

SCOTTISH HEART FAILURE HUB



HUB REMIT:

- *Quality Improvement*
- *Education & Training*
- *Improving access to psychological care*
- *Palliative & Supportive Care*
- *Information & Coding*
- *Models of Care*

Why do we need BNP testing in Scotland?

B-type natriuretic peptide (BNP) and NT-proBNP, a family of hormones secreted in increased amounts when the load on any cardiac chamber is increased (as found in patients with HF), are known to independently predict morbidity and mortality in patients with HF. A normal natriuretic peptide level in an untreated patient virtually excludes significant cardiac disease making an echocardiogram unnecessary and this has very important implications.

The National Institute for Health and Care Excellence (NICE) have published a review (October 2014) of "the diagnostic accuracy of, and economic

evidence for, serum natriuretic peptides in patients presenting in an acute care setting with suspected HF". The guideline group included forty-nine studies in its review of "diagnostic accuracy" and concluded that both BNP and NTproBNP were very cost effective. Reduction in resources was mainly driven by fewer admissions, fewer readmissions and reduced length of stay.

As a result, NICE recommend the measurement of BNP or NTproBNP in their 2014 Acute HF clinical guideline. Benefits would therefore include a reduction in the number of echocardiograms being requested; a reduction in

patients staying in hospital wait for an echocardiogram, more appropriate investigations of the correct aetiology of the patient's symptoms more accurate diagnosis of patients with HF; more appropriate/timely referral to a specialist HF team; improved treatment and management; shorter length of hospital stay; a reduction in readmissions.

The Scottish Heart Failure Hub is supporting the use of BNP testing in Scotland through work with the National Advisory Committee and recommends its use in each Health Board in Scotland.

See Page 4 for ESC pathway

Dates for your Diary 2016:

11th March – Ensuring Success with Heart Failure

Royal College of Physicians, Queen Street, Edinburgh

The Heart Failure Hub is holding its annual meeting and we have lots of interesting topics and speakers. This study day is always well attended so early booking is recommended.

Register & programme: <https://www.eventbrite.co.uk/e/ensuring-success-with-heart-failure-2016-tickets-18862261532#>

British Society of Heart Failure

3rd March – Heart Failure day for revalidation & training.

4th March – Heart Failure Nurse Study Day

Beardmore Hotel, Golden Jubilee National Hospital-
Programme: <http://www.bsh.org.uk/meetings/bsh-future-meetings/>



SCOTTISH HEART FAILURE HUB



Improving Access to Psychological Therapy

Psychological wellbeing should be considered at every patient consultation. However, results of Scotland's first national audit of HF nurses documentation, scrutinising over ten thousand clinical letters, provided evidence of documentation of patients' psychological wellbeing in just 5.1% of patient contacts.

The psychology stream of the HF Hub has shown this can be dramatically improved.

Working in collaboration with HF nurses within NHS Forth Valley we have:

1. Created a defined local

clinical pathway

2. Developed quality statements for the provision of psychological care

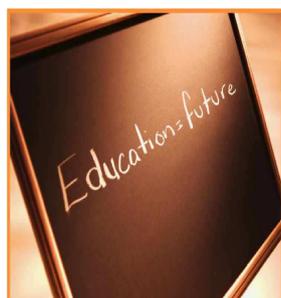
3. Provided training and education to 100% of HF nurses in 'Level 1' and 'Level 2' psychosocial skills

4. Implemented new systems for monitoring and documentation
In NHS Forth Valley, every HF patient's psychological wellbeing is now considered and documented at every patient contact. This has led to significant increases in patients with HF accessing low-

moderate-, and high-level psychological interventions. Amazingly, such fundamental change has occurred within just ten months!

If you would like to discuss how your service can improve access to and provision of psychological care please get in touch.

Dr John Sharp
Consultant Clinical Psychologist
0141-951-5484
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Education and Training

The education team have collated the training programmes for heart failure available for all health care professionals. We have identified that there are a broad range of training/courses available for nurses but there are some gaps for continuing heart failure education for medics. We are reviewing this to assess

whether we can offer support to develop new programmes of education.

We identified a lack of education tools for heart failure patients and are reviewing the possibility of an "APP" so watch this space!

