



Health and Social Care Industry Partnership

NI Heart Failure Transformation Project

Summary report

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Acronym List

Acronym	Full term
ABPI	The Association of the British Pharmaceutical Industry
HF	Heart failure
HFrEF	Heart failure with reduced ejection fraction
HSC	Health and Social Care
HSCIP	Health and Social Care Industry Partnership
IV	Intravenous
MDT	Multidisciplinary team
MOIC	Medicines Optimisation Innovation Centre
NI	Northern Ireland
NICE	National Institute for Health and Care Excellence
NICOR	National Institute for Cardiovascular Outcomes Research
NTproBNP	N-terminal pro-B-type natriuretic peptide
PIFU	Patient initiated follow up
SPPG	Strategic Planning and Performance Group

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1. Background

1.1. The Health and Social Care Industry Partnership

The Health and Social Care Industry Partnership (HSCIP) is a formal partnership agreement between the Association of the British Pharmaceutical Industry (ABPI) and the Medicines Optimisation Innovation Centre (MOIC), where MOIC act on behalf of the Health and Social Care (HSC) in Northern Ireland (NI). Both parties work together to introduce transformative, medicines-related innovations across the HSC system. This enables identification of areas of mutual interest to improve the diagnosis, treatment and care of patients.

The HSCIP shared goal is to deliver ‘triple win’ benefits to patients, the service and the economy through:

- Rapid and consistent patient access to innovation.
- More effective use of HSC resources.
- Increased cross sector research collaboration.
- Step change in the pace and consistency of adoption of evidence-based innovative medicines and technologies.

1.2. Heart Failure in Northern Ireland

Heart Failure (HF) is the leading cause of hospital admission in the over 65s and is one of the five long term conditions responsible for 75% of unplanned hospital admissions in the UK.¹ The prevalence of HF is rising due to an ageing population, increased survival rates in patients with cardiovascular disease and increasing rates of co-morbidities including obesity, type 2 diabetes and hypertension. Projections indicate that the incidence of HF is set to rise by 92% by 2040² and that hospital admissions for HF will increase by 50% in the next 25 years.¹

Across NI, there are approximately 22,000 people recorded by their GP as living with HF.³ Based on GP data, the prevalence of HF has increased over the last ten years from 7.9 (0.79%) in 2014, to 10.6 (1.1%) per 1000 GP patients as of 31st March 2024.³ The prevalence varies by HSC Trust of residence. It is recognised that there are people in NI living with undiagnosed and untreated heart failure, however it is difficult to quantify the number of people who do not have a diagnosis. The prevalence of HF in the Irish adult population is estimated to be 2%, with prevalence increasing in older adults.⁴

National guidance from both the National Institute for Health and Care Excellence (NICE) and the National Institute for Cardiovascular Outcomes Research (NICOR) advocates a specialist HF Service. Evidence nationally shows that this is effective in improving quality of life, reducing non-elective hospital admissions, and achieving cost savings.

A potential project was identified by the NI HF Clinical Network to redesign HF services in NI. The aim of the project was to design/or devise a regional pathway for people with suspected HF with reduced ejection fraction (HFrEF). The project aims were to reduce service variation across NI and ensure rapid access to diagnostics, timely diagnosis and access to guideline recommended therapy in line with recognised standards of care (NICE & European Society of Cardiology guidelines).

2. Methodology

2.1. Recruitment of HSCIP Industry Partner

The industry partner was selected according to the following process:

1. Following project identification and scoping by HSC/MOIC and agreement by the HSCIP board, a call to potential industry partners was issued by ABPI in March 2023. Evaluation criteria was made available in the 'invitation to respond' documentation (brief available in Appendix 1).
2. Interested companies submitted proposals to MOIC which were assessed and scored by HSC/MOIC according to the evaluation criteria. Follow up interviews were held with short-listed candidates for further clarifications and the successful candidate was subsequently appointed in October 2023.
3. A governance framework was put in place using an appropriate collaborative working agreement prior to project start.
4. Project milestones, monitoring and reporting of outcomes were agreed between parties. Regular progress updates were reported to the HSCIP oversight board.

2.2. Current and future heart failure pathway service mapping

A strategic leadership group was formed to support a project to redesign HF services across NI with representation from the commercial partner, MOIC, the Public Health Agency, clinical experts from acute HSC Trusts and the Strategic Planning and Performance Group (SPPG).

