

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

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| Project and Title of report, including HQIP REF e.g. REF XX, Project and Report title | National Audit of Congenital Heart Disease 2022 Summary Report (2020/21 data) |
| 1. What is the report looking at/what is the project measuring? | To examine and improve service delivery for, and outcomes of infants, children, adolescents and adults undergoing surgical and catheter-based interventions for congenital heart disease. |
| 2. What countries are covered? | United Kingdom and Republic of Ireland (RoI), excluding Scottish centres |
| 3. The number of previous projects (e.g. whether it is the 4 th project or if it is a continuous project) | Continuous project |
| 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) | 1st April 2018 – 31st March 2021 |
| 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

| No. | Recommendation | Evidence in the report which underpins the recommendation | Current national audit benchmarking standard if there is one | Associated NHS payment levers or incentives' | Guidance available (for example, NICE guideline) | % 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 |
|------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rec 1 | The NCHDA has made significant progress with the development of better definitions to help centres record post-procedural | NCHDA report, Page 28. See Table 3.6 | N/A | N/A | 1. Brown KL et al. Incidence and risk factors for important early morbidities associated with paediatric cardiac surgery in a UK population. J Thorac Cardiovasc Surg 2019: 158(4):1185- | Ongoing work is aimed at improving the definitions around post-operative morbidities and ensuring their dissemination. |

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| | <p>complications, allowing consistent data submission and accurate analysis of early morbidities associated with cardiac surgery. All hospitals should comply with the accurate recording of these complications according to the existing definitions.</p> | | | | <p>96</p> <ol style="list-style-type: none"> 2. Jacobs JP. Introduction – Databases and the assessment of complications associated with the treatment of patients with congenital cardiac disease. <i>Cardiol Young</i> 2008; 18(Suppl. 2): 1–37 3. Brown KL, Pagel P, Brimmell R, Bull K, Davis P, Franklin RC et al. Definition of important early morbidities related to paediatric cardiac surgery. <i>Card Young</i> 2017; 27: 747–756 | <p>Further analysis will be required to demonstrate greater consistency between hospitals.</p> |
| Rec 2 | <p>Hospitals should aim to increase the rate of antenatal diagnosis of conditions requiring intervention in the first year. Individual congenital heart disease networks should take responsibility for improving outcomes and play a pivotal role in reviewing staffing, infrastructure, education and training.</p> | <p>NCHDA report, Page 30.</p> <p>See Tables 3.7 to Table 3.9 and Figures 3.8 to 3.10.</p> | <p>There are currently no agreed international standards, but the aim is for an antenatal diagnosis in at least 75% of all abnormalities where intervention is undertaken in the first year.</p> | N/A | <ol style="list-style-type: none"> 1. Gardiner HM, Kovacevic A, van der Heijden LB, et al. Prenatal screening for major congenital heart disease: assessing performance by combining national cardiac audit with maternity data. <i>Heart</i>. 2014 Mar; 100(5):375-82. 2. Holland BJ, Myers JA, Woods CR. Prenatal diagnosis of critical congenital heart disease reduces risk of death from cardiovascular compromise prior to planned neonatal cardiac surgery: a meta-analysis. <i>Ultrasound Obstet Gynecol</i> 2015; 45:631-8 | <p>Ongoing improvement in antenatal diagnostic rates for infants requiring a cardiovascular procedure over the last 10 years across the UK and Republic of Ireland, as well as regional levels in England and Wales. The overall rate (52.3%) was slightly better than in our last report (49.8%).</p> <p>Considerable regional variation remains between centres and their diagnostic success rate of CHD in those requiring a procedure in infancy.</p> |