Patient View is an existing portal for patients with renal

disease to access their blood results/clinic letters/repeat prescriptions. It is password protected and is being developed for other long-term conditions including heart failure. If you are interested in piloting PatientView contact simita.kumar@nhs.net

<https://www.patientview.org/#/>

Patient-view

To support and improve the provision of palliative care

The 1st heart failure palliative care training programme has been delivered involving 22 health care professionals from 3 Health Boards; Fife, Grampian and the Western Isles. A training needs assessment prior to attending ensured a bespoke programme. This involved a number of study days including formal, clinical

and peer support. This remit is developing a platform of core principles to complement current practice. There is real enthusiasm to do better across different care settings and disciplines, building on the excellent work already being undertaken in boards. This programme is an opportunity to enhance existing good

practice and it is anticipated that there will be a cascade of learning within each board. The team is working with palliative care nationally to ensure shared learning. If you would like to know more about the programme or local development opportunities contact: karen.hogg@nhs.net or yvonne.millerick@gcu.ac.uk



Issue 2

Models & Pathways of Care

All heart failure pathways/ models of care from every health board and heart failure (HF) team in Scotland have been collated.

Pathway themes were divided into 6 subgroups :-

- 1 Diagnostic pathways
- 2 Secondary care management
- 3 Interface with other specialties
- 4 Discharge planning
- 5 Reducing readmission and length of stay
- 6 Other useful pathways information.

The quality of work received

was extremely high and there were many similarities amongst pathways. 'Best practice examples' from within each subgroup were identified and where possible we tried to ensure a variety of options that were applicable to urban, rural or island settings. We have identified all health boards/HF teams who had or did not have a pathway for each area of HF care contained within the above subgroups. All pathways received by the group will be hosted in a central, web based, library

so that every health board/HF team will have access to this information.

The group will continue to liaise with Scottish MCN's and individual HF teams to support the implementation / sharing of this work, feedback will be requested from health boards/HF teams on its usefulness.

Many thanks again for your ongoing support of this project

For information on pathways contact:

claremurphy4@nhs.net



Information & Coding

The team continue to identify local coding champions in each health board to promote the use of ISD 5th digit for heart failure and LVSD (0= reduced ejection fraction, 1= preserved/normal ejection fraction and 9 = no statement). It is important when dictating letters to use the correct terminology to ensure the correct code is applied as your local coders have strict

criteria from ISD to follow. Consider meeting your local coders to support them with the changes. This will help with accurate data collection in relation to admission and readmission rates. The hub are currently developing a toolkit to support boards with data collection. We hope to try and map the hospital codes with primary care read codes as they are different. This is a

challenging process but it will be helpful for future data reporting.

If you are interested in local data and supporting local teams please contact jill.nicholls@nhs.net.

"Quality Improvement is a formal approach to the analysis of performance and systematic efforts to improve it."

Quality Improvement & Evidence based care

The NACHD are reviewing the heart disease indicators for quality improvement and the hub are discussing the most suitable ones for heart failure that could encourage and promote change. We are also reviewing the feasibility of participating in the England/ Wales national audit. If you have any ideas of what quality indicators you would like collected nationally please let us know.

The Heart Failure Bundle remains on the Scottish Patient Safety programme agenda but it is now an optional tool rather than mandatory due to the challenges in using and spreading the bundle. However the principles of evidenced based treatment that the bundle recommends is vital and we would encourage ongoing use of the bundle or development of a similar tool to ensure patients receive

