Paper 9

HQIP
Healthcare Quality Improvement Partnership

National Clinical Audit and Patient Outcomes Programme (NCAPOP) Infographics compendium

Q1 (April-June 2022), updated 27/06/2022

14/04/2022	Mental Health	Clinical Outcome Review Programme	Mental Health Clinical Outcome Review Programme	University of Manchester	National Confidential Inquiry into Suicide and Safety in Mental Health	https://www.hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-in-mental-health-annual-report/#.YlflwujMKUk	0.01
12/05/2022	Acute	Clinical Outcome Review Programme	Medical and Surgical Clinical Outcome Review Programme	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	A Picture of Health Bridging the gap between physical and mental healthcare in adult mental health inpatient settings	https://www.hqip.org.uk/resource/national-confidential-enquiry-into-patient-outcome-and-death-a-picture-of-health/#.YnzWpNrMKUk	0.02
12/05/2022	Cancer	Audit	NABCOP - National Audit of Breast Cancer in Older Patients	RCS: Royal College of Surgeons	National Audit of Breast Cancer in Older Patients 2022 Annual Report	https://www.hqip.org.uk/resource/national-audit-of-breast-cancer-in-older-patients-2022-annual-report/#.YnzNwdrMKUk	0.03
16/06/2022	Long term conditions	Audit	NACAP - National Asthma and COPD Audit Programme	RCP: Royal College of Physicians	Adult Asthma and COPD Organisational Audit Report	https://www.hqip.org.uk/resource/adult-asthma-and-copd-2021-organisational-audit-summary-report/#.YrCDmHbMKUk	0.04
16/06/2022	Long term conditions	Audit	NACAP - National Asthma and COPD Audit Programme	RCP: Royal College of Physicians	Children and Young People Asthma Report	https://www.hqip.org.uk/resource/child-and-young-person-asthma-2021-organisational-audit-summary-report/#.YrCJVnbMKUk	0.05
16/06/2022	Long term conditions	Audit	SSNAP - Sentinel Stroke National Audit Programme	KCL: Kings College London	Sentinel Stroke National Audit Programme Acute Organisational Audit	https://www.hqip.org.uk/resource/sentinel-stroke-national-audit-programme-acute-organisational-audit-2021/#.YrCO-nbMKUk	0.06
16/06/2022	Long term conditions	Audit	SSNAP - Sentinel Stroke National Audit Programme	KCL: Kings College London	Sentinel Stroke National Audit Programme Stroke Mimics Report	https://www.hqip.org.uk/resource/sentinel-stroke-national-audit-programme-mimic-audit-2021-short-report/#.YrCPGHbMKUk	0.07
16/06/2022	Cardiovascular	Audit	NICOR - National Cardiac Audit Programme	Barts Health NHS Trust	National Cardiac Audit Programme Annual Report	https://www.hqip.org.uk/resource/national-cardiac-audit-programme-2022-report-the-heart-in-lockdown/#.YrCO1HbMKUk	0.08

MANCHESTER 1824
The University of Manchester

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National Confidential Inquiry

into Suicide and Safety in Mental Health

Annual Report 2022:
UK patient and general population data 2009-2019, and real-time surveillance data

NCISH Annual Report
(2009-2019)

Increase in general population suicide rate in 2018-19

1,675 suicides by people under recent (less than 12 months) mental health care in 2019

27% of all people who died by **suicide** in 2009-2019 had **recent** contact with **mental health services**

Clinical risk

7,750 deaths per year in patients who lived alone

9% of patients died close to a significant date

Clinical assessment should include recording anniversaries and important dates

Acute care

474 deaths per year in acute care settings

Half of in-patients on agreed leave

Highest risk shortly after discharge

Prevention should address ward environment and follow-up within 72 hours

National Confidential Inquiry into Suicide and Safety in Mental Health (2022)

NCISH Annual Report
(2009-2019)

Patients under 18

19 deaths per year

Contact with services lower than in older groups

Higher rates of self-harm than other age groups

Prevention should focus on access to services

Recent economic adversity

281 deaths per year

Mainly financial or workplace problems, homelessness

Often middle-aged men, unemployed, with alcohol or drug misuse

Services should work with agencies that support people facing economic problems

Physical illness

390 deaths per year

Often older people, living alone and having long-term illnesses

Self-poisoning common with prescribed opiates often used

Access to opioids at home should be assessed by services

Domestic violence

104 deaths per year

Mainly women but 28% were men

Personality disorder more common, potentially reflecting previous trauma

Suicide risk assessment should consider domestic violence

National Confidential Inquiry into Suicide and Safety in Mental Health (2022)

A PICTURE OF HEALTH?

