

# Guideline Implementation

Patient Perspective & PREMs

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29<sup>th</sup> May 2024

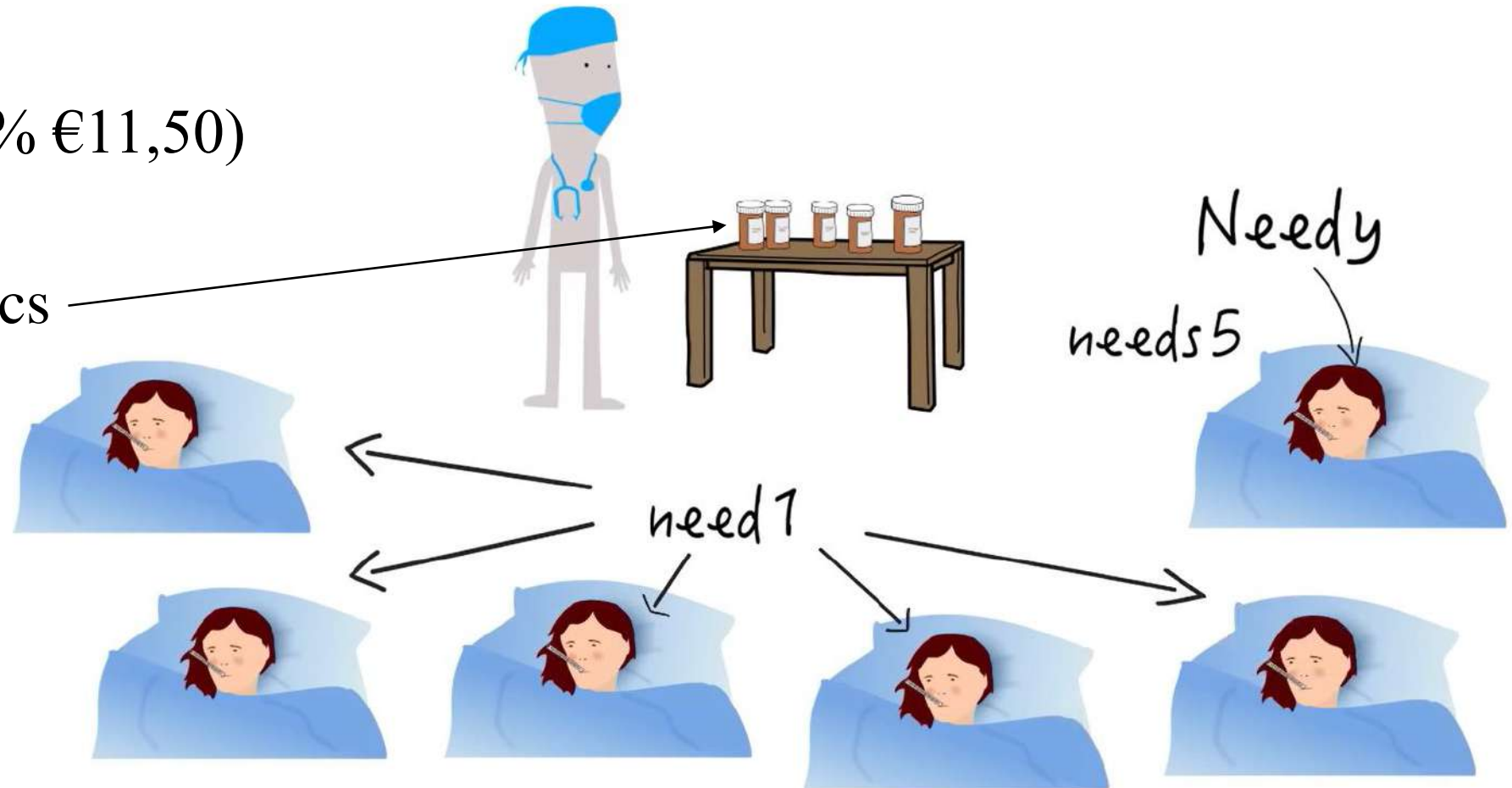


# Implementation: what does the patient know?

- Dx: DCM & Myocarditis (2007)
- NICE HF Guideline 2010 & 2018 (+2025)
- NICE Quality Standards (CHF & AHF) (2015, 2016, 2022)
- ICHOM HF Reference Guide
- England & Wales HF Audit (2011-present), ~65k pt/year
- ESC HF Guideline (2021 & 2023) & Quality Indicators
- GP practice: ♂ >60 years

