



# Stable angina

Quality standard

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[www.nice.org.uk/guidance/qs21](https://www.nice.org.uk/guidance/qs21)

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This standard is based on CG95 and CG126.

This standard should be read in conjunction with QS15, QS28, QS68, QS43, QS93, QS100, QS99 and QS9.

## Quality statements

Statement 1 People with features of typical or atypical angina are offered 64-slice (or above) CT coronary angiography.

Statement 2 People with stable angina are offered a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

Statement 3 People with stable angina are prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered.

Statement 4 People with stable angina who have had coronary angiography have their treatment options discussed by a multidisciplinary team if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

Statement 5 People with stable angina whose symptoms have not responded to treatment are offered re-evaluation of their diagnosis and treatment.

# Quality statement 1: Diagnostic investigation

## Quality statement

People with features of typical or atypical angina are offered 64-slice (or above) CT coronary angiography.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that people with features of typical or atypical angina are offered 64-slice (or above) CT coronary angiography.

**Data source:** Local data collection.

### Process

Proportion of people with features of typical or atypical angina who receive 64-slice (or above) CT coronary angiography.

Numerator – the number of people in the denominator who receive 64-slice (or above) CT coronary angiography.

Denominator – the number of people with features of typical or atypical angina.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** ensure systems are in place so that people with features of typical or atypical angina are offered 64-slice (or above) CT coronary angiography.

**Healthcare professionals** offer 64-slice (or above) CT coronary angiography to people with features of typical or atypical angina.

**Commissioners** ensure they commission services that offer 64-slice (or above) CT coronary angiography to people with features of typical or atypical angina.

**People who have been assessed and may have angina** are offered CT coronary angiography (a procedure to check for narrowed or blocked arteries) to confirm any diagnosis.

## Source guidance

Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis. NICE guideline CG95 (2010, updated 2016), recommendation 1.3.4.3

## Definitions of terms used in this quality statement

### Angina

The NICE guideline on recent-onset chest pain of suspected cardiac origin, recommendation 1.3.3.1, describes the features of angina.

## Quality statement 2: First-line treatment

### Quality statement

People with stable angina are offered a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

### Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

#### Structure

Evidence of local arrangements to ensure that people with stable angina are offered a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

**Data source:** Local data collection.

#### Process

Proportion of people newly diagnosed with stable angina who are prescribed a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

Numerator – the number of people in the denominator prescribed a short-acting nitrate and either a beta-blocker or calcium-channel blocker as first-line treatment.

Denominator – the number of people newly diagnosed with stable angina.

**Data source:** Local data collection.

## What the quality statement means for different

## audiences

**Service providers** ensure systems are in place to offer people with stable angina a short-acting nitrate and either a beta-blocker or a calcium-channel blocker as first-line treatment.

**Healthcare professionals** offer people with stable angina a short-acting nitrate and either a beta-blocker or a calcium-channel blocker as first-line treatment.

**Commissioners** ensure they commission services that offer people with stable angina a short-acting nitrate and either a beta-blocker or a calcium-channel blocker as first-line treatment.

**People with stable angina** are offered drug treatment to take for immediate relief from an attack of angina (a short-acting nitrate) and another drug to take every day (either a beta-blocker or a calcium-channel blocker) to prevent episodes of stable angina.

## Source guidance

Stable angina: management. NICE guideline CG126 (2010, updated 2016), recommendations 1.3.3 and 1.4.7



# Quality statement 3: Medical treatment before revascularisation

## Quality statement

People with stable angina are prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary, before revascularisation is considered.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that people with stable angina are prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered.

**Data source:** Local data collection.

### Process

Proportion of people with stable angina who are prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered.

Numerator – the number of people in the denominator prescribed a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered.

Denominator – the number of people with stable angina considered for revascularisation.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** ensure systems are in place to prescribe a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary for people with stable angina before revascularisation is considered.

**Healthcare professionals** prescribe a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary before revascularisation is considered in people with stable angina.

**Commissioners** ensure they commission services that prescribe a short-acting nitrate and 1 or 2 anti-anginal drugs as necessary for people with stable angina before considering revascularisation.

**People with stable angina** are prescribed a short-acting nitrate and 1 or 2 drugs as necessary to prevent angina before revascularisation (an operation to improve blood flow) is considered.

## Source guidance

Stable angina: management. NICE guideline CG126 (2010, updated 2016), recommendations 1.3.3, 1.4.8, 1.4.9, 1.4.11, 1.4.12 and 1.5.1.

## Definitions of terms used in this quality statement

### Prescribing 1 or 2 anti-anginal drugs as necessary

When anti-anginal drugs are contraindicated, not tolerated or when symptoms are not satisfactorily controlled:

- if the person cannot tolerate a beta-blocker or calcium-channel blocker, consider switching to the other option (calcium-channel blocker or beta-blocker)
- if the person's symptoms are not satisfactorily controlled on a beta-blocker or a calcium-channel blocker, consider either switching to the other option or using a combination of the 2

- if the person cannot tolerate beta-blockers and calcium-channel blockers or both are contraindicated, consider monotherapy with 1 of the following drugs:
  - a long-acting nitrate **or**
  - ivabradine **or**
  - nicorandil **or**
  - ranolazine.
- for people on beta-blocker or calcium-channel blocker monotherapy whose symptoms are not controlled and the other option (calcium-channel blocker or beta-blocker) is contraindicated or not tolerated, consider 1 of the following as an additional drug:
  - a long-acting nitrate **or**
  - ivabradine **or**
  - nicorandil **or**
  - ranolazine.

