Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

Long Term Conditions Care Pathways

Summary of key implementation messages: Heart failure

Patient with suspected heart failure

- When a patient presents with symptoms of heart failure, the GP to take a history and perform the full range of NICE recommended examinations and investigations (including ECG, bloods, chest x-ray, urinalysis, peak flow or spirometry)
- BNP testing will be available in the locality from South Tees Trust from 1st October 2011 as a test to help rule out significant LV impairment. GPs to ensure that all appropriate history and examinations are completed, including ECG, before a BNP test is ordered.
- Where heart failure is suspected, the GP to consider prescribing a loop diuretic to manage fluid overload. ACE inhibitors not to be started until diagnosis confirmed unless there has been a previous MI.
- The GP to refer the patient for echocardiography and specialist assessment:
    - within two weeks, where there has been a previous myocardial infarction or has a BNP above 400 bp/ml (>116 pmol/l)
    - within 6 weeks, where there has been no previous MI and BNP is between 100 – 400 bp/ml (29-116 pmol/l)
- The option of referring directly for Echocardiography via an open access service will be available from the Friarage Hospital from 1st October 2011. The recommendation for new onset suspected heart failure is that the patient is referred in line with the guidance above. The open access service may be helpful for confirmation of existing diagnosis.

Post diagnosis management of left ventricular dysfunction in the community

- Care plan to be created for patient including optimisation of pharmacological treatment, non-pharmacological management, management of co-morbidities. NICE recommends this is initiated by secondary care specialist.
- GP and practice nurses to review care plan after specialist assessment and manage patient's pharmacological and non-pharmacological treatment in line with care plan. GP to ensure patient's medication has been titrated to maximum tolerated dose. Typically this may take up to six months.
- Where the patient requires specialist intervention, for example difficulties in achieving the maximum tolerated dose, the GP to refer (in line with criteria) to the specialist heart failure nurse (Elaine Gray) or specialist acute services for additional support and treatment
- Primary care to perform six-monthly reviews of every heart failure patient.
- Where a patient is still symptomatic after initial treatment or deteriorates following monitoring then specialist referral or second line treatments to be considered
- GPs should be aware of the options available for device therapy, the North of England Cardiovascular Network referral form, and consider during six monthly patient reviews

- When a patient's condition deteriorates and they are approaching the end of their life, then appropriate palliative care support to be accessed

Telehealth

- Pathways have been designed to suggest use of telehealth technology at appropriate points, e.g. as an aid to delivering the patients care plan, or following exacerbation in primary or secondary care
- Practices to review their patients to identify and refer those who might benefit from the technology(e.g. high anxiety or at risk of an acute decompensation)