Together for Health – a Heart Disease Delivery Plan

A Delivery Plan up to 2016 for NHS Wales and its Partners
CONTENTS

Foreword by the Minister for Health and Social Services

Foreword by the Chief Executive of NHS Wales

1. Overview 1
2. Strategic context 1
3. Our Vision 2
4. Why is this a priority? 2
5. Our journey so far 3
6. What do we want to achieve? 4
7. Working together 5
8. Measuring success 6
9. Local plans – local action 7

Delivery themes and actions 8

• Delivery Theme 1: Promotion of healthy hearts 8
• Delivery Theme 2: Timely detection of heart disease 11
• Delivery Theme 3: Fast and effective care 14
• Delivery Theme 4: Living with heart disease 17
• Delivery Theme 5: Improving Information 20
• Delivery Theme 6: Targeting research 23

• What needs to happen when: Actions to support delivery of themes 1-6 25

Annex 1- Links to reference documents 27
The Welsh Government wants both to minimise the incidence of preventable heart disease and to ensure that those affected by any kind of heart disease have timely access to high quality services, irrespective of where they live and whether these services are delivered through hospitals or in the community. By 2016, the NHS must meet the Standards set out in the Cardiac Disease National Service Framework (NSF) published by my predecessor and deliver the new commitments to the Welsh population contained in this Delivery Plan.

Local Health Boards must take local ownership and put effective plans in place to help prevent avoidable heart disease and deliver well-coordinated services, where specialised care is well connected to local services, providing better patient experience and outcomes. In particular, it is essential that the NHS focuses on meeting our population needs, reducing inequalities in health and variation in access to services across Wales.

This document - one of a suite of National Service Delivery Plans – is designed to guide Local Health Boards and Trusts in the organisation and prioritisation of services for people with heart disease. It reaffirms the importance of the NSF and requires the NHS to:

- Carry out local population needs assessments
- Analyse the gap between current provision and the standard of service described in the NSF and in this Plan
- Plan and take action to close that gap
- Demonstrate, through regular reporting, improved outcomes for patients, with an emphasis on reducing health inequalities

I strongly believe that we can achieve high quality care and improved population outcomes.
Foreword from David Sissling, Chief Executive of NHS Wales

I commit Local Health Boards and Trusts, working together and with their partners, to deliver safe, sustainable, high quality cardiac care for their populations. We will support them in this endeavour and will hold Local Health Boards to account for the outcomes they deliver and for their contribution to the overall health of the people of Wales.

This Heart Disease Delivery Plan sets out a compelling vision for success. It challenges organisations to plan and deliver high quality services in partnership. I want to see continuous improvement integrated into everyday working. Our measures of success must focus more on public health outcomes, the quality of our services and the individual’s experience.

Using Together for Health – A Heart Disease Delivery Plan as the framework, my challenge to the NHS in Wales is to work effectively with its full range of partners to plan, innovate and, most importantly, to deliver really effective heart care.
1. Overview

Heart Disease is a major killer in Wales, particularly affecting our poorer communities. The Heart Disease Delivery Plan provides a framework for action by Local Health Boards and Trusts. It sets out the Welsh Government’s expectations of the NHS in Wales to prevent avoidable heart disease and plan, secure and deliver high quality person-centred care for anyone affected by heart disease. It focuses on meeting population need, tackling variation in access to services and reducing inequalities in health outcomes across 6 themes:

- Delivery Theme 1: Promotion of healthy hearts
- Delivery Theme 2: Timely detection of heart disease
- Delivery Theme 3: Fast and effective care
- Delivery Theme 4: Living with heart disease
- Delivery Theme 5: Improving Information
- Delivery Theme 6: Targeting research

For each theme it sets out:

- Delivery aspirations for the prevention and treatment of heart disease
- Specific priorities for 2013-2016
- Responsibility to develop and deliver actions to achieve the specific priorities
- Population outcome indicators and NHS assurance measures

These complement the standards set out in the Cardiac Disease National Service Framework (NSF), which must be delivered alongside this Delivery Plan. Standards for meeting the needs of children with heart disease are covered by the All Wales Standards for Paediatrics and Congenital Cardiac Services.

2. Strategic Context

The Welsh Government’s Programme for Government and its 5 year NHS Plan, Together for Health, sets out an ambitious programme for health and well-being in Wales so that:

- Health and well-being will be better for everyone
- Access and patient experience will be better
- Better service safety and quality will improve health and well-being outcomes

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1 The Cardiac Disease National Service Framework was based on national standards current at the time of publication (2009); where national guidance has been updated this takes precedence over the NSF.
Achieving Excellence: The Quality Delivery Plan for the NHS in Wales for 2012-16 describes a journey to bring about excellence in our services. It outlines actions for quality assurance and improvement. We commit to a quality-driven NHS that provides services that are safe, effective, accessible, affordable and sustainable.

The Welsh Government plan Delivering Local Integrated Care (expected to be published in May 2013) brings a renewed focus to the need for rapid change and improvement in primary and community care settings. Local integrated care is designed to deliver person-centred services as close to home as possible.

3. Our vision

The Programme for Government sets out the overall population outcomes that we want to achieve; better health for all and reduced inequalities in health. Reducing the impact of heart diseases on the lives of people in Wales will contribute significantly to these outcomes.

Our vision for heart care is for:

- People of all ages to have as low as possible a risk of developing heart diseases and, where they do occur, an excellent chance of living a long and healthy life, wherever they live in Wales
- Wales to have incidence, mortality and survival rates for heart disease which are comparable with the best in Europe

4. Why is this a priority?

There are good reasons for heart disease to be a key priority area for NHS Wales.

