Heart Failure Targeted Funding Programme 2023/24 Evaluation

Final report: executive summary

January 2025

Prepared by: Lydia Hextell, Andre Bilbrough, Danielle Hett, David Callaghan, Claire Maynard, Emma Wells, Faizan Mahmood, Kathryn Rogers, Katie Spanjers

The Strategy Unit.

NHS
Midlands and Lancashire
Commissioning Support Unit

Introduction

The 2023/24 Heart Failure Targeted Funding Programme (HFTFP) was developed by the NHS England (NHSE) Clinical Policy Unit (CPU). The HFTFP provided non-recurrent indicative targeted funding of over £4.4 million (of £4.6 million available) to improve access to a HF specialist/specialist HF multidisciplinary team (MDT) in community settings and during admission. The programme aims were to support local systems to work towards delivering the NHS Long Term Plan aims and the broader Cardiac Transformation Programme ambition to reduce HF 30-day readmission rates through:

- Early detection of HF in community settings
- Providing rapid access to a HF specialist/MDT during admission and implementing robust discharge planning
- Early specialist HF MDT follow-up in the community.

The NHSE CPU commissioned the NHS Strategy Unit to evaluate the use of this funding. All funded projects were in scope for impact analysis and project delivery tracking. Project delivery was monitored through either a project tracker at three points in the year (51 projects), or an in-depth case study (nine projects) across four themes:

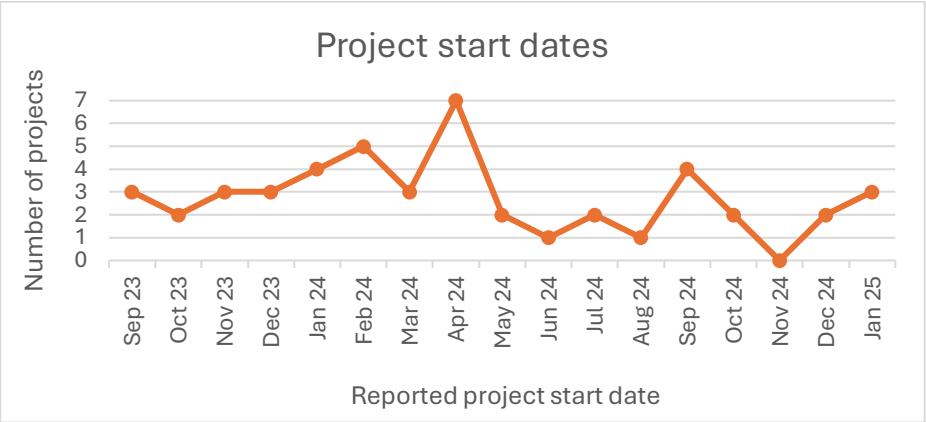
- Introducing digital tools to HF services
- Enhancing community detection of HF
- Patient education
- Rapid up-titration of HF medications.
- A further three unique projects were also included as case studies.

Project start dates and availability of evidence

NHSE provided the majority of 2023/24 HFTFP funding to ICBs in August 2023. However, on average, projects did not start substantive delivery for seven months.

Of the total 63 projects funded, eight confirmed that they would not proceed with their plans at all. Fifty-five projects have therefore been included in this evaluation.

Figure 0.1 HFTFP 2023/24 project start dates



The most common reasons reported for delays to delivery were the time required for funds to flow from ICBs to trusts and the time needed for recruitment of staff. This meant that at the point of evaluation data collection, few projects had completed 12 months of delivery, and most were only part-way through delivery, or had not yet started.

This has affected the evidence available for the evaluation; the funding is expected to continue to impact services beyond the evaluation period as more projects complete delivery.

