

NEWSLETTER



September 2024

Welcome to NICOR's latest e-bulletin. This edition we are focusing on the latest news and developments at NICOR.

With the dedication of the clinical teams in hospitals, technology enhancements, and the analytical transformation of data into information, we are committed to support local teams in their drive to improve patient outcomes.

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Publications

NICOR publishes 2024/25 Q1 reports

On 9 September 2024, NICOR published its first set of interim quarterly reports for 2024/25. The interactive reports include data submitted to NICOR 1 April to 30 June 2024.

NHS England has requested that hospitals submit data to NICOR within two weeks of an admission to hospital following an acute cardiac event (heart attack or heart failure) or for a cardiac procedure, but the results show that many hospitals are currently unable to meet this request. Accordingly, the results for both the financial year 2023/24 and for Q1 2024/25 are incomplete and are preliminary only. The annual reports for 2023/24 on the full data for that financial year are being prepared (see the article below).

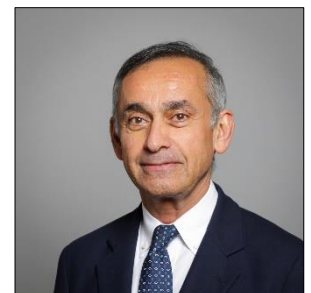
The timelier the data, the more useful they become. We are hopeful that data flows will improve over the next year or so. Hospitals should not worry about sending incomplete data earlier than they do at present. If a clinical audit team sends a record early after a procedure, and then resends it once the record has been finalised and validated, the NICOR records will be updated accordingly. The reports include data from nine sub-speciality clinical reports covered by the National Cardiac Audit Programme (NCAP).

Although the recent data are incomplete, there are some early signals of possible improved times for treatment for heart attack, whilst waits for bypass surgery might be worsening.

You can view the nine sub-speciality clinical reports and explore your local and regional data in detail, via the interactive reports available on the [NICOR website](#). If you have any feedback or questions on the reports, email Interim Senior Project Manager [Anthony Bradley](#).

Independent investigation of the NHS in England – MINAP and NACR findings noted

Lord Darzi's report, 'Independent investigation of the NHS in England', published on 12 September, provides his review of the current performance of the NHS across England and the challenges facing the healthcare system. Within the report and summary letter to the Secretary of State for Health and Social Care, there is reference to some aspects of the current position with cardiovascular care. The report references the [2024 Myocardial Ischaemic National Audit Programme \(MINAP\) Annual Report](#) as well as the variation in access to cardiac rehabilitation reported by the National Audit for Cardiac Rehabilitation (NACR).



Source: UK Parliament, Lord Darzi

The summary letter refers to the mortality rate for cardiovascular disease for patients aged under 75. Rates dropped significantly between 2001 and 2010, but improvements have stalled since then and they started rising again during the COVID-19 pandemic. Lord Darzi notes in his report that the time for higher-risk patients to access rapid intervention to unblock an artery has deteriorated – up by 28% from an average waiting time of 114 minutes in 2013/14 to 146 minutes in 2022/23, an additional 32 minutes. He also noted that,



whereas 80% of eligible patients participated in cardiac rehabilitation in one Integrated Care Board, fewer than 20% received this care in others.

Lord Darzi references the MINAP report on pages 155-156 of the [Technical Annex of the Independent investigation of the NHS in England](#) including two graphs, the deterioration in waiting times and variance between hospitals by Integrated Care Boards (ICBs) for call-to-balloon time for higher-risk STEMI heart attacks. The NACR data are referenced on pages 198-199.

Data & reporting

Health Research Authority (HRA) Confidentiality Audit Group (CAG) approval

Following feedback from the Health Research Authority (HRA) Confidentiality Audit Group (CAG) panel, all 10 clinical domains for National Cardiac Audit Programme (NCAP) have received CAG approval. NICOR has also received CAG approval and a favourable opinion from the HRA's Research Ethics Committee for us to continue onward sharing NCAP data for research studies.



