GM-HFIT
Greater Manchester Heart Failure Investigation Tool

Improving the quality of heart failure management in primary care

HSRN Conference 19/20th June
Michael Spence
GM CLAHRC  →  1 of 9 NIHR funded CLAHRC’s

Collaboration for Leadership in Applied Health Research and Care

Research themes:
- People with long-term conditions
- Practitioners
- Systems

Implementing for people with:
- Heart disease
- Diabetes
- Kidney disease
- Stroke

Previous research relevant to people with:
- Heart disease
- Diabetes
- Kidney disease
- Stroke

Developing and evaluating improved ways for the NHS to support people in managing their vascular disease

Building NHS capacity to plan and implement evidence-based improvements for people with vascular disease

Implementing these and other evidence-based improvements in healthcare
Heart failure (HF) affects around 900,000 people with 60,000 new cases annually. It accounts for 2% on NHS inpatient days and 5% of emergency admissions.

Meta-analysis data illustrates that HF admissions can be reduced by 34 – 50%, with the use of tailored interventions involving multi-faceted programmes.

Evidence outlines that the accuracy of primary care HF registers is variable. The BHF suggests that HF effects between 1 – 2% of the population.

HF registers can be used proactively to improve the care of patients with HF by guiding ongoing treatment and management resulting in the provision of appropriate clinical support and education.

How did we address the issues???
Project Goal:

To improve the quality of service and care for people with heart failure

Sub aims

1. Ensure patient care is consistent with evidence based guidelines from NICE and the ESC
2. Improve the knowledge and skills of healthcare professionals in relation to HF
3. Improve data quality and standardisation of documentation
GM-HFIT Development

GM-HFIT (verification)

This is a manual clinical audit tool, providing a ‘traffic light’ score to assess current heart failure management and the accuracy of the heart failure disease register. A HF specialist nurse manually verifies all patients on the HF1 disease register (via the clinical system notes); providing recommendations about their management and validity for the register.

GM-HFIT (case finding)

GM-HFIT (case finding) uses 19 discrete manual searches to identify patients that may have HF, but are currently absent from the HF1 disease register. A HF specialist nurse manually assesses (via the clinical notes) the suitability of all patients generated by the searches.

GM-HFIT (lite)

A smaller re-audit is undertaken, to assess the ‘traffic light’ indicators, to ascertain if any improvements in heart failure management have been achieved. The accuracy of the HF register is also re-assessed to measure improvement.
GM-HFIT Process Flow Chart

Months 1 - 3
- Register verification/Case finding

Month 4
- Education Event

Months 4 - 5
- Practice feedback sessions & patient review

Months 9 - 12
- Heart failure register re-audits & feedback

Month 12
- Final feedback event

KTA = Knowledge Transfer Associate

KTA Practice Visits
Q.1 Are primary care HF registers accurate?

Each patient record on the HF register was manually audited by a HFSN to identify if patients were either:

- Appropriate
- Inappropriate
- Required further investigation

A rationale and management recommendations are made.

Q.2 How are HF patients managed in primary care?

All practices are assessed via a number of key performance indicators (KPI), developed in correlation with guidance from:

- NICE
- European Society of Cardiology (ESC)
- American Heart Association (AHA)

A score based Traffic Light Assessment.
## GM-HFIT (verification):
### Traffic Light Score

<table>
<thead>
<tr>
<th>Audit data</th>
<th>&lt;20%</th>
<th>20-39%</th>
<th>40-59%</th>
<th>60-79%</th>
<th>&gt;=80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis confirmed using echocardiogram</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Aetiology investigated / confirmed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Functional capacity assessed/ severity using NYHA</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Heart failure review</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Weight done at review</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Ankle oedema checked</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>BP recorded</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Pulse rate checked</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Pulse rhythm checked</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Has an ECG been performed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>ACE use or contraindicated in LVSD patients</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Treated to target dose of ACEI or ARB</strong>*</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Beta blocker use or contraindicated in LVSD patients</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Treated to target dose of BB</strong>*</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Screening for depression</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Smoking status checked</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Alcohol intake checked</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Nutritional information given</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Flu vaccine given</td>
<td>0</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Pneumococcal vaccine given</td>
<td>0</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Self care/ education material given</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total Score**

**Total Score is out of 80**

- **Gold ( > 76)**: Providing outstanding quality of care
- **Green ( 50-76 )**: Providing a very high quality of care
- **Amber ( 25-49 )**: Providing good care but you need to improve on certain areas
- **Red ( < 25 )**: You are falling short and need to make major improvements
**GM-HFIT (verification): Data Dashboard**

**Audit Dashboard**
- Total pts audited: 70
- Pts under secondary care: 12 (17%)
- Pts for further investigation: 11
- Pts inappropriate: 11

### Diagnosis (%)
- Confirmed: 70
- Not confirmed: 20

### Aetiology (%)
- Confirmed: 70
- Not looked for: 11
- LVSD***: 19
- Preserved***: 6
- Unknown***: 2

### Functional Capacity (%)
- Not done: 80
- Recorded: 20

### Heart Failure Review (%)
- Reviewed: 0
- Not reviewed: 100
- 11 monthly**: 0
- 6 monthly**: 0

### Psychosocial Assessment (%)
- Alcohol: 10
- Smoking: 99
- Depression: 64

### Ankle Oedema (%)
- Checked: 17
- Not checked: 83

### ECG (%)%
- Done: 67
- Not done: 33

### Weight Check (%)
- Done: 83
- Not done: 17

### Blood Pressure (%)
- Done: 97
- Not done: 3

### Pulse, Rate & Rhythm Check (%)
- Done: 73
- Not done: 27

### ACEI/ARB use (%)
- On: 74
- Not on: 17

### ACEI/ARB Target (%)
- Up-stratified: 10
- Not met: 33

### Beta Blocker Use (%)
- On: 46
- Not on: 39

### Beta Target (%)
- Up-stratified: 13
- Not met: 38

### Pneumococcal Vaccine Status (%)
- Had: 86
- Declined: 0

### Flu Vaccination Status (%)
- Had: 76
- Declined: 9

### Self Care (%)
- Yes: 20
- No: 80

**Notes:**
* of patients who are on that medication  
** of patients who've had a heart failure review  
*** of patients with confirmed aetiology
# GM-HFIT (verification):
## Management Recommendations

### Register Verification

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>HF Register</th>
<th>Refer for ECHO</th>
<th>Rationale</th>
<th>Recommendation 1.</th>
<th>Recommendation 2.</th>
<th>HF Review</th>
<th>Read Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appropriate</td>
<td>No ECHO required</td>
<td>The patient has a dilated cardiomyopathy, with an ejection fraction of 15% as per cardiologist’s letter. Please investigate why the patient is not on an ACE inhibitor.</td>
<td>0</td>
<td></td>
<td>Patient requires 6 month primary care HF review (code 662p)</td>
<td>1st - GS8 2nd - G5yyS 3rd - 662p</td>
</tr>
<tr>
<td></td>
<td>Appropriate</td>
<td>No ECHO required</td>
<td>ECHO (2004) illustrates the patient has LVSD with ejection fraction of 30% Patient is currently on FELODIPINE, this isn’t licensed for HF. Only AMLODIPINE is licensed for LVSD patients</td>
<td>0</td>
<td></td>
<td>Patient requires 6 month primary care HF review (code 662p)</td>
<td>1st - GS8 2nd - G5yyS 3rd - 662p</td>
</tr>
<tr>
<td></td>
<td>Appropriate</td>
<td>No ECHO required</td>
<td>Patient has an ejection fraction of 25 - 30% as confirmed by secondary care cardiologist and</td>
<td>0</td>
<td></td>
<td>Patient requires 6 month primary care HF review</td>
<td>1st - GS8 2nd - G5yyS 3rd - 662p</td>
</tr>
</tbody>
</table>
Q.3 Are there any diagnosed HF patients not currently on HF registers

19 discrete searched have been developed which are intended to identify patients that have HF, but are currently not on the HF QOF register. The searches are based around a combination of:

- Medication
- Associated diseases (Angina, CHD, AF etc...)
- Inappropriate clinical coding

All patients identified within the searches, were reviewed manually by a HFSN.

One of the following was suggested:

- Add to HF register
- Refer for ECHO
- Request ECHO report
- GP to review
- Refer to specialist
- No action
GM-HFIT (case finding)
Search Criteria

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spironolactone BUT not on HF register</td>
</tr>
<tr>
<td>2</td>
<td>Eplerenone BUT not on HF register</td>
</tr>
<tr>
<td>3</td>
<td>Metolazone BUT not on HF register</td>
</tr>
<tr>
<td>4</td>
<td>ECHO on CHD Register BUT not on HF register</td>
</tr>
<tr>
<td>5</td>
<td>ECG abnormal and left bundle branch block, on CHD Register BUT not on HF register</td>
</tr>
<tr>
<td>6</td>
<td>Angina &amp; ECHO BUT not on HF register</td>
</tr>
<tr>
<td>7</td>
<td>Previous MI &amp; ECHO BUT not on HF register</td>
</tr>
<tr>
<td>8</td>
<td>Atrial fibrillation, Atrial flutter &amp; ECHO BUT not on HF register</td>
</tr>
<tr>
<td>9</td>
<td>Cardiomyopathy BUT not on HF register</td>
</tr>
<tr>
<td>10</td>
<td>ECHO shows LVSD BUT not on HF register</td>
</tr>
<tr>
<td>11</td>
<td>Suspected heart failure BUT not on HF register</td>
</tr>
<tr>
<td>12</td>
<td>LVSD BUT not on HF register</td>
</tr>
<tr>
<td>13</td>
<td>Impaired left ventricular function BUT not on HF register</td>
</tr>
<tr>
<td>14</td>
<td>ECHO shows diastolic dysfunction BUT not on HF register</td>
</tr>
<tr>
<td>15</td>
<td>ECHO abnormal BUT not on HF register</td>
</tr>
<tr>
<td>16</td>
<td>Bi ventricular pacemaker BUT not on HF register</td>
</tr>
<tr>
<td>17</td>
<td>NYHA classification BUT not on HF register</td>
</tr>
<tr>
<td>18</td>
<td>History of heart failure BUT not on HF register</td>
</tr>
<tr>
<td>19</td>
<td>Cardiomegaly &amp; ECHO BUT not on HF register</td>
</tr>
</tbody>
</table>
**GM-HFIT (case finding) Overview Display**

**GM-HFIT Search Results:**

<table>
<thead>
<tr>
<th>Search Number</th>
<th>Search Mechanism</th>
<th>Read Codes</th>
<th>Number of Patients found</th>
<th>No. to Add to HF Register*</th>
<th>No. to Refer for ECHO</th>
<th>No. of ECHO Reports Requested</th>
<th>No. to Refer for Specialist Opinion</th>
<th>No. Needing GP Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spironolactone but not on HF register</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Eplerenone but not on HF register</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Metolazone but not on HF register</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>ECHO abnormal &amp; LVSD on CHD register but not on HF register</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* All patients should be reviewed by a GP before being added to the HF register

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The NIHR CLAHRC for Greater Manchester is a collaboration of Greater Manchester NHS Trusts and the University of Manchester and is part of the National Institute for Health Research.

W: http://clahr-cgm.nihr.ac.uk  E: clahrscsft.nhs.uk
# GM-HFIT (case finding)

## Management Recommendations

### Search 2: Eplerenone but not on HF register

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>D.O.B &amp; Gender</th>
<th>Signs &amp; Symptoms</th>
<th>Risk Factors</th>
<th>Comments</th>
<th>Actions</th>
<th>Medication</th>
<th>Read Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>x</td>
<td>PND</td>
<td>Hypertension; Ex-smoker; CHD</td>
<td>ECHO (Nov 09) shows poor LV function and severe mitral regurgitation considering mitral valve repair and CABG - Dr Atkinson</td>
<td>Add to HF Register</td>
<td>On ACE and BB licenced for LVSD. BB optimised</td>
<td>1st - G5 2nd - G5 3rd - G6</td>
</tr>
</tbody>
</table>
Heart Failure Education Sessions

Q.4 Why aren’t all heart failure patients managed in accordance to guidelines

A practice nurse / health care assistant and GP from every practice was invited to a small interactive education session, delivered by local HFSNs. The education included information on:

- *Brain Natriuretic Peptide (BNP)*
- *Diagnosis*
- *Treatment and management*
- *Palliative care*

There were questions I wasn’t sure about and issues that I wasn’t sure about. But this has helped to clarify it. (GP)
Q.4 Can we improve the current level of HF management in primary care

All practices were provided with a ‘Development Pack’ containing the data from GM-HFIT (verification) and GM-HFIT (case finding).

