75, at 83%, and overall women fare less well than men with rates of 83% and 86%, respectively.</p>
Key message 2:	<p>This year the percentage of patients with heart failure attributed to systolic dysfunction (HFrEF) discharged on the three classes of disease modifying therapy drugs (ACEI/ARB/ARNI, and BB and MRA) has increased from the 54% in 2020/21 (for ACEI/ARB and BB and MRA) to 56% this year for aggregate data. There remains considerable variation in prescribing patterns for the combination of, and for each of, these drugs within hospitals and between hospitals. A sharp decline in recommended prescribing in those above the 55-64 age group is again reported, though for those aged ≥ 85 beta-blocker prescribing is relatively well maintained at 84.1%.</p> <p>The introduction of a revised data set, for this audit cycle onwards, allows data collection on newer drugs for HFrEF, including the angiotensin receptor/neprilysin Inhibitor (ARNI) and for the first time the use of the sodium-glucose co-transporter-2 (SGLT2) inhibitors, dapagliflozin and empagliflozin reflecting the new and emerging evidence base. In the first cycle there has been only limited adoption of the new dataset but as this increases the data for these drugs will become more secure and will be reported in more detail.</p>



<p>Key message 3:</p>	<p>HF patients are amongst the highest risk cardiac patients admitted to hospital, with their outcomes transformed by care on a cardiology ward and/or access to specialist HF cardiology and nurse care elsewhere. In this audit cycle, only 47% were admitted to cardiology wards (aggregate data), similar to the 48% reported in the 2020/21 audit cycle and not meeting the $\geq 60\%$ audit target, whilst only 15% of individual hospitals met the target but with variation from 0-100%. 82% of patients were seen by a HF specialist during the admission, similar to the 81% of cycle 2020/21, and meeting the audit target of $\geq 80\%$, for aggregate data, but only 61% of hospitals met the target, down 4% on the previous audit cycle, with marked variation between hospitals.</p> <p>For those on Cardiology wards, 99% were seen by specialists, 92% were seen by a consultant cardiologist, a substantial improvement from the 83% of the previous cycle, and 52% were seen by HF nurses, a figure that has not changed. In contrast only 72% of patients on General Medical wards were seen by 'Any HF specialist', with 51% seeing a specialist HF nurse compared with 46% last year.</p>
<p>Key message 4:</p>	<p>Patients are especially vulnerable in the early discharge period. This is reflected in the audit standard of 100% specialist follow-up within two-weeks. Trends for both cardiology and HF nurse follow-up were decreased in the COVID-pressured audit cycle of 2020/21, when compared with the previous cycle. This audit cycle (2021/22) shows a further drop of 7% so that only 32% had cardiology follow up. The improvement of 11% since last year in timely HF specialist nurse follow up to 58% is positive but does not compensate for the lack of cardiology follow up. Timely specialist follow up in this cycle overall also fell to 40%, from 43% in the 2020/21 cycle.</p>
<p>Key message 5:</p>	<p>A unifying theme to address all these points would be early and continuing involvement of the specialist team as first outlined in the NICE guidance of 2014.</p>
<p>100 word summary or abstract of the report:</p>	



This audit reports that HF patient mortality, whether pre-or post-discharge, is highly dependent upon three hospital characteristics:

- Patient care under the HF team, led by a HF cardiologist based on a Cardiology ward with an effective outreach team.
- Patients with HFrEF are discharged on all three, or more, disease modifying drugs.
- Having timely cardiology and other specialist follow-up from the multidisciplinary team.

Good HF care has emerged from the consequences of COVID-19 more effectively in some hospitals than others. Audit data should be reviewed and used by individual hospitals to modify and improve evidence-based HF care for all their patients.