

About the HF Policy Network

The HF Policy Network is a multidisciplinary group of politicians from across Europe working with patients, health professionals and other stakeholders to lead significant policy changes that may improve the lives of people with heart failure (HF)

Our members



To see the full web-based version, and to sign the Call to Action, please visit

www.hfpolicynetwork.eu

References

1. Cowie M, Anker S, Cleland J, et al. Improving care for patients with acute heart failure. *European Society of Cardiology*, 2014.
2. Lloyd-Jones DM, Larson MG, Leip EP, et al. Lifetime risk for developing congestive heart failure: the Framingham Heart Study. *Circulation* 2002; 106: 3068-72.
3. Dickstein K, Cohen-Solal A, Filippatos G, et al. ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2008. *Eur J Heart Failure* 2008; 10: 933-89.
4. Ponikowski P, Anker S, Al Habib K, et al. Heart failure: preventing disease and death worldwide. *European Society of Cardiology*, 2014.
5. Remme WJ, McMurray JJ, Rauch B, et al. Public awareness of heart failure in Europe: first results from SHAPE. *Eur Heart Journal* 2005; 26: 2413-21.
6. Heidenreich PA, Trogdon JG, Khavjou OA, et al. Forecasting the Future of Cardiovascular Disease in the United States: A Policy Statement From the American Heart Association. *Circulation* 2011; 123:933-44.

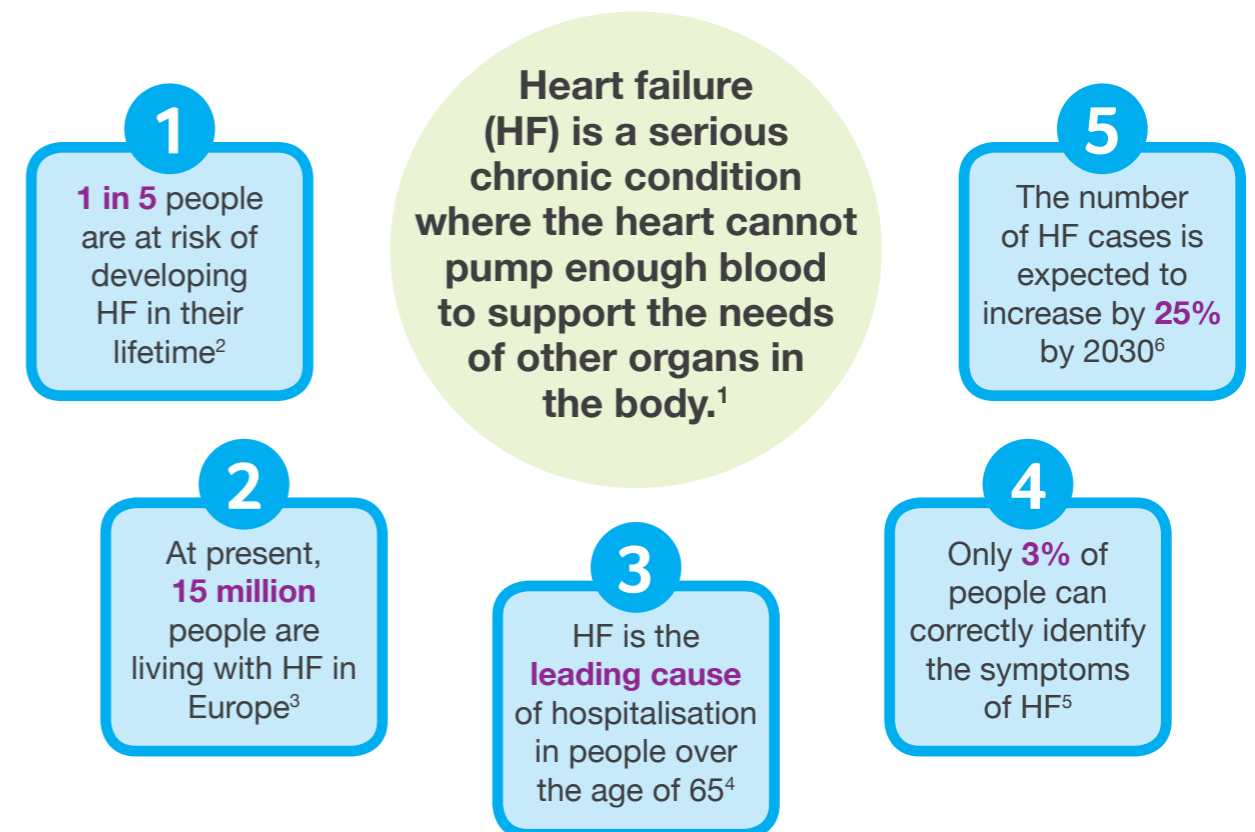
The Secretariat for the HF Policy Network is provided by The Health Policy Partnership, an independent consultancy. To find out more, please visit www.healthpolicypartnership.com
Design and layout by Vanilla Creative, www.vanillacreative.co.uk