# UK System

- Gratis
  - 1° care
  - 2° care
  - Rx (England 11% €11,50)
- NICE
  - Health Economics
  - Implementable
  - Documentation



# NICE Guideline 2008-2010

## Patient

- Education & rehabilitation
- Double first appointment
- Rapid follow-up

## Medical

- BNP/NT-pro-BNP
- 2-week referral
- Key medicines & titration

## CHRONIC HEART FAILURE

National clinical guideline for diagnosis and management  
in primary and secondary care

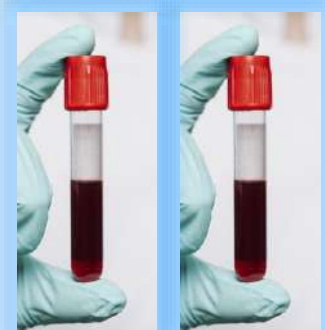
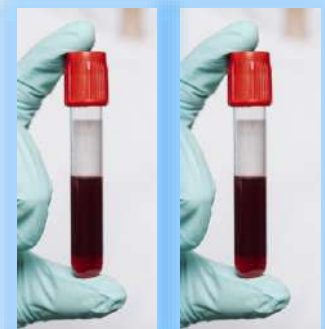
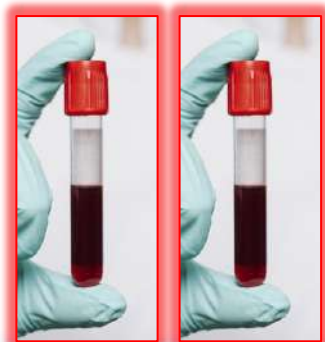
August 2010



Royal College  
of Physicians

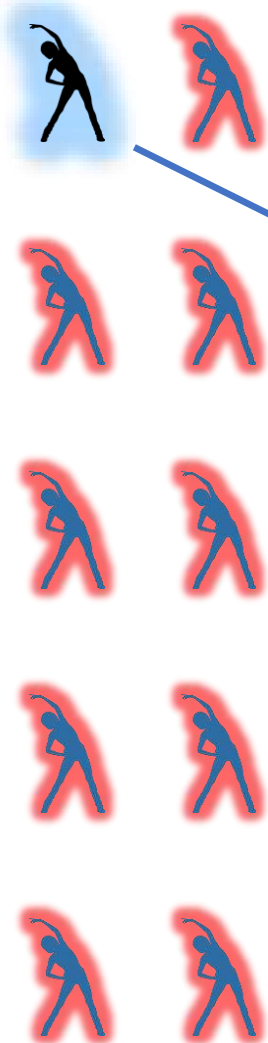
Setting higher medical standards









Success?



**Focus  
on  
Heart  
Failure:**

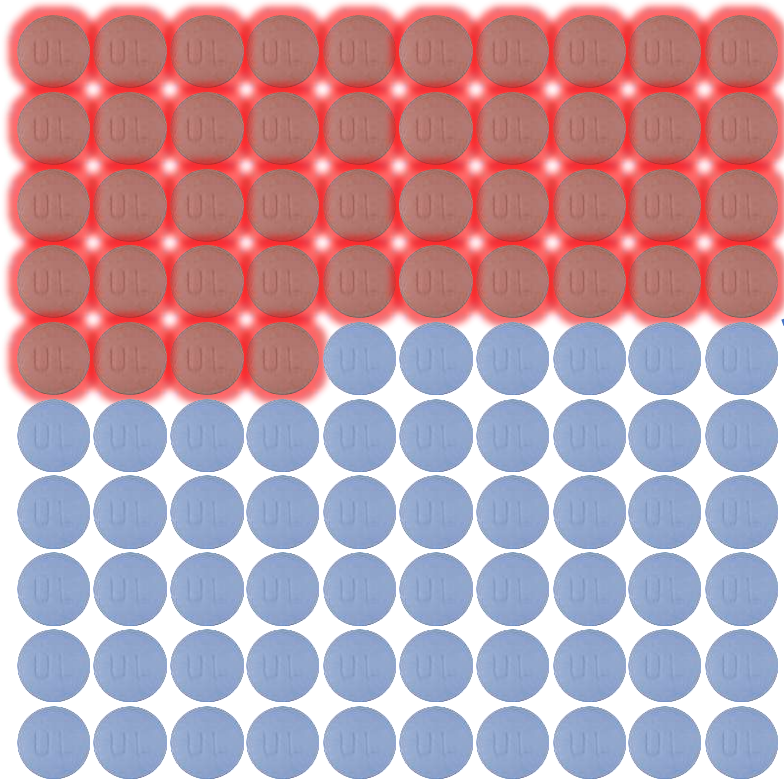
# Success?











