## **ANNUAL REPORT** AT A GLANCE

Data from the period April 2019 to March 2020



## Where things were getting better

83.2% of patients with STEMI received reperfusion therapy (up from 74.3% in 2010/11)



76.3% of patients with MI underwent inhouse echocardiography (up from 57.5% in 2010/11



81.3% of patients with MI were referred for cardiac rehabilitation (up from 78.3% in 2017/18)

96.4% of patients with NSTEMI were seen by a specialist team (up from 90.4% in 2010/11)



## Vhere things were stuck



61.3% of patients with an MI were admitted to a cardiology ward (albeit up from **49.1%** in 2010/11). **43%** of those with HF were admitted to a cardiology ward (down from 49% in 2014/15)



68% of patients with LVSD post MI (up from **40.8%** in 2010/11 but no improvement over the last 3 years) and 56% of those with HFrEF received an MRA; only **49%** of patients with HFrEF are discharged on all three disease-modifying drugs

## Where things were getting worse

**126 mins:** CTB times for STEMI patients were worse: up from 110 mins in 2010/11

80 mins: CTD times for STEMI patients were worse: up from 58 mins in 2010/11

54.9% of patients with NSTEMI underwent angiography within 72 hours (down from

89.5% of patients had PCI performed with radial access (up from 51.6% in 2010)

>90% of patients requiring a pacemaker received a device consistent with NICE quidance

90% of patients with HFrEF were discharged on a beta blocker; 84% on either an ACEi or ARB



64% of patients undergoing elective PCI are treated as a day case (against a target of >75%)



**50.3%** of infants surviving pregnancy and requiring an intervention in the first year of life have had a pre-natal diagnosis made



**40%** of hospitals have not achieved **>80%** compliance with NICE guidelines for ICD implantation



16% of patients with heart failure are referred as an in-patient for cardiac rehabilitation (22% for those admitted to a cardiology ward, ~10% for those admitted to other wards) - target >85%

56.7% in 2018/19; 54.2% underwent PCI within 72 hours (down from 58.4% in 2017/18



11 days: Mean time to urgent CABG had worsened (mean 10 days in 2017/18)



104 days: Mean time to elective CABG had

worsened (mean 97 days in 2017/18)

CABG, coronary artery bypass grafting; CTB, Call-To-Balloon; CTD, Call-To-Door; DES, drug-eluting stent; HF, heart failure; HFrEF, heart failure with reduced ejection fraction; LVSD, left ventricular systolic dysfunction; MRA, mineralocorticoid receptor antagonist; NSTEMI, non-ST-elevation myocardial infarction; MI, myocardial infarction; PCI, percutaneous coronary intervention; PPCI, primary percutaneous coronary intervention; STEMI, ST-elevation myocardial infarction