Implementing a Heart Failure Pathway within a Primary Care Network

A Quality Improvement Project

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Background: National Data

**Figure 2:** Age and gender demographics at first admission

**Figure 3:** Trends in symptoms and signs of HF over 5 years

The National Heart Failure Audit April 2015 to March 2016. British Society for Heart Failure
Background: National Data

Figure 13: 5 year trends in treatment and specialist input (2011-16)

Figure 20: Mortality post-discharge prescribing for patients with LVSD

The National Heart Failure Audit April 2015 to March 2016. British Society for Heart Failure
Background: Local Data

• East Lancashire CCG:
  – prevalence of heart failure: 0.9%
  – heart failure due to LVSD treated with ACEi/ARB: 85.1%
  – heart failure due to LVSD treated with ACEi/ARB and B-blocker: 78.9%

• Ribblesdale PCN:
  – four GP practices, combined patient population of 39,193
  – Population over 60 years: 7301
Background: Ribblesdale Data
Audit

- Retrospective audit of 353 patients on combined QOF heart failure register
- Data collection July – October 2017
- Results presented at Network Educational event October 2017
Audit Findings

- Inconsistent coding of diagnoses (19 different codes in use) and echocardiograms
- Variation in referral to secondary care Cardiology and Heart Failure Specialist Team for diagnosis and ongoing care.
- Variation in initiation and titration of medication for heart failure (ACEi and B-blockers)
Ribblesdale Heart Failure Project

• Collaboration:
  – East Lancashire Hospital NHS Trust (Cardiology and Heart Failure Nurse Specialist Team)
  – Primary care (Pendleside Medical Practice, The Castle Medical Group, Sabden and Whalley Medical Group, Slaidburn Health Centre)
  – East Lancashire CCG
  – Midlands and Lancashire CSU Data Quality Team
  – British Heart Foundation
Heart Failure Pathway

HEART FAILURE DIAGNOSIS PATHWAY

SUSPECTED HEART FAILURE
- Symptoms: SOB, orthopnoea, PND
- Signs: ankle oedema, raised JVP, chest basal dullness or crackles
- Risk factors: history of IHD, hypertension, exposure to cardiac toxic drugs / radiation

ED or hospital discharge letter suggests possible new diagnosis of heart failure

GP discussion and/or review
- Urgent if patient unwell

Community Practitioner suspects heart failure

Patient unwell
- Consider hospital admission

Patient well
- ECG and NTproBNP

- ECG normal and NTproBNP below 400ng/L normal

- ECG and NTproBNP above 2000ng/L

- Consider tests for alternative diagnoses:
  - Blood tests: renal, eGFR, thyroid, liver, lipids, RX, HEALS
  - CXR
  - U&Es
  - Spirometry

- Routine ECHO
  - On ICE select C to route to additional info request questions of diastolic dysfunction if suspecting ISFUE
  - Manage symptoms with diuretics withheld waiting

- If patient declines echo or this is not clinically appropriate e.g. palliative manage symptomatically in primary care

- Urgent ECHO
  - On ICE select C moderate or Glue
  - Manage symptoms with diuretics withheld waiting

- Consider Heart Failure Nurse Team referral for support with symptom control whilst awaiting ECHO

ECHO report received

Other pathology e.g. valve disease

Heart Failure with reduced ejection fraction
- Read code: G353 (left ventricular failure) and G359 (left ventricular systolic dysfunction)

Heart Failure with preserved ejection fraction
- Read code: G358 (heart failure with normal ejection fraction)

Refer Cardiology and / or Heart Failure Nurse Team

Other Support Services

- Pilot Echo Advice Email Service (CMO only)

Heart Failure Management Pathway

Assessment (Cardiology, Heart Failure Nurse Team or Primary Care)
- Severity
- Ascites
- Precipitating factors
- Type of cardiac dysfunction
- Correctable causes

Heart Failure MDT
- Consider which members of the MDT should be involved in the patient’s ongoing care and coordinate communication between teams, making new referrals where needed