Bridging the gap between physical and mental healthcare in adult mental health inpatient settings

NCEPOD

Improving the quality of healthcare

Key messages aimed to improve the care of people admitted to a mental health inpatient setting who are also physically unwell

MESSAGE 1. ASSESS PATIENTS FOR ACUTE PHYSICAL HEALTH CONDITIONS ON ARRIVAL AT A MENTAL HEALTH INPATIENT SETTING AND THEN UNDERTAKE A DETAILED PHYSICAL HEALTH ASSESSMENT ONCE THE PATIENT IS ADMITTED

Patients admitted for mental healthcare but who are also physically unwell need complex care. Patients may need a transfer to a physical health hospital for an acute condition, and/or they may have at least one long-term physical health condition that needs monitoring

A detailed physical health assessment was not undertaken appropriately for 28/126 (22.2%) patients

Physical health conditions were not included in the initial clerking for 29/150 (19.3%) patients

MESSAGE 2. DEVELOP A PHYSICAL HEALTHCARE PLAN FOR PATIENTS ADMITTED TO A MENTAL HEALTH INPATIENT SETTING

The ongoing physical healthcare of patients should be monitored to prevent deterioration

A plan for physical health observations was not documented for 48/217 (22.1%) patients

No advice was given about who should be notified in the event of physical health concerns for 47/169 (27.8%) patients

Physical healthcare plans were formulated for only 155/291 (53.3%) patients

MESSAGE 3. FORMALISE CLINICAL NETWORKS/PATHWAYS BETWEEN MENTAL HEALTH & PHYSICAL HEALTHCARE

Mental healthcare staff need support in providing effective physical healthcare

127/268 (47.4%) mental healthcare professionals surveyed who reported feeling 'fairly'/'less than fairly' confident or competent in caring for patients with long-term conditions

Local care pathways or pre-existing arrangements with physical healthcare providers were used as part of the care plan for 71/291 (24.4%) patients

MESSAGE 4. INVOLVE PATIENTS AND THEIR CARERS/FRIENDS/FAMILY IN THEIR PHYSICAL HEALTHCARE AND USE THE ADMISSION AS AN OPPORTUNITY TO ASSESS, AND INVOLVE PATIENTS IN THEIR GENERAL HEALTH

Hospital admissions are an excellent opportunity to assess and help improve a patient's general physical health and including family/carers can be a great form of support

15/29 (51.7%) organisations with a physical health strategy had a specific commitment to improve communication about physical health with patients and carers

No record that the physical health review had been discussed with the patient's family/ carers in 100/188 (53.2%) sets of notes reviewed

MESSAGE 5. INCLUDE MENTAL HEALTH AND PHYSICAL HEALTH CONDITIONS ON ELECTRONIC PATIENT RECORDS

Effective electronic patient records for physical as well as mental health, that could be shared across providers, would improve patient safety and make communication easier

20/56 (35.7%) organisations reported that all elements of the clinical record were available in the electronic patient record

244/405 (60.2%) clinicians using the systems thought the electronic patient record allowed easy viewing/input of the patient's physical health needs

National Audit of Breast Cancer in Older Patients

Part of the National Clinical Audit and Patient Outcomes Programme

2022 Annual Report

Results of the prospective clinical audit of care received by women
diagnosed with breast cancer in England and Wales between 1 January 2014 and 31 December 2020

Published May 2022

Understanding variation in the presentation and treatment of breast cancer in older women in England and Wales

NABCOP | National Audit of Breast Cancer in Older Patients

NABCOP | National Audit of Breast Cancer in Older Patients

www.nabcop.org.uk
@NABCOP_news
Further information

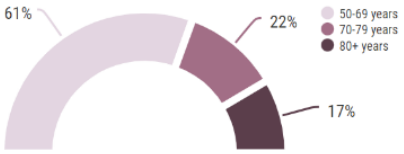
Annual Report 2022

The aim of the NABCOP is to evaluate process of care and outcomes for women, aged 70 years and over, diagnosed with breast cancer in England & Wales, compared with women aged 50-69 years.