According to the latest figures available from the Welsh Health Survey², 20% of adults are being treated for high blood pressure and 9% for any heart condition, excluding high blood pressure.

The most significant cause of heart-related ill health and death is coronary heart disease (particularly angina and heart attack). Although death rates in Wales have been falling over the last 3 decades, they remain around 15% higher than in England³. In addition, death rates vary significantly across Wales; the death rate in the most deprived fifth of wards is almost a third higher than in the least deprived fifth⁴ - showing the pronounced impact of poverty and the socio-economic determinants of health. While coronary heart disease is a largely preventable cause of ill health and death, the latest figures show that major risk factors remain high⁵:

- 23% of adults report smoking, with 20% of adult non-smokers reporting regular exposure to other people’s tobacco smoke indoors

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² Welsh Health Survey 2011, Welsh Government statistics released September 2012
³ Trends in Coronary Heart Disease 1961-2011, British Heart Foundation, 2011
⁴ The Cardiac Disease National Service Framework for Wales, Welsh Government, 2009
⁵ Welsh Health Survey 2011, Welsh Government statistics released September 2012
• 57% of adults were classed as overweight or obese; amongst children the figure was 35% (of whom 19% were obese)
• 43% of adults reported drinking above guidelines on at least one day in the past week
• Only 29% of adults reported being physically active on 5 or more days in the past week

This explains the focus on coronary heart disease and promotion of healthy hearts as a theme, including children to tackle underlying risk factors at the earliest possible age.

Coronary heart disease is, however, just one part of the picture. In line with the NSF, this Delivery Plan, covers heart conditions more broadly, highlighting the importance of providing high quality detection and treatment of all major heart diseases, including:

• Heart failure (predominantly caused by coronary heart disease)
• Arrhythmia management, including management of atrial fibrillation (frequently a consequence of coronary disease)
• Congenital heart disease (in children and adults)
• Inherited or idiopathic cardiac conditions, including cardiomyopathies

Responding to the needs of service users, there will frequently be a need to consider co-morbidity, especially but not only in the older age group.

Across all conditions, the focus needs to be on health promotion, detection, treatment and the longer term support of people with chronic conditions. Certain delivery themes (particularly Promotion of healthy hearts) include much common ground with prevention sections in other Welsh Government Delivery Plans, such as the Stroke Delivery Plan and the Diabetes Delivery Plan. For some people with heart disease it will also be appropriate to refer to the Delivering End of Life Care Plan.

5. Our journey so far

The NSF, published in 2009, already sets out clear standards for the patient pathway. Good progress has been made in some areas – the challenge now is to ensure its full implementation by 2016. Whilst this is an ambitious target, a new All Wales Heart Disease Implementation Group (see section 7) will ensure a more focused approach to achieving implementation as rapidly as possible.

The Halcox Report (2010) recommended that Wales should implement a more systematic, prioritised and coordinated approach to identifying those at risk of developing cardiovascular disease and to manage that risk. Public Health Wales made recommendations about the role of GPs and supporting IT infrastructure. Work continues to implement these improvements in a strategic and joined up way.
The *Review of Cardiac Services* carried out by the Welsh Health Specialised Services Committee (WHSSC) in 2011 was initiated to address:

- Known inequalities of access to cardiac services in Wales
- Inefficiencies in the systems and processes for delivering cardiac care
- New services and technologies which are emerging
- The current and predicted financial environment

Recommendations included:

- Implementation of Primary Percutaneous Coronary Intervention (PPCI) for all suitable patients with ST Segment Elevation Myocardial Infarction (STEMI)
- Timely assessment, in line with evidence of best outcomes, for all patients with acute coronary syndromes
- Implantable cardioverter defibrillator (ICD) and cardiac resynchronisation therapy (CRT) for all patients for whom there is clinical evidence of likely benefit
- The establishment of a Welsh Adult Congenital Heart Disease (ACHD) Registry
- Strategic planning and delivery of services for patients with ACHD in line with an All Wales approach to ensure equal and full access for all
- The development of a National Cardiac Imaging Plan - to be implemented by WHSSC, the cardiac networks and National Imaging Programme Board - covering Echocardiography, Cardiac Computed Tomography Angiography (CCTa), Cardiac Magnetic Resonance Imaging (MRI) and a national database of Picture Archiving and Communication System (PACS) images

6. **What do we want to achieve?**

This *Heart Disease Delivery Plan*, and the new Implementation Group, will spur Local Health Boards and Trusts to focus on further action to meet the standards set out in the NSF and the recommendations of the *Halcox Report* and WHSSC Review.

Delivery of the Plan will result in better patient experience and outcomes, reducing health inequalities and variability in access to services. The Plan is set within the context of current NHS reconfiguration and must be delivered using existing NHS resources. Local Health Boards and Trusts must work with clinicians to prioritise resources and/or re-organise service delivery in order to better meet population need.

Improved population outcomes will only be seen over the longer term but the Welsh Government expects to see clear progress against this Plan – and the NSF and WHSSC Review - demonstrated through annual reports. Published on
Local Health Board and Trust websites, these reports will allow scrutiny and the comparison of progress across Wales, facilitating learning and driving progress.

7. Working together

All of us have a part to play in our efforts to avoid preventable ill health and ensure effective diagnosis, treatment and ongoing support for people with heart disease.

