Models of community heart failure care pathways

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Declaration of Conflict of Interests

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Chair of the GLOS CCG Circulatory Clinical Programme Group

In the last year Honoraria received from Bayer for various activities including attending and participating in educational events and advisory boards
REFERRAL GUIDELINES AND RECOMMENDATIONS FOR THE GLOUCESTERSHIRE COUNTYWIDE PRIMARY CARE HEART FAILURE SERVICE

STAGE THREE: REFERRAL PROCESS FOR HEART FAILURE SERVICE IN PRIMARY CARE

- Patient presents to GP with signs and symptoms of heart failure
- Recommended investigations: ECG, U&E, FBC, Creatinine, eGFR, TFT, LFT, Glucose
- ECG Normal
  - Consider other possible diagnoses
- ECG Abnormal
  - GP completes referral form requesting Echo, sends to Heart Failure Service
  - Indicating whether GP wishes patient to be seen at Heart Function Clinic if diagnosed with left ventricular dysfunction
  - ECHO performed in primary care, report generated and sent to GP
  - Echo Abnormal: Diagnosis of left ventricular systolic dysfunction confirmed
  - For GP Review, consider referral for specialist advice
  - For GP Review, consider referral for specialist advice
  - Patient assessed at Heart Function Clinic by General Practitioner with Special Interest (GPwSI) and Heart Failure Specialist Nurse (HFSN), Clinical summary and recommendations to GP
  - Follow up in primary care by Heart Failure Specialist Nurse and Primary Care Team
Plan

- Background
- Diagnosis
- Management
- Commissioning
- GLOS HF service
Nice Chronic Heart Failure Pathway - essentials

Chronic heart failure overview

1. Adult with suspected chronic heart failure
   - See what NICE says on acute heart failure
   - Diagnosis and assessment
     - Management
   - See what NICE says on patient experience

NICE Pathways
Multidisciplinary team – core professionals

- HF specialist physician
  - cardiologist (with HF interest?)
  - physician with HF interest
  - GPSI

- HF specialist nurse

- Primary care
  - GP
  - Practice nurse
  - Pharmacy support

- Others
  - pharmacist
  - cardiologist (electrophysiology)
  - Rehabilitation team
  - palliative care
The Model of Care aims to ensure people receive the right care, at the right time, by the right team and in the right place.
NICE Chronic Heart failure pathway

Diagnosing and assessing chronic heart failure

1. Adult with suspected chronic heart failure

2. History, examination and referral

3. Serum natriuretic peptide measurement

4. Transthoracic Doppler 2D echocardiography

5. Management
Diagnosing heart failure

Take a detailed history and perform a clinical examination

Previous MI

- Within 2 weeks
  - Specialist assessment and Doppler echocardiography

No previous MI

- Measure serum natriuretic peptides
  - Within 2 weeks
    - High levels
    - Raised levels
  - Within 6 weeks
Making a diagnosis in Primary care

Advantages
• Knowledge of patient
• Background information

Disadvantages
• Earlier stage of disease
• Triage – nurse or GP
• Limited time
• Variable access to diagnostics – NP
• Shared decision making
• Limited clinical experience
Variation in prevalence

QOF average 0.7%

Predicted prevalence ?1.1%
Models of heart failure care pathways

The Model of Care should aim to ensure people receive the right care, at the right time, by the right team and in the right place.
Diagnosing heart failure

Take a detailed history and perform a clinical examination

Previous MI

Within 2 weeks

Specialist assessment and Doppler echocardiography

Within 2 weeks

Abnormality consistent with heart failure

Assess severity, aetiology, precipitating factors, type of cardiac dysfunction, correctable causes

No clear abnormality

No previous MI

Measure serum natriuretic peptides

Within 2 weeks

High levels

Consider measuring serum natriuretic peptides if levels not known

Raised levels

Within 6 weeks

Raised levels

Investigate other diagnoses

Normal levels

Other cardiac abnormality

Heart failure due to left ventricular systolic dysfunction

Heart failure with preserved ejection fraction

Heart failure unlikely, other diagnosis
Diagnosing heart failure

Take a detailed history and perform a clinical examination

- Previous MI
  - Within 2 weeks
    - Specialist assessment and Doppler echocardiography
      - Abnormality consistent with heart failure
        - Assess severity, aetiology, precipitating factors, type of cardiac dysfunction, correctable causes
      - No clear abnormality
  - No previous MI
    - Measure serum natriuretic peptides
      - Raised levels
        - Investigate other diagnoses
      - High levels
        - Consider measuring serum natriuretic peptides if levels not known
          - Raised levels
          - Investigate other diagnoses

