



# Resource impact assessment

Resource impact

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## Indicator

The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with a beta-blocker licensed for heart failure.

## Introduction

There is good evidence (see the [NICE guideline on chronic heart failure in adults: diagnosis and management](#)) that prescribing ACE-I/ARB as well as beta-blockers for heart failure with reduced ejection fraction below 40%, can improve symptoms, reduce hospitalisation rate and improve survival.

This indicator focuses on beta-blockers only to ensure the denominator size is large enough at practice level to not be subject to random variation in achievement.

## Resource impact

The change to the existing indicator removes the need to include people who are currently treated with an ACE-I or ARB in the denominator. This changes the denominator to be people with a current diagnosis of heart failure due to left ventricular systolic dysfunction.

The overall resource impact of the proposed indicator is therefore unlikely to be significant.