Primary Care Laboratory Interface Group (PLIG)

7th June 2018

Dear Colleague

Update: Heart Failure Diagnosis and NT-proBNP Testing

The Heart Failure Diagnosis pathway was introduced in October 2017 and at present continues in a pilot capacity. Initial results of the pilot suggest that this pathway is having a positive impact on patient care with:

- Time to exclusion of heart failure for patients with low NT-proBNP levels reducing from 78 to 8 days (a comparison of previous referral pathway via General Cardiology versus referrals via the Heart Failure Diagnosis pathway).

- Patients with very elevated NT-proBNP levels, or those triaged as urgent based on clinical details, being offered expedited appointments.

- Careful audit of patients progressing through the pathway has enabled the rule-out threshold for NT-proBNP to be increased from <125pg/ml to <250 pg/ml.

As a result of these improvements, both the Cardiology Department and PLIG are keen that the pathway continues and becomes a permanent service. However, this is a complex patient pathway and there are some logistical difficulties which need to be addressed to ensure the long term sustainability of this pathway.

Important Information When Making a Referral

Referral to the Heart Failure Diagnosis pathway requires submission of a SCI Gateway referral ALONGSIDE blood samples for FBC, C&E and NT-proBNP as per the "Heart Failure Diagnosis" order set found on GPOC-ICE.

The "Heart Failure Diagnosis" blood test order set will order the appropriate samples and can be found on GPOC-ICE in the "Clinical Profiles" tab and / or via the search facility. The pop-message on GPOC-ICE has also been improved: some GPs previously understandably interpreted that the Cardiology team had to agree that the SCI Gateway referral was appropriate before the blood samples was sent, and this is not the case.

Currently some blood tests are not being sent promptly (or at all), and as a result the heart failure team is spending additional administrative time chasing and co-ordinating results. This also delays patient diagnoses, including for some where Cardiology would fast track assessment of those deemed high risk on the basis of the clinical history and NT-proBNP result.

PLIG and the Heart Failure team have suggested that a **time limit of two weeks** be set for the "Heart Failure Diagnosis" blood tests to be sent by the GP.

If bloods are not received at the laboratory within the two-week period following the date of referral, the referral will be declined and a letter sent back to the GP to inform them of this: the patient can readily be re-referred if need be. This change has also been endorsed by the GP Sub-Committee.

Please could you also note that **patients with a background of complex coronary, valvular, arrhythmic or congenital heart disease or who are under long term supervision by a particular cardiology consultant should usually be referred through general cardiology pathway** rather than this pathway.

We have updated SCI Gateway, ICE and Refhelp with details of these changes. Further information on the Heart Failure Diagnosis referral pathway is available on Refhelp.

If you have any comments or suggestions please contact clare.macrae@nhslothian.scot.nhs.uk.

Yours sincerely,

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