The development pack was also a reference resource for practices, to aid their HF patient management. It included:

- **Local and National guidelines**
- **GMCCSN ‘Pathways for cardiology’ guidelines**
- **Lancs and Cumbria Cardiac and Stroke Network HF guide**
- **GM CLAHRC Read Code guide**
- **BHF patient information (books/DVDs/weight guides)**
- **British Society of Echocardiography guidance**
- **GM CLAHRC HF Review checklist**

Action plans were developed
**GM-HFIT (verification)**

**Population Demographics**

<table>
<thead>
<tr>
<th>Variable</th>
<th>All Patients (n=469)</th>
<th>Seen only in primary care (n=357)</th>
<th>Under specialist care &amp; primary care (n=112)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (s.d.)</td>
<td>73.2 (14.4)</td>
<td>74 (14.4)</td>
<td>70 (13.7)</td>
<td>0.007</td>
</tr>
<tr>
<td>Female</td>
<td>45%</td>
<td>49%</td>
<td>32%</td>
<td>0.002</td>
</tr>
<tr>
<td>Male</td>
<td>55%</td>
<td>51%</td>
<td>68%</td>
<td></td>
</tr>
<tr>
<td>LVSD</td>
<td>58%</td>
<td>47%</td>
<td>93%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Diabetes</td>
<td>32%</td>
<td>33%</td>
<td>27%</td>
<td>0.436</td>
</tr>
<tr>
<td>CKD</td>
<td>29%</td>
<td>28%</td>
<td>33%</td>
<td>0.308</td>
</tr>
<tr>
<td>Hypertension</td>
<td>64%</td>
<td>66%</td>
<td>59%</td>
<td>0.184</td>
</tr>
<tr>
<td>COPD</td>
<td>18%</td>
<td>18.2%</td>
<td>18%</td>
<td>0.933</td>
</tr>
<tr>
<td>IHD</td>
<td>46%</td>
<td>44.5%</td>
<td>52%</td>
<td>0.18</td>
</tr>
<tr>
<td>Previous MI</td>
<td>23%</td>
<td>21%</td>
<td>29.5%</td>
<td>0.064</td>
</tr>
<tr>
<td>AF</td>
<td>36%</td>
<td>37%</td>
<td>35%</td>
<td>0.68</td>
</tr>
<tr>
<td>Depression</td>
<td>10%</td>
<td>11%</td>
<td>9%</td>
<td>0.601</td>
</tr>
</tbody>
</table>
GM-HFIT (verification)

Comorbidites

<table>
<thead>
<tr>
<th>No. of Co-morbidities</th>
<th>No. of HF Patients</th>
<th>Percentage of HF Cohort (n=469)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>20</td>
<td>4.3%</td>
</tr>
<tr>
<td>1</td>
<td>74</td>
<td>15.8%</td>
</tr>
<tr>
<td>2</td>
<td>127</td>
<td>27.1%</td>
</tr>
<tr>
<td>3</td>
<td>130</td>
<td>27.7%</td>
</tr>
<tr>
<td>4</td>
<td>83</td>
<td>17.7%</td>
</tr>
<tr>
<td>5</td>
<td>27</td>
<td>5.8%</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>1.1%</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

This is consistent with latest data from the National Heart Failure Audit, which states that most HF patients have or have had hypertension, and that atrial fibrillation and renal dysfunction are precipitating factors of HF.

Complex patients to manage
GM-HFIT (verification) Results

During the initial audit **478 patients** from **13 heart failure disease registers** were reviewed and verified by a HFSN. However re-audit data is only available from **10 practices**, as one locality wished to perform their own follow up.

**GM-HFIT (verification)**

- **59.9% (n=181)** of patients were appropriately on the HF register
- **23.2% (n=109)** of patients required further investigation to confirm appropriateness
- **16.8% (n=79)** of patients were inappropriate

**GM-HFIT (lite)**

- **78.9% (n=259)** an increase of **32.2%**
- **18.2% (n=60)**, a decrease of **16%**
- **2.7% (n=9)**, a decrease of **85.2%**
The mean Traffic Light score increase was 10 points, a 24% improvement
GM-HFIT (verification) 
Results – ACE Inhibitor