Secondary Care Cardiology
- Diagnose heart failure
- Start new medicines that need specialist supervision
- Refer to tertiary services
- Manage heart failure that is not responding to treatment including LVADs
- Manage care after interventional procedures

Heart Failure Specialist Nurse Team
- Give information to people newly diagnosed
- Manage newly diagnosed, recently decompenosed or advanced heart failure
- Optimize treatments
- Refer to cardiac rehabilitation
- Refer to Cardiology

Other Support Services

- Community
- Specialist nurse team and / or Cardiology as needed

Medications for Managing Heart Failure

Follow national and local guidelines for the management of heart failure in adults. NICE guidance is available on the NICE website (https://www.nice.org.uk). The most useful document for primary care is Clinical Guidance CG108: Chronic heart failure in adults: management, and the associated NICE pathway. There is an associated Quality Standard document QS9: Chronic heart failure in adults which provides a list of statements around the management of heart failure and can be used for audit.


At a local level East Lancashire Health Economy Medicines Management Board website (www.elmmb.nhs.uk) provides detailed information on medications for the management of heart failure. Practitioners will vary in their confidence in initiating and monitoring medications for heart failure, and practice systems need to be in place to ensure safe monitoring and follow-up of patients. Advice from heart failure nurse teams and Cardiology should be sought as needed, and confidence in primary care is likely to improve with closer working with the heart failure service.
Pilot Echo Advice Email Service

• Four participating GP practices across East Lancashire and Blackburn with Darwen CCGs
• Initial 3 month pilot Oct-Dec 2018
• Allow GPs to clarify uncertainties about received echo reports
• Increase timely communication between primary and secondary care
• Increase shared understanding of cases and learning needs to guide teaching at shared educational events
• Evaluation of the process
Enhanced Primary Care Heart Failure Reviews

• Based on NICE guidelines and quality standards
• New EMIS template incorporating NICE guidelines to enhance understanding of the process of review
• Heart failure specialist nurses to train primary care practice nurses in 6-monthly heart failure reviews
• Evaluation of the process
Patient Education and Involvement

Red – Seek Help. You need to phone 999 and ask for an ambulance immediately if...
You have ongoing pains in your chest or perhaps your arms, back, or jaw, for more than 15 minutes despite using your GTN/Nitroglycerine spray.
The pain is making you feel sick, clammy, sweaty, or breathless.
You are finding it hard to breathe even when you are sitting down/lying rest.
You have suddenly started to feel confused; things are not clear or making sense.
You have a lot more swelling than usual to your ankles, legs or abdomen.
If you are admitted to hospital, it is important that you, a family member or carer contacts your Heart Failure Nurse during your stay.

Amber – Contact your Heart Failure Nurse or GP if...
Your weight has suddenly increased within the last few days (by 2 to 3 pounds overnight or more than 5 pounds in a week).
You have lost your appetite.
Your feet, ankles, legs or tummy are more swollen than usual.
You feel more breathless than usual.
You need extra pillows to prop yourself up in bed in order to help you breathe more easily.
Your breathing is causing you to have a restless night’s sleep.
You have started coughing more than normal.
You are feeling, or have recently felt, palpitations or flutters in your chest.
You have had to use your GTN or Nitroglycerine spray to relieve an episode of chest pain on more than one occasion.
You feel more tired than usual and are sleeping a lot more.

Green – Your condition is stable if...
Your weight is stable.
Your appetite remains the same.
You have no new or increased swelling in your feet, ankles, legs or tummy.
Your breathing pattern is the same as it normally is.
You have no chest pain.
You do not feel more tired than usual.

EAST LANCASHIRE HEART FAILURE NURSING SERVICE

DISCHARGE INFORMATION

Your nurses are:
Judy Finley—07944 188423
Sharon Hargreaves—07944 194838
Lynn Greenwood—07944 194615
Sarah Constable—07966 418762
Office: 01254 734651
We are available between
8.30am and 4.30pm Monday—Friday

All our phones have answer services so please leave a message

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