The Welsh Government is responsible for strategic leadership through setting the health outcomes it expects for the people of Wales. It holds the NHS to account on how well it delivers the outcomes we want. The lines of accountability are via the Chairs of the Local Health Boards and Trusts to the Minister for Health and Social Services. The Chief Executives of the Local Health Boards and Trusts report to the Chief Executive of NHS Wales who is also the Director General of the Welsh Government’s Department for Health and Social Services. There are regular performance reviews and progress against this Delivery Plan will be monitored as set out in sections 8 and 10.

NHS Wales is made up of 7 Local Health Boards and 3 NHS Trusts. Local Health Boards are responsible for planning, securing and delivering local services to help prevent heart disease where possible and to diagnose, treat and care for people affected by heart disease. The Local Health Boards in South Wales work in partnership as the South Wales Cardiac Network to plan and deliver care. There is a single Cardiac Network in North Wales. All 7 Local Health Boards plan and fund specialist services through the Welsh Health Specialised Services Committee (WHSSC). These arrangements must be subject to continuous review.

To plan services effectively to meet population need and reduce variability of services, Local Health Boards must work together and also build and lead coalitions with: NHS Trusts, pharmacists, local government and the third sector. They must also ensure that actions are delivered seamlessly across primary and secondary care and local communities. Charities supporting people with heart disease play an important role in meeting the needs of people affected by heart disease and their contribution needs to be part of this integrated suite of services. In some cases, independent hospices also play an important role in meeting the needs of people with heart disease.

Public Health Wales NHS Trust provides Local Health Boards with information and advice to inform service planning. The Welsh Ambulance Service NHS Trust plays a vital role in responding to cardiac arrests and transporting patients to the most appropriate care. The NHS Wales Informatics Service (NWIS) supports Local Health Boards in the collecting and reporting of information.

Local government has a vital role to play in reducing the number of people affected by preventable heart disease. To promote a co-ordinated approach, they need to work with Local Health Boards through Local Service Boards. This work includes development of Single Integrated Plans, informed by evidence, showing what they will do to improve health outcomes, in areas such as smoking, obesity, nutrition and exercise.
The **National Specialist Advisory Group** for cardiology promotes cardiovascular health and provides expert professional advice to the Welsh Government and the NHS.

An **All Wales Heart Disease Implementation Group** will be established to provide strong and joined-up strategic leadership and oversight of delivery by 2016 against this Plan and the NSF. The Group will:

- Ensure a relentless focus on delivering the priorities and outcomes of the Delivery Plan and the NSF
- Identify constraints and solutions to delivery
- Operate at an all Wales level to focus and support Local Health Boards to deliver in a consistent way across Wales
- Agree how best to measure success, advising on the use of outcome indicators and assurance measures
- Scrutinise local delivery plans and assess progress – providing peer challenge of performance
- Facilitate the sharing and implementation of best practice

The group will include leads from each Local Health Board, Public Health Wales, the Welsh Ambulance Service Trust and the Welsh Health Specialised Services Committee. Expertise may also be accessed from the various professions involved in providing care for people with heart disease and the third sector. The Group’s relationship with the National Specialist Advisory Group and the Cardiac Networks will also be set out in Terms of Reference. The Chair will be accountable to the Welsh Government; the Group will report annually on progress.

The **third sector** has an important role to play, in promoting healthy hearts, delivering services and providing service user perspectives to inform the development of improved services and better patient experience.

The **people** of Wales also have a role to play. No one chooses to develop a heart condition, and causes may be hereditary or unknown. Everyone can, however, choose to minimise risk of premature coronary heart disease through positive lifestyle choices. We all need to take more responsibility for our own health to make an active contribution to minimising the risks and harm that can be caused by smoking, alcohol, obesity and lack of physical exercise.

### 8. Measuring success

The Welsh Government’s *Quality Delivery Plan* (2012-2016) sets out how we will monitor performance and progress in improving health and health care in Wales. Engagement to develop an initial Outcome Indicator Framework will take place during Summer 2013.

The Quality Delivery Plan places requirements on NHS organisations to monitor a set of nationally specified performance measures and report them to the public and
hence to Welsh Government and their Boards at regular intervals. This Heart Disease Delivery Plan now places a requirement on each organisation to publish an annual report on heart services for the public of Wales to demonstrate progress. The year 2013/2014 will therefore be one of transition as we move to this new approach.

This Delivery Plan sets out some initial national outcome indicators and NHS assurance measures which will indicate whether progress is being made. These may be amended on advice from the Implementation Group. The Implementation Group and Local Health Boards may wish to adopt additional indicators or measures which they feel will drive progress in delivery against this Plan and the NSF. They should work with the Cardiac networks to develop detailed service level measures where required, possibly including measures for specific heart diseases.

The strong focus of this Plan is on reducing health inequalities and inequitable access to services. Scrutiny will focus on the differences across Wales and on whether there is a reduction in the gap between the most and least deprived parts of the country.

In line with our intention to deliver heart disease services that are amongst the best in Europe, we will make international comparisons where possible.

9. Local plans – local action

Local Health Boards are required to carry out local population needs assessments and to develop and publish local delivery plans. They will report annually on progress.
Premature coronary heart disease is a largely preventable condition, significantly influenced by poverty and socio-economic health determinants - as well as factors such as smoking, alcohol consumption above recommended guidelines, obesity and lack of physical exercise. Achieving reduction in levels of heart disease will require proactive approaches to tackling the underlying socio-economic determinants of health and promoting healthy lifestyles from childhood onwards.

Resources should be targeted at areas of greatest risk (both on a population level and on the basis of individual intervention), and a multidisciplinary approach should be adopted to promote healthy living and empower people to engage in self-care from a young age.

