Coronary Heart Disease

Standards Development
Scoping Report

June 2008
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Background

Coronary heart disease (CHD) is the leading cause of death in the UK. It is responsible for approximately one in five deaths in men and one in six deaths in women resulting in over 101,000 deaths every year.

Although death rates from CHD have been falling since the late 1970s, the rate in the UK is still amongst the highest in Western Europe and higher still in Scotland compared to the south of England. Mortality rates also vary across Scotland and the highest rates are found in the west of Scotland.

CHD is the leading cause of premature death in the UK (death under the age of 75) accounting for 1 in 5 premature deaths in men and 1 in 10 in women.

In Scotland, CHD has remained a national priority since the mid-1990s.

In 2000, the then Clinical Standards Board for Scotland published the standards for Secondary Prevention Following Acute Myocardial Infarction.

The delivery of these standards was supported by the introduction of the national strategy for Coronary Heart Disease and Stroke by the Scottish Executive in 2002. Subsequent revision of this strategy took place in 2004.

There have also been other strategic initiatives such as the establishment of a National Advisory Committee, the development of managed clinical networks (MCNs) and the recent ban on smoking in enclosed public spaces.

In 2005, the Scottish Intercollegiate Guideline Network (SIGN) undertook a major review of the management of CHD related guidelines. This resulted in the publication of a comprehensive set of guidelines covering primary prevention of cardiovascular disease, stable angina, acute coronary syndromes, chronic heart failure and cardiac arrhythmias.

These guidelines, and the cardiac rehabilitation guideline from 2002, provide a framework around which NHS Quality Improvement Scotland aims to develop modern standards of care for CHD, supported by a parallel programme of national audits and the development of clinical indicators in relation to coronary heart disease.
Patient concerns

The following issues will be highlighted to members of the pathway project groups throughout the process of standards development to ensure that, wherever possible, these are embedded within the standards throughout the journey of care.

- Patients feel it is important to receive early diagnosis and treatment.

- Patients identified a need for open communication from doctors, particularly in response to questions from patients and their families. Patients should receive a full explanation of the results of the assessment and any investigations undertaken. They should not hesitate to ask any further questions that they may wish answered.

- Patients feel there is a need for doctors to give appropriate information on medication (including side effects) and provide patients with a clear explanation on why they have been given these drugs. They also feel it is important that prescribed drugs are frequently reviewed.

- Patients want to be given information to help them understand and manage their condition. This information could be made available as books, leaflets, video tapes and the internet. Patients who are having coronary artery bypass surgery want their healthcare team to give them information before and afterwards to improve their care; management of risk factors; psychological distress (such as anxiety) and physical functioning (ability to carry out everyday activities).

- Patients want to receive cardiac rehabilitation (a structure exercise programme) after coronary revascularisation.

- Patients feel it is important for doctors to discuss the psychological aspects of cardiac rehabilitation and help patients appreciate the value of it. This is important for recovery of confidence, psychological and physical well being.

- Patients feel it may be helpful for people with cardiovascular disease (CVD) risk to attend self help groups. Some of these groups meet for regular exercise while others offer support to patients and their carers. A list of support groups should be available at your local health centre.

(From the SIGN guidelines for patients
http://www.sign.ac.uk/patients/network.html)
The evidence base for diagnosis, treatment and management of coronary heart disease

The following aspects of CHD, addressed in detail within the SIGN guidelines for CHD (SIGN 57, 93-97) will form the basis for the evidence used to develop the standards for CHD within Scotland.

- Risk assessment and risk stratification of cardiovascular disease
- Presentation, assessment and diagnosis
- Management of CHD in the emergency and long term settings
- Drug therapies for CHD in the emergency and long term settings
- Device therapies e.g. pacemakers, internal cardiac defibrillators
- Coronary revascularisation e.g. coronary artery by-pass surgery, percutaneous coronary intervention
- Patient support and information needs
- Cardiac rehabilitation
- Psychological support and interventions including screening for depression in patients with CHD
- Lifestyle modifications
- Alcohol consumption
- Smoking cessation
- Physical activity
- Dietary advice
- Palliative care
Development of CHD standards

Programme steering group

The overall strategy for the CHD standards programme will be designed, developed and delivered by a steering group consisting of the NHS QIS CHD advisor, three chairs of the standards pathway project groups, representation from ISD, Chair of the CHD National Advisory Committee, voluntary organisations, the Scottish patient safety alliance and patient representation. The steering group will be patient focused and will, wherever possible, address issues concerning all services for people affected by CHD.

Pathway project groups (PPG)

Standards will be developed within the context of the patient journey described by 3 pathways of care:

1. Chest pain/angina - encompassing risk assessment of patients at risk of cardiovascular disease, patients with stable angina presenting to community-based healthcare teams for scheduled care, unscheduled care with acute coronary syndromes presenting via the Scottish Ambulance service to hospital and their subsequent journey through the hospital setting of coronary care, tertiary referral to a cardiac catheter laboratory, cardiac surgery, cardiac rehabilitation and discharge into the community setting.

2. Chronic heart failure – ranging from presentation in the community setting, through hospital based scheduled and unscheduled care to discharge, multidisciplinary follow up and management within the community. Palliative care aspects of care will also be addressed by this project group.

3. Arrhythmias/palpitations – this project group will consider a wide range of aspects of the patient pathway covering presentation, diagnosis and management of atrial and ventricular arrhythmias in the community setting and as unscheduled care presenting to emergency services in secondary and tertiary care.

The standards for each pathway will be developed by three pathway project groups (PPG) chaired by a senior clinician with a background and experience appropriate to the development of clinical standards for their pathway. The PPG will comprise of patients, representatives from voluntary and charitable organisations linked to CHD and a broad range of NHS staff nominated by the CHD managed clinical networks around Scotland.
Cardiac conditions not covered by the proposed programme of work

There are a number of other aspects of heart disease that will not be addressed directly within the current proposed work program for NHSQIS. These include inherited cardiac conditions (e.g. inherited cardiomyopathies and arrhythmias), adult congenital heart disease, paediatric heart disease, adult valvular heart disease, pericardial disease, infective endocarditis and diseases of the thoracic aorta.

Inherited cardiac conditions will be addressed as part of the development of a recently established Familial Arrhythmia Network which will be further complemented by a Familial Cardiomyopathy Network.
In addition to the SIGN guidelines, there are a number of other sources of information and evidence that will be used to inform the process of standards development. These include -

National Service Framework for Coronary Heart Disease (England & Wales) Department of Health, 2000

Service Framework for cardiovascular health and wellbeing, Northern Ireland 2008

**Arrhythmia/palpitations**


European Society of Cardiology. (2007) *Guidelines for cardiac pacing and cardiac resynchronization therapy*. Europace 9, 959-998


NICE. (2005) *Microwave ablation for atrial fibrillation in association with other cardiac surgery*. Interventional procedure guidance 122 London, NICE.


NICE. (2005) *Radiofrequency ablation for atrial fibrillation in association with other cardiac surgery*. Interventional procedure guidance 121 London, NICE.


**Cardiac rehabilitation**


Chest pain (stable angina and acute coronary syndromes)


NCCHTA. (2009) *Enhanced external counterpulsion (EECP) for stable angina or heart failure.*

NCCHTA. (2009) *The effectiveness and cost effectiveness of biomarkers for the prioritisation of patients awaiting coronary revascularisation: a systematic review and decision model.*


Chronic heart failure

Systematic review and individual patient data meta-analysis of diagnosis of heart failure, with modelling of the implications of different diagnostic strategies in primary care. (2009)


European Society of Cardiology. (2007) Guidelines for cardiac pacing and cardiac resynchronization therapy. Europace 9, 959-998


Hayes Inc. (2005) *Cardiac resynchronization therapy for chronic heart failure*. United States


Heart Failure Society of America. (2006) *Comprehensive heart failure practice guideline*. Journal of Cardiac Failure 12[1], e1-e122


Medical Services Advisory Committee. (2005) *Cardiac resynchronisation therapy for severe heart failure*. MSAC application 1042 Australia, Medical Services Advisory Committee.


NCCHTA. (2009) *Enhanced external counterpulsation (EECP) for stable angina or heart failure*.