- Other cardiac abnormality
- Heart failure due to left ventricular systolic dysfunction
- Heart failure with preserved ejection fraction
- Heart failure unlikely, other diagnosis
Treating heart failure

Heart failure

Heart failure with preserved ejection fraction
- Manage comorbid conditions such as high blood pressure, ischaemic heart disease and diabetes mellitus in line with NICE guidance

Heart failure due to left ventricular systolic dysfunction
- Offer both ACE inhibitors and beta-blockers licensed for heart failure as first-line treatment
- Consider an ARB if intolerant of ACE inhibitors

Specialist assessment
- Offer rehabilitation and education, and diuretics for congestion and fluid retention

Specialist assessment
- Consider hydralazine in combination with nitrates if intolerant of ACE inhibitors and ARBs

If symptoms persist despite optimal first-line treatment, seek specialist advice and for second-line treatment consider adding:
- an aldosterone antagonist licensed for heart failure (especially in moderate to severe heart failure or MI in past month) or
- an ARB licensed for heart failure (especially in mild to moderate heart failure) or
- hydralazine in combination with nitrate (especially in people of African or Caribbean origin with moderate to severe heart failure)

If symptoms persist consider:
- ARNI
- CRT (pacing with or without a defibrillator)
- digoxin

Consider an ICD where appropriate
MDT/HF Specialist Review
- Assessment
- Management plan
- Follow up with HFSN till optimised
Management

Key Areas
- MDT /HF specialist assessment – initial management plan & review/discuss complex cases
- Optimisation of treatment
- Education
- Holistic needs assessment – rehabilitation
- Long term follow up and monitoring

Challenges
- Resources limited
  - HFSN
  - Use of alternative non specialist nurses
- Role of primary care
  - Knowledge and experience
  - Demise of QOF
  - Re-referral
  - Access to MDT
  - Primary care Chronic disease models both generic and CVD
<table>
<thead>
<tr>
<th>Clinical Indicator</th>
<th>Achievement</th>
<th>Performance</th>
<th>Exception reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>HF1</td>
<td>Practices with a register of heart failure patients</td>
<td>99.4%</td>
<td></td>
</tr>
<tr>
<td>HF2</td>
<td>% of patients with a diagnosis of heart failure confirmed by echocardiogram or specialist assessment</td>
<td>95.02%</td>
<td>4.39%</td>
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<tr>
<td>HF3</td>
<td>% of patients with LVD treated with ACE/ARB who tolerate therapy and for whom there is no contraindication</td>
<td>99.17%</td>
<td>14.62%</td>
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<tr>
<td>HF4</td>
<td>% of patients with LVD currently treated with ACE/ARB additionally treated with beta blocker or recorded as intolerant or having a contraindication</td>
<td>92.59%</td>
<td>16.10%</td>
</tr>
<tr>
<td>Overall prevalence</td>
<td></td>
<td>0.76%</td>
<td></td>
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</tbody>
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Commissioning …and (levers for) change

- Bureaucratic and occasionally idiosyncratic organisations
- Proposed CCG outcome indicator sets – NP/Echo and 2 week follow up in acute heart failure
- Best practice tariff/National Heart Failure audit
- Clinical programme groups

- STPs
  - Support 5 years forward view
  - NHS Rightcare
  - National and local champions
- Community services – ICT, RR, IV therapies, Community clinical specialist teams
Commissioning organisations

Sustainability and Transformation plans:

- 44 geographical footprints on which plans are based
- 5 year plan
- improving quality and new models of care
- improving health and well being
- improving efficiency
- identify priorities and develop plans to deliver within budget
- more integrated care with NHS working more closely
- No metrics directly related to heart failure
Place built around needs of population not the individual organisations

Joint working with social care and engagement of communities

New care models – stroke services in London

Encouraging self care
NHS RightCare makes sure local health economies:

- Deliver the right care in the right place at the right time
- **make the best use of resources** – offering better value for patients, the population and the tax payer
- **understand how they are doing** – by identifying unwarranted variation between demographically similar populations
- **get talking about the same stuff** – about healthcare rather than organisations
- **focus on the areas of greatest opportunity** by identifying priority programmes which offer the best chances to improve healthcare for populations
- **use tried and tested processes** to make sustainable improvement to care to reduce unwarranted variation.
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GLOS Heart Failure service

- Community HF service
- 640,000 population
- 8WTE HFSNs, 3 GPSI’S, 0.5 WTE Cardiac physiologist
- No NP access
- Seamless integration with secondary care
- 2015 Audit – 821 pts seen - 59% Primary care
- Length of time with service
  - Mean 8 months
  - Median 6 months
- Medication
  - ACE/ARB 88%
  - BB 78%
  - MRA 49%
- One year mortality 9.5%
Thank you!

........any questions?

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