



11 May 2012

Dear Chief Executive

Friday May 11th is the European Heart Failure Awareness Day 2012. As Chair to the British Society for Heart Failure, I wanted to invite you to try and improve heart failure care within your Trust and prevent some heart failure deaths.

Earlier in the year you will have received a copy of the National Heart Failure Audit Report for the year 2010-2011, which I am sure you will agree makes stark reading. The global messages that emerge are that in the UK inpatient mortality remains high for patients admitted to hospital with heart failure (and appears higher than elsewhere in Europe). However, the mortality varies considerably between hospitals, and within hospitals, depending upon where and how patients are cared for, with the best outcomes associated with specialist care, on cardiology wards. Furthermore, the quality of care during an index admission with heart failure also determines subsequent outcomes, including likelihood of dying over the subsequent 12 months. It is therefore essential to ensure care is as good as it can be within your Trust in order to avoid unnecessary deaths.

About 20% of patients are still leaving hospital without an echocardiogram – and so without a robust diagnosis, and this precludes best care. For those who have had an echocardiogram and have evidence of left ventricular systolic dysfunction 20% are not receiving an ACEI, 35% are not receiving a beta-blocker, and only 36% of patients were receiving an aldosterone antagonist – the difference between someone who is receiving these three essential drugs and someone who is not when they leave hospital accounts for a nearly 25% difference in their likelihood of being alive twelve months later. (Patients in whom contra-indications exist have already been excluded from these analyses).

As Chief Executive of the acute Trust do you know how many of your patients are receiving these three “Must Have Drugs”? You can interrogate the data you submit to the National Heart Failure Audit to find out, and compare your local Trust performance with the national picture.

Do you have a named Heart Failure Cardiologist with a job plan that allows inpatient consultation with heart failure patients (NICE HF Guidance 2010 and NICE Quality Standards 2011), and adequate outpatient capacity to see these patients for follow up (another factor that improves long-term mortality), and time to lead and develop the local multi-disciplinary team who deliver heart failure care?

As part of the Heart Failure Awareness Initiative across the UK, I urge you to ask these questions since outcomes vary enormously from hospital to hospital. Whilst a component of this may reflect differing demographics the Heart Failure Audit suggests the dominant influence is the varying quality of inpatient heart failure services. Please join me in raising awareness around Heart Failure, and working with your local cardiologists to ensure avoidable heart failure deaths are reduced in the coming year.

The vast majority of acute trusts have submitted for the year 2010-11, but a minority are still not doing so. If your Trust has not yet registered please do so – it provides you with a powerful tool to review and improve your local services for this vulnerable patient group.

Yours faithfully

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