

The role of the Scottish Heart Failure Nurse Forum

Here, **Janet Reid**, provides a précis on behalf of the Scottish Heart Failure Nurse Forum of a recent review of specialist heart failure nursing services in Scotland and outlines the role of the forum

Heart failure specialist nurses have become synonymous with reducing admissions to hospital and improving the quality of life for patients living with heart failure. These specialist nurses review patients both within the community and hospital environment. According to a recent report: ‘The value of specialist nurse practitioners in reducing subsequent hospitalisations for patients admitted to hospital with decompensated heart failure has been shown in a number of studies in mainland Europe, the USA, Australia and Scotland’ (McDonagh et al, 2011).

The forum and its aims

The Scottish Heart Failure Nurse Forum (SHFNF) was formalised as an independent organisation in 2005. The organisation was created for the benefit of registered nurses primarily involved in the specialist management of patients living with heart failure in Scotland. It was felt that this forum would be the voice of these specialist nurses, which could lead to changes in service delivery as well as the opportunity to share common skills, knowledge and experiences. The SHFNF membership is representative of every area of Scotland.

The aims of the SHFNF are:

- ♦ To promote the essential role of nurses in heart failure services
- ♦ To share and develop knowledge, expertise and best practice
- ♦ To incorporate research-based evidence into practice, and promote research to improve outcomes
- ♦ To help develop core competencies, education and training initiatives for heart failure nurses
- ♦ To advise and influence the provision of heart failure nursing services that impinge on patient care and carers at local and national level.

Instrumental in the formation of this organisation was support from the British Heart Foundation and Chest Heart and Stroke Scotland. They are both high-profile cardiac charities in Scotland and we considered their knowledge and skills in developing networks to be invaluable in the promotion of our organisation. We currently deliver two educational meetings per annum, of which one is open to non-members in order to encourage wider learning and share best practice with other healthcare professionals.

Increasing influence

As the SHFNF steadily increases its influence across NHS Scotland this has allowed us to hold membership of the Heart Disease and Stroke Cross Party Group (Scottish Parliament) and the Scottish Government’s National Advisory Committee for Heart Disease. In addition we have developed a website (www.shfnf.co.uk) to promote developments in heart failure as well as sharing educational activities.

The first review

The first SHFNF review of specialist nurses services was published in 2008 to raise awareness of this group of highly qualified and experienced professionals (Peardon and Blue, 2008). The aim was to highlight areas of demand and identify the support heart failure nurse services required in order to maintain an adequate service provision. The report was well received by local health boards as it was the first time data had been collected on this type of nursing speciality. An example of an area needing work that was identified in this report was the lack of secretarial support given to the specialist nurses in various boards, despite this being a prerequisite to enable the nurses to cope with increasing caseloads.



2013 review authored by Suzanne Bell, Lynda Blue, Sinead McKee, Louise Peardon, Janet Reid and members of the Scottish Heart Failure Nurse Forum, with particular thanks to the late Andy Carver (BHF Scotland)

The second review

Due to the ever-changing needs of the health service, and in particular the focus on long-term condition management, we repeated the review process in 2013. Our second review has been widely publicised within Scotland at both local board level and with the Scottish Government. Additionally we took this opportunity to demonstrate the ongoing vital role the specialist heart failure nurse plays in reducing admissions and therefore improving cost effectiveness while providing evidence-based quality care. The 2013 review continues to compare and contrast each health board’s service, highlighting areas that work well and areas that are under-resourced. In addition we collated

data on this experienced group of nurses to demonstrate the varied skill set required to deliver heart failure care. This diverse and comprehensive skill set positively contributes to long-term condition management. The support and management of multiple conditions, as well as liaison with other health professionals, provides a holistic model of care.

Key points of the 2013 review

The recent review identified a number of key points, which are:

- ♦ NHS boards are failing to meet even the minimum ratio of specialist heart failure nurse numbers to population level (Scottish Intercollegiate Guidelines Network, 2007)
- ♦ We have found that since 2008 the overall number of specialist heart failure nurses in Scotland has fallen from 51 whole-time equivalents to 47 heart failure specialist nurses in 2013.
- ♦ The caseloads of the nurses have increased in six of the 14 NHS boards.
- ♦ In September 2012, 70% of members held an undergraduate degree and 33% were educated to Masters level. In addition to this, 94% had specialist heart failure training while 42% are non-medical prescribers. Thirty-nine per cent of members had completed palliative care training in heart failure. Members have also undertaken advanced study in a number of other areas, such as clinical assessment and counselling skills.
- ♦ Only 3.1% of people living with heart failure are included in the provision of cardiac rehabilitation.