Decide which drug to use based on comorbidities, contraindications, the person's preference and drug costs.

Since the NICE guideline was produced, the Medicines and Healthcare products Regulatory Agency (MHRA) have published advice about safety concerns related to ivabradine (see the [ivabradine June 2014 drug safety update](#) and the [December 2014 drug safety update](#)) and nicorandil (see the [nicorandil January 2016 drug safety update](#)).

When combining ivabradine with a calcium-channel blocker, use a dihydropyridine calcium-channel blocker, for example, slow release nifedipine, amlodipine, or felodipine. [Adapted from the [NICE guideline on stable angina](#), recommendations 1.4.8, 1.4.9, 1.4.11 and 1.4.12]

# Quality statement 4: Multidisciplinary team

## Quality statement

People with stable angina who have had coronary angiography have their treatment options discussed by a multidisciplinary team if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to provide a multidisciplinary team to discuss the risks and benefits of continuing drug treatment or revascularisation strategy for people with stable angina.

**Data source:** Local data collection.

### Process

Proportion of people with stable angina who have had coronary angiography who have their treatment options discussed by a multidisciplinary team if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

Numerator – the number of people in the denominator who have their treatment options discussed by a multidisciplinary team.

Denominator – the number of people with stable angina who have had coronary angiography who have left main stem disease or anatomically complex three-vessel disease, or if there is doubt about the best method of revascularisation.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** ensure a multidisciplinary team discusses the treatment options for people with stable angina who have had coronary angiography if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

**Healthcare professionals** ensure people with stable angina who have had coronary angiography have their treatment options discussed by a multidisciplinary team if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

**Commissioners** ensure they commission services that provide a multidisciplinary team to discuss the treatment options for people with stable angina who have had coronary angiography, if there is left main stem disease, anatomically complex three-vessel disease or doubt about the best method of revascularisation.

**People with stable angina** who have had coronary angiography (a procedure to check for narrowed or blocked arteries) have their treatment options discussed by a multidisciplinary team, including a heart surgeon and specialist in heart procedures, if needed.

## Source guidance

Stable angina: management. NICE guideline CG126 (2010, updated 2016), recommendation 1.5.8.

## Definitions of terms used in the quality statement

### Multidisciplinary team

The [NICE guideline on stable angina](#) does not describe the composition of the multidisciplinary team but does state that it should include cardiac surgeons and interventional cardiologists.

The criteria for discussion of treatment options by a multidisciplinary team are not limited to left main stem or anatomically complex three-vessel disease or doubt about the best method of revascularisation. These are specific examples used to aid measurability.

# Quality statement 5: Symptoms not responding to treatment

## Quality statement

People with stable angina whose symptoms have not responded to treatment are offered a re-evaluation of their diagnosis and treatment.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that people with stable angina whose symptoms have not responded to treatment are offered a re-evaluation of their diagnosis and treatment.

**Data source:** Local data collection.

### Process

Proportion of people with stable angina whose symptoms have not responded to treatment who have their diagnosis and treatment re-evaluated.

Numerator – the number of people in the denominator who have their diagnosis and treatment re-evaluated.

Denominator – the number of people with stable angina whose symptoms have not responded to treatment.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** ensure systems are in place to re-evaluate the diagnosis and treatment of people with stable angina whose symptoms have not responded to treatment.

**Healthcare professionals** offer re-evaluation of diagnosis and treatment to people with stable angina whose symptoms have not responded to treatment.

**Commissioners** ensure they commission services that re-evaluate the diagnosis and treatment of people with stable angina whose symptoms have not responded to treatment.

**People with stable angina** whose symptoms are not improving with treatment are offered a re-evaluation of their diagnosis and treatment.

## Source guidance

Stable angina: management. NICE guideline CG126 (2010, updated 2016), recommendation 1.7.1.

## Definitions of terms used in this quality statement

### Re-evaluation of diagnosis and treatment

Comprehensive re-evaluation and advice may include:

- exploring the person's understanding of their condition
- exploring the impact of symptoms on the person's quality of life
- reviewing the diagnosis and considering non-ischaemic causes of pain
- reviewing drug treatment and considering future drug treatment and revascularisation options
- acknowledging the limitations of future treatment



- explaining how the person can manage the pain themselves
- specific attention to the role of psychological factors in pain
- development of skills to modify cognitions and behaviours associated with pain.

[Adapted from [NICE's guideline on stable angina](#), recommendation 1.7.1]

## Update information

**February 2017:** Statement 1 has been updated to reflect changes made to the [NICE guideline on recent-onset chest pain](#).

Definitions for statement 3 have also been updated to include Medicines and Healthcare products Regulatory Agency (MHRA) advice about ivabradine and nicorandil.

**January 2013:** Licensing information for nicorandil has been updated.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Good communication between health and social care professionals and people with stable angina is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with stable angina should have access to an interpreter or advocate if needed.

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## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Heart Foundation](#)
- [NHS Improvement](#)
- [Royal College of Nursing \(RCN\)](#)