Annual reports 2024/25 – data submission deadline

It is important hospitals continue to submit data in a timely manner and it is their responsibility to ensure the data are complete and accurate since we will be reporting on the data we receive from them.

As previously communicated, NHS England has shared the changes required with respect to timeliness of data submissions, and all NHS hospitals are now required to complete **monthly data submissions, within 2 weeks following the end of each month**. This will enable NICOR to complete the monthly downloads and produce quarterly reports.

The next round of summary reports to be published will form the annual report for 2023/24 (or for 2021/22 to 2023/24 for sub-specialties that report on a three year period). The reports are expected to be published before the end of Q4 2024/25. The data submission deadlines for 2024/25 can be downloaded from the [NICOR website](#).

A helpful user guide is available on NICOR's [interactive reports webpage](#). If you have any questions, please email us at nicor.auditenquiries@nhs.net.

Reminder - Health inequalities: Ethnicity data

Patient characteristic data (age, sex, patient postcode/geographical region, ethnic origin) is important to understand the impact of health inequalities. We are intending to investigate further and report on these characteristics across the whole NCAP programme.

Currently we have low completion rate for the **ethnicity** field in some of the NICOR audits and registries. Please can you ensure this data item is included in your data submissions. This will help us to ensure better utilisation of the data to generate meaningful analysis. To support the completion of this data variable the Ethnicity report is now available in the NCAP application platform for clinical domains where the dataset contains this field. This is available within the 'user reports' section under the select from list option. In line with the interactive interim and annual reports, ethnicity is grouped into broad categories of 'White', 'Black', 'Asian', 'Other' and 'Unknown'.

NHS England PROMs feasibility study

We are in the process of finalising the integration of a new PROMs (Patient Reported Outcome Measures) application which will be available within the NCAP application platform in National Audit of Cardiac Rhythm Management (NACRM). The aim of this study is to determine the feasibility of electronic data collection of Atrial Fibrillation (AF) PROMs from patients who have undergone an AF Ablation. Hospitals selected for the pilot project will be contacted by the project team for their availability to participate.

Latest developments

NCAP applications platform update

As mentioned in the previous newsletter the NCAP applications platform is being upgraded to a new framework called Collect, Analyse & Report (CAR). The framework is in the final phase of development, ready for upcoming deployment. The rollout will begin with the Transcatheter Aortic Valve Implantation (TAVI) application and expand to other clinical specialities. Key updates include a modern user interface, improved search functions, a larger, more intuitive dashboard, and enhanced dynamic reporting features. Data entry improvements address previous issues, and new functionalities like barcode scanning and immediate data availability will be introduced.



We will issue the communication to the relevant hospitals with a more detailed update nearer to the roll out. In the meantime, if you have any questions, contact nicor.helpdesk@nhs.net.

NICOR SHARE

NICOR Share is now available - this will allow you to send files to the Helpdesk, or to request files from another person. A link can be found on the main menu in the NCAP applications platform applications, use the same username and password as you do to login to the main applications.

New reports for TMTV

An initial set of quality metric reports has been added to the Transcatheter Mitral and Tricuspid Valve (TMTV) application. These reports will allow you to do continuous validation of your data in preparation for the annual/interim reports. They can be found on the top menu under 'User Reports'. Please refer to the User Guide for assistance in creating these reports AND contact the [NICOR helpdesk](#) if you are experiencing any problems. The reports can be generated at any time and consist of the following:



- Percentage of elective procedures
- Percentage of urgent procedures
- Percentage of procedures performed by gender
- Number of Mitral TEER procedures.

In the spotlight

New Clinical Leads appointed

NICOR is pleased to welcome newly appointed clinical leads for the Structural Heart Intervention Registries and the National Audit of Cardiac Rhythm Management. They have extensive knowledge of their speciality areas and current experience in frontline NHS services.