This approach is consistent with the focus on tackling health inequalities and promoting healthy lifestyles in Our Healthy Future (WG, 2009), Fairer Health Outcomes for All (WG, 2011), the Tobacco Control Action Plan for Wales (WG, 2012), The People’s NHS (WG Consultation 2012), A consultation to collect views about whether a Public Health Bill in needed in Wales (WG, 2012), and the Active Travel Bill laid in the National Assembly for Wales in February 2013.

The priorities for promotion of healthy hearts set out below are closely aligned to prevention measures across a range of conditions - and to the equivalent sections of the Stroke Delivery Plan and Diabetes Delivery Plan. The Programme for Government also contains a commitment to introduce a programme of annual health checks for people over the age of 50. Making a difference can only be achieved through partnership working between Welsh Government, the NHS, local authorities (with particular emphasis on education, social services, housing and leisure departments), the third sector and others.

Delivery aspirations

1. High population awareness of the health harms of smoking and alcohol consumption above recommended guidelines, the benefits of physical activity and healthy eating and of sources of help for lifestyle change

2. Increased numbers of people who stop smoking

3. Increased numbers of people who achieve a healthy weight or, by losing a clinically significant amount of weight (5-10% body weight), move in that direction

4. Increased numbers of people undertaking sufficient physical activity to benefit their health

5. Reduction in alcohol consumption above recommended guidelines
6. Effective identification and treatment of risk factors associated with health inequality and heart disease

Specific priorities 2013-2016

1. Work with a broad range of partners (including Local Service Boards and the third sector) to:
   - Raise awareness of healthy living
   - Signpost existing sources of information, advice and support relating to lifestyle change
   - Develop and deliver local strategies and services to tackle underlying determinants of health inequality and risk factors for coronary heart disease
   - Target resources in population areas of high risk (such as areas of deprivation) and areas of high impact (including early intervention actions with children to tackle prevention from outset of life)

2. Support and facilitate GPs, practice nurses and community pharmacists to proactively:
   - Use every opportunity in primary care to promote healthy lifestyle choices and smoking cessation
   - Ensure consistent provision of testing and treatment for risk factors such as high blood pressure and cholesterol

Responsibility to develop and deliver actions

Local Health Boards, working with partners and with national leadership from Public Health Wales

Population outcome indicators

Coronary disease prevalence rates - proportion of patients under 75 living with coronary disease as recorded on GP heart disease registers. This is a population marker for the level of avoidable cardiac disease developed prematurely.

Outcome Indicators for measuring the health of the population of Wales more generally, such as the percentage of people who smoke or who are obese, are part of our Programme for Government.

For outcomes relating to children, we will consider information available on smoking in pregnancy, low birth weight, breast feeding, obesity in children, smoking at ages 11 and 15, children’s drinking and children’s physical exercise (sources: Maternity Strategy, Welsh Health Survey, Health Behaviour of School Children Survey).

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6 Including, for example, Stop Smoking Wales, Fresh Start Wales, Change 4 Wales
NHS assurance measures

Measures used to track progress against *Our Healthy Future* will be used. Relevant measures are also set out in Programme for Government and in the Welsh Government’s Performance Level Agreement with Public Health Wales NHS Trust.
Delivery Theme 2: Timely detection of heart disease

Risk is managed and heart disease is detected quickly when it does occur, allowing timely progress to treatment

National Guidelines set out the Welsh Government’s expectations of effective care to identify those at risk of avoidable heart disease, manage that risk effectively and detect heart disease where it does occur. These include the NSF, National Institute for Health and Clinical Excellence (NICE) guidelines and the Quality and Outcomes Framework for GPs.

All GPs are expected to have direct access to a range of diagnostic tests and procedures for those people where cardiac disease is suspected. This includes access to brain type natriuretic peptide (BNP) assays for the initial assessment of heart failure symptoms. It also includes the assessment of chest pain and palpitations and being able to access specialist cardiology advice by telephone or e-mail within 24 hours. GPs should be able to undertake routine 12 lead ECGs, providing copies for specialist opinion, and provide routine access to 24 hour ambulatory blood pressure monitoring, 24 hour ECG recording and transthoracic echocardiography.

People with symptoms suggestive of coronary heart disease (CHD) should be able to attend a rapid access clinic and undergo prompt diagnostic evaluation so that early intervention may be undertaken where required. People who have a diagnosis of CHD should have access to secondary prevention advice and support, including smoking cessation, increased physical activity, weight loss and improved nutrition. People who have very high cholesterol levels or who have a personal or family history of premature vascular disease should have access to familial hypercholesterolaemia (FH) services where close members of the patient’s family may also undergo testing.

People with a family member who died suddenly of a suspected cardiac cause and those with family members having inherited heart conditions should have access to appropriate genetic advice and testing.

Delivery aspirations

1. High GP and public awareness of symptoms of heart disease

2. Prompt and appropriate access to diagnostic testing and specialist cardiology advice

Specific priorities 2013-2016

1. Identify and implement ways of raising public awareness of the symptoms of heart disease and the importance of seeking urgent medical advice and raise awareness of when to ring 999, seek advice from NHS Direct and when to contact their GP
2. Provide GPs with timely access to diagnostic testing and procedures for heart disease, increasing direct access to testing (at the point of care or from a central laboratory), without need for secondary referral, where appropriate.

3. Provide rapid access services to meet GP and patient need.

4. Provide GPs with timely access to specialist cardiology advice through telephone and email, speeding diagnosis for people who may not need referral to a clinic.