The audit received information about

224,049

women aged 50+ years diagnosed with breast cancer across England and Wales in **2014–2019**.



Processes of care in 2019

TDA in a single visit = 69%
Increased from 58% in 2014 to 68% in 2019 for women in Wales.*

CNS contact = 96%
(Where data existed) Increased from 78% in 2014 for women in England.†

Overall care rated as 10 (very good) = 47%
(Results from the English National CPES) Increased from 35% in 2014.

** TDA % not shown for England as performance has remained at around 69% since 2015.*
† Contact with a CNS % not shown for Wales as this has been consistently high at nearly 100% (where data existed) since 2014.

Treatment allocation by type of breast cancer diagnosed between 2014 and 2019

Early invasive breast cancer (EIBC) *165,118 women*

Surgery: use increased over time for women aged **80+ years** who were fit or with mild/moderate frailty.

62% (2014) 69% (2019)

Surgery: use decreased as age at diagnosis increased. This was most marked among women aged **75+ years** with **ER positive EIBC**, with considerable regional variation.

Radiotherapy: use reduced over time among women at low risk of recurrence (in line with NICE guidelines).

89% (2014) 70% (2019)

Chemotherapy*: use increased over time.

For women with **ER negative EIBC**:

50-69 years		70+ years	
61% (2014)	81% (2019)	29% (2014)	46% (2019)

For women with **HER2 positive EIBC**:

53% (2014) 62% (2019)

**chemotherapy + trastuzumab for HER2+ EIBC*

Ductal carcinoma in situ (DCIS) *23,901 women*

Surgery: use increased over time for women aged **80+ years** who were fit or with mild/moderate frailty.

62% *in 2014* → **72%** *in 2019*

Metastatic breast cancer *(at initial presentation) 9,642 women*

25% had **chemotherapy** within 6 months of diagnosis.

Outcomes following treatment

Among women aged 50+ diagnosed in 2019:

Reoperation rates after breast-conserving surgery:

DCIS = 23%
Decreased from 27% in 2014

EIBC = 12%
Decreased from 14% in 2014

Overnight hospital admission rates to hospital (within 30 days of a chemotherapy cycle):

EIBC = 24%
Decreased from 30% in 2014

Glossary:
CNS – clinical nurse specialist; **COSD –** Cancer Outcomes and Services Dataset; **CPES –** Cancer Patient Experience Survey; **ER -** estrogen receptor; **HER2 -** human epidermal growth factor receptor 2; **NICE -** National Institute for Health and Care Excellence; **TDA** - triple diagnostic assessment

Trends in breast cancer care in 2020*

Among women aged 50+ diagnosed with non-invasive or invasive breast cancer between April–December 2020:

79% had surgery

(compared with **86%** for the same months in 2019)

**2019 is used as a reference to understand the impact of COVID-19*

Recording of routine data items

Among women aged 50+ diagnosed from 2014–2019, recorded rates of recurrence remain low at **4%.**

<2% of women aged 70+, diagnosed in England from October 2020 to September 2021, had data from the NABCOP Fitness Assessment Form recorded in COSD Version 9.0.