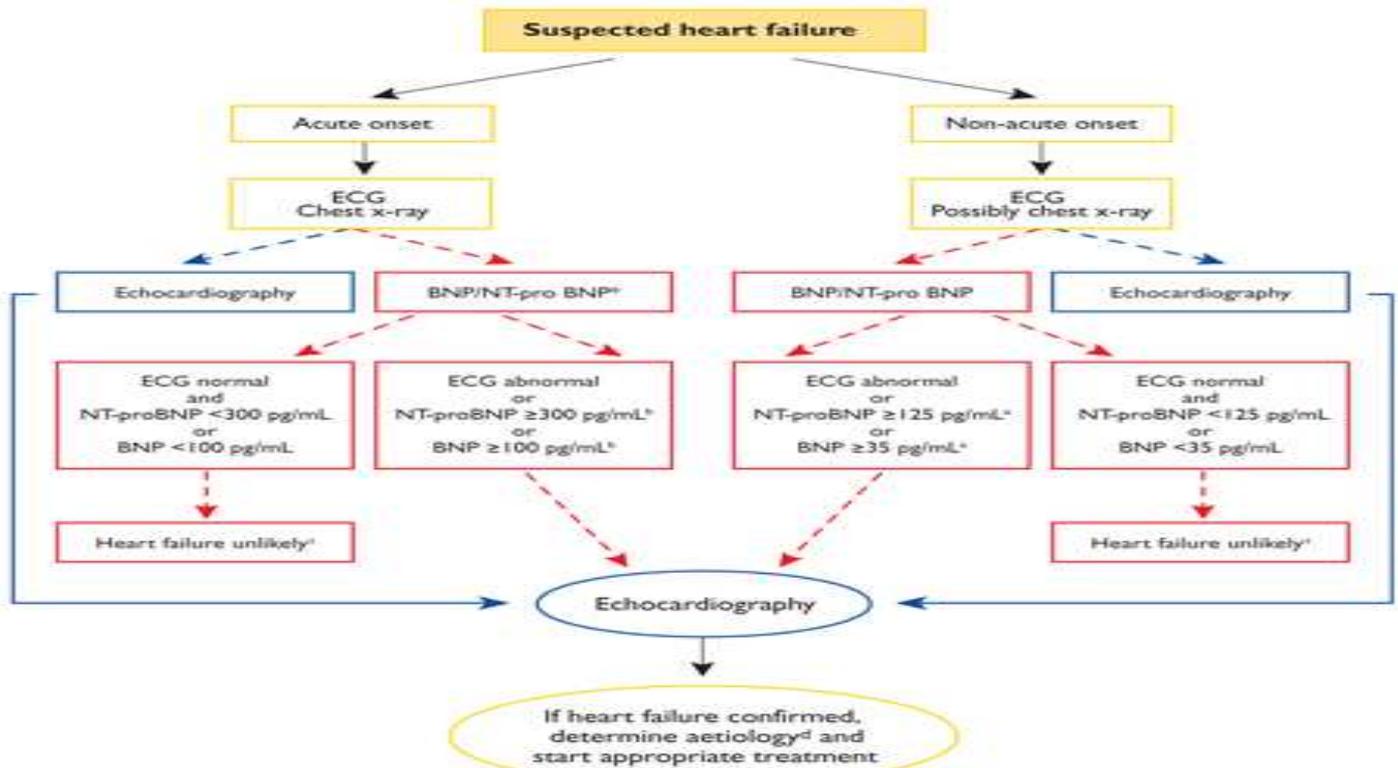
standardized care.

We are reviewing CRT usage across Scotland as we have one of the lowest implant rates in Europe and we need consider how we increase the uptake of devices. CRT referral guidance was on the last newsletter but we would be keen to hear any ideas/ thoughts/ concerns you have in your local area. janet.reid@nhslothian.scot.nhs.uk

Recommended Patient Information websites:

http://www.heartfailurematters.org/en_GB/
(also available in other languages)

www.pumpingmarvelous.org
Created by patients for patients



*In the acute setting, MR-proANP may also be used (cut-off point 120 pmol/L, i.e. <120 pmol/L = heart failure unlikely).
 BNP = B-type natriuretic peptide; ECG = electrocardiogram; HF = heart failure; MR-proANP = mid-regional pro atrial natriuretic peptide.
 NT-proBNP = N-terminal pro B-type natriuretic peptide.
 *Exclusion cut-off points for natriuretic peptides are chosen to minimize the false-negative rate while reducing unnecessary referrals for echocardiography.
 †Other causes of elevated natriuretic peptide levels in the acute setting are an acute coronary syndrome, atrial or ventricular arrhythmias, pulmonary embolism, and severe chronic obstructive pulmonary disease with elevated right heart pressures, renal failure, and sepsis. Other causes of an elevated natriuretic level in the non-acute setting are: old age (>75 years), atrial arrhythmias, left ventricular hypertrophy, chronic obstructive pulmonary disease, and chronic kidney disease.
 ‡Treatment may reduce natriuretic peptide concentration, and natriuretic peptide concentrations may not be markedly elevated in patients with HF-PER.
 §See Section 3.5 and Web Table 3.

British Heart Foundation best practice: BHF aims to maximise the impact and dissemination of evidence from BHF's innovative projects, which have demonstrated better clinical outcomes and care experiences for patients and carers, as well as cost effectiveness. These best practice documents are CPD accredited and available to order. www.bhf.org.uk

IV Diuretics

Learning points

Managing Heart Failure

Atrial Fibrillation

An opportunity to join the BHF Alliance: Healthcare professionals whose work supports people affected by or at risk of CVD can join the [BHF Alliance](#) – membership is free and benefits include professional development opportunities, newsletters, access to an on-line community and resources to support HCPs & patients.

HEART FAILURE HUB COORDINATORS:

If you have information you want to share, want advice or you want to get involved in any of the remit areas please contact us

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