NICE National Institute for Health and Care Excellence

NICE quality standard

Stable angina

Quality standard

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Contents

This standard is based on CG95 and CG126.

This standard should be read in conjunction with QS15, QS28, QS68, QS43, QS93, QS100, QS99 and QS9.

Introduction and overview

This quality standard covers diagnosis of stable angina, medical management, revascularisation and re-evaluation of refractory symptoms.

Introduction

Stable angina is a chronic medical condition associated with a low but appreciable incidence of acute coronary events and increased mortality. The aim of management is to improve quality of life by stopping or minimising symptoms and reducing long-term morbidity and mortality.

This quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people with stable angina in the following ways:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

These overarching outcomes are from The NHS Outcomes Framework 2012/13.

Overview

The quality standard for stable angina requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. An integrated approach to provision of services is fundamental to the delivery of high quality care to people with stable angina.

The Health and Social Care Act 2012 sets out a new responsibility for NICE to develop quality standards and other guidance for social care in England. As part of our preparation for taking on this new role in April 2013, the Department of Health has asked NICE to run a pilot programme for developing social care quality standards using two topics. More information on this pilot programme of work is available.

List of quality statements

Statement 1. People with features of typical or atypical angina are offered 64-slice (or above) CT coronary angiography.

Statement 2. People with stable angina are offered a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

Statement 3. People with stable angina are prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered.

Statement 4. People with stable angina who have had coronary angiography, have their treatment options discussed by a multidisciplinary team if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

Statement 5. People with stable angina whose symptoms have not responded to treatment are offered re-evaluation of their diagnosis and treatment.

In addition, quality standards that should also be considered when commissioning and providing a high-quality service for people with stable angina are listed in related NICE quality standards.

Quality statement 1: Diagnostic investigation

Quality statement

People with features of typical or atypical angina are offered 64-slice (or above) CT coronary angiography.

Quality measure

Structure: Evidence of local arrangements to ensure that people with features of typical or atypical angina are offered 64-slice (or above) CT coronary angiography.

Process: Proportion of people with features of typical or atypical angina who receive 64-slice (or above) CT coronary angiography.

Numerator – the number of people in the denominator who receive 64-slice (or above) CT coronary angiography.

Denominator – the number of people with features of typical or atypical angina.

What the quality statement means for each audience

Service providers ensure systems are in place so that people with features of typical or atypical angina are offered 64-slice (or above) CT coronary angiography.

Healthcare professionals offer 64-slice (or above) CT coronary angiography to people with features of typical or atypical angina.

Commissioners ensure they commission services that offer 64-slice (or above) CT coronary angiography to people with features of typical or atypical angina.

People who have been assessed and may have angina are offered CT coronary angiography (a procedure to check for narrowed or blocked arteries) to confirm any diagnosis.

Source guidance

NICE clinical guideline 95 recommendation 1.3.4.3.

Data source

Structure: Local data collection.

Process: Local data collection.

Definitions

NICE clinical guideline 95 recommendation 1.3.3.1 describes the features of angina.

Quality statement 2: First-line treatment

Quality statement

People with stable angina are offered a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

Quality measure

Structure: Evidence of local arrangements to ensure that people with stable angina are offered a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

Process: Proportion of people newly diagnosed with stable angina who are prescribed a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

Numerator – the number of people in the denominator prescribed a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

Denominator – the number of people newly diagnosed with stable angina.

What the quality statement means for each audience

Service providers ensure systems are in place to offer people with stable angina a short-acting nitrate and either a beta-blocker or a calcium-channel blocker as first-line treatment.

Healthcare professionals offer people with stable angina a short-acting nitrate and either a beta-blocker or a calcium-channel blocker as first-line treatment.

Commissioners ensure they commission services that offer people with stable angina a short-acting nitrate and either a beta-blocker or a calcium-channel blocker as first-line treatment.

People with stable angina are offered drug treatment to take for immediate relief from an attack of angina (a short-acting nitrate) and another drug to take every day (either a beta-blocker or a calcium-channel blocker) to prevent episodes of stable angina.

Source guidance

NICE clinical guideline 126 recommendations 1.3.3 and 1.4.7.

Data source

Structure: Local data collection.

Process: Local data collection. Contained within NICE audit support for management of stable angina (NICE clinical guideline 126): criteria 1 and 5a.

Quality statement 3: Medical treatment before revascularisation

Quality statement

People with stable angina are prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary, before revascularisation is considered.

