

Heart Failure: A call to action

The Alliance for Heart Failure has reviewed progress since the 2016 'Focus on Heart Failure' report and makes the following additional recommendations:

2 All Clinical Commissioning Groups (CCGs) should commission **NT-proBNP testing to eradicate any residual regional variation** in access. Health Education England should **support initiatives to encourage its use** for diagnostic purposes by GPs, community diagnostic hubs, and emergency departments. NHS England should **support pathway adherence by providing access to the Pathway Transformation Fund**.

3 **The echocardiography workforce shortage should remain an urgent priority** for Health Education England. CCGs and Trusts should **ensure that the correct diagnostic tools**, such as the use of NT-proBNP testing to rule out heart failure, are used to alleviate pressure on echocardiography services.



1 Health Education England and primary care professional organisations should **support initiatives to raise awareness and improve education** among all healthcare professionals likely to encounter heart failure patients. **Each Primary Care Network (PCN) should appoint a heart failure champion**.

4 Professional bodies, such as the Royal Colleges – in particular the Royal College of Nursing – should **ensure members are aware of the high-quality patient education materials available via patient organisations**.



7 All CCGs should commission **heart failure services centred on MDTs**, ensuring they follow up patients to full capacity, following the NICE recommendation that all patients are discharged with two-week follow-up appointments.



5 NHS England and NHS Improvement should **improve the inter-hospital variation of specialist input and review**, ensuring specialist care or outreach to non-specialist teams, is available everywhere. Acute Trusts should **include the percentage of heart failure patients seen by the specialist multidisciplinary team on their Annual Safety and Quality Report**.

6 All CCGs should **urgently address delays to post-discharge follow-up**. Community providers and Acute Trusts should **urgently review and increase the number of heart failure specialist nurses (HFSNs)**, in the range of 2-4 whole-time equivalent per 100,000 population, to ensure numbers match workloads and patients are seen by highly skilled specialists.

8 All CCGs should **prioritise uptake and equitable access to cardiac rehabilitation**. Professional bodies like the Royal College of General Practitioners (RCGP) should **increase awareness of the benefits among GPs and primary care professionals** to increase uptake in line with the NHS Long Term Plan.

9 Health Education England, in collaboration with professional bodies, should **increase the roll out of training in advanced communication skills**.



10 CCGs and providers should **ensure that all those who manage heart failure patients have the resources to develop end-of-life care** with palliative and primary care colleagues. Heart failure practitioners should formally communicate Advanced/Anticipatory Care Planning (ACP) to all appropriate professionals involved with the patient.

[Access the full Heart Failure: A Call to Action report and set of recommendations](#)

The Alliance for Heart Failure is a coalition of charities, patient groups, professional bodies and corporate members for the purpose of raising the profile of heart failure in Government, the NHS and the media.

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