

Contents:

1. Financial Details
2. Service Background
3. Service Aims
4. Service Criteria
5. Audit and Monitoring
6. Signature Sheet

1. Financial Details

This agreement is for the financial year 2008/09.

Practices will be paid £35 for each patient with a current diagnosis of HF due to LVSD who are not recorded as intolerant or having a contraindication to beta-blockers and who are treated with a beta-blocker.

2. Service Background

Promoting health and wellbeing is an essential, core function of general practice and is not an enhanced service function. This service specification outlines an extended level of care to be provided within general practice settings.

Heart failure is an important cause of morbidity and mortality. Prevalence of heart failure increases steeply with age, so that while around 1% of men and women aged under 65 have heart failure, this increases to about 7% of those aged 75-84 years and 15% of those aged 85 and above. Based on these figures, it is estimated that as many as 570,000 people in England are affected.

3. Service Aims

This service is designed with the aim to reduce mortality from heart failure. It is estimated that of patients with a current diagnosis of heart failure, 50% will be due to left ventricular systolic dysfunction (LVSD) and will benefit from the appropriate prescribing of beta-blockers.

The beta blockers that should be prescribed for this purpose are carvedilol and bisoprolol, in accordance with the Heart Failure Medicines Management Guidelines that have been approved for use by the CHD service.

4. Service Criteria

The contractor has a duty to ensure that the staff involved in the provision of this service have the relevant knowledge, and are appropriately trained in the management of patients with heart failure.

A pre-requisite for taking part in this DES is that the practice holds and maintains a register of patients with heart failure (HF), which is already rewarded through the Quality and Outcomes Framework (QOF).

This enhanced service runs in addition to the care offered as per the QoF guidelines, and practices offering this service will be expected to be achieving maximum QoF points in this area.

5. Audit & Monitoring

The practice must maintain and keep an accurate disease register of patients with LVD. Where the reported prevalence is significantly below/above the

expected will be expected to verify this with the PCT, details of actual prevalence and expected prevalence is attached.

Practices will need to demonstrate that they are reviewing those patients who have been initiated with a beta blocker, and complete a prescribing audit at the end of the year to demonstrate this. The audit will need to evidence that practices have taken the following into consideration.

Table 6 Practical recommendations on the use of Beta-Blockers*
Which beta-blocker and what dose?
Only two beta-blockers are licensed for the treatment of heart failure in the UK at the time of issue of this guideline: <ul style="list-style-type: none">• Bisoprolol (starting dose 1.25 mg once daily; target dose 10 mg once daily)• Carvedilol (starting dose 3.125 mg twice daily; target dose 25–50 mg twice daily) NB Carvedilol: maximum dose 25 mg twice daily if <i>severe</i> heart failure. For patients with mild to moderate heart failure maximum dose 50 mg twice daily if weight more than 85 kg – otherwise maximum dose 25 mg twice daily.
How to use?
<ul style="list-style-type: none"><input type="checkbox"/> Start with a low dose (see above).<input type="checkbox"/> Double dose at not less than two weekly intervals.<input type="checkbox"/> Aim for target dose (see above) or, failing that, the highest tolerated dose.<input type="checkbox"/> Remember some beta-blocker is better than no beta-blocker.<input type="checkbox"/> Monitor heart rate, blood pressure, clinical status (symptoms, signs, especially signs of congestion, body weight).<input type="checkbox"/> Check blood electrolytes, urea and creatinine one to two weeks after initiation and one to two weeks after final dose titration.<input type="checkbox"/> When to down-titrate/stop up-titration, see 'Problem solving', below.
Advice to patient
<ul style="list-style-type: none"><input type="checkbox"/> Explain expected benefits.<input type="checkbox"/> Emphasise that treatment given as much to prevent worsening of heart failure as to improve symptoms, beta-blockers also increase survival.<input type="checkbox"/> If symptomatic improvement occurs, this may develop slowly – over three to six months or longer.<input type="checkbox"/> Temporary symptomatic deterioration may occur (estimated 20–30% of cases) during initiation/ up-titration phase.<input type="checkbox"/> Advise patient to report deterioration (see 'Problem solving', below) and that deterioration (tiredness, fatigue, breathlessness) can usually be easily managed by adjustment of other medication;

patients

should be advised not to stop beta-blocker therapy without consulting their physician.