Changes to planned project delivery

40% (20/50[1]) of projects made changes to their planned project

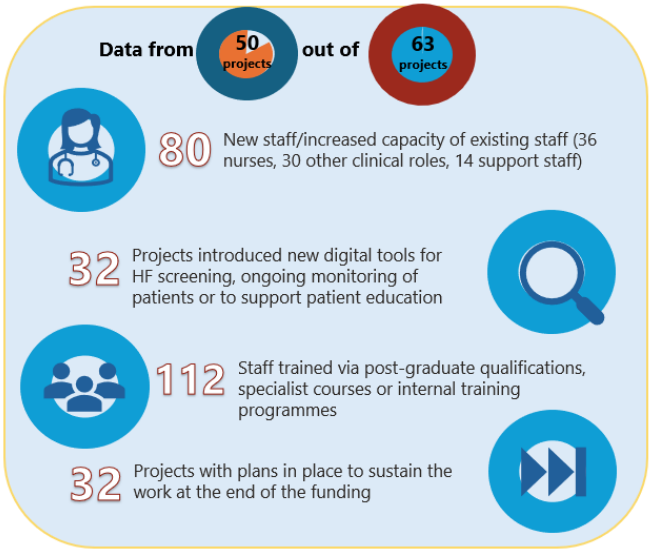
Project changes typically involved changing the types of staff recruited to support a project or reallocating the money to support a different aspect of HF service delivery.

The most common reasons for changes related to challenges recruiting to planned roles and revising plans once the funding was received (due to needing to accommodate funding delays or because the service's needs had changed).

What was the funding spent on?

Figure 0.2 provides a summary of how the HFTFP has been spent.

Figure 0.2 HFTFP outputs



Staffing and training

The majority of projects used the funding to recruit new staff or extend the hours of existing staff on a temporary basis. Some projects did not provide the exact number of staff posts so the actual recorded figure of 80 staff recruited, or given extended hours, is likely to be higher.

One third of projects which responded to the project tracker used some of the funding for staff training. A minimum of 112 staff received training delivered with the funding, though some projects did not report how many took place, so the actual total is likely to be higher.

Training types ranged from Master's-level courses to internally provided courses. Thirty-eight percent of all confirmed training places came from a joint project in Cheshire and Merseyside and Lancashire and South Cumbria. The project collaborated with Liverpool John Moores University to develop and deliver a HF Master's-course for primary care clinicians to improve diagnosis and management outside the hospital setting.

Enhancing multidisciplinary (MDT) working

Eighteen projects reported through the project tracker that they used the funding to establish a new HF MDT or to increase engagement with an existing MDT. The aim of these MDTs was to improve access to HF specialists for primary and community care.

Screening and digital tools

Thirty-two projects reported using the HFTFP funding for screening and other digital tools. Echocardiography and blood pressure

[1] Not all 55 projects provided data

monitoring tools were reported to be the most frequently used to support HF screening. Other digital tools introduced were designed to support data analysis, patient monitoring and staff training.

Sustaining changes introduced by the funding

Thirty-two projects reported that they expected to continue with the project after the 2023/24 funding cycle or that changes introduced by the project would support improvement after this funding cycle.

Table 0.1 shows the reported plans for sustaining the activities of the HFTFP funded projects.

Table 0.1 Reported plans to sustain HFTFP activities[2]

Status of plans	Reported plans	Number of projects
Plans approved: work to be adopted as business as usual	Substantive staff posts created	7
	Staff training embedded into practice	6
	Tools and equipment embedded into practice	7
	Data management processes embedded into practice	2
	Staff post extended for further 12 months	2
Plans in development	Developing business case for substantive staff posts	16
	Developing business case for wider redevelopment of HF service	6
	Developing business case to embed tools into practice	3

Impact of the funding

The impact analysis did not determine whether the funding programme caused an increase, decrease or no change at national level for any of the four outcome metrics for which sufficient data was available. However, there were challenges with projects being able to provide data; only 17 projects responded to the metrics data request. Due to most projects not starting until late in 2023/24, the amount of post-intervention data available has also been limited. Therefore, these results should be considered to be preliminary.

At the individual project level, two of the case study projects were able to provide data for the impact evaluation and returned statistically significant results: Luton and Bedfordshire (introducing a digital tool) and South Tees (increasing service capacity – 'other' project).

For the Luton and Bedfordshire project, which operated across two sites, the impact evaluation found that the project may have negatively impacted some aspects of HF delivery, specifically:

[2] Projects could report more than one sustainability plan

- Total number of patients seen by the community HF team (both sites)
- Patients seen within two weeks after an admission with acute HF (one site only)
- Patients that have been up titrated by 90-day follow-up (one site only).

However, it is important to recognise reported data capture and collection challenges for these metrics across the sites. This means the data provided and impact analysis results may not be an accurate reflection of the project's impact and outcomes. The findings may also be the result of increased use of remote monitoring facilitated by the digital tool introduced, reducing the need of patients to be seen face-to-face by community HF teams.

