



Heart failure: confirmation of diagnosis

NICE indicator

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Indicator

The percentage of patients with a diagnosis of heart failure after (start date) which has been confirmed by an echocardiogram or by specialist assessment between 3 months before or 3 months after entering on to the register.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Heart failure is a complex clinical syndrome of symptoms and signs that suggest the efficiency of the heart as a pump is impaired. It is caused by structural or functional abnormalities of the heart. [QOF data for 2017/18](#) shows around 486,000 people in England are currently on a general practice heart failure register. Improvements in care have increased survival for people with ischaemic heart disease, and treatments for heart failure have become more effective. But the overall prevalence of heart failure is rising because of population ageing and increasing rates of obesity.

The aim of this indicator is to encourage practices to confirm diagnoses of heart failure and establish the underlying causes.

Symptoms and signs suggestive of heart failure are not always sufficient to make a definitive diagnosis and further investigation is usually required to confirm cardiac dysfunction and to identify causes. The NICE guideline for chronic heart failure recommends that the results of serum natriuretic peptides tests should be used to determine whether people with suspected heart failure should be referred onwards. People with raised serum natriuretic peptides should have echocardiography and specialist assessment within 6 weeks, but for those with very high levels this should be done more urgently, within 2 weeks. The NICE guideline for acute heart failure recommends that people with new suspected acute heart failure who have raised natriuretic peptides should have echocardiography within 48 hours of admission to hospital.

For the purposes of a primary care indicator, achievement requires either echocardiography or specialist assessment to be performed, because many people with heart failure are diagnosed after specialist referral or during hospital admission, and some may have their diagnosis confirmed by tests such as cardiac scintigraphy or angiography, rather than echocardiography.

Source guidance

[Chronic heart failure in adults. NICE guideline NG106 \(2018\)](#), recommendations 1.2.3 and 1.2.4

[Acute heart failure. NICE guideline CG187 \(2014\)](#), recommendations 1.2.2, 1.2.3 and 1.2.4

Specification

Numerator: The number of patients in the denominator with a diagnosis of heart failure confirmed by an echocardiogram or by specialist assessment between 3 months before or 3 months after entering on to the register.

Denominator: The number of patients on the heart failure register.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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