**A SELECTION OF KEY FINDINGS FROM THE 2018 NATIONAL CARDIAC AUDIT PROGRAMME REPORT**

**HEART FAILURE**

Patients who have heart failure have better outcomes if cared for on a cardiology ward with specialist input.

Patients seen by a member of a specialist heart failure team had a mortality of 8.4% compared to a mortality of 12.9% for those not seen by specialists.

In-patient mortality was lower for heart failure patients admitted to a cardiology ward than for those admitted to a general medical ward (7.0% compared with 10.4%).

Patients leaving hospital with all 3 disease-modifying drugs had a survival rate of 85%, compared with 70% for those on none.

Patients admitted with heart failure should have access to cardiac rehabilitation and specialist follow up.

Seeing a heart failure nurse was associated with an average 1 year mortality rate of 22% compared to 26% without.

Cardiology follow-up was associated with an average mortality rate of 19% compared to 27% without.

Referral to rehabilitation was associated with an average mortality rate of 18% compared to 24% without.

**CARDIAC SURGERY**

Mortality rates following adult cardiac surgery have fallen to 2.8% despite patients being older and sicker.

Increased use of angiography and angioplasty is improving outcomes for patients who have had a heart attack.

The use of drug-eluting stents and radial artery access for angioplasty improves outcomes for patients. The switch to radial access has saved about 450 lives over 7 years.

Heart Failure patients' outcomes are improving as a result of access to improved access to specialist care, disease modifying drugs and cardiac rehabilitation.

**HEART ATTACK**

Patients with a suspected heart attack should call an ambulance rather than take themselves to hospital.

If patients self-present at hospital with a heart attack, they may have to be re-transferred to a centre where angioplasty procedures are available—an ambulance will transport the patient straight to the best place for their needs.

Cardiology follow-up was associated with an average mortality rate of 19% compared to 27% without.

**ANTENATAL DETECTION**

Antenatal detection of the structural heart problem 'transposition of the great arteries with an intact ventricular septum' has risen from 26% in 2007/8 to 65% in 2016/17.

Nearly half of children with a congenital heart condition requiring surgery or interventional treatment in infancy have this successfully detected as a result of screening offered to women during pregnancy.

**ANGIOGRAPHY & ANGIOPLASTY: WHAT'S THE DIFFERENCE?**

**Coronary angioplasty** is a procedure used to improve blood supply to the heart muscle by widening coronary arteries.

Coronary arteries can become narrowed or blocked by fatty deposits. Angioplasty seeks to rectify blood flow restriction by bracing the artery open. A “stent” is inserted which is then inflated with a small balloon to push fatty deposits aside and hold the artery open.

**Angiography** is a type of X-ray used to check the health of your blood vessels and how blood flows through them.

Blood vessels don't show up clearly on a normal X-ray, so a special dye needs to be injected into your blood first. This highlights your blood vessels, allowing your doctor to spot any problems. The X-ray images created during angiography are called “angiograms”.

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