The Health Policy Partnership



The Heart Failure Policy Network

5 facts you probably didn't know about heart failure...



► Outcomes for HF patients are **worse than for many forms of cancer**^{7 8}
► The **debilitating nature of the condition** can impact on all aspects of life and increase patient's dependency on caregivers, which can lead to social isolation, anxiety and depression⁹



Call to action

Heart failure (HF) is a forgotten condition and few countries feature it in their cardiovascular health strategies. What's more, it is often considered a lost cause – when in fact appropriate diagnosis and care can make a huge difference to improving patient outcomes, avoiding unnecessary suffering by patients and decreasing costs for society.

With the number of people living with HF increasing rapidly, forward-thinking strategies are urgently needed to reduce the burden HF poses on our societies and ensure that every person with HF is offered the best-quality diagnosis and care possible.

We call upon governments across Europe to commit to improving the lives of people living with HF by focusing on the following priority actions:

Make HF a national priority

1 National HF strategies with measurable goals
Every country should feature HF as a major condition within their cardiovascular disease and chronic disease strategies.

2 Public awareness campaigns
Ministries of health should work with public health authorities, professional societies and patient organisations to help people recognise the signs of HF and encourage them to seek appropriate care.

3 Data-driven resource planning
Ministries of health should invest in reliable data collection to guide improvements that will make the biggest difference to patient outcomes and make the best use of available resources.

Ensure timely diagnosis and prevention in those at risk

4 Professional training
All healthcare professionals who are in contact with people at high risk of HF should receive specific training in HF diagnosis and management.

5 Availability and reimbursement of diagnostics
National healthcare systems should provide appropriate reimbursement for guideline-recommended diagnostics and ensure their widespread availability in hospital and relevant community settings.

Deliver multi-disciplinary, person-centred care

6 A standardised HF pathway that reflects clinical guidelines
All patients with HF, regardless of where they are treated, should be offered high quality care consistent with ESC guidelines (or national equivalents) delivered by a specialist-led multidisciplinary team.

7 A dedicated contact for follow up care
Patients hospitalised for HF should leave the hospital with:
• **A clear discharge plan** which reflects individual patient needs and circumstances
• **A dedicated contact for follow up care**
• **An appointment to see an HF specialist within 2 weeks** of discharge.

8 A person-centred care plan
All patients with HF should be offered a personalised long term care plan to help them self-manage their condition.

Invest in tools and resources in primary care

9 Workforce planning in primary care
Governments should evaluate existing professional capacity in primary care to ensure dedicated professionals are available to provide comprehensive care to people living with HF.
All nurses should receive training in HF and, where appropriate, **HF specialist nurses should be officially recognised** as a profession.

10 Investment in innovative tools that promote self-care
Governments should invest in the implementation of tools which may enable patient self-care and reduce avoidable hospital admissions (e.g. patient monitoring devices).



The Heart
Failure Policy
Network

Signed by

The members of the Heart Failure Policy Network