Royal College of Physicians | NACAP

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

Adult asthma and COPD 2021 organisational audit

Resourcing and organisation of care in hospitals in England and Wales

Summary report

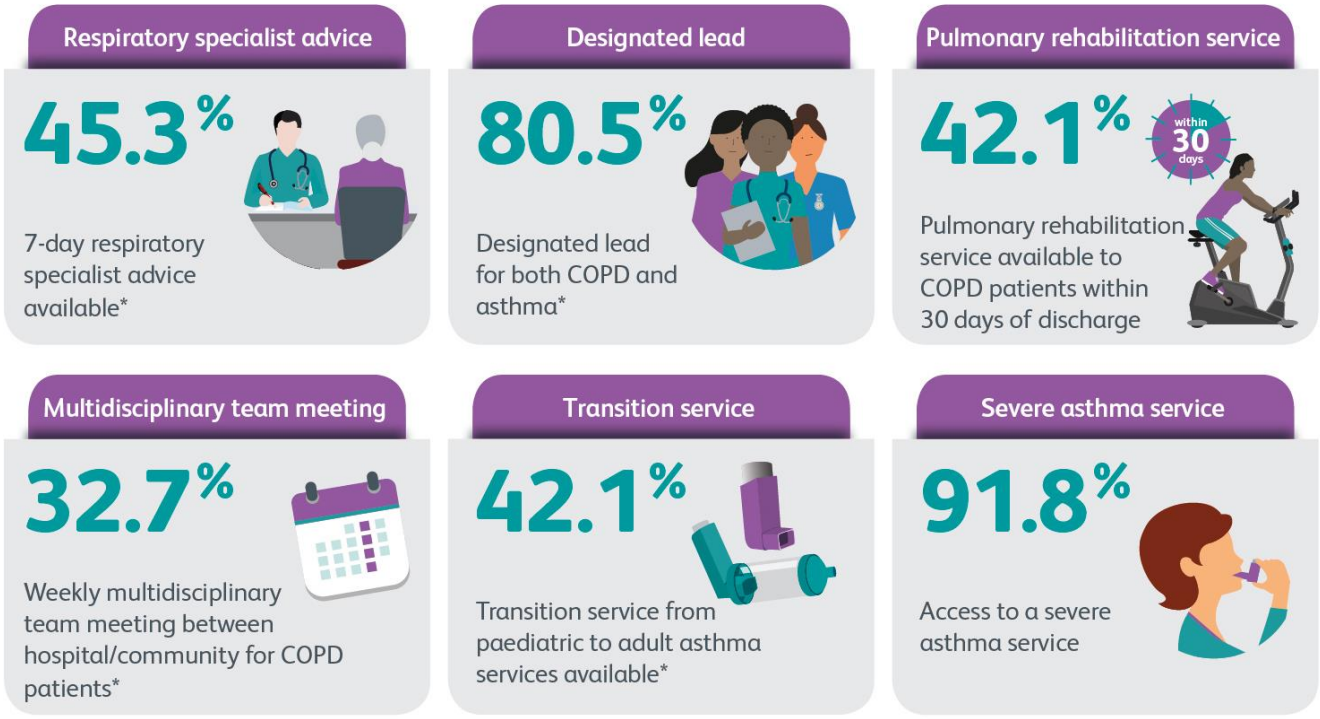
Published 16 June 2022

In association with:

ARNS · Asthma + Lung UK · British Thoracic Society · Imperial College London · PCRS · Royal College of General Practitioners · RCPCH Royal College of Paediatrics and Child Health · HQIP Healthcare Quality Improvement Partnership

Commissioned by:

Summary of performance against KPIs



*improvement priority

The infographic summarises the national position of services against audit key performance indicators (KPIs) and demonstrates variation in service provision across England and Wales. Since NACAP's first organisational audit of adult asthma and COPD services[3] in 2019:

- the provision of specialist respiratory review 7 days a week continues to vary
- a higher percentage of services have a designated clinical lead in place for asthma and COPD
- a higher percentage of services have at least one formal transition arrangement in place for young people with asthma (**41.1%** compared to **30%**)
- a higher percentage provide access to severe asthma services
- one-third of services (**32.7%**) hold a weekly MDT meeting, compared to **48.6%** in 2019
- less than half of services (**42.1%**) offer access to pulmonary rehabilitation (PR) services within 30 days of discharge for patients with COPD, compared to **45%** in 2019.

