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The National Service Framework for Coronary Heart Disease (2000) Standard 11:

Doctors should arrange for people with suspected heart failure to be offered appropriate investigations that will confirm or refute the diagnosis. For those in whom heart failure is confirmed, its cause should be identified and the treatments most likely to both relieve their symptoms and reduce their risk of death should be offered.

The National Heart Failure Audit is run jointly by The Information Centre for health and social care (The IC) and the British Society for Heart Failure (BSH) and funded by the Healthcare Commission.

The aims of this first newsletter are to report on the:

- importance of the audit
- benefits of the audit
- progress to date

The Importance of the Audit: The Impact of Heart Failure

Heart failure has a significant impact on patients and NHS resources:

- Survival rates are worse than some cancers, with annual mortality ranging from 10 % to 50% and a high risk of sudden death.
- Providing services to patients with heart failure costs the NHS an estimated £625 million per year.
- Heart failure is one of largest source of emergency admissions and occupied bed days accounting for 5% of all emergency admissions
- Readmission rates are among the highest for common conditions

There is a huge evidence base which demonstrates that effective diagnosis, co-ordinated specialist care and treatment can dramatically reduce mortality, admissions and readmissions, improve patient quality of life and reduce cost.

The National Heart Failure Audit

The heart failure audit data items reflect the key NSF/NICE audit requirements and aims to assess service quality, variations in care and impact on patient outcomes by answering the following 4 questions:

1. Do all hospitals audit the quality of care for all patients with heart failure?
2. What is the quality of diagnosis, care and treatment of patients with heart failure?
3. Are there inequalities across the country?
4. Is the quality of care having an effect on patient outcomes?

Benefits of Contributing to the Audit

The national heart failure audit links patient demographic and clinical data to patient outcomes such as length of stay, readmission rates and mortality rates. Access to national comparative data at hospital and cardiac network level can provide a number of benefits amongst others:

- Allows for clinicians, healthcare professionals and cardiac networks to examine and improve the quality of heart failure services.
- NHS commissioners can be assured of the quality of services so they can purchase more care from units providing evidence based care and with the best outcomes for patients.
- Audit results provide an evidence base that services meet the standards set by the Department of Health and assessed by the Healthcare Commission.

Early Findings of the Audit

❖ Participation

CHD NSF Hospital Goal: By 2002, every hospital should offer complete and correct package of audited effective interventions to all people discharged with a diagnosis of heart failure.

The national heart failure audit rolled out at the end of July 2007.

Currently, 33% of Trusts have registered or are submitting data. To date, 5,256 cases have been submitted. This is an improvement from 2005/6 when the Healthcare Commission found that less than 20% of trusts could meet the NSF milestone on audit criteria.

Whilst this is a positive step, there is still some way to go. The majority of trusts contributing to the audit are those that were identified as collecting at least some of the audit criteria in 2005/06. As of 1st November 2007, only 4 of the 26 trusts identified as 'weak' by the Healthcare commission (in relation to meeting NSF and NICE audit criteria) were participating in the audit. Contributing to the audit could help organisations meet this NSF goal.

A full list of registered Trusts can be found on the IC website - www.ic.nhs.uk/heartdiseaseaudits

❖ Diagnosis: Access to Key Investigations

The NSF and NICE guidelines associated with heart failure diagnosis emphasis the importance of early detection.

If heart failure is suspected, a number of tests (such as electrocardiogram) are recommended. If ECG results do not rule out heart failure, echocardiography is recommended to confirm and identify the cause.

Early results show that on average, ECG was recorded in 24% of cases, and echocardiography recorded in 18% of cases. Results indicate significant variation between Trusts.

❖ Care and Treatment – Access to drug therapies

People with heart failure due to left ventricular systolic dysfunction need to receive optimal doses of certain drugs to improve symptoms, enhance life expectancy and help reduce hospital admissions.

Key drugs include ACE inhibitors, diuretics and Beta blockers.

Early results show that 20.9% of patients were prescribed ACE inhibitors, 35.4% prescribed diuretics and 17.1% prescribed Beta-blockers.

As with access to key investigations early results indicate variation in prescribing rates between Trusts.

❖ Improving Care

One of the main aims of the NSF is to tackle variation in care. Early audit findings indicate variation in access to diagnostic tests and key drug therapies both within hospitals and between Trusts. The Healthcare Commission also reported similar inequities.

Due to the complex care pathway, one of the key challenges for the heart failure audit is to ensure all cases of heart failure are included in the audit. The audit will use HES data to improve data quality and completeness by comparing the number of cases submitted to the audit with HES discharge data.

Audit findings, especially when highlighting inequities can be a powerful driver for change and provide a sound evidence base to support a business case for service improvement. This is of particular importance for organisations and areas that are not well served by specialist services.

The IC is currently liaising with The Heart Improvement Programme to identify ways of using the audit data to support local improvement.

Although it is early days, we would welcome your feedback and examples of how your organisation is using heart failure audit to inform local improvements. Please contact the CCAD helpdesk (helpdesk@ccad.org.uk) referencing the email 'case studies'.

Further information about the national heart failure audit can be accessed via The Information Centre website: www.ic.nhs.uk/heartdiseaseaudits

The website also contains information about the other national heart disease audits: cardiac intervention, cardiac surgery, ambulance outcomes, cardiac rehabilitation, cardiac rhythm management, congenital heart disease, infarct angioplasty, myocardial infarction, cardiac outcomes.