5. Ensure adequate access to cardiac catheter laboratories, matched to population need.

6. Raise symptom awareness of GPs and ensure through audit that people are referred to secondary and tertiary care in line with national guidance and referral protocols and pathways agreed by the cardiac networks.

7. Provide specialist cardiology advice within 24 hours for those admitted to hospital with suspected heart disease - reorganising delivery of services to achieve this where necessary.

8. Ensure effective collaboration between the All Wales Medical Genetics Service, Cardiac Networks, Hospital Lipid Clinics and GPs to use the Familial Hypercholesterolaemia Cascade Testing service to identify and treat individuals with Familial Hypercholesterolaemia and reduce the high risk of this group developing early onset heart disease.

9. Ensure effective use of arrhythmia specialists and the All Wales Medical Genetics Service to ensure patients with inherited heart conditions have appropriate advice and testing and that specialist advice is provided to interpret the results.

**Responsibility to develop and deliver actions**

**Local Health Boards**

**Population outcome indicators**

Circulatory disease mortality rates under age 75 per 100,000 population. This indicator demonstrates the number of people who died from circulatory disease each year, expressed as an age standardised rate to allow comparisons between years and countries. Although this indicator covers stroke and peripheral vascular disease as well as coronary disease, it is included in the *Programme for Government* and is used here to reflect the importance of preventing coronary heart disease and delivering effective heart care in driving progress against this wider indicator. Mortality rates across deprivation quintiles are used here to describe variation in outcome for people with cardiac disease.
NHS assurance measures

1. GP blood pressure measurement - percentage of patients aged 40 and over with a blood pressure measurement recorded in the preceding 5 years (Source: Quality and Outcomes Framework)

2. Adults who reported ever being treated for a heart attack (Source: Welsh Health Survey)
Delivery theme 3: Fast and effective care
People with heart disease receive fast, effective treatment and care so they have the best possible chance of living a long and healthy life

Some patients with heart disease will need to attend hospital for some part of their treatment, although we hope that an increasing proportion may be treated entirely in primary and community care. Hospital services should be co-ordinated with excellent communications and handovers across boundaries, both within the acute setting and with primary care. Services should be delivered promptly and with a focus on positive patient experience.

A detailed framework for delivering high quality evidence based heart services through well organised Multi Disciplinary Teams, is provided in the NSF and in National Institute for Health and Clinical Excellence guidance; compliance with such frameworks will be central to the delivery of this Plan.

Every patient undergoing complex surgery in Wales should receive excellent peri-operative care, delivered through the enhanced recovery after surgery (ERAS) and the Transforming Theatres initiatives. Local Health Boards, working with the Welsh Health Specialised Services Committee (WHSSC) should ensure that specialised heart services are planned and configured in a way which provides the highest standards of multidisciplinary care and outcomes. The NHS should support patients and families in travel and accommodation arrangements in line with the All-Wales Protocol for Non-Emergency Patient Transport.

Formal Referral to Treatment (RTT) waiting time targets for cardiac services have been in place for several years, providing the minimum standard for delivery, but breaches still occur. The NHS must ensure diagnostic and referral pathways operate effectively, achieving prompt assessment and driving down treatment times in line with clinical need.

The 1000 Lives Plus Programme has developed sets of clinical bundles which represent effective care for people with acute coronary syndrome and heart failure. Local Health Boards must deliver this level of care.

Where appropriate, people with heart disease may need prompt access to co-ordinated, effective and compassionate palliative and end of life care. The latest National Confidential Enquiry into Patient Outcome and Death report, *Time to intervene*, demonstrates failings in decision making about end of life care for many patients. Where relevant, care should be provided in line with the *Delivering End of Life Care Plan*. The NHS should continue its ongoing work to develop a single policy for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.

The provision of defibrillators in appropriate public places – combined with investing in community first responders trained in Cardiopulmonary Resuscitation (CPR) and ensuring fastest possible ambulance response times – could significantly increase the chance of survival and recovery for out of hospital cardiac arrests. Provision of service should be reviewed in this area.
Delivery aspirations

1. Prompt and appropriate access for all patients to clinically and cost effective treatment and care in line with latest evidence and national standards and guidelines

2. Assessment by a cardiologist within 24 hours of admission to hospital for all patients with a heart disease diagnosis

3. For patients who need it, timely transfer to palliative and end of life services

Specific priorities 2013-2016

1. Organise services to ensure people admitted because of diagnosis with a heart disease are assessed by a consultant cardiologist\(^7\), within 24 hours of admission to hospital

2. Start definitive treatment in a timely manner, with a focus on driving down waiting times and meeting clinical need. As a minimum treatment must start in line with the 26 week Referral to Treatment waiting times target for cardiac disease

3. Deliver prompt and equitable access to appropriate interventions, including new diagnostic procedures, technologies, treatment and techniques, in line with the latest evidence and guidance and with evidence based policies and priorities agreed by NHS Wales

4. Ensure all complex surgery is undertaken with peri-operative care standards as in the ERAS project

5. Use the 1000 Lives Plus Programme to implement improvements to services for people with acute coronary syndrome, heart failure, atrial fibrillation and in need of anti-coagulation

6. Manage effective transition to quaternary services in England where needed

7. Co-ordinate effective discharge and timely repatriation of patients to local hospitals as soon as clinically appropriate following treatment in line with discharge plans and the All Wales Repatriation Policy

8. For patients who need it, ensure effective transition to appropriate palliative and end of life care, in line with the Delivering End of Life Care Plan

\(^7\) A consultant cardiologist is someone on the General Medical Council’s specialist register with a Certificate of Completion of Training (CCT) or Certificate of Completion of Specialist Training (CCST) in cardiovascular medicine or cardiology, who is employed as a consultant, spends the majority of their direct clinical care programmed activities caring for patients with heart disease and who undertakes regular continuing professional development of relevance to the care of patients with heart disease.
9. Develop an NHS Wales policy on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions, ensuring that this always respects individual patient wishes

10. Review provision of defibrillators in public places and community first responders, within LHB areas, ensuring - in liaison with the WAST and the British Heart Foundation - that there is adequate provision and training and an effective first responder in place

**Responsibility to develop and deliver actions**

Local Health Boards and Welsh Ambulance Service Trust; Welsh Health Specialised Services Committee to work with Local Health Boards to ensure delivery of 26 week Referral to Treatment target (priority 2)

**Population outcome indicators**

Survival following out of hospital cardiac arrest (source to be developed). Across the UK an estimated 60,000 out-of-hospital cardiac arrests take place each year, with around 30,000 treated by emergency services. Survival rates vary considerably across the UK, with 2-12% surviving to be discharged from hospital\(^8\)

**NHS assurance measures**

1. Percentage of patients waiting less than 26 weeks for referral to treatment (Source: Health Stats)

2. Percentage of people admitted as an emergency with suspected heart diagnoses seen by a cardiologist within 24 hours (Source: new data set)

Alternatively - until the new data set is available - percentage of patients requiring Primary Percutaneous Coronary Intervention admitted to a Heart Attack Specialist unit (Source: Myocardial Ischaemia National Audit Project)

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\(^8\) British Heart Foundation Policy Statement: Emergency Life Support, June 2012
Delivery Theme 4: Living with heart disease

Whether in the community or in hospital, people are placed at the centre of heart care with their individual needs identified and met so they feel well supported and informed and able to manage the effects of heart disease.

The majority of heart diseases are chronic conditions that people can live with for many years. Meeting their sometimes complex and ongoing physical, psychological and social needs and managing the side effects of treatment can have significant benefits for improving patient outcomes and quality of life.

The Welsh Government emphasises the central importance of a preventative, primary and community-led NHS and outline this approach in the policy document Setting the Direction (WG, 2010). Key areas of service redesign need to address ways in which enhanced community care for angina/heart failure/hypertension (amongst other conditions) could reduce the high numbers of emergency admissions to hospitals across Wales. Developing multi-sector locality networks and community resource teams have an important role to play.

Care plans for those with long term heart conditions should facilitate the co-ordination of care between community and hospital. They will ensure that a person’s individual treatment and support needs, such as access to information, are assessed, recorded and met. Care plans should be produced in co-production with individuals and should take account of co-morbidities. This approach, completed by the appropriate lead professional (in primary or secondary care), should ease transition between services and also improve communication between the NHS and Social Services. Crucially, they must be easily available to all those involved in an individual’s care.

A significant source of effective preventative care and support for people suspected of or with heart disease is cardiac rehabilitation. Cardiac rehabilitation should be considered and offered to all who would benefit from it. All patients who have had a cardiac event should have access to a cardiac rehabilitation programme and then continue a regular exercise programme based in the community. Anxiety and depression are common in chronic conditions and heart disease in particular and can hinder recovery and reduce quality of life. Appropriate psychological and drug interventions should be provided taking full account of potential risks due to the side effects of psychotropic medications.

The contribution which the third sector makes to support those living with heart disease is considerable. Local Health Boards should work proactively with the third sector, involving them in service planning to deliver an integrated heart care service.

Delivery aspirations

1. People have timely access to information – tailored to their needs – to ensure they understand their condition, what to look out for and what to do and which service to access should problems occur.
2. People’s clinical and relevant non-clinical needs and wishes are discussed with them (and if appropriate family/carers), recorded in a care plan, used to inform delivery of all care, and reviewed on an ongoing basis.

3. Care is given in the most appropriate place for the patient, as locally as is possible to the patient’s home.

4. People have access to timely drug and device management, psychological management, exercise programmes and cardiac rehabilitation according to need.

5. Fewer people are admitted or readmitted to hospital unnecessarily or as an emergency.

6. People’s experience of NHS and third sector voluntary sector care and support services is integrated and seamless.

7. People are supported to manage their own condition.

**Specific priorities 2013-2016**

1. Plan and deliver services to meet the ongoing needs of people with heart disease as locally as possible to their home and in a manner designed to support self management and independent living. This should include as appropriate:
   - Evidence based follow-up in the community where possible
   - Drug and device management
   - Cardiac rehabilitation (including psychological management and exercise)
   - Exercise programmes (such as the National Exercise Referral Programme)
   - Guidance on healthy lifestyle and self-care to minimise further ill health

2. Assess the clinical and relevant non-clinical needs of people with a diagnosis of a long term heart disease and – in liaison with patients (and where appropriate family/carers) - record relevant clinical and non-clinical needs and wishes as the basis of implementing care in a care plan. This should include adults with congenital heart disease. The care plan should include information on what the diagnosis means for the patient, what to look out for and which service to access should problems occur; it should be reviewed at appropriate points along the pathway.

3. Make arrangements to ensure that information in the care plan or GP letter is available both to the patient and recorded on clinical information systems - and is accessible to others who have clinical responsibility for the patient, including out-of-hours GP services, on a 24/7 basis.

4. Provide access to expert patient and carer programmes when required.
5. Work proactively with third sector services and provide effective signposting to information and support, enabling patients to easily access support services

Responsibility to develop and deliver actions

Local Health Boards, working with the third sector to deliver priority 5

Population outcome indicators

Cardiovascular death in relation to average life expectancy-potential years of life lost. This is a population marker for a long and healthy life span. Life expectancy across deprivation quintiles are used here to describe variation in outcome for people with cardiac disease.

NHS assurance measures

1. Percentage of people with a diagnosis of cardiac disease who have a care plan – The percentage of people with a care plan for mental health, cancer and long term conditions is a tracking indicator in the Programme for Government. People with a diagnosis of cardiac disease who have their clinical and non clinical needs assessed, agreed with them, recorded in a care plan and then planned for and met, are more likely to feel well supported and cared for and to have a better experience of NHS care

2. Percentage of patients satisfied with care (Source: to be developed via patient survey)
Delivery Theme 5: Improving Information

Information systems to support high quality care, and performance, clinical audit and review information to drive service improvement

The development of excellence in heart care is heavily dependent on the quality of information available – both up-to-date patient information and the data which evidences treatment outcomes and informs the development of best practice. Information on NHS performance is essential to inform policy, drive continuous improvement in service delivery and to provide transparent information to the public on the services which matter to them.

Realising the benefits of this Delivery Plan will require continuous improvement in all these areas and especially in developing patient records and care plans accessible to all those who need to see them.

Using information from service users on their experience of NHS care is a critical tool for improving future patient experience. Local Health Boards must use effective ways of finding out patients' views and using these to plan and deliver better cardiac care.

Participation in National Clinical Audits relating to heart care is a mandatory requirement which Local Health Boards must ensure is achieved. Full (100%) participation is required to effectively monitor progress in the delivery of heart care, to provide comparative outcome data and allow effective benchmarking. It is essential that this data is used for direct service improvement, to look at clinical performance, and for research. The national cardiac clinical audits are currently delivered by the National Institute for Cardiovascular Outcomes Research, which is part of the Centre for Cardiovascular Preventions and Outcomes at University College London and is commissioned by the Healthcare Quality Improvement Partnership. Data entry to all the National Cardiac Clinical Audits in Wales is the responsibility of individual Local Health Boards and participation rates will be used as an assurance measure. National Cardiac Clinical Audits include the following:

- Myocardial Ischaemia National Audit Project (MINAP)
- National Audit of Percutaneous Coronary Intervention (PCI) Procedures
- National Heart Failure Audit
- Cardiac Rehabilitation Audit
- Cardiac Rhythm Management Audit
- National Congenital Heart Disease Audit
- National Adult Cardiac Surgery Audit

Advice is provided for NHS Wales by the National Clinical Audit and Outcome Review Advisory Committee.
Peer review of the quality of healthcare to support and inform the planning and delivery of services has strong clinical support. The Quality Delivery Plan tasks Healthcare Inspectorate Wales (HIW) with introducing a process of peer review against standards in Wales, following an initial pilot with cancer and palliative care. Local Health Boards, supported by the Cardiac Network core teams, must work with HIW to take peer review forward for heart services.

Quality Requirements (QRs) were developed to support implementation of the NSF. The QRs clarify the standard of service that is expected throughout Wales by 2016 and with some further work could be suitable for use in self-assessment and peer review.

The Welsh Government expects Local Health Boards to make information publically available on the services that they provide and their effectiveness. This Delivery Plan requires regular public reporting on the quality and delivery of heart services. These requirements are set out in the final section of this Plan, What needs to happen when.

**Delivery aspirations**

1. IT and communication links which give clinical staff fast, safe and secure access anywhere in Wales to the information needed to care for patients

2. Patients and carers are regularly involved in the design of services; service users views on services are sought regularly and acted on to ensure continuous improvement

3. Services are audited and reviewed systematically and findings are used to improve care

4. Transparently published information on NHS performance for heart disease is easily available

**Specific priorities 2013-2016**

1. Ensure IT infrastructure supports effective sharing of clinical records/care plans

2. Put effective mechanisms in place for seeking and using patients’ views about their experience of heart services

3. Monitor and record performance against the Cardiac Disease National Service Framework and through annual self-assessment against the Quality Requirements and use the results to inform and improve service planning and delivery

4. Ensure full (100%) participation in mandatory national clinical audits, delivering significant improvements on current low participation rates - to support service improvement and support medical revalidation of clinicians – and ensure that findings are acted on
5. Participate in and act on the outcome of peer review

6. Publish regular and easy to understand information about the effectiveness of heart services (refer to delivery theme 7 for details)

**Responsibility to develop and deliver actions**

Local Health Boards, NHS Wales Informatics Service, Cardiac Networks, Healthcare Inspectorate Wales

**NHS assurance measures**

Percentage compliance with national audit (Source: National Clinical Audit and Outcome Review Advisory Committee)
Delivery Theme 6: Targeting Research
A commitment to research, delivering improved prevention and treatment options and outcomes

Research is critical to effective heart care and the NHS must respond to latest research in the planning and delivery of its services. Cardiovascular research in Wales is also vital in attracting investment and first class NHS staff. Wales already has an excellent reputation in this area.

Cardiovascular research results in ongoing improvements in patient outcomes. Patients benefit through the on-going implementation of evidence based best practice. In the longer term, patients also benefit from better understanding of the causes and prevention of heart disease. Promoting a research culture in hospitals attracts highly skilled personnel to Wales, providing opportunities to develop skills and gain experience of delivering innovative treatments. The Welsh Government, through the National Institute for Social Care and Health Research (NISCHR), supports initiatives in the field of cardiovascular research. These include the Cardiovascular Registered Research Group - Cymru (CVRG-C), and the Haemostasis Biomedical Research Unit (HBRU).