Six services met all six KPIs, demonstrating that they are achievable. These services should share the factors that enabled their success. In order to meet KPIs, all services should use the guidance available to them in this report and further support on the NACAP website, including good practice repositories with case studies from services delivering adult asthma and COPD care.The challenge of managing the COVID-19 pandemic has been considerable for respiratory and other services, and is likely to have impacted improvements in care and contributed to the variation in resources and organisation demonstrated in this report. COVID continues to affect services and it is key that teams have the capacity and adequate contingencies to continue to deliver high quality care in this phase of the pandemic, in line with national standards and NACAP KPIs.

Royal College of Physicians | NACAP

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

Child and young person asthma 2021 organisational audit

Resourcing and organisation of care in hospitals in England and Wales

Summary report

Published 16 June 2022

In association with:

ARNS · Asthma + Lung UK · RCPCH Royal College of Paediatrics and Child Health · British Thoracic Society · Imperial College London · PCRS · RCGP Royal College of General Practitioners

Commissioned by:

HQIP

Summary of performance against KPIs

Respiratory nurse specialist

51.5%

Access to a respiratory nurse specialist trained in the care of CYP with asthma*

Clinical lead

86.8%

Designated lead for CYP with asthma*

FeNO and spirometry

61.0%

Access to both diagnostic tools*

Transition service

62.5%

Formal transition from child to adult asthma services*

Smoking cessation service

36.8%

Availability of smoking cessation service to which CYP and families can be referred/signposted

*improvement priority

This report provides an insight into the challenges faced by NHS services during the pandemic. The infographic summarises the national position of services against audit key performance indicators (KPIs) and demonstrates variation in service provision across England and Wales. A total of nine out of 129 services met all five KPIs (see Benchmarked Key Indicator report), and they deserve commendation for implementing good practice. Since NACAP's first CYP organisational audit in 2020 which collected data from 1 June 2019 and 31 January 2020:

- the proportion of hospitals participating in the audit has increased to 95% (compared with the 78% participation rate in the first CYP asthma 2019/20 organisational audit)
- there has been no overall improvement in the provision of respiratory nurse specialists or designation of a named asthma lead
- access to smoking cessation services have been worsened
- there has been a significant improvement in provision of spirometry and fractional exhaled nitric oxide (FeNO) diagnostic tools to diagnose asthma
- there may have been an improvement in hospitals offering some aspects of transition for CYP with asthma, but the overall quality of transition is still suboptimal.

All hospital services providing acute asthma care to children and young people are encouraged to use the guidance available in this report and further QI support on the NACAP website, including good practice repository case studies from services delivering best practice.

As NHS services recover from the impact of the pandemic, there is potential for NHS providers to work towards restoring services in line with the National bundle of care for children and young people with asthma, and core elements identified in the NICE Guidelines (2021) for Babies, Children and Young People's Experience of Healthcare.[2]

'..It is imperative that everyone who may be involved in dealing with young people through the transition age have access to resources / central databank which allows for better signposting of services and support.'
Patient quote, Royal College of Paediatrics and Child Health (RCPCH)[19]

Sentinel Stroke National Audit Programme (SSNAP)

Acute Organisational Audit 2021

Reporting the organisation of stroke services in England, Wales and Northern Ireland on 1 October 2021

June 2022

Prepared by

King's College London, Sentinel Stroke National Audit Programme on behalf of the Intercollegiate Stroke Working Party

ACUTE STROKE SERVICES

ENGLAND, WALES & NORTHERN IRELAND

4,707 BEDS ON STROKE UNITS

808 HYPERACUTE BEDS ON STROKE UNITS

85,000 acute stroke admissions in the preceding year

157 participating sites

1 IN 2 SITES HAVE AN UNFILLED STROKE CONSULTANT POST

Quality of acute hospital stroke care 2021

% of sites

Staffing/Workforce

- **46%** meet the minimum establishment of band 6 and band 7 nurses per 10 beds
- **9%** have the presence of a clinical psychologist (qualified) per 30 beds

