

Appendix: Twelve Standards of NSF (reproduced from reference 2, with permission)

Standards table

Standards 1 & 2: Reducing heart disease in the population	<p>1. <i>The NHS and partner agencies should</i> develop, implement and monitor policies that reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease.</p> <p>2. <i>The NHS and partner agencies should</i> contribute to a reduction in the prevalence of smoking in the local population.</p>
Standards 3 & 4: Preventing CHD in high risk patients	<p>3. <i>General practitioners and primary care teams should</i> identify all people with established cardiovascular disease and offer them comprehensive advice and appropriate treatment to reduce their risks.</p> <p>4. <i>General practitioners and primary health care teams should</i> identify all people at significant risk of cardiovascular disease but who have not developed symptoms and offer them appropriate advice and treatment to reduce their risks.</p>
Standards 5,6 & 7: Heart attack and other acute coronary syndromes	<p>5. <i>People with symptoms of a possible heart attack should</i> receive help from an individual equipped with and appropriately trained in the use of a defibrillator within 8 minutes of calling for help, to maximise the benefits of resuscitation should it be necessary.</p> <p>6. <i>People thought to be suffering from a heart attack should</i> be assessed professionally and, if indicated, receive aspirin. Thrombolysis should be given within 60 minutes of calling for professional help.</p> <p>7. <i>NHS Trusts should</i> put in place agreed protocols/systems of care so that people admitted to hospital with proven heart attack are appropriately assessed and offered treatments of proven clinical and cost effectiveness to reduce their risk of disability and death.</p>
Standard 8: Stable angina	<p>8. <i>People with symptoms of angina or suspected angina should</i> receive appropriate investigation and treatment to relieve their pain and reduce their risk of coronary events.</p>
Standards 9 & 10: Revascularisation	<p>9. <i>People with angina that is increasing in frequency or severity should</i> be referred to a cardiologist urgently or, for those at greatest risk, as an emergency.</p> <p>10. <i>NHS Trusts should</i> put in place hospital-wide systems of care so that patients with suspected or confirmed coronary heart disease receive timely and appropriate investigation and treatment to relieve their symptoms and reduce their risk of subsequent coronary events.</p>
Standard 11: Heart failure	<p>11. <i>Doctors should</i> arrange for people with suspected heart failure to be offered appropriate investigations (eg electrocardiography, echocardiography) that will confirm or refute the diagnosis. For those in whom heart failure is confirmed, its cause should be identified – treatments most likely to both relieve their symptoms and reduce their risk of death should be offered.</p>
Standard 12: Cardiac rehabilitation	<p>12. <i>NHS Trusts should</i> put in place agreed protocols/systems of care so that, prior to leaving hospital, people admitted to hospital suffering from coronary heart disease have been invited to participate in a multidisciplinary programme of secondary prevention and cardiac rehabilitation. The aim of the programme will be to reduce their risk of subsequent cardiac problems and to promote their return to a full and normal life.</p>