Dr Rajesh Kharbanda, Clinical Lead, UK Transcatheter Aortic Valve Implantation (TAVI) Registry

Rajesh has been an interventional cardiologist for over 20 years. He graduated from Edinburgh Medical School and trained in cardiology in London, Cambridge and Toronto, Canada. He has always had a strong interest in evidence based medicine and has published widely on the treatment of coronary and heart valve disease,

Raj added: "I feel that registry data is an important way to improve health care and though my appointment as Clinical Lead for the NICOR TAVI audit, I aim to provide patients, clinicians and others involved in UK healthcare with more information about how we can improve UK TAVI."



Dr Rajesh Kharbanda

Dr Stephen Murray, Clinical Lead, Left Atrial Appendage Occlusion (LAAO) Registry

Stephen is a Consultant Cardiologist and Electrophysiologist at Freeman Hospital, Newcastle. He completed his higher specialist training at the John Radcliffe Hospital in Oxford and worked for three years as a consultant at James Cook Hospital in Middlesbrough, before joining the Freeman Hospital in 2008.

On the appointment of his role, Stephen, said: "I am aware of certain controversies regarding left atrial appendage occlusion, but I believe the NHS model for implant selection is appropriate and offers patients with very difficult dilemmas over their care a novel alternative to anticoagulation and its inherent risk of bleeding. The technology and indications for this therapy are evolving extremely fast, and I believe that our NICOR data will reassure patients, referring colleagues and the implanters that our practice is both safe and effective.



Dr Stephen Murray

"My first priorities (as Clinical Lead) are to ensure that cases are being recorded and registered in the first instance, as well as facilitating a painless submission process as possible. I am happy to reassure implanting centres that we are working across several related domains in NICOR, with some highly enthusiastic and knowledgeable colleagues from the clinical realm, IT field, data and project management. I have been made to feel very welcome and highly supported."

Dr Anish Bhuva, Clinical Lead, National Audit of Cardiac Rhythm Management (NACRM)

Anish is a Consultant Cardiologist at Barts Health and Whittington NHS Trusts, and an Honorary Associate Professor at University College London.

He has specialist interests in complex device implantation and cardiovascular magnetic resonance. He has set up the largest UK MRI service for pacemaker and defibrillator recipients and has developed a service using radiotherapy to treat refractory ventricular tachycardia. He has recently been awarded a British Heart Foundation (BHF) Intermediate Fellowship to monitor cardiovascular disease using device electrograms and remote monitoring.



Dr Anish Bhuva

Anish says, "This role is about using data to improve heart rhythm patient care. I am proud of the long history behind the Cardiac Rhythm Audit, and am grateful for the chance to build on it. I want to get to know individual services, highlight their challenges and showcase their excellence. This is an exciting time to join the NICOR team - there are opportunities to work with other NHS datasets that we can use to maximise insights. Given the growth in new technologies, I want to develop monitoring processes that can reassure clinicians, patients and commissioners. A challenge - and opportunity, will be improving data collection so we can capture more complete, more detailed information easily. I have been warmly welcomed by the NICOR team and am grateful for all their hard work to make this possible."

Dr Mark Turner, Clinical Lead, Percutaneous Foramen Ovale Closure (PFOC) Registry

Mark is a Consultant Cardiologist and Lead Interventionalist for Adult Congenital and Structural Heart Disease at University Hospitals Bristol.

On a final note

FINAL THOUGHTS

Au revoir to Jane Kerr

We said farewell to our valued colleague Jane Kerr this month. Jane has been an instrumental member of the NICOR Project Management team and NICOR family over the years. Jane has moved on to pastures new and on behalf of everyone at NICOR we wish Jane all the best for the future, living her new life in France.



If you would like to submit an article for NICOR's next newsletter, please send it to sarah.colston@nhs.net. If you do not want to receive this newsletter, email nicor.auditenquiries@nhs.net to be removed from the distribution list.