The impact analysis of the South Tees project revealed a significant change in two key metrics during the HFTFP period: 1) patients receiving ambulatory IV furosemide and 2) admitted HF patients that were entered into the National Heart Failure Audit (NHFA)[3]. Statistically significant increases were observed, with an average of 4.5 additional patients receiving ambulatory IV furosemide per month, and 3.9 more patients being added to the NHFA per month. These improvements align with the primary use of the HFTFP funding in South Tees for increasing HF specialist nurse (HFSN) capacity to run the ambulatory IV diuretic lounge, as well as the focus identified by project stakeholders on enhancing data collection practices.

The impact analysis was undertaken at the latest possible point to meet reporting timetables. This analysis only used data from projects which were able to provide it, which introduced the potential of selected bias, and also reduced the total sample size. If a later analysis was able to access, through the NHFA, a more complete dataset which included data for all sites, both funded and unfunded, it would be able to run a more robust analysis. This would also allow for more pre-intervention data as well as control groups, which would help provide a more precise estimate of impact of the HFTFP.

Reflections on the HFTFP

Project teams were asked to provide their reflections on their experience of engaging with the HFTFP. Reflections included:

- The HFTFP and similar funding programmes are valuable in supporting services to make changes, test new ways of working and begin work they may have struggled to complete otherwise
- Despite challenges measuring the impact of funding, all project tracker responses reported actual or intended benefits of the projects, including increased capacity, improved quality of patient care and staff development. Some case study projects also described early benefits of their projects including improved post-

[3] The NHFA collects data on patients with an unscheduled admission to hospital in England and Wales who are discharged with a primary diagnosis of HF

discharge care processes, increased capacity within HF services and improvements in quality of life for patients

- Project stakeholders reported that expertise and capacity are required to develop proposals and associated project plans for funding schemes such as the HFTFP. There were concerns that this may mean the process is not equitable where services do not have access to support for proposal development. Staff have previously absorbed proposal writing into their roles, but this was reported to be increasingly challenging. Some project tracker responses requested more advance notice of non-recurrent funding schemes such as the HFTFP to allow extra time for developing proposals.

Cross-cutting recommendations

The key recommendations from the evaluation are structured around five themes:

- Project funding
- Project implementation and delivery challenges
- Stakeholder engagement
- Monitoring the impact of HFTFP projects
- Sustainability.

They are focused on supporting NHSE to design short-term funding programmes which maximise the value of the investments made in services and support robust evaluation, as well as offering guidance to funded projects in making best use of finite investments and navigating the challenges involved.

Recommendations specific to the case study themes are included in the final section.

Recommendations for NHSE

Project funding

- Two years was suggested as a more feasible time period for these kinds of projects. It is important that funding is available at the start of the financial year and projects are not subject to delays linked to processes for receipt of funding through their ICB or other routes
- NHSE should monitor and track funding distribution more closely to assess whether services have accessed the funds and how they have used them. There should also be clear routes for funding distribution and communication about this between the programme team and projects
- Releasing funding in stages may reduce the risk of money being distributed that cannot be spent. For example, allocating and releasing a proportion of the funding to set-up a project and, once it is confirmed as ready to deliver, releasing the remainder of the funding with agreement from local finance teams that this can be spent in full.

Project implementation and delivery challenges

- The HFTFP prioritised improving early detection of HF, enhancing provision of rapid access to a HF specialist during an admission and better post-discharge support for HF patients. Delivering transformation activities to support these ambitions is challenging and requires detailed plans with evidence provided as part of proposals of support from relevant clinical, operational and system

leads. As part of the funding process for this (and similar schemes) there should be further scrutiny on bids to assess the potential delivery risks and mitigations in place

- NHSE should review with proposal leads whether recruitment is necessary for short-term projects, or whether capacity for delivering pilot work can be secured from existing resources through training or offering additional hours to existing staff. If recruitment is essential, the time for this should be clearly identified in proposals and evidence requested of how these roles might be sustained beyond the funding
- NHSE should continue offering flexibility with project funding, allowing projects to overcome challenges and repurpose their resources if required
- NHSE should provide projects with structured opportunities for sharing learning with each other, particularly in the early stages of the programme when projects are being set-up, to support them to overcome challenges and mitigate delays.

Stakeholder engagement

- NHSE should request evidence of senior leadership support for the project within the project proposal, as well as expect that dedicated project management resource is costed into to the project (where required). The proposal process should provide advice and guidance for engaging senior 'project champions'.

