



Heart failure: ejection fraction category

NICE indicator

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Indicator

The percentage of patients with a diagnosis of heart failure on or after 1 April 2026 who have a recorded ejection fraction category (reduced, mildly reduced, or preserved).

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

The recording of heart failure (HF) ejection fraction category (reduced, mildly reduced, or preserved) appears to be suboptimal in primary care records, contributing to disparities in treatment and poorer patient outcomes. The lack of precise phenotype classification can result in inconsistent and suboptimal care, through both under and overtreatment. Improving the routine coding of heart failure type in general practice electronic medical records presents an opportunity to refine treatment and improve care outcomes.

Source guidance

Chronic heart failure in adults: diagnosis and management. NICE guideline NG106 (2018, updated 2025)

Specification

Numerator: The number of patients in the denominator who have a recorded ejection fraction category (reduced, mildly reduced, or preserved).

Denominator: The number of patients newly diagnosed with heart failure on or after 1 April 2026.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines or has moderate to severe frailty and echocardiography is inappropriate.

An average practice with 10,000 patients would have around 17 new diagnoses of chronic heart failure per year (inferred from QOF 2023 to 24 data for HF008). It is expected that this will increase over time. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

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