	63,644 Validated admissions	All patients	Seen by a specialist	Admitted to a Cardiology Ward
	Patients diagnosed with echocardiography	85%	89%	92%
	Patients receiving specialist care	82%	100%	99%
	Patients with HFrEF discharged on all three disease-modifying drugs	56%	59%	65%
	Patients who received a cardiology follow up	32%	35%	44%
	Patients who received a Heart Failure nurse follow up	58%	64%	69%
	Patients referred to cardiac rehabilitation	10%	11%	15%
	Mortality in Hospital	9%	8%	6%

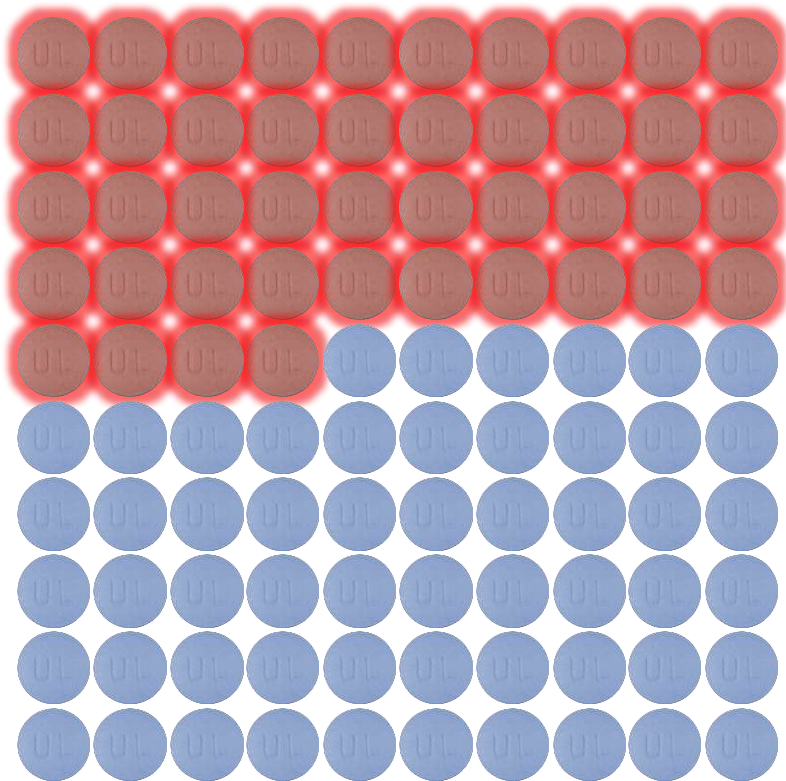


# Success?



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# Success? 1<sup>o</sup> Care



# Primary Care



## Success? 1<sup>o</sup> Care

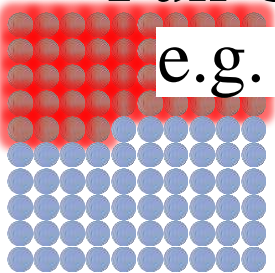
- NP Availability: >90%



- Double Appointment @Diagnosis: “heterogeneous”

- Post-Dx specialist review: “variable”

