Heart Conditions Implementation Group
Priorities 2017/18

SITUATION

This paper gives an overview of the themed areas within the Refreshed Heart Conditions Delivery Plan which will be worked up into a detailed work programme which the Heart Conditions Implementation Group (HCIG) will be focussing on until March 2018. As agreed with the HCIG, at their meeting on the 8 December 2016, the paper also highlights priority work streams. The Wales Cardiac Network work programme, on behalf of HCIG, will reflect these priorities and work streams also in its plan as part of the NHS Wales Health Collaborative work plan for 2017/18.

BACKGROUND

The refresh of the Heart Conditions Delivery Plan, to be published in January 2017, provides a vision of the cardiac system of care required across Wales, fully integrated primary, community, secondary, tertiary and palliative pathways of care across Wales designed around the needs of the patient. The plan proposes continued reform to be delivered at a pace to ensure people with, or at risk of a heart condition, achieve the best possible outcomes, within an integrated health system. This system needs to be efficient and of high quality from early detection and diagnosis in the community to end of life care. The refreshed plan will be supported by an outcomes framework which will transparently set out the requirements and outcome goals that will drive the delivery of the plan and which HCIG will use to monitor progress across NHS Wales.

Implementation of the plan, and priorities, will be supported through the continued development of models of clinical engagement that promote collaboration and consistency. It is through encouraging partnerships and relationships based on the needs of patients that we will ensure the future heart conditions system of care will be viewed as a system, rather than a collection of individual organisations operating across sectors.

The prioritisation at a national level of these areas does not mean that other work streams will not continue, such as the ongoing monitoring and support of the development of models of community cardiology highlighted in this paper, or other innovative models across Wales. More that the refocus will give a clear sense of purpose and direction in line with Welsh Government’s expectation that all partners will work together to ensure these priorities are delivered.

ASSESSMENT

The Heart Conditions Delivery Plan identifies five priority areas for improvement identified as chapter headings in the document as follows:

- Preventing Cardiovascular Disease
- Timely Detection, effective and safe care
- Children and young People
- Enablers to Delivery
- Targeting Research
These are linked by common themes fundamental to success, prevention, detection, treatment and aftercare of heart conditions and patients with heart conditions.

These areas are summarised as appendix 1.

**Key Priorities for 2017/18**

Within these priority areