

SERVICE SPECIFICATION

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| Service Specification No. | 03/CVDS/0012 |
| Service | BNP Measuring in Primary Care / Heart Failure Diagnostic Pathway |
| Commissioner Lead | Clinical Commissioning Programme for Cardiovascular Disease and Stroke |
| Provider Lead | |
| Period | 1 August 2013 to 31 March 2015 |
| Date of Review | |

1. Population Needs

1.1 National/local context and evidence base

Heart failure affects at least one in every 100 people in the UK, increasing steeply with age to about 7% in men and women over 75 years. The number of patients with heart failure is set to rise in the next twenty years, due to the combined effects of improved survival in patients who develop cardiovascular disease, such as heart attacks, and an ageing population.

In addition to this heart failure is one of the commonest reasons for emergency medical admissions (about 5%), readmissions and hospital bed-days occupancy. (NHS Information Centre, National Heart Failure Audit (2010))

The national recorded prevalence (1.8%) of heart failure is lower than expected (2.3%), with 140,000 fewer people than estimated reported as having heart failure, indicating that improvements in diagnosis are required. (NICE Chronic Heart Failure Clinical Guidelines CG108 2010)

The NICE Chronic Heart Failure Clinical Guidelines (2010) recommends that all patients with suspected heart failure without previous MI are measured for serum natriuretic peptides (Btype natriuretic peptide (BNP) or N-terminal pro-B-type natriuretic peptide (NT-proBNP).

A survey by NHS Improvement in August 2009 showed that 46% of PCTs provided BNP/NTproBNP testing for GPs in primary care. It has been estimated that this percentage now stands closer to 60%. NHS Improvement estimate that total predicted savings to the NHS if all PCTs were to implement this test would be £13.7 million.

In Dorset there are currently 7,235 people on Heart failure registers locally (3509 in NHS Bournemouth and Poole; 3726 in NHS Dorset). This is significantly lower than the expected prevalence rate for Dorset of 16,397 (approximately 2%) indicating that improvements in diagnosing heart failure should be an area of focused clinical activity. (Source: Public Health Department NHS Bournemouth and Poole. Ref: Ellis C, Gnani S and Majeed A (2001) Prevalence and management of heart failure in General Practice in England and Wales, 1994-1998. Health Statistics Quarterly 11: 17-24).

Additionally in 2009/10 there were 925 emergency admissions with primary diagnosis of heart failure across Dorset. With an average cost of £3000 per admission, the total cost to the local health service was £2.78m.

Both nationally and locally improving heart failure services is recognised as a priority. In November 2010 the Dorset Cardiac Network hosted a county wide consultation event: 'Optimising Heart Failure Services'. The overall aim of this event was to agree priorities for improving heart failure services across the county. Introducing BNP testing to screen patients suspected of having heart failure was an identified priority.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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| Domain 1 | Preventing people from dying prematurely | √ |
| Domain 2 | Enhancing quality of life for people with long-term conditions | √ |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | |
| Domain 4 | Ensuring people have a positive experience of care | |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | |

2.2 Local defined outcomes

The outcomes of this service will be:

- improved detection of patients with heart failure in primary care;
- a reduction in new cardiology referrals to secondary care;
- a reduction in new referrals for echocardiography;
- a higher conversion rate from GP referral to secondary care to a confirmed diagnosis of heart failure ;
- a reduction in emergency admissions with a primary diagnosis of heart failure with associated cost savings;
- improved patient experience.

3. Scope

3.1 Aims and objectives of service

The aim of a NT-proBNP testing service is to improve effectiveness and efficiency in diagnosing heart failure by ensuring that all patients presenting with symptoms of heart failure without a past history of myocardial infarction have access to NT – pro BNP blood testing in primary care.

The key objectives are :

- to provide a central laboratory based NT-proBNP blood testing service for GPs across Dorset;
- to develop a robust electronic referral system accessible to all GPs in Dorset;
- to ensure an equitable service for patients presenting with heart failure symptoms across Dorset;
- to ensure that results of NT-proBNP blood tests are reported back to GPs within 72 hours of receipt of sample;
- to support Dorset GPs to achieve NTproBNP testing levels in line with NICE guidance;
- to provide robust data to commissioners and GP practices for monitoring purposes and to improve the uptake of this service;
- to improve patient experience and outcomes.

3.2 Service description/care pathway

The service will provide access to NTproBNP testing at one central laboratory for all Dorset CCG GPs.

The hours of operation will be as required to meet the agreed service delivery standards.

The service will include:

- undertaking NTproBNP tests in accordance with agreed clinical guidelines and access criteria in 3.3
- providing a robust electronic referral process to request NTproBNP testing that is easy for practices to use, equitable and accessible to all GP Practices in Dorset
- Receipt of blood samples from GPs across the county of Dorset for analysis of BNP levels within 12 hours of the sample being taken
- Responsibility for ensuring robust linkages with existing transport services between the GP surgeries in Dorset and the laboratory
- Running the NTproBNP test in line with the agreed, recommended sensitivity levels
- A maximum turnaround time of 72 hours from receipt of the blood sample in the laboratory to electronically providing the results to GPs across Dorset
- Urgent same day reporting of high BNP results by phone to the referring GP or GP practice.
- Robust matching of all BNP tests to the requesting GP to ensure that all results are reported back to the requesting GP within the agreed time frames.
- Processing and storage of patient level data and test results compliant with the Data Protection Act and NHS Information Governance protocols
- Responsibility for quality control (e.g. calibration of machines) within recommended guidelines
- Collection, monitoring and sharing of data by GP practice and locality in the format agreed by commissioners (Appendix 2) to include :
 - Total number of tests requested;
 - % reported with agreed timeframes;
 - Number of high/raised tests (high = >2000 pg/ml / raised = 400-2000pg/ml);
 - Number of normal tests (serum levels: <400 pg/ml);
 - Number of blood samples not analysed due to either incorrect sample collection or failure to meet the agreed clinical guidelines;
 - Issues and risks log.

3.3 Any acceptance and exclusion criteria and thresholds

Acceptance Criteria

The service will accept blood samples for NTproBNP from all Dorset CCG GPs in accordance with the agreed clinical guidelines.

Exclusions

Blood tests requested by secondary care clinicians are not included as part of this service

Tests for patients under the age of 18

3.5 Interdependence with other services/providers

This service will require close working relationships between:

Dorset CCG GPs
Laboratory Technicians
Practice Managers
Cardiologists
Dorset Acute Providers
Transport Services
Dorset CCG Commissioners
Locality Managers
Service Users

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement