

NICE announce audit of secondary prevention guidance

Tom Quinn introduces NICE's latest development – an audit tool for use in primary care to manage patients post-myocardial infarction.

The National Institute for Clinical Excellence (NICE) has announced plans to commission the development of an audit tool to support the primary care management of patients who have survived myocardial infarction (MI). The audit will focus on aspects of treatment and support highlighted in the National Service Framework (NSF) for Coronary Heart Disease¹ and NICE's own guideline *Prophylaxis for patients who have experienced a myocardial infarction*,² inherited from the Department of Health in 1998 and published in early 2001.

The scope of the NICE audit tool is available on the NICE website (www.nice.org.uk). In summary, the audit will focus on chronic disease management aspects of heart attack care, specifically excluding aspects of acute care – which are fully covered by the Royal College of Physicians' Myocardial Infarction National Audit Project (MINAP),³ which is well on the way to achieving complete coverage across acute hospitals in England and Wales.

The tool itself – it is not clear whether or not NICE ultimately intend to embark on a national audit along the lines of MINAP – will encompass key aspects of national guidance (the NSF itself plus the Institute's own guideline) together with supportive information and resources. It is aimed at supporting those charged with undertaking audit at a local level, including guidance on how to organise such an audit, which patients to include, sampling, timing, data analysis



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and change management. Importantly, suggestions for service improvement viewed from the patients' perspective will also feature.

NICE point out that those wishing to participate in developing the audit tool need to be pragmatic. In NICE's own words: "The audit tool should not go further than is required [to demonstrate in a meaningful way the quality of care when assessed against standards derived from the NSF and NICE guideline]".

This sentiment is particularly welcome in helping to keep the audit enthusiasts'/purists' feet on the

ground and in avoiding the NSF wheel being prematurely reinvented, with the potential for confusion that may result.

It may be helpful to illustrate that last point with an example from NICE's own guideline on heart attack. One of the key reasons for developing national standards and guidelines (principally through NSFs and NICE) in the first place was to reduce clinical uncertainty and inappropriate variations in practice. Those comparing the NICE guideline and NSF side-by-side will note small, yet significant, differences – for example, on when to start treatment with a statin. In-hospital initiation, recommended in the NSF and to an extent in the Joint British guideline,⁴ might be less 'purist' in approach, but seems likely to ensure that more patients get the treatment in the first place.^{5,6} They also differ in whether or not these agents should be used in MI survivors who subsequently develop heart failure (should we not treat the underlying cause?). It is possible, of course, that different individuals reviewing the same evidence-base merely arrived at different interpretation. NICE's position (stated several times in the scoping document) is that the Institute's guidance supersedes that of the NSF; a position in urgent need of clarification.

The audit tool itself is likely to have a nine-month gestation period and will be piloted before release. It should, therefore, be available in time to help those primary care organisations working to achieve the NSF audit milestone set for 2003.

References

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Tom Quinn

Cardiac Care Adviser
School of Health and Social
Studies, Coventry University,
CV1 5FB.

(email: tom.quinn@swarkhosp-tr.wmids.nhs.uk)