7-day working

- **76%** have an out of hours stroke specialist nurse
- **23%** have the minimum number of nurses on duty at 10am weekends
- **42%** offer at least two types of therapy 7 days a week†

Access to specialist treatment & support

- **26%** receive a pre-alert for suspected stroke patients
- **76%** have access to a specialist (stroke/ neurological specific) early supported discharge (ESD*) team

Patient & carer engagement

- **40%** undertake a formal survey seeking patient/ carer views on stroke services

TIA service

- **49%** provide MRI** as first line of brain imaging for TIA*** patients

Quality improvement & leadership

- **61%** have responsibility for audit results taken at management level

15% of sites achieved 7 out of 10 Key Indicators

***ESD** Early Supported Discharge
****MRI** Magnetic Resonance Imaging
*****TIA** Transient Ischemic Attack
† Includes occupational therapy, physiotherapy and speech and language therapy

ACUTE STROKE SERVICES

ENGLAND, WALES & NORTHERN IRELAND

Quality of acute hospital stroke organisation 2019-2021 (% of sites)

Getting better

	2019	2021	
KI 3 have an out of hours stroke specialist nurse	71%	76%	↑ +5%
KI 5 offer at least two types of therapy 7 days a week	38%	42%	↑ +4%
KI 7 have access to a specialist (stroke/ neurological specific) early supported discharge (ESD) team	63%	76%	↑ +13%
KI 9 provide MRI as first line of brain imaging for TIA patients	33%	49%	↑ +16%

Plateauing

	2019	2021	
KI 2 have the presence of a clinical psychologist (qualified) per 30 beds	7%	9%	→ +2%
KI 10 have responsibility for audit results taken at management level	63%	61%	→ -2%

Getting worse

	2019	2021	
KI 1 meet the minimum establishment of band 6 and band 7 nurses per 10 beds	58%	46%	↓ -12%
KI 4 have the minimum number of nurses on duty at 10am weekends	30%	23%	↓ -7%
KI 8 undertake a formal survey seeking patient/carer views on stroke services	56%	40%	↓ -16%

Note: 9 of the 10 Key Indicators are calculated in the same way as in the 2019 Acute Organisational Audit, these are displayed above. Please note that whilst comparisons can be made for these indicators, there have been significant changes in participating sites since the last organisational audit, so please exercise caution in making any comparisons between these data.
The criteria for KI6 have changed since 2019, see page 19 for further details.

Mimic Audit 2021

Sprint audit

This sprint audit aimed to improve our understanding of the national picture of stroke mimics, and the resources stroke teams were allocating to mimic activity. The audit included stroke mimics seen by the stroke team between 1 and 30 September 2021 at hospitals in England and Wales. Data describing demographics, care quality metrics and final diagnosis of mimics were collected and recorded on SSNAP. The full dataset completed for each patient is available here.

Data entry for these stroke mimics took place between 1 September and 5 November 2021 via the online SSNAP webtool. Where applicable, a contemporaneous comparison between stroke mimics and stroke admissions was made for the month of September 2021.

The stroke cohort is defined as any stroke patient directly admitted by a hospital which admitted at least one mimic during September 2021.

Stroke mimics

Diagnosing stroke can be challenging and many patients present with a wide variety of conditions with stroke like symptoms known as stroke mimics. **For the purpose of this audit, a stroke mimic was defined as a patient assessed by the stroke team as a suspected stroke but whose final diagnosis was not a stroke.** A significant proportion of stroke mimics occupy hyper-acute services and as such, impact upon the resources deployed acutely. These include access to stroke units and their length of stay, stroke clinician time and thrombolysis use. There are no standards or performance targets for stroke mimics in the UK, therefore this report acts as a reflection on what was found in the sprint audit, and does not aim to provide any recommendations.

Participation in mimic month

This is the first nationwide audit of stroke mimic activity in England and Wales and provides an insight into mimic demographics and activity. However it should be acknowledged that this data is not a complete picture of stroke mimics across England and Wales.

