

PRESS RELEASE

Latest NICE clinical guideline sets out recommendations for NHS care of people who have heart failure

The National Institute for Clinical Excellence (NICE) has issued its latest clinical guideline, on the management of chronic heart failure in adults in primary and secondary care within the NHS in England and Wales.

Today's guideline, outlines best practice for health professionals caring for individuals who have, or who are suspected of having heart failure. It covers diagnosis and treatment (lifestyle and pharmacological therapy and invasive procedures) and it defines the combination of symptoms, signs and investigations which together are most effective in confirming a diagnosis of heart failure, influencing therapy and providing important information on the likely progress of the condition; including,

- Diagnosis – the use of 12-lead ECG and/or natriuretic peptide (BNP or NTproBNP) testing where this is available in order to exclude a diagnosis of heart failure, and the subsequent use of echocardiography as the preferred means of imaging the heart.
- Lifestyle recommendations – for example, encouraging patients with heart failure to adopt regular exercise and give up smoking. In addition, patients with heart failure should be offered an annual vaccination against 'flu and the single vaccination against pneumococcal disease.
- Recommendations for pharmacological therapy – for example the guideline recommends that prescription of ACE inhibitors be considered for all heart failure patients, together with beta-blockers following diuretic and ACE inhibitor therapy.
- Criteria that should be used to determine when patients with heart failure should be referred for more specialist advice

Produced by a multidisciplinary team, the NICE guideline will ensure that no matter where people live in England and Wales, they can be confident that the health professionals caring for them are working to high-quality evidence based national standards.

The incidence of heart failure is about one new case per 1000 population per year and is rising at about 10% per year. This increases with age and is over 1 in 100 people age 85 years and over will have heart failure.. There are thought to be about 6,000 deaths a year due to heart failure due to Coronary Heart Disease and the annual mortality for those with heart failure ranges from 10% to over 50% depending on the severity of their condition. Heart failure accounts for about 1 in 20 (5%) of all medical admissions to hospital and is associated with very high readmission rates – estimated to be as high as 50% over three months in severe cases.

Professor Peter Littlejohns, Clinical Director and Executive Lead said: “This new guideline compiles evidence-based recommendations on best practice in the management of heart failure. Its overall aim is to improve the length and quality of life for people with heart failure, to ensure that a diagnosis is made promptly and correctly and that, from the patient and their carer’s perspective, the experience of care from the NHS is good. A vital component in all of this is ensuring that there is joined-up thinking across different health professionals and sectors of care, for example in the co-ordination and sharing of the management plan for individual patients, as well as the active involvement of patients and their carers in the management of the condition.”

Dr Roger Boyle, National Director for Heart Disease, commented: "The growing number of people living with heart failure reflects both improved care for people suffering from heart disease, with more people surviving a heart attack but with some damage to their heart function, and an ageing population. Good quality systematic care for this condition is key to improving outcomes and quality of life for these patients and to reducing the need for hospitalisation. That's why the National Service Framework for Coronary Heart Disease (CHD NSF) identified heart failure as an area where services need further development. As we now move into the central years of delivery of the NSF, improving services for heart failure is a key priority.

Dr Boyle continued: "NHS staff working in all parts of the service have already begun to make a real impact in this area, but there is much further to go and the NICE guidelines will help further improve care for heart failure patients".

The National Collaborating Centre for Chronic Conditions (NCC CC) has developed the guideline on behalf of NICE. The NCC CC follows international standards of guideline development. They established a group consisting of representatives of people with heart failure, health professionals and health service researchers which reviewed the published clinical research alongside current clinical practice and the experience of people with heart failure and their carers; alongside the feedback they receive from two rounds of widespread consultation. In addition, the NCC CC formed a Consensus Reference Group (CRG) to support the development of the guideline. The group used formal consensus techniques in their consideration of clinically important areas where there was insufficient evidence or disagreement over the interpretation of the evidence.

Dr Mike Pearson, Director of the NCC for Chronic Conditions said " This is an important first – the first NICE guideline produced by the National Collaborating Centre for Chronic Conditions. The enthusiasm, expertise and hard work of the Guideline Development Group members has ensured that this will be the authoritative source of evidence-based best practice for all those involved in the care of people with heart failure. Heart Failure is common and is treatable – and this guideline sets out how to do just that. The guideline challenges some previously accepted habits, recommending for example using ACE inhibitor drugs as the first line – in the expectation that this will prolong life for many. We hope these guidelines will be adopted nationwide so that people with heart failure will benefit."

Building on feedback from patient groups that identified the importance of honesty and accurate information from healthcare professionals in the effective management of the condition, the guideline details the principles of good communication that underlie the best management of heart failure. **Victoria Thomas, Assistant Director, Patient Involvement Unit for NICE said:** "We welcome the publication of guidelines that are based on the best available evidence and put people with heart failure at the centre of care. We are particularly pleased that the guideline makes recommendations that patients and clinicians should work together in a constructive partnership to ensure the best possible outcome for the patient, and that it covers issues of real concern to people with heart failure such as accurate and timely

diagnosis, appropriate communication and the need for regular reviews of medication. If implemented well, the guideline has the potential to significantly influence for the better, the care that people with heart failure receive from the NHS. We think that the lay version of the guideline will be an important tool in ensuring that both patients and clinicians are aware of the standards of care to which the health service should be working.”

Ends

Notes to Editors

Full guideline

The full guideline is produced by the NCC for Chronic Conditions and is available from the NCC CC website at <http://www.rcplondon.ac.uk/pubs/books/chf/> or from the NICE website (www.nice.org.uk). The full guideline includes information on how the evidence was collected, reviewed and assessed, a description of how the recommendations were formulated and graded and full reference details of the literature in the evidence base.

About NICE

1. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
2. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use– interventional procedures.
3. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
4. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.

About clinical guidelines

5. Clinical guidelines are recommendations on the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales. They sit alongside, but do not replace, the knowledge and skills of experienced health professionals.
6. NICE clinical guidelines are developed by independent groups - National Collaborating Centres - that include healthcare professionals working in the NHS, patients and people who are familiar with the issues affecting patients and carers. Professional and

patient/carer groups whose members are likely to be affected by the guideline are able to submit information and comment on the recommendations before they are finalised.

7. For details of NICE clinical guidelines currently in development, log on to the website at <http://www.nice.org.uk/catcg1.asp?c=20055>.

About the heart failure guideline

8. A media briefing sheet on the guideline is also available on the NICE website at <http://www.nice.org.uk/Docref.asp?d=80115>.
9. The National Collaborating Centre for Chronic Conditions is based at the Royal College of Physicians of London. The following partners have member status on the partners board of the centre:
 - Royal Pharmaceutical Society of Great Britain
 - Royal College of Nursing
 - Clinical Effectiveness Forum for Allied Health Professionals
 - Royal College of Surgeons of England
 - Royal College of General Practitioners
 - College of Health
 - Royal College of Physicians of London
 - NHS Confederation
 - Royal College of Physicians Patient and Carer Liaison Committee
 - National Institute for Clinical Excellence
10. Local health communities should review their existing service provision for people with heart failure against this guideline as they begin the development of their Local Delivery Plans. The review should consider the resources required to implement fully the recommendations set out in Section 1 of the guideline, the people and processes involved, and the timeline over which full implementation is envisaged.