



National Heart Failure Audit 2011/12: Urgent need for more heart failure patients to be treated on cardiology wards

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The fifth annual report of the National Heart Failure Audit highlights the urgent need for more patients who are admitted to hospital with heart failure to receive specialist care on a cardiology ward. This recommended practice reduces deaths and improves access to treatments and specialist follow-up. Currently only half of all patients admitted to hospital with heart failure involved in the 2011/12 audit were treated on cardiology wards.

If care is provided by a cardiology ward the likelihood of survival is far greater than if a patient is admitted to other wards - on average 8% died on a cardiology ward compared to 13% on general medical wards and 17% on other wards.

Of those patients that were later discharged, outcomes again were better for patients treated on a cardiology ward - 22% of patients treated on cardiology wards died during the follow-up period, compared with 30% of patients on general medical wards and 33% of those on other wards.

The use of recommended medications (such as beta blockers and ACE inhibitors in line with NICE guidance) is strongly associated with improved outcomes - this was highest in those patients treated on cardiology wards, those who were men and those aged less than 75 years.

Referral to specialist cardiology and heart failure specific follow-up services on discharge is also associated with lower death rates for heart failure patients. Just over half of patients in the audit were referred to cardiology (52%) and heart failure nurse (54%) follow-up services. Patients treated on a cardiology ward were far more likely to be referred to these specialist follow-up services: 70% and 65% respectively.

The National Heart Failure Audit – commissioned by the Healthcare Quality Improvement Partnership (HQIP) and managed by NICOR (the National Institute for Cardiovascular Outcomes Research) – monitors the treatment and care of acute patients admitted to hospital with a primary diagnosis of heart failure. Heart failure affects an estimated 900,000 people in the U.K., and accounts for around 5% of all emergency admissions to hospital.

The report, which collected data on 37,076 heart failure admissions over the period 1st April 2011 and 31st March 2012, supports analysis from previous years. However, this year is the first time that hospital level analysis on clinical practice has been published, which it is hoped will spur hospitals to improve their clinical practice and to accurately record this through the National Heart Failure Audit.

Professor Theresa McDonagh, the National Heart Failure Audit Clinical Lead, said:

“Heart Failure remains a common and lethal disease but, for many patients, excellent treatments are available which can control symptoms, improve wellbeing and reduce recurrent hospitalisation and mortality substantially.

However, the results of the 2011/12 National Heart Failure Audit for acute heart failure admissions show, once again, that we have some way to go to improve outcomes for such patients in routine clinical practice.

This audit, on a robust sample of over 37,000 admissions, confirms that mortality for patients with acute heart failure remains high, but that those patients with access to specialist care by cardiologists have much better outcomes. Cardiology care clearly facilitates better access to the correct diagnosis, investigation and treatment which substantially improve morbidity and mortality.

Our health care system must adapt to provide patients who are admitted with acute heart failure greater access to specialist care.”

Dr Suzanna Hardman, Chair of the British Society for Heart Failure, commenting on the report findings said:

"The British Society for Heart Failure welcomes the latest National Heart Failure Audit Annual Report and members are to be congratulated on making this the largest audit yet. There is a clear message that heart failure is common and the quality of care given during an admission can transform outcomes both during the hospital stay, and over subsequent months and years.

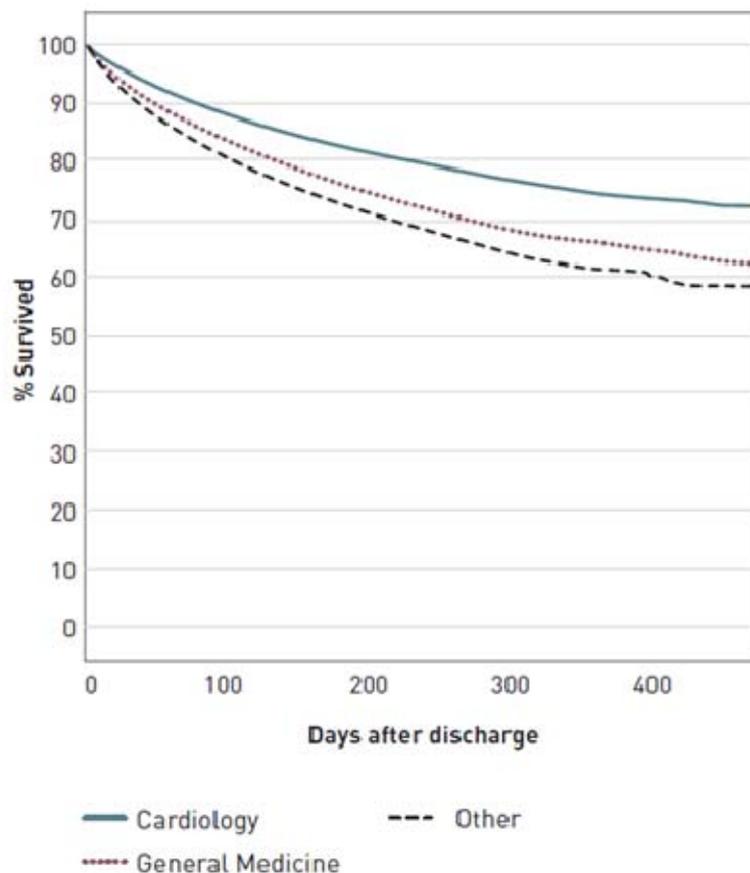
Fundamental to ensuring this happens is access to specialist cardiology heart failure care. This can increase the duration of good quality life and reduce cumulative bed day usage, so should prove a cost effective intervention which might be embraced by all those involved in delivering heart failure care, from the Department of Health to the patients and their families.

The audit data provide the opportunity to drive this change within the delivery of inpatient heart failure services, both nationally and locally."

The full report will be published on the NICOR website on Tuesday 27th November 2012 and can be found at www.ucl.ac.uk/nicor/wudits/heartfailure/additionalfiles.

Graphic showing difference in post-discharge survival by ward of treatment

Of patients who survived to discharge, 22% of those treated on cardiology wards died during the follow-up period, compared with 30% of patients on general medical wards and 33% of those on other wards.



Contact details: For further information or to arrange interviews with spokespersons please contact Polly Mitchell for more information (polly.mitchell@ucl.ac.uk; 0203 108 3927).

Notes to Editors:

The National Heart Failure Audit is managed by NICOR (National Institute for Cardiovascular Outcomes Research) and supported by the British Society of Heart Failure. It is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and is run by the National Institute for

Cardiovascular Outcomes Research (NICOR), part of the National Centre for Cardiovascular disease Prevention and Outcomes within the UCL Institute of Cardiovascular Science. More information can be found at <http://www.ucl.ac.uk/nicor/> and <http://www.bsh.org.uk/>.

The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact of clinical audit in England and Wales. HQIP hosts the contract to manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The programme comprises 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental health conditions. More information can be found at <http://www.hqip.org.uk/>.

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