- Full GDMT: poor, “variable”,  
e.g. MRA 50-60%, >if GP specialist

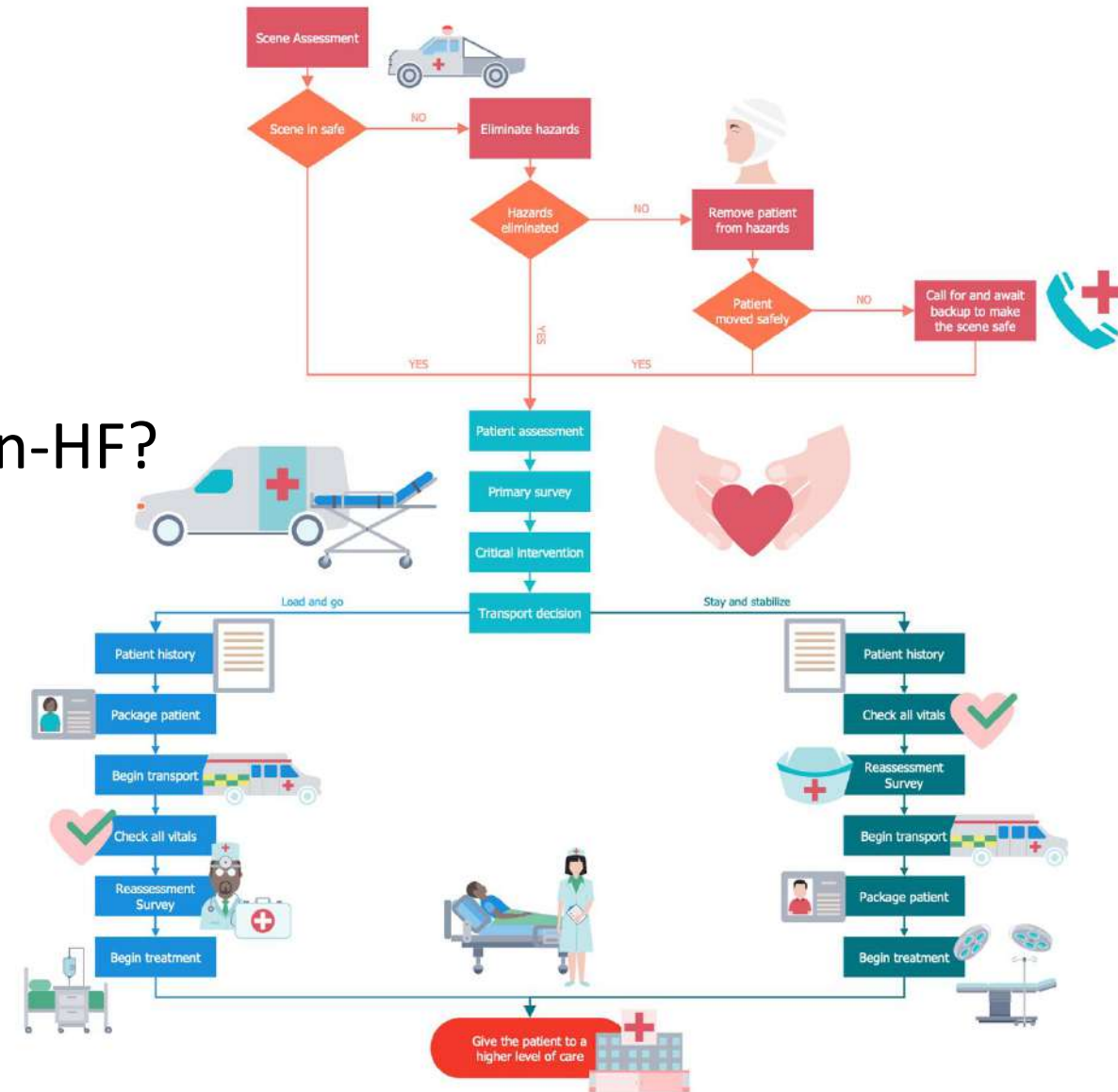


Primary Care

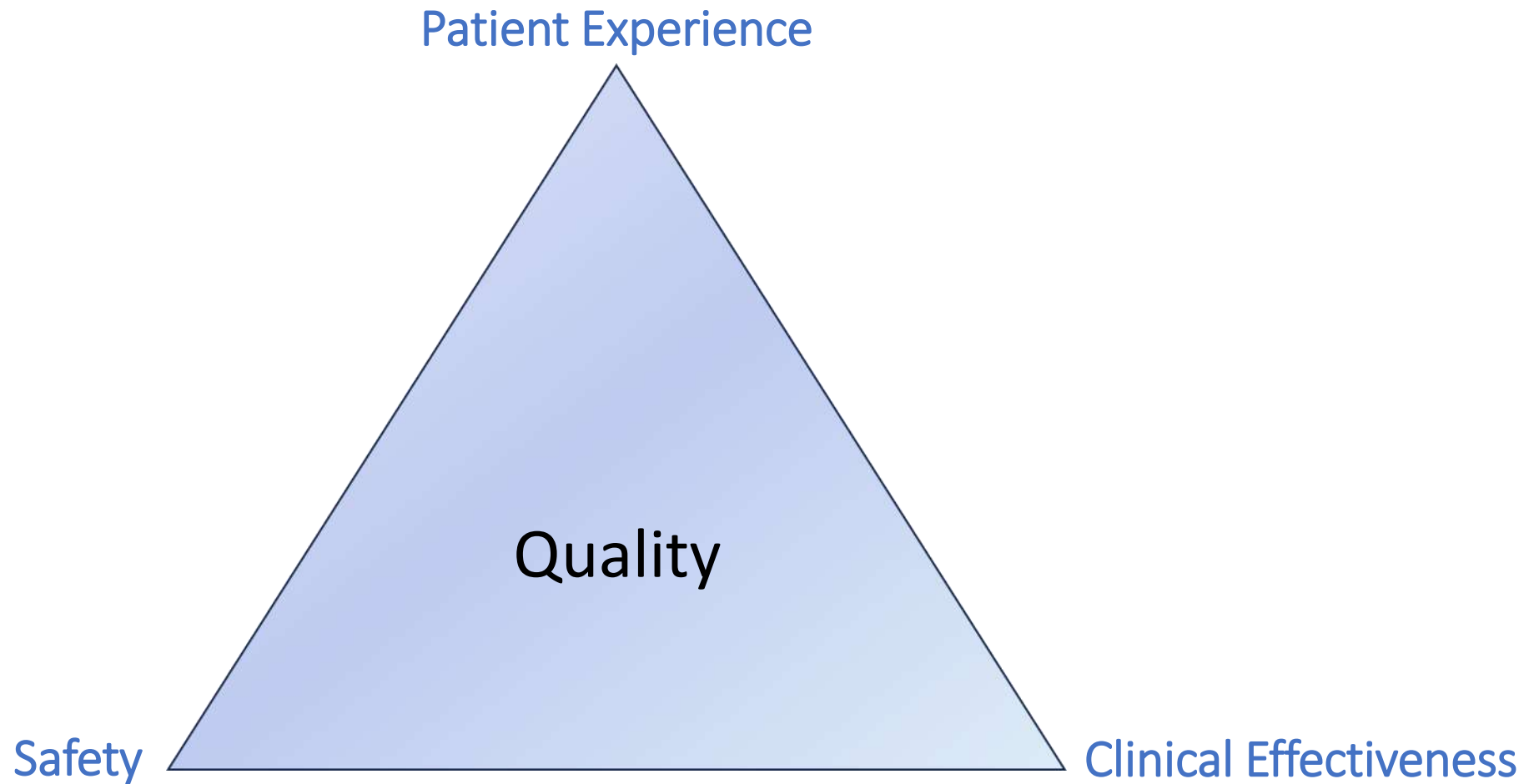
# Is implementation so difficult?

- Guidelines financially validated
- Implementation models documented
- UK experience applicable to ESC?
- Patient experiences generalisable to non-HF?
- GP\*: “Evidence-based medicine went out of the door”