National aggregate figures include all mimic cases entered during September. 90 of 118 (76%) routinely admitting teams in England and Wales submitted more than 10 mimics to the audit, plus 6 non-routinely admitting stroke teams. An additional 5 routinely admitting teams and 5 non-routinely admitting teams entered between 1 and 9 mimics. **National aggregated figures therefore represent data from 81% of routinely admitting teams in England and Wales.**

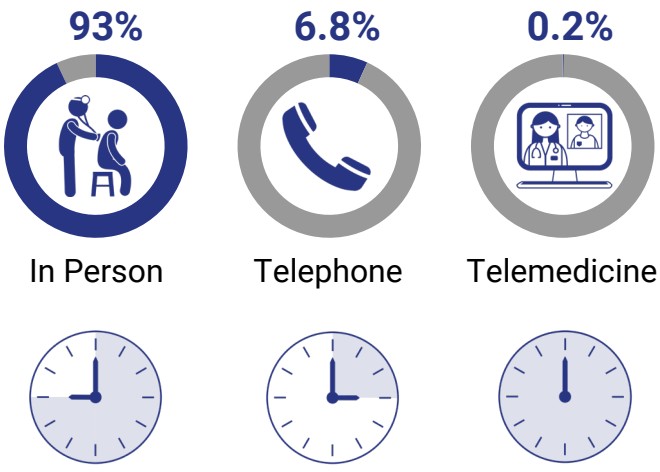
Hospital-level data highlight the large variation in the number of mimics recorded across the country. There is no measure for case ascertainment (how many mimics are expected at one team in a time period) or completeness for stroke mimics and so **caution should be taken when interpreting these results**. Variation between hospitals could be due to differing definitions of mimics, data entry practices (some providers entering data only for those seen on the stroke unit and later diagnosed as a mimic), or a genuine difference in mimic numbers.

A full portfolio (excel file) of all data items by named hospital is available here.

Common 'Other' mimics	48.2%
Bell's palsy	5.7%
Syncope	5.3%
Delirium	4.1%
Fall	3.8%
Decompensation of old stroke	3.7%
Headache	2.1%
Peripheral nerve / neuropathy/neuropraxia	1.8%

There are a wide range of medical and neurological conditions presenting as stroke mimics with **neurological mimics** making up the biggest group. 19.1% of stroke calls resulted in a diagnosis of TIA. Migraine, functional disorders ('non-organic'), vestibular syndromes and seizure activity are the next commonest stroke mimics. An important number of mimics included decompensation of a previous stroke which may occur in the setting of infection or metabolic insult. **In many of these circumstances of diagnostic uncertainty, urgent access to MRI is important** (see the National Optimal Stroke Imaging Pathway here).

Method of assessment by stroke clinician



The majority of patients assessed by a stroke clinician were reviewed in person. The median time for evaluating a patient varied depending on the evaluation method: 45 minutes for assessment in person; and 15 minutes for telephone assessments. Although a minority of patients were assessed by telemedicine, the median review time was 60 minutes, highlighting the complexity of making such assessments remotely.

Thrombolysis

0.7% Average proportion of stroke mimics thrombolysed

10% Average proportion of stroke patients thrombolysed

1 in 13 thrombolysed patients was a mimic

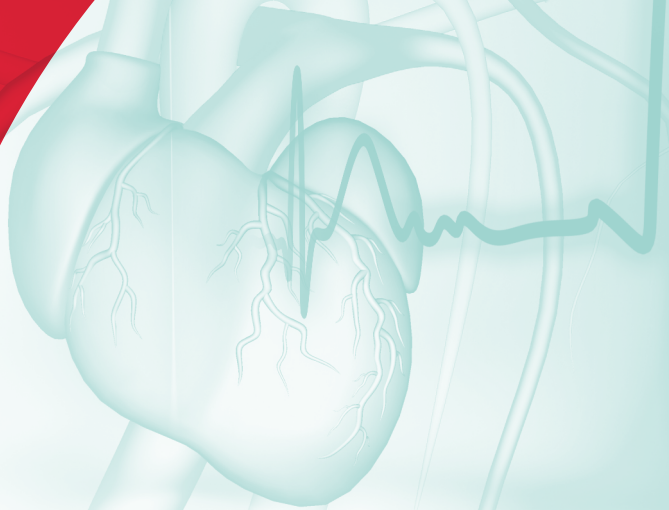
The benefits of intravenous thrombolysis are time dependant and as such, attempts to reduce the door to needle time and increase the proportion of patients receiving reperfusion therapies may lead to **stroke mimics receiving such treatment inadvertently**. The proportion of stroke mimics receiving thrombolysis ranged between sites from **0 to 10.7%**. Stroke mimics were younger (58 years) compared with stroke patients (74 years).

