



Resource impact statement

Resource impact

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Indicator

The percentage of patients with heart failure on the register, who had a review in the preceding 12 months, including an assessment of functional capacity (using the New York Heart Association classification) and a review of medication.

Introduction

The New York Heart Association classification of heart failure provides a method of classifying and monitoring the condition, and can be used to guide future development and care.

The NICE guideline for heart failure (see [NICE's guideline on chronic heart failure in adults: diagnosis and management](#)) highlights the importance of medicines optimisation for people receiving treatment. [Taylor et al. 2019](#) found that while there have been gradual improvements in survival rates, the outlook for people after a new diagnosis remains poor. [Conrad et al. 2018](#) highlighted improvements in the initiation of pharmacological treatment but noted opportunities for improvement in medicines optimisation.

Resource impact

There are around 55.6 million people in England (see [Office for National Statistics data 2017](#)). The latest data available (see the [Quality and Outcomes Framework statistics 2017/18](#)) indicate that the diagnosed prevalence of heart failure is 0.83%, around 463,000 people in England. This is equivalent to around 83 people per 10,000 people.

An illustrative example shows that providing a review for 80% of the eligible population is estimated to cost around £1,900 per 10,000 population, as shown in table 1.

Table 1 Estimated annual cost of providing reviews for 80% of the eligible population

-	Proportion	Population	Unit cost (£)	Total (£)
England population	–	55,619,430	–	–
Prevalence of heart failure	0.83%	462,575	–	–
Eligible population per 10,000 people	–	83	–	–
Proportion receiving an annual review	80%	66	–	–
Cost of reviews	–	66	28.00	1,859
Total cost per 10,000 population	–	–		1,859

The cost impact will be reduced if some annual reviews are already taking place. They may also be reduced if the reviews are completed during existing consultations or alongside reviews for other conditions or indicators.

This assumes people receive a 9 minute annual review from a GP (see [Unit Costs of Health and Social Care 2018](#)).

Service delivery in GP practices is subject to local variation. Costs will differ when healthcare professionals other than GPs carry out the review such as a practice nurse or a clinical pharmacist.