Quality measure

Structure: Evidence of local arrangements to ensure that people with stable angina are prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered.

Process: Proportion of people with stable angina who are prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered.

Numerator – the number of people in the denominator prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered.

Denominator – the number of people with stable angina considered for revascularisation.

What the quality statement means for each audience

Service providers ensure systems are in place to prescribe a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary for people with stable angina before revascularisation is considered.

Healthcare professionals prescribe a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered in people with stable angina.

Commissioners ensure they commission services that prescribe a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary for people with stable angina before considering revascularisation.

People with stable angina are prescribed a short-acting nitrate and 1 or 2 drugs as necessary to prevent angina before revascularisation (an operation to improve blood flow) is considered.

Source guidance

NICE clinical guideline 126 recommendations 1.3.3, 1.4.8, 1.4.9, 1.4.11, 1.4.12 and 1.5.1.

Data source

Structure: Local data collection.

Process: Local data collection. Contained within NICE audit support for management of stable angina (NICE clinical guideline 126): criteria 1, 5c, 7a and 7b.

Definitions

Prescribing 1 or 2 anti-anginal drugs as necessary

NICE clinical guideline 126 section 1.4 contains recommendations on the correct treatment when anti-anginal drugs are contraindicated, not tolerated or when symptoms are not satisfactorily controlled.

NICE clinical guideline 126 recommendation 1.4.8: If the person cannot tolerate the beta-blocker or calcium-channel blocker, consider switching to the other option (calcium-channel blocker or beta-blocker).

NICE clinical guideline 126 recommendation 1.4.9: If the person's symptoms are not satisfactorily controlled on a beta-blocker or a calcium-channel blocker, consider either switching to the other option or using a combination of the 2.[1]

NICE clinical guideline 126 recommendation 1.4.11: If the person cannot tolerate beta-blockers and calcium-channel blockers or both are contraindicated, consider monotherapy with 1 of the following drugs:

- a long-acting nitrate **or**
- ivabradine **or**
- nicorandil **or**
- ranolazine.

Decide which drug to use based on comorbidities, contraindications, the person's preference and drug costs.[2]

NICE clinical guideline 126 recommendation 1.4.12: For people on beta-blocker or calcium-channel blocker monotherapy whose symptoms are not controlled and the other option (calcium-channel

blocker or beta-blocker) is contraindicated or not tolerated, consider 1 of the following as an additional drug:

- a long-acting nitrate **or**
- ivabradine[3] **or**
- nicorandil **or**
- ranolazine.

Decide which drug to use based on comorbidities, contraindications, the person's preference and drug costs.[2]

[1] When combining a calcium-channel blocker with a beta-blocker, use a dihydropyridine calcium-channel blocker, for example, slow release nifedipine, amlodipine or felodipine.

[2] Since the NICE guideline was produced, the Medicines and Healthcare products Regulatory Agency (MHRA) have published new advice about safety concerns related to ivabradine (June 2014 and December 2014) and nicorandil (January 2016).

[3] When combining ivabradine with a calcium-channel blocker, use a dihydropyridine calcium-channel blocker, for example, slow release nifedipine, amlodipine, or felodipine.

Quality statement 4: Multidisciplinary team

Quality statement

People with stable angina who have had coronary angiography, have their treatment options discussed by a multidisciplinary team if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

Quality measure

Structure: Evidence of local arrangements to provide a multidisciplinary team to discuss the risks and benefits of continuing drug treatment or revascularisation strategy for people with stable angina.

Process: Proportion of people with stable angina who have had coronary angiography who have their treatment options discussed by a multidisciplinary team if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

Numerator – the number of people in the denominator who have their treatment options discussed by a multidisciplinary team.

Denominator – the number of people with stable angina who have had coronary angiography who have left main stem disease or anatomically complex three-vessel disease, or if there is doubt about the best method of revascularisation.

What the quality statement means for each audience

Service providers ensure a multidisciplinary team discusses the treatment options for people with stable angina who have had coronary angiography, if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

Healthcare professionals ensure people with stable angina who have had coronary angiography have their treatment options discussed by a multidisciplinary team if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

Commissioners ensure they commission services that provide a multidisciplinary team to discuss the treatment options for people with stable angina who have had coronary angiography, if there is

left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

People with stable angina who have had coronary angiography (a procedure to check for narrowed or blocked arteries) have their treatment options discussed by a multi-disciplinary team, including a heart surgeon and specialist in heart procedures, if needed.

Source guidance

NICE clinical guideline 126 recommendation 1.5.8.