NATIONAL CARDIAC
AUDIT PROGRAMME (NCAP)

2022 REPORT

The heart in lockdown

(2020/21 and 2018/21 data)



NICOR

ANNUAL REPORT AT A GLANCE

Data from the period April 2020 to March 2021

The report covers the 12 months from 1st April 2020 to 31st March 2021, the first year of the coronavirus disease (COVID-19) pandemic, including the first wave of hospital admissions in March/April 2020 and the second wave from the end of 2020 to early 2021.

Impact on admissions and procedures

Substantial drops in acute cardiovascular admissions during the first wave of COVID-19 hospitalisations

- Approximately **40%** fewer patients admitted with non-ST-elevation myocardial infarction (NSTEMI); admissions for ST-elevation myocardial infarction (STEMI) down **25%**
- Fall of nearly **30%** in patients admitted with heart failure (HF)
- **80%** fall in adult cardiac surgery and **50%** fall in surgery for congenital heart disease
- **50%** drop in all cardiac rhythm management (CRM – device and ablation) procedures with a virtual cessation of ablation procedures
- **70%** fall in elective percutaneous coronary intervention (PCI), **35%** fall in PCI for NSTEMI and **14%** fall in Primary PCI (PPCI)
- **20%** fall in transcatheter aortic valve implantation (TAVI)

Significant but smaller reductions in the second COVID-19 wave

- Smaller falls in the second wave for all procedures except for PPCI

The year 2020/21 as a whole saw substantial reductions in activity

- There was a **9%** reduction in STEMI patients
- Admissions for patients with NSTEMI fell by **18%**
- Adult cardiac surgical activity and cardiac rhythm management (CRM) procedures both fell by over **30%**
- **40%** fall in aortic valve surgical procedures but this was compensated by an overall increase of **11%** in TAVI procedures
- **17%** reduction in interventions for patients of all ages with congenital heart disease; **44%** fall in surgery for adults with congenital heart disease
- **10%** fall in both elective and urgent PCI procedures, but **2%** overall increase in PPCI procedures

Impact on clinical pathways

Where things got worse/causes for concern

- **22%** increase in waiting times for coronary artery bypass grafting (CABG), with range of **21%-94%** across different countries
- Only **37%** of patients with STEMI received PPCI within 2 hours of calling for help
- Fall in use of echocardiography for heart failure patients – only **48%** of hospitals achieved the target
- Referrals to cardiac rehabilitation for heart failure patients fell (only **12%**) as did specialist follow-up (to **35%**)

Things that stayed the same

- Mortality rates for acute admissions unchanged (STEMI **7%**, NSTEMI **3.3%**, HF **9%**)
- Mortality for most cardiac interventions unchanged (e.g., all PCI **2%**, PPCI **5.5%**, NSTEMI PCI **0.75%**)
- Crude mortality for adult cardiac surgery slightly increased to **3.3%** but explained by changes in case mix - no hospital outliers after risk adjustment
- Crude mortality for congenital heart disease surgery lower than pre-pandemic levels (**1.6%**)

Things that got better

- Antenatal detection of congenital heart defects requiring intervention in the first year improved to **52**%
- More STEMI patients investigated by echocardiography (**77%**)
- Increased prescription of mineralocorticoid receptor antagonists (MRAs) to heart attack patients with poor left ventricular function – now **74%**
- Increased referral of heart attack patients to cardiac rehabilitation – exceeded the **85%** target at the end of 2020/21
- Increased use of secondary prevention medication for patients with heart failure but still only **52%** received all three disease-modifying drugs