Task and finish groups were established to address three key priority areas of the HF pathway:

- Referral
- Triage and patient prioritisation
- Treatment optimisation and discharge

The role of these groups was to establish a proposed future state service specification for the HF pathway in NI. An infographic of the proposed regional HF service is shown in Figure 1.

To understand current service delivery in each HSC Trust area, mapping workshops were conducted with each acute HSC Trust to identify what was working well in the current pathway and highlight areas of variance and opportunities for enhancement. The insight gained from these mapping workshops was used to inform key recommendations to address service gaps identified in the current service in comparison to the gold standard future state service specification.

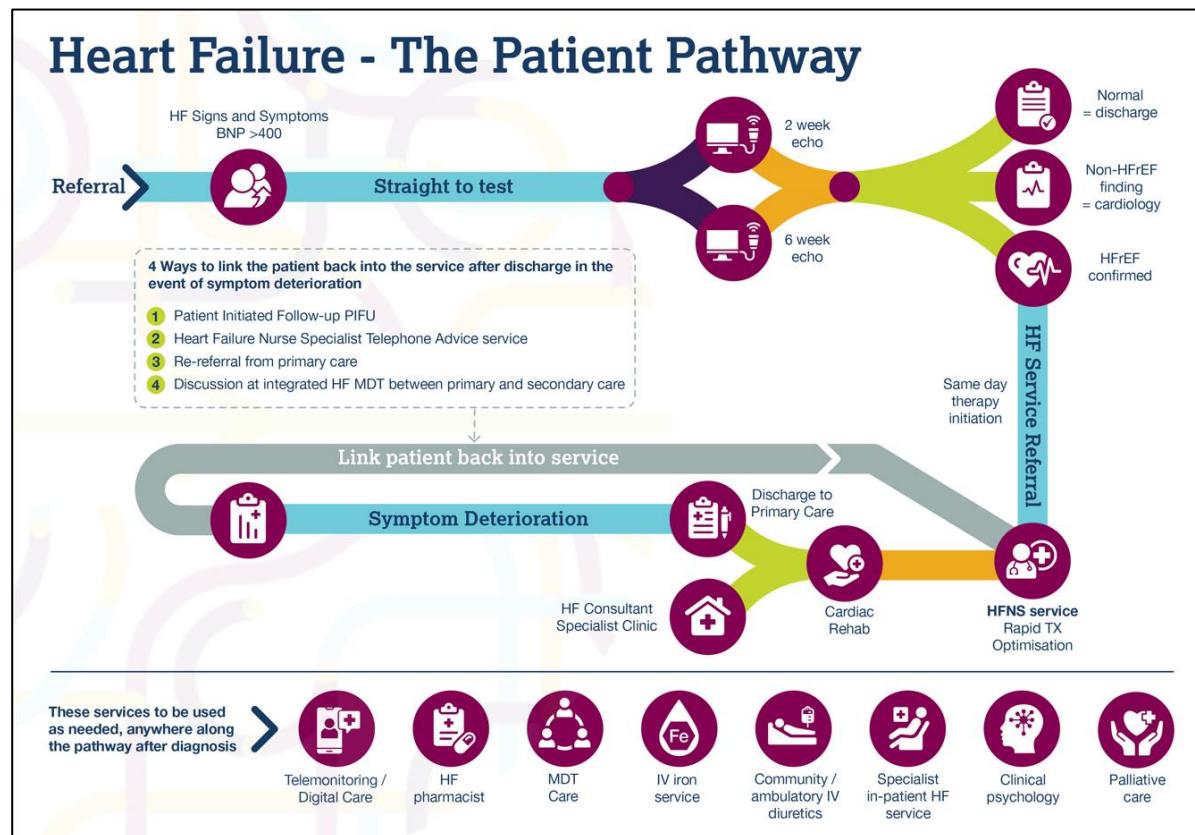


Figure 1. Infographic of the ideal future state HF service pathway for Northern Ireland designed according to the relevant national guidelines.