- Patients should be encouraged to weigh themselves daily (after waking, before dressing, after voiding, before eating) and to consult their doctor if they have persistent weight gain.

Problem solving

Worsening symptoms/signs (eg increasing dyspnoea, fatigue, oedema, weight gain)

- If increasing congestion double dose of diuretic and/or halve dose of beta-blocker (if increasing diuretic does not work).
- If marked fatigue (and/or bradycardia, see below) halve dose of beta-blocker (rarely necessary).
- Review patient in one to two weeks; if not improved seek specialist advice.
- If serious deterioration halve dose of beta-blocker or stop this treatment (rarely necessary); seek specialist advice.

Low heart rate

- If < 50 beats/min and worsening symptoms – halve dose beta-blocker or, if severe deterioration, stop beta-blocker (rarely necessary).
- Consider need to continue treatment with other drugs that slow the heart (eg digoxin, amiodarone, diltiazem) and discontinue if possible.
- Arrange ECG to exclude heart block.
- Seek specialist advice.

Asymptomatic low blood pressure

- Does not usually require any change in therapy.

Symptomatic hypotension

- If low blood pressure causes dizziness, light-headedness or confusion, consider discontinuing drugs such as nitrates, calcium channel blockers and other vasodilators.
- If no signs/symptoms of congestion consider reducing diuretic dose.
- If these measures do not solve problem seek specialist advice.

Note: beta-blockers should not be stopped suddenly unless absolutely necessary (there is a risk of a 'rebound' increase in myocardial ischaemia/infarction and arrhythmias); ideally specialist advice should be sought before treatment discontinuation.

*Adapted from McMurray *et al.* Practical recommendations for the use of ACE Inhibitors, beta-blockers and spironolactone in heart failure: putting guidelines into practice. *European Journal of Heart Failure* 2001;**3**:495–502.

5. Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this directed enhanced service.

Practice Stamp

Principle Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date

PRACTICE CODE	7% of population 75-84	15% of population (85+)	Expected Prevalence	Actual Prevalence	% difference
F82001	16	11	27	8	-19
F82003	8	5	13	8	-5
F82004	16	12	28	37	9
F82005	14	12	26	23	-3
F82012	35	27	62	19	-43
F82015	15	16	31	24	-7
F82017	15	10	25	27	2
F82018	35	30	65	50	-15
F82023	19	11	30	23	-7
F82025	15	10	25	24	-1
F82027	13	12	25	22	-3
F82034	7	6	13	7	-6
F82035	14	19	33	16	-17
F82038	18	18	37	12	-25
F82040	6	5	11	8	-3
F82042	13	8	22	35	13
F82051	28	24	52	31	-21
F82054	11	7	18	10	-8
F82604	14	9	23	18	-5
F82612	20	15	35	19	-16
F82621	8	8	16	10	-6
F82625	8	4	12	14	2
F82629	7	6	14	9	-5
F82634	7	5	12	12	0
F82642	13	10	23	34	11
F82645	8	9	17	7	-10
F82647	5	5	9	14	5
F82650	10	4	14	18	4
F82660	14	10	24	16	-8
F82661	7	5	12	12	0
F82665	4	3	6	7	1
F82667	2	0	2	5	3
F82668	8	6	15	23	8
F82676	7	7	14	19	5
F82677	11	6	17	14	-3
F82678	4	3	8	10	2
F82679	10	6	15	23	8
F82680	11	7	19	19	0
F82687	8	6	14	16	2
F86040	11	12	22	13	-9
Y01280	2	2	4	3	-1
Y01719	4	6	10	11	1
Y01795	6	5	11	5	-6