Monitoring the impact of HFTFP projects

- Develop a minimum dataset when designing a funding scheme and require projects to identify which metrics they will collect data for as part of their proposals. Use existing metrics where possible, to allow for data to be available for the pre- and post-intervention period
- For a more complete impact evaluation, this could be conducted once NHFA data is available for the project delivery period (although with the recognised limitations of not including community HF data). This would allow for the use of control groups. The required data, however, will not be available for 18 months after projects have started, taking into account the processes for the NHFA to collect and report HF audit data
- National funding programmes with short timescales should focus on supporting projects which deliver interventions with an existing evidence base. This makes it more likely they will have existing data to demonstrate impact and be able to be delivered within the funding cycle. Innovation projects with no or limited evidence to suggest their impact might better be supported through a separate innovation-focused programme.

Sustainability

- Templates and guidance on how to sustain work through the development of a business case should be included as part of the support offer for projects accessing short-term funding schemes.

Recommendations for HF services

Project funding

- Project teams should link in with finance teams at ICB and Trust level to support efficient access to funding to support project

delivery. For example, ensuring funding has been received and to confirm when it is expected to reach teams.

Project implementation and delivery challenges

- HF services should consider the likelihood of carrying short-term funding over to another financial year and the time needed to set-up projects when creating proposals
- Project leads should include how the capacity for project work will be protected as part of project planning. Using some funding for dedicated project management support should be considered
- Project teams should factor in additional time to complete governance processes (for example, completing DPIAs or data processing agreements) when planning their project
- Project plans should outline the governance processes that will need to be completed prior to projects commencing
- Services should determine whether recruitment is necessary for introducing a short-term project, or whether capacity for delivering this work could be ringfenced or secured in other ways that take less time
- Projects may benefit from exploring ways of using short-term funding to continue or build on work that has already begun or can be enhanced, to reduce the time required to set-up a project.

Stakeholder engagement

- Project teams should prioritise engagement with key stakeholders, including those in aligned services, in the design and proposal process to ensure buy-in is secured from the outset. This could be done by developing a communications plan with targeted messaging that addresses existing or potential concerns raised by these groups.

Monitoring the impact of HFTFP projects

- Design short-term projects with specific impact measures in mind (taken from the minimum dataset if provided). Ensure this data is available and complete prior to completing the project plan and associated proposal.

Sustainability

- Sustainability should be considered from the outset of project design. This includes being clear how measurement of impact will be undertaken and when. Services should also ensure that they have agreed plans with local commissioning decision-makers, including the evidence expected to be presented in support of any business case for sustained funding
- Explore ways that project activities may be embedded within services to become business as usual. For example, by upskilling teams to deliver project activities as part of their normal duties or building on work that already exists.

Case studies key findings and recommendations

Four case study themes were chosen based on interest from NHSE and other stakeholders. Learning from the case study projects should be shared with other services considering similar initiatives.

Introducing digital tools to HF services

Two projects were introducing digital tools to support their services. Luton and Bedfordshire used Doccla to enhance the use of remote

monitoring (alongside other initiatives) to support HF patients post-discharge, optimise care within the community, allow earlier discharge and reduce the risk of hospital readmission. Kent and Medway ICS used Feebris for remote patient monitoring to allow community staff and carers to conduct health assessments to identify risks early and support appropriate escalation of HF patients. Findings for this theme were:

- Introducing new digital tools is likely to require IG approval and IT system integration. The case study projects in this theme both experienced challenges related to these requirements
- Accessing uptake and usage data for digital tools is important to demonstrate their potential impact, but there have been challenges with accessing monitoring data
- Both projects in this theme reported the benefits of building on existing work, rather than introducing a new tool, when only short-term funding was available. Where there was already familiarity with a tool, buy-in, and evidence of benefits from previous work this avoided delays in securing engagement from stakeholders, accessing data or setting up contracts from the beginning.

Recommendations for HF services

- Using a digital tool for HF services may require extra integration and set-up work to ensure that the right data sharing processes are in place. Services should build in time for this from the design stage and respond quickly to overcome delays
- HF services should outline how they will monitor the use of digital tools from the outset and agree as part of contracting arrangements how they will work with digital tool providers to support data collection and evaluation. They should also consider what access or integration of the tools is needed to gain accurate and appropriate data to monitor their projects.