3. Summary of key recommendations for regional implementation

3.1. Priority area 1: Referral

- Conduct a review of the existing referral mechanisms with a particular focus on streamlining and standardising referrals from both primary & secondary care. This may include:
 - Developing a minimum data set or standardised referral criteria/methodology.
 - Providing education to primary care on the referral criteria/methodology.
- All referrals require completion of a mandatory minimum dataset, with referring clinicians providing the following:
 - N-terminal pro-B-type natriuretic peptide (NTProBNP) > 400pg/ml
 - Documented signs & symptoms of HF

3.2. Priority area 2: Triage and patient prioritisation

- Create standardised triage for HF based on accepted clinical standards of the NICE 2 & 6 week pathway.
- Agree a consistent “straight to test” model.
- Ensure timely access to NTProBNP testing in all secondary care sites.
- Develop an enhanced diagnostic echocardiography pathway to support the “Straight to Test” model.
- Have a rapid specialist HF assessment and initiation of medical therapy for all patients with a confirmed HFrEF diagnosis.
- Have a community-based echocardiography diagnostic model as a future aspiration.

3.3. Priority area 3: Treatment optimisation and discharge

- Review service models to ensure HF care is provided as close to home as possible, and that patients are on a rapid optimisation pathway where feasible.
- Ensure a HF multidisciplinary team (MDT) including Primary Care access in each HSC Trust.
- Ensure adequate numbers of HF Nurse Specialists with appropriate Healthcare assistant and administrative support.
- Ensure dedicated inpatient HF service development.
- Ensure access to intravenous (IV) Diuretics in the community/ambulatory clinical setting.
- Ensure access to Cardiac Rehabilitation.
- Ensure access to Clinical Psychology, when needed.
- Ensure access to advanced HF services, when needed.
- Ensure timely access to Palliative Care, when needed.
- Develop a standardised discharge template for the specialist HF nursing service.
- Implement Patient-Initiated Follow-Up (PIFU) and/or Advice and Guidance services so patients can access timely advice and assessment should symptoms deteriorate.

During all parts of the care pathway, patients should have access to tailored education about HF, lifestyle modifications, medication management and symptom recognition. Patients should be offered referral and/or signposted to support services including counselling, third sector providers, community services and smoking cessation.

4. Implementation progress and next steps

A gap analysis has been completed with each HSC Trust to confirm specific areas for local improvement and subsequent implementation. To date, progress has been made by some or all HSC Trusts on the following regional deliverables (non-funded) compared to baseline:

- Priority area 2: Triage and patient prioritisation
 - Standardised NICE 2 and 6 week pathways
 - Implementation of a ‘straight to test’ model
 - Rapid initiation of medical therapy and HF assessment

- Priority area 3: Treatment optimisation and discharge
 - Implementation of a rapid optimisation pathway
 - Establishment of an internal HF MDT
 - IV iron services
 - Development of a standardised HF service discharge template

Work is ongoing across all HSC Trusts to achieve a standardised and equitable HF service in NI. The remaining regional deliverables, as per section 3.3, require further investment before progress can be made in these areas. Key recommendations identified in section 3 will be used by the SPPG to inform a business case with a view to securing the necessary funding, should it become available in the future.

References

1. The Alliance for Heart Failure. (2016) Heart Failure: A call to action. Available at: <https://allianceforheartfailure.org/wp-content/uploads/2021/02/AHF-HF-A-Call-to-Action-FINAL.pdf>. [Accessed 16 October 2025].
2. The Health Foundation. (2023) Health in 2024: Projected patterns of illness in England. Available at: <https://www.health.org.uk/publications/health-in-2040>. [Accessed 16 October 2025].
3. The Department of Health. (2024). 2023/24 Raw disease prevalence trend data for Northern Ireland. Available at: [2023/24 raw disease prevalence trend data for Northern Ireland | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/2023-24-raw-disease-prevalence-trend-data-for-northern-ireland/). [Accessed 16 October 2025].
4. Health Service Executive. (2024) Heart Failure. Available at <https://www.hse.ie/eng/about/who/cspd/ncps/national-heart-programme/heart-failure/>. [Accessed 16 October 2025].