<table>
<thead>
<tr>
<th>ACE-I use</th>
<th>Initial Audit (n=303)</th>
<th>Re-audit (n=328)</th>
<th>Percentage Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>On</td>
<td>138 (45.54%)</td>
<td>195 (59.45%)</td>
<td>30.53% (increase)</td>
</tr>
<tr>
<td>Not on</td>
<td>11 (3.63%)</td>
<td>15 (4.57%)</td>
<td>25.97% (increase)</td>
</tr>
<tr>
<td>Contraindicated</td>
<td>13 (4.29%)</td>
<td>18 (5.49%)</td>
<td>27.91% (increase)</td>
</tr>
<tr>
<td>Not Licensed</td>
<td>7 (2.31%)</td>
<td>6 (1.83%)</td>
<td>20.82% (decrease)</td>
</tr>
<tr>
<td>N/A no LVSD</td>
<td>134 (44.22%)</td>
<td>94 (28.66%)</td>
<td>35.20% (decrease)</td>
</tr>
</tbody>
</table>

For those patients who are on an ACE

% of LVSD Patients who are on an ACE who receive Target Dose

- Initial audit: Met, Up-titrating, NOT met
- Reaudit: Met, Up-titrating, NOT met
GM-HFIT (verification) Results – Beta Blocker

<table>
<thead>
<tr>
<th>BB use</th>
<th>Initial Audit (n=303)</th>
<th>Re-audit (n=328)</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>On</td>
<td>106 (34.98%)</td>
<td>155 (47.26%)</td>
<td>35.08% (increase)</td>
</tr>
<tr>
<td>Not on</td>
<td>37 (12.21%)</td>
<td>23 (7.01%)</td>
<td>42.58% (decrease)</td>
</tr>
<tr>
<td>Contraindicated</td>
<td>21 (6.93%)</td>
<td>45 (13.72%)</td>
<td>97.95% (increase)</td>
</tr>
<tr>
<td>Not Licensed</td>
<td>5 (1.65%)</td>
<td>10 (3.05%)</td>
<td>84.76% (increase)</td>
</tr>
<tr>
<td>N/A no LVSD</td>
<td>134 (44.22%)</td>
<td>95 (28.96%)</td>
<td>34.51% (decrease)</td>
</tr>
</tbody>
</table>

For those patients who are on a beta blocker

% of LVSD Patients who are on an a BB who receive Target Dose

- Initial audit:
  - Met: 47
  - Up - titrating: 16
  - NOT met: 25

- Reaudit:
  - Met: 57
  - Up - titrating: 18
  - NOT met: 37
GM-HFIT (case finding)
Initial Results

A total of **19 discrete searches** based on medication, echocardiography and associated diseases established **1962 patients to assess**.

The GM CLAHRC team assessed these patients via clinical records and found **461 ‘actions’**, these include:

- **Patients identified that either had a confirmed diagnosis of HF or required further investigation**
  - Patients required an assessment by a specialist clinician: **12**
  - Patients needed their echocardiogram report requesting from secondary care: **46**
  - Patients requiring referral for an echocardiogram: **43**
  - Patients needed to be reviewed by their GP to assess heart failure status: **123**
  - Patients had heart failure and needed to be added to the disease register: **237**
GM-HFIT (case finding)
Follow-up Results

Perhaps the results are due to:
(a) Less time for follow up
(b) Less facilitation
(c) Less buy in

Extra support was provided:
(a) Coding training
(b) One on one HF education
(c) HF template design

PARiHS
GM-HFIT Impact Quotes

“There are two circumstances that crop up. First will be pre-existing HF patients; they will be swept up by the health care assistants and they will do all their bloods and make them an appointment with us (GP) and our side of it is to optimise the drugs and make sure whatever should be done has been attempted...So where your work is most useful, particularly with the new patients, we have a model that we can follow and that we can draw from a resource. So it’s great” GP

“We have benefitted one hundred percent because our issue at the beginning was a read code problem so the project first of all identified it and then enabled us to put all read coding in place and then when you re-audited it showed that we had done it and had been missing things off and we have just continued to work on coding so yes it was good” PM

“The GM-HFIT project was a very useful exercise; it has made the clinical team much more aware of heart failure, in general, and the needs of the patient. Very interesting feedback was given by the GM CLAHRC project team, in an easy and understandable format.” PM
Moving Forward

Full evaluation report will be available in July 2012

GM-HFIT is currently working with over 20 practices in Bury

Due to be rolled out to practices in Ashton, Leigh & Wigan

All resources are available via our website

http://clahrc-gm.nihr.ac.uk/

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