Enhancing community detection of HF

Two projects were seeking to enhance community detection of HF. Chelsea and Westminster NHS Foundation Trust focused on the identification of individuals at high risk for HF via GP registers, NT-proBNP point-of-care testing offered by a roaming clinic service and referrals made to the HF specialist team for diagnosis. University Hospitals Leicester NHS Trust were recruiting a specialist team of HF Champions to operate in primary care networks. These Champions would drive local service improvement initiatives aimed at enhancing awareness, screening, and management of HF. Findings from this theme were:

- Enhancing community detection of HF is likely to require a collaborative effort across primary and secondary care. This may require more time during the initiation phase to align project objectives, satisfying two (or more) sets of organisational procedures and requirements and securing stakeholder support
- Upskilling primary care colleagues in the detection and management of HF can be an efficient method for creating sustainable transformation in HF services, reducing the burden on hospital services and enhancing preventative measures
- A targeted approach to HF screening in primary care based on specified risk factors is likely to reduce healthcare inequalities by

improving the identification of HF in underserved groups and those with multi-morbidities.

Recommendations for HF services

- Projects working across primary and secondary care organisations should include early activities to develop a shared vision and align project aims with organisational priorities. This is important to ensure projects receive wider stakeholder support. This is likely to require additional time than setting-up a single organisation project, which should be factored into project planning. Ideally it would be part of the process to develop a funding proposal
- Early evidence suggests that using targeted funding to upskill primary care colleagues in a clinical specialty may be a sustainable approach to improving the detection and management of specific conditions in primary care. The effectiveness and sustainability of this approach should continue to be monitored.

Recommendation for NHSE

- Continue to ensure primary care recipients of funding are mandated to address healthcare inequalities and have a clear plan for evidencing impact in this area.

Patient education

Two projects were focused on developing patient education around HF. Staffordshire and Stoke-on-Trent ICS developed personalised patient education content on a digital platform with input from a band 4 patient educator. The project also developed an education resource to enable patients to play an active role in medication titration. Yorkshire and Humber Heart Failure Academy were running a public and patient education campaign using paper-based posters, leaflets and social media messaging. The key finding from this theme was:

- Both projects in this theme encountered challenges with securing support from primary care. In both instances the project teams were directed to their Local Medical Committee where they spent considerable resource communicating the intervention's aims and securing agreement to participate, causing project delays.

Recommendation for HF services

- When developing a short-term project proposal involving primary care, hold early discussions to establish whether there is support for the proposed activities. Explore whether it may be necessary to direct some project funding to primary care engagement activities.

Rapid up-titration of HF medications

Two projects were developing an approach to rapid up-titration based on the STRONG-HF trial. King's College Hospital NHS Foundation Trust and several projects across Humber and North Yorkshire were using the trial approach to rapidly optimise both pre- and post-discharge medications for acute HF patients admitted to hospital. Findings from this theme were:

- Both projects have based their work on the STRONG-HF trial, and there have been challenges deciding the inclusion and exclusion criteria that determine which patients are appropriate for rapid up-titration

- In both projects in this theme, rapid up-titration was supported by dedicated HFSNs who did not have a prescribing qualification; they relied on their close relationships with the HF consultants to ensure prescriptions changes are made. Obtaining a prescribing qualification may make rapid up-titration more efficient
- One project intends to have multiple HFSNs involved in implementing rapid up-titration, some but not all have prescribing qualifications. This has resulted in the development of two standard operating processes (SOPs); nurse prescribers will write prescriptions and those without a prescription qualification will rely on pre-existing arrangements for making changes such as requesting prescriptions from GPs. It was acknowledged that this process will take longer and would likely lengthen the rapid up-titration process.

Recommendations for HF services

- Services should develop SOPs for medication optimisation led by nurse prescribers and non-prescribers; where non-prescribers are facilitating optimisation, services need to have efficient routes to access prescriptions and where possible, support HFSNs managing rapid up-titration to become prescribers

STRONG-HF provides a useful starting point for determining inclusion and exclusion criteria for rapid up-titration, but as STRONG-HF was designed as a randomised controlled trial, exclusion criteria are strict and can limit the number of identified patients. Services should use clinical judgement to review and adapt the trial inclusion and exclusion criteria, ensuring they account for local context and the characteristics of their patients.

The Strategy Unit

Email: strategy.unit@nhs.net
Web: www.strategyunitwm.nhs.uk
Twitter: @strategy_unit