

A DECLARATION OF JOINT WORKING BETWEEN THE MID YORKSHIRE NHS TRUST AND ASTRAZENECA UK LTD

The Mid Yorkshire NHS Trust and AstraZeneca UK Ltd are engaged in a Joint Working Project Entitled 'Innovation in pathway integration – A T2DM/HF pilot'.

The background to the project

Patients with type 2 diabetes are at increased risk of HF with incidence of heart failure in patients with type 2 diabetes about 2.5 times that seen in patients without diabetes.

Whilst HF is typically the first cardiac complication to manifest in T2DM, the incidence in Wakefield CCG is much higher than the England average with 30.4 patients diagnosed per 1000 against an NHS England average of 20.3 per 1000.

Concomitant diagnosis of HF and diabetes infers double the mortality rate and so presents a significant challenge for NHS Wakefield.

This programme is designed to support The Mid Yorkshire NHS Trust/ Healthcare First to improve diabetic patient outcomes for patients with concomitant heart failure whilst supporting an enhancement to practice QOF achievement.

95% of Heart Failure patients are classed as 'multimorbid' (i.e. 2 or more long term conditions) with an estimated 33% of patients being diagnosed as diabetic; however, significant rates of under-reporting within heart failure means this could be significantly higher.

The first phase of this initiative will focus on ensuring patients are accurately represented within the respective heart failure clinical domain. This will enhance reported prevalence and ensure treatment strategies can be appropriately tailored in line with individual patient circumstances and risk. Secondly these patients will be screened against their ascertainment of guideline recommended treatment targets for Diabetes.

The below programme of work is designed to support the integrated care pathway between PCN and Trust to improve clinical outcomes for patients whilst alleviating primary care workforce pressures.

The finale phase will involve patients being recalled for optimisation of diabetic and heart failure therapies in line with latest guidelines.

At 0.99%, Wakefield CCG has a higher prevalence than the STP average of 0.97% and the national average of 0.93%. At practice level there is significant variation 0.42% to 1.39% which indicates significant opportunities to improve the detection and/or coding of this long-term condition.



The National HF Audit 2017 reported that 66.8% of patients with heart failure have LVSD. Within the PCN 89 of the 418 heart failure patients are currently reported as LVSD – 21%. An increase to national audit levels of 66.8% would identify a further 169 patients as LVSD.

Changes to the QOF requirements for 2020/21 will bring additional focus and requirements to the heart failure register. This will include changes to the denominator for treatment of patients with beta-blockers and a requirement for annual review with focus upon functional assessment and the up-titration of medication to address symptoms. This initiative will support implementation of these new indicators through structured review, assessment and MDT working where patients have concomitant diabetes.

Patients then will be supported through a CVD and Diabetes review with the aim of improving wider patient outcomes and reducing ongoing risk.

Aims and Objectives of the Pilot:

- a.** Improvement in prevalence and coding
- b.** Adherence to NICE guidance for LVSD & T2DM management and up titration of medication.
- c.** Reduction in unplanned hospital admissions.
- d.** Referral to secondary care for symptomatic T2DM with NYHA III/IV patients on optimal therapy.
- e.** Improved palliative care.
- f.** Addition of SGLT2 for diabetic LVSD patients.