Appendix 1

Call to industry – Health & Social Care Industry Partnership

Theme: To examine the current heart failure pathway in Northern Ireland, from diagnosis to end of life, and identify opportunities improve productivity, look at alternative service delivery models and reduce healthcare utilisation costs

Name of Applicant Company	
Submitted by <i>Name of SRO/Sponsor</i>	
Author(s)	
Submission Date	

Introduction

The Association of the British Pharmaceutical Industry (ABPI) and the Medicines Optimisation Innovation Centre (MOIC) have signed a 5-year partnership agreement which has enabled the formation of the Health & Social Care Industry Partnership (HSCIP). Through this partnership, parties will work together to introduce transformative, medicines-related innovations across the Health and Social Care system. The shared goal is to deliver 'triple win' benefits to patients, the Service and the economy through more rapid and consistent patient access to innovation, more effective use of HSC resources and increased cross-sector research collaboration. This goal will be best achieved through adopting a systematic approach to the improvement of health outcomes through the managed adoption of innovation – in diagnosis, treatment and coordination of care, underpinned by research and evaluation. Through working together, the partnership aims to achieve:

- Rapid and consistent patient access to innovation
- More effective use of HSC resources
- Increased cross sector research collaboration
- Step change in the pace and consistency of adoption of evidence based innovative medicines and technologies

Working with the Northern Ireland Heart Failure Clinical Network, the HSCIP Steering Group, have agreed that the issues to be addressed by the partnership will be process mapping of heart failure services in NI, identification of barriers to care, and innovation for improved care delivery.

Aim of Opportunity

More than one million people in the UK have heart failure, with 200,000 new diagnoses every year. Estimates suggest there are a further 385,000 people with heart failure that are currently undetected and undiagnosed and are consequently missing out on life-preserving treatments. These numbers are on the rise due to several factors including the exponential growth in population anticipated in the next 25 years. Heart failure is not only a primary endpoint for almost all cardiovascular diseases but also a significant cause of mortality across the wider cardiorenal-metabolic spectrum (which includes conditions such as diabetes and kidney disease).

The reality:

- Currently, in the UK, 80% of heart failure is diagnosed in hospital following an acute admission
- 1 in 3 people diagnosed with heart failure as an emergency admission, die in hospital
- Heart failure takes up 2% of the entire NHS budget. The human and economic costs are huge

Identifying people with heart failure and intervening early is key to their long-term management. Identified early, we can make a huge difference to the lives of those with heart failure. Optimised guideline medical therapy impacts patients' mortality, risk of hospitalisation

and, importantly, their quality of life. These medicines work within one month of being initiated, so time is of the essence.

We know that HF prevalence is likely under-reported in NI, with most primary care practices only reporting approximately 1%, indicating that HF is likely under-diagnosed. Similarly it is felt that there is inequitable access across the region to rapid access diagnostic clinics and specialist care, and unknown data in terms of time to medical optimisation. It is also unclear how many trusts offer HF MDTs at hospital, community and primary care levels.

Scope of Project

1. MAPPING HEART FAILURE CARE

The Heart Failure Working Group aim to come together to try and standardise Heart Failure Care Pathways across Northern Ireland, to bring all services up to standards that are considered the gold standard of care internationally. However, how heart failure care is delivered across Northern Ireland is largely unknown, and assumed highly heterogenous, and therefore a mapping project needs to be undertaken to clarify how patients with heart failure are identified, diagnosed and treated across the region. This would look at the entire patient journey and across all of the sectors of care, including primary care, community care and secondary/tertiary level care.

2. IDENTIFYING DEFICITS AND CO-CREATING SOLUTIONS

Gaps and barriers to care could then be identified, and possible innovative solutions created with the core and wider members of the Heart Failure Working Group, which would then be implemented to improve heart failure care delivery in underperforming areas. These solutions will likely differ for each of the territories depending on the gaps identified in that region.

3. EVALUATING IMPACT

Any care improvement delivery would need assessed and formal KPIs recorded to determine if the intervention has resulted in significant impact on heart failure care delivery.

4. INCREASING AWARENESS AND EDUCATION

Heart failure remains under-diagnosed in NI, likely through a lack of awareness at a population level and of expertise at primary, community based care and in medical teams.

By supporting education and awareness raising in priority groups, and in those working with these groups, prevention and treatment uptake could potentially be improved. Consideration could be given to the following areas:

- Development of education modules and resources for HSC staff and those in associated sectors e.g. primary care, pharmacy, medical teams etc
- Development of multi-media for use with the general public

- Development of educational resources to assist with peer support programmes.

5. OTHER AREAS/INNOVATIONS FOR CONSIDERATION

Sharing experience of established industry solutions that have been successful elsewhere could be beneficial in helping to address the challenges of Heart Failure care in Northern Ireland.

Timelines

• Deadline for proposals	April 18 th 5pm
• Shortlisting	April 19 th -25 th
• Interviews	April 26 th -28 th
• Contracting begins	May 2 nd
• Contract start	May 15 th (subject to commercial approvals timelines)

Budget

This opportunity is being awarded on a pro-bono basis.