Despite the fact that the number of people living with heart failure across Europe is rising (McDonagh et al, 2011), the number of specialist nurses available to support and manage their care is falling in Scotland. This reduction in specialist nurses is despite the cost-effectiveness of a heart failure specialist model that was demonstrated in a number of Scottish health boards. In one health board over a 10-year period there has been a 44% reduction in hospital stays and a 28% reduction in bed days. Another health board showed that only 8.3% of patients in their caseload experienced a deterioration and readmission compared to 27.3% of patients being managed outwith their service. These reductions

support the findings of Stewart et al's (2002) study that a specialist heart failure nurse service could reduce costs and improve the efficiency of the healthcare system. A British Heart Foundation evaluation of heart failure services in England in 2008 (Pattenden et al, 2008) also concluded that the approximate saving is £1826 per patient.

The population of Scotland is approximately 5 254 800 people (General Register for Scotland, 2011) with an estimated prevalence of 0.8–0.9% living with heart failure due to left ventricular systolic dysfunction. This accounts for 42 038–47 293 of people (Prescribing and Primary Care team, Health and Social Care Information Centre, 2012), therefore there is approximately one nurse per 10 000 patients with known left ventricular systolic dysfunction in Scotland. However this ratio needs to be viewed with caution, as Scotland has large remote and rural areas and the demands on the specialist nurses differ from urban areas. If the prevalence of heart failure continues to increase over the next 20 years and the number of specialist nurses falls, then readmission rates will start to increase again.

NHS boards are failing to meet even the minimum ratio of specialist heart failure nurse numbers to population level

Actions following the findings

In summary, following publication of this report along with local and national press coverage, we have had a debate in the Scottish Parliament on heart failure specialist nurses in Scotland. The Chief Nursing Officer for Scotland has met with the SHFNF to discuss the findings and consider what models or services we can develop from the review, in particular, the small numbers of people with heart failure accessing cardiac rehabilitation. We hope by continually reviewing local and national services that we will highlight the important contributions that our members make in long-term condition management. In addition we hope that the SHFNF will be instrumental in continuing to deliver and develop high quality evidence-based care through sharing best practice and learning from each other.

Striving to support members and patients

The SHFNF has gone from strength to strength over the past 8 years, with a strong and positive membership. The willingness of members to collate and share a wealth of information for this review reflects their belief in the value of their roles. The ambition that Scotland leads the way with comprehensive, well-resourced and sustainable services for heart failure drives the membership to continually learn and adapt to the changing needs of people living with heart failure. The SHFNF strives to support our members and deliver educational and network opportunities. We have shown that despite only accounting for a small percentage of the nursing population in Scotland, that with a robust and committed forum we can make our voices heard.

References

- General register for Scotland (2011) Population estimates. <http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/index.html> (accessed 20 November 2013)
- McDonagh TA, Blue L, Clark AL et al; European Society of Cardiology Heart Failure Association Committee on Patient Care (2011) European Society of Cardiology Heart Failure Association Standards for delivering Heart Failure care. *Eur J Heart Fail* 13(3): 235–41. doi: 10.1093/eurjhf/hfq221
- Pattenden J, Coulton S, Spilsbury K et al (2008), The Development and Impact of the British Heart Foundation and Big Lottery Fund Heart Failure Specialist Nurse Services in England: Final report April 2008. University of York, British Heart Foundation, London. <http://www.biglotteryfund.org.uk>
- Peardon L, Blue (2008) *A Review of Specialist Heart Failure Services in Scotland*. Chest, Heart & Stroke Scotland & British Heart Foundation on behalf of the Scottish Heart Failure Nurse Forum
- Prescribing and Primary Care Team, Health and Social Care (2012) Information Centre Quality and Outcomes Framework Achievement, prevalence and exceptions data 2011/12. Health and Social Care Information Centre.
- Scottish Intercollegiate Guidelines Network [SIGN], (2007) Management of Coronary Heart Disease. A National Clinical Resource Impact Assessment. A national clinical and resource impact assessment. February 2007. www.sign.ac.uk/pdf/chdaudit.pdf (accessed 20 November 2013)
- Stewart S, Blue L, Walker A, Morrison C, McMurray JJ (2002) An economic analysis of specialist heart failure management in the UK. Can we afford not to implement it. *Eur Heart J* 23(17): 1369–78

Janet Reid is lead heart failure nurse, Lothian and vice-chair of the Scottish Heart Failure Nurse Forum
Email: janet.reid@luht.scot.nhs.uk