Data source

Structure: Local data collection.

Process: Local data collection.

Definitions

NICE clinical guideline 126 does not describe the composition of the multidisciplinary team but does state that it should include cardiac surgeons and interventional cardiologists.

The criteria for discussion of treatment options by a multidisciplinary team are not limited to left main stem or anatomically complex three-vessel disease or doubt about the best method of revascularisation. These are specific examples used to aid measurability.

Quality statement 5: Symptoms not responding to treatment

Quality statement

People with stable angina whose symptoms have not responded to treatment are offered a re-evaluation of their diagnosis and treatment.

Quality measure

Structure: Evidence of local arrangements to ensure that people with stable angina whose symptoms have not responded to treatment are offered a re-evaluation of their diagnosis and treatment.

Process: Proportion of people with stable angina whose symptoms have not responded to treatment who have their diagnosis and treatment re-evaluated.

Numerator – the number of people in the denominator who have their diagnosis and treatment re-evaluated.

Denominator – the number of people with stable angina whose symptoms have not responded to treatment.

What the quality statement means for each audience

Service providers ensure systems are in place to re-evaluate the diagnosis and treatment of people with stable angina whose symptoms have not responded to treatment.

Healthcare professionals offer re-evaluation of diagnosis and treatment to people with stable angina whose symptoms have not responded to treatment.

Commissioners ensure they commission services that re-evaluate the diagnosis and treatment of people with stable angina whose symptoms have not responded to treatment.

People with stable angina whose symptoms are not improving with treatment are offered a re-evaluation of their diagnosis and treatment.

Source guidance

NICE clinical guideline 126 recommendation 1.7.1.

Data source

Structure: Local data collection.

Process: Local data collection.

Definitions

NICE clinical guideline 126 recommendation 1.7.1 describes the components that may be included in a re-evaluation of diagnosis and treatment:

- exploring the person's understanding of their condition
- exploring the impact of symptoms on the person's quality of life
- reviewing the diagnosis and considering non-ischaemic causes of pain
- reviewing drug treatment and considering future drug treatment and revascularisation options
- acknowledging the limitations of future treatment
- explaining how the person can manage the pain themselves
- specific attention to the role of psychological factors in pain
- development of skills to modify cognitions and behaviours associated with pain.

Using the quality standard

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of healthcare. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. As quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, we recognise that this may not always be appropriate in practice taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement Programme. For statements for which national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of healthcare.

For further information, including guidance on using quality measures, please see what makes up a NICE quality standard.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments (developed at the first, second and third meetings of the Topic Expert Group) are published on the NICE website.

Good communication between health and social care professionals and people with stable angina is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with stable angina should have access to an interpreter or advocate if needed.

Development sources

Evidence sources

The documents below contain clinical guideline recommendations or other recommendations that were used by the Topic Expert Group to develop the quality standard statements and measures.

Stable angina: management. NICE clinical guideline CG126 (2011 updated 2016; NHS Evidence accredited).

Chest pain of recent onset: assessment and diagnosis. NICE clinical guideline CG95 (2010 updated 2016; NHS Evidence accredited).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

Department of Health (2010) Elective care commissioning pathways: angina (plus supplementary information).

Department of Health (2005) Measurement of healthcare output and productivity: management of angina.

Department of Health (2001) National service framework for older people.

Department of Health (2000) Coronary heart disease: national service framework for coronary heart disease - modern standards and service models.

Definitions and data sources for the quality measures

References included within in the definitions and data sources sections:

Stable angina: management – audit support. NICE clinical guideline CG126 (2011).

Related NICE quality standards

Patient experience in adult NHS services. NICE quality standard 15 (2012)

Cardiovascular risk assessment and lipid modification. NICE quality standard 100 (2015)

Hypertension in adults. NICE quality standard 28 (2013, updated 2015)

Acute coronary syndromes in adults. NICE quality standard 68 (2014)

Smoking: supporting people to stop. NICE quality standard 43 (2013)

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Update information

February 2017: Statement 1 has been updated to reflect changes made to the NICE guideline on chest pain of recent onset.

Definitions for statement 3 have also been updated to include Medicines and Healthcare products Regulatory Agency (MHRA) advice about ivabradine and nicorandil.

January 2013: Licensing information for nicorandil has been updated.

About this quality standard

NICE quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

The methods and processes for developing NICE quality standards are described in the healthcare quality standards process guide.

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Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Heart Foundation
- NHS Improvement
- Royal College of Nursing