Engagement Approach

Governance

The successful applicants will be accountable to the Health and Social Care Industry Partnership Steering group.

Delivery

A HSCIP/Heart Failure Working Group will be responsible for managing and overseeing the delivery of services and resources provided by the successful applicants to the relevant teams within the project. This Group will have representation from the NI HF Working group, MOIC, the SPPG, and the NI Cardiac Network.

Representatives from the HSCIP Heart Failure Working Group will provide regular updates to the Northern Ireland Heart Failure Working Group and to the HSCIP Steering Group.

Stakeholders

The successful partner(s) will have the opportunity to interface with a range of stakeholders throughout the duration of this engagement, which may include Northern Ireland HF working

group, SPPG, the NI Cardiac Network, NI HF Nurse Forum, Primary Care, Primary Care and Community Pharmacy, and MOIC.

Clinical Assurance

Clinical Assurance will be provided by members of the HSCIP Heart Failure Working Group.

Evaluation of applicants and selection criteria

Applications will be initially evaluated through the assessment of the written information provided below. Those shortlisted from the written information may be invited to a virtual interview.

Applications will be assessed against the following criteria:

1. Does the application demonstrate experience of mapping care pathways for patients with Heart Failure, and experience of forming coalition of stakeholders engaged in Heart Failure care?
2. Does the application show experience and success in developing and implementing solutions to improve HF care, and evaluating the impact of these changes?
3. Does the application demonstrate experience of developing a peer support network?
4. Does the application demonstrate experience of developing educational resources?
5. Are the proposed governance arrangements satisfactory?
6. Does the application demonstrate compliance guidelines within the 2021 Code of Practice?
7. Is the proposed level of resource acceptable?
8. Are the proposed arrangements for confidentiality and data protection acceptable?

Questions will be evaluated using a scoring system or as a yes/no question as follows:

For Questions 1 – 4 the following scoring system will be used:

	Score
Information is not at an acceptable standard	1
Information meets an acceptable standard	2
Information exceeds an acceptable standard	3
Information significantly exceeds an acceptable standard	4

Questions 5-8 will not be scored, rather the information will be judged to be of a satisfactory standard (yes) or not (not). For an application to be successful, all of these questions must receive a “yes”.

Proposals which receive “yes” in all “yes/no” questions will be ranked according to total score.

Please complete the template answering questions 1-8 below and provide any required supplementary documents.

All questions are scored using the system described above

1. Mapping of existing care pathways for patients with Heart Failure

Please detail company experience in the mapping care pathways for patients with Heart Failure? Please detail company experience in forming coalition of stakeholders engaged in Heart Failure care?

2. Creating alternative solutions where there are gaps in HF care, and evaluating their impact

Please detail company experience and success in co-developing and implementing solutions to improve HF care, and evaluating the impact of these changes?

3. Experience of developing a peer support network

Please provide examples which demonstrate your experience and expertise in this area, and the outcomes achieved.

4. Experience of developing educational resources

Please provide examples which demonstrate your experience and expertise in this area, and the outcomes achieved.

5. Governance

Outline the arrangements in your company to support the governance of this engagement.

Please define the framework of authority and accountability.

Please describe:

- Who is accountable (SRO or Sponsor) and who they are accountable to within your company;
- Please include membership of the senior governance Board/Group for this work;
- Who is responsible for managing the relationship with the HSCIP Heart Failure working group? Who will be directly involved in the day to day delivery of the programme(s);
- Reporting requirements internally;

- Other stakeholders key to the governance and/or delivery of this programme.

6. Compliance with ABPI Collaboration Guidelines within the 2021 ABPI Code of Practice

Outline what steps you have, or will, take to ensure full compliance with the ABPI guidelines supporting collaboration arrangements between your Company and the HSCIP Heart Failure working group.

7. Staff and Resources

Please describe the level of resource your company is prepared to allocate to deliver on the areas you have proposed to support. Please provide the head count, number of WTEs, the roles and level of expertise. Provide a chart if appropriate.

8. Confidentiality and Data Protection

Please describe in detail how your company will comply with data protection regulations and uphold confidentiality, throughout the project.

**Please submit your completed application by email to the mailbox
moic@northerntrust.hscni.net no later than 5:00 pm April 18th, 2023.**

Do not copy ABPI into this submission.