Delivery aspirations

1. Flourishing heart research to improve prevention and treatment, making NHS Wales an attractive place to live and work for high calibre clinicians
2. Rapid uptake of research findings

Specific priorities 2013-2016

1. Support and encourage protected research time for clinically active staff (in primary as well as secondary and tertiary care)
2. Build on and extend academic training schemes to develop a highly skilled workforce
3. Promote collaboration with key research initiatives such as CVRG-C and HBRU
4. Promote public health research, for example to identify the best ways of working with those who are most disadvantaged or to demonstrate how services meet individual and population needs
5. Invest in accurate collection of key clinical data in a format that can be incorporated into the SAIL (Secure Anonymised Information Linkage) database for population-level health and social care research including focus on epidemiology, impact of interventions on outcomes, clinical trail scoping and service delivery modelling and assessment
6. Collaborate effectively with universities and businesses in Wales to enable a speedier introduction of new evidence-based and cost-effective technology into the NHS

Responsibility to develop and deliver actions

Local Health Boards, working with other partners including the National Institute for Social Care and Health Research (NISCHR), Public Health Wales, universities and pharmaceutical companies

NHS assurance measures

Percentage of people with cardiac disease entered into clinical trials
(Source: NISCHR)
## What needs to happen when
Actions to support delivery of themes 1-6

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>When</th>
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<tbody>
<tr>
<td>1: Establish the All Wales Heart Disease Implementation Group to provide strategic leadership and work at an all Wales level to support delivery against the NSF, the WHSSC Review and this Delivery Plan</td>
<td>Local Health Boards and Trusts (Welsh Government will facilitate setting the group up)</td>
<td>By June 2013</td>
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<td>2: Carry out local population needs assessments to promote healthy hearts and treat heart disease; review services in the light of the assessments, identifying gaps between need and current provision; and identify where service provision needs to change to meet demand</td>
<td>Each Local Health Board, with support from Public Health Wales</td>
<td>By September 2013</td>
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<td>3: Write local delivery plans, demonstrating a systematic approach to progressive implementation of the NSF, the Welsh Health Specialised Service Committee (WHSSC) Review and this Delivery Plan by 2016</td>
<td>Each Local Health Board, in liaison with Trusts, Cardiac Networks, WHSSC, local government and the third sector to ensure integrated care provision</td>
<td>By December 2013</td>
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<td>4: Agree a strategic delivery plan to address delivery against the NSF, the WHSSC Review and this Delivery Plan covering areas where an All-Wales approach is required</td>
<td>Implementation Group, Local Health Boards and WHSSC</td>
<td>By December 2013</td>
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<td><strong>5:</strong> Review the role and remit of the Cardiac Networks, to support delivery against the NSF, WHSSC Review and this Delivery Plan</td>
<td>Cardiac Networks, Local Health Boards and Welsh Government</td>
<td>By December 2013</td>
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| **6:** Report formal progress in to Boards and Welsh Government | Local Health Boards and Trusts and Implementation Group (reporting format to be developed by Welsh Government and agreed by Implementation Group) | a) By March 2014  
   b) By March 2015 and March 2016 |
| **7:** Publish data on outcome indicators and assurance measures on websites | Local Health Boards and Trusts (data supplied by Welsh Government) | Annually in March 2014, 2015 and 2016 |
| **8:** Review and update delivery plans and milestones | Local Health Boards working in partnership through the Cardiac Networks and WHSSC with other Local Health Boards, Trusts, local government and the third sector | At least annually, with first review by March 2014 |
| **9:** Publish annual All Wales report on effectiveness of NHS heart services in Wales, based on reports at action 6 and data at action 7 | Local Health Boards and Welsh Government | Following publication of LHB reports in March 2014 and then annually |
ANNEX 1 – LINKS TO REFERENCE DOCUMENTS

A Consultation to collect views about whether a Public Health Bill is needed in Wales
http://wales.gov.uk/consultations/healthsocialcare/publichealth/?lang=en

Active Travel (Wales) Bill 2013

All Wales Standards for Paediatrics and Congenital Cardiac Services
www.wales.nhs.uk/sites3/docopen.cfm?orgid=355&id=110159

Cardiac Disease National Service Framework (NSF)
http://wales.gov.uk/topics/health/publications/health/guidance/cardiac/?lang=en

Delivering End of Life Care Plan
(Due to be published by Welsh Government in April 2013)

Delivering Local Integrated Care
(Due to be published by Welsh Government in May 2013)

Diabetes Delivery Plan
http://wales.gov.uk/consultations/healthsocialcare/diabetes/?lang=en

Fairer Health Outcomes for all
http://wales.gov.uk/topics/health/publications/health/reports/fairer/?lang=en

Halcox Report – Vascular Risk Management in Wales
http://wales.gov.uk/topics/health/publications/health/reports/vascularriskmanagement/?lang=en

Our Healthy Future

Programme for Government
http://wales.gov.uk/about/programmeforgov/?lang=en

Setting the Direction

Stroke Delivery Plan
http://wales.gov.uk/topics/health/publications/health/reports/plan/?lang=en

The People’s NHS
http://wales.gov.uk/consultations/healthsocialcare/people/?status=closed&lang=en
Time to Intervene
http://www.ncepod.org.uk/2012cap.htm

Tobacco Control Action Plan for Wales
http://wales.gov.uk/topics/health/improvement/index/tobaccoplan/?lang=en

WHSSC Review of Cardiac Services