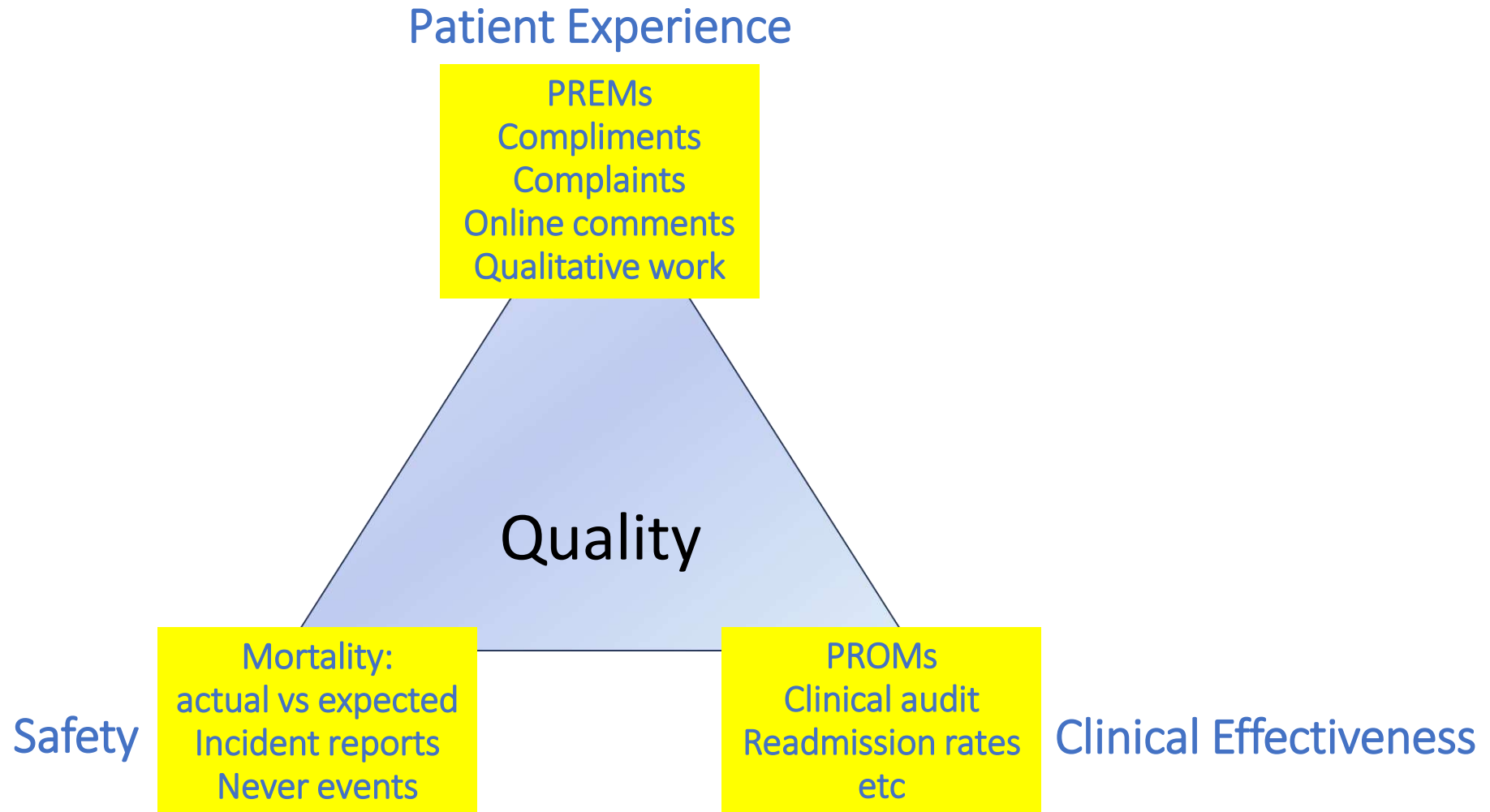
\*<https://doi.org/10.1093/fampra/19.6.605>  
Figure: conceptdraw.com



# Kaizen *cf* PREMs & PROMs



# Quality: PREMs, PROMs, Safety



# Pseudo-PREM Examples

## Maternity Units<sup>+</sup>

- Black women not offered adequate pain relief
- Black women more likely to die

## ICU HTX\*

- Post-op morphine terrors, Valium  $R_{x \max}$  ineffective
- Sleepless, mute, cuffed
- “Man baby”

<sup>+</sup><https://www.npeu.ox.ac.uk/mbrace-uk>;  
<https://www.rcm.org.uk/news-views/rcm-opinion/2020/being-seen-being-heard-improving-maternity-care-for-black-women/>

\*ESC Patient Forum member

Figure: <https://integratedcare.nswlhd.health.nsw.gov.au/>



**Patient  
Reported  
Measures**

**OUTCOMES THAT MATTER TO PATIENTS**

# References

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BMJ 2016; 354 doi: <https://doi.org/10.1136/bmj.i4953>
2. HF Audit (England & Wales),  
<https://www.nicor.org.uk/national-cardiac-audit-programme/heart-failure-audit-nhfa/>
3. 50% of GP practices commission rehabilitation,  
source: Castle Hill Hospital, Hull, UK
4. Barriers to secondary prevention,  
Family Practice <https://doi.org/10.1093/fampra/19.6.605>
5. Research priorities in advanced heart failure,  
Open Heart 2020;7:e001258 doi: 10.1136/openhrt-2020-001258
6. Black women in England more likely to die in childbirth; denied pain relief  
<https://www.npeu.ox.ac.uk/mbrrace-uk>; <https://www.rcm.org.uk/news-views/rcm-opinion/2020/being-seen-being-heard-improving-maternity-care-for-black-women/>



I'M CONFUSED - ARE THOSE  
RULES OR GUIDELINES?

