

Report key messages	
Project title: National Cardiac Audit Programme	
Report ref. and name: National Cardiac Audit Programme (NCAP) 2019 Annual Report	
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Key message 1:	<p>Times to deliver primary percutaneous coronary intervention (PPCI) for patients with ST-elevation myocardial infarction (STEMI) continue to increase overall.</p> <p>The median 'call-to-balloon' time has increased by 9 minutes over the last 3 years. There is a lengthening of 'call-to-door' times and there are sizeable variations between hospitals in the proportion of patients that undergo treatment within 60 minutes of admission. There are QI actions for hospitals, ambulance services and STPs/local health systems to address this, particularly around the logistics of admitting patients. Patients themselves can assist by calling for an ambulance rather than attempting to get themselves to hospital.</p>
Key message 2:	<p>Times to carrying out angiography and percutaneous coronary intervention (PCI) for patients with non-ST-elevation myocardial infarction (NSTEMI) vary considerable between hospitals.</p> <p>These are especially long for patients requiring an inter-hospital transfer. The best-performing hospitals can undertake an angiogram for 85% of patients within 72 hours by focusing on quality improvements around staffing, ED protocols, lab prioritisation and a co-ordinated regional approach to caring for patients in rural areas.</p>
Key message 3:	<p>Times to urgent coronary artery bypass graft (CABG) surgery have not improved significantly at a national level.</p> <p>Only just over a third of patients have the procedure within 7 days of the diagnostic angiogram. Hospitals should aim to ensure that at least 75% of patients requiring urgent CABG receive this treatment within 7 days of the angiogram which, in most circumstances, implies the patients should undergo the procedure as an in-patient.</p>
Key message 4:	<p>Antenatal diagnosis of fetal cardiovascular abnormalities that have an intervention in the first year continues to improve.</p> <p>The overall rate of detection has risen to over 50%, with particularly good improvements in cases of hypoplastic left heart syndrome (HLHS) and transposition of the great arteries with intact ventricular septum (TGA-IVS). Further progress can be pursued by reviewing staffing levels, the availability of the necessary ultrasonography equipment and ensuring that obstetric sonography staff are receiving appropriate education and training.</p>

Key message 5:	<p>Access to specialist care for patients suffering a heart attack or with heart failure is generally good.</p> <p>96% of patients admitted with non-STEMI and 82% of those admitted with heart failure are seen by specialist teams. There is much more variability in access to specialist care for patients either with NSTEMI or those with heart failure who are not admitted to cardiac wards. Hospitals should ensure that all such patients have equal access to specialist care, either by admitting more to a cardiology ward or by using specialised nursing cardiac 'outreach' teams to support patients on other types of wards.</p>
Key message 6:	<p>Referrals rates to cardiac rehabilitation for heart attack and heart failure patients vary widely between hospitals.</p> <p>Taking into account comorbidities and case mix, a reasonable goal is that 90% of heart attack patients should be referred for rehabilitation, a rate that only around half of hospitals are achieving. For those patients with heart failure, only 15% are referred as an in-patient for cardiac rehabilitation. All hospitals should ensure that all appropriate heart attack and heart failure patients are referred for cardiac rehabilitation and that such rehabilitation services are appropriately staffed.</p>
Key message 7:	<p>Use of day-case elective percutaneous coronary intervention (PCI) is growing.</p> <p>There is, though, extremely wide variation between hospitals, with some centres performing day case PCI in almost all elective cases, and some where almost all patients are kept in overnight following their procedure. All hospitals should aim to offer day-case PCI to at least 75% of their elective cases.</p>
Key message 8:	<p>The use of radial access for PCI procedures has climbed steadily over the last decade.</p> <p>All but 10 hospitals meet or exceed the current BCIS standard of using radial artery access in $\geq 75\%$ of cases. Overall, 87% of cases involve radial access and almost two fifths of hospitals now use this technique in $\geq 90\%$ of all cases. Hospitals already achieving the BCIS target should aim for 85% of such procedures while those not achieving the BCIS target for the use the radial artery access should set this as quality target.</p>
Key message 9:	<p>More heart failure patients with reduced ejection fraction (HFrEF) should be offered the best-practice package of all three disease-modifying medicines.</p> <p>Well over half of hospitals are not achieving the target of offering this package of medicines to at least 60% of patients, with the result that nationally 47% of patients were offered it. These hospitals should especially look to increase the use of mineralocorticoid receptor antagonists (MRAs). For hospitals already meeting the target, a reasonable QI goal is for 80% of all patients without established contra-indications to be offered all three disease-modifying medicines.</p>
Key message 10:	<p>Deep wound infections after cardiac surgery requiring additional surgery are reported in no more than 1% of cases.</p> <p>However, there is a more than tenfold variation between centres with approximately half of hospitals with cardiac surgical units able to report rates of 0.3% or lower. Hospitals with rates above this should use infection prevention best-practice in striving to reduce risks at every point in the pathway of patient care.</p>

100 word summary or abstract of the report:

The National Cardiac Audit Programme 2019 Annual Report covers over 300,000 records across five clinical areas: Congenital Heart Disease, Heart Attack, PCI, Adult Surgery and Heart Failure. This report highlights quality improvement opportunities under the themes of timeliness, the need for specialised care and the need for evidence-based care delivered equitably. Examples of leading practice are provided to help reduce variation across the NHS and address areas where care falls below expected standards. The findings and quality improvement recommendations from a sixth clinical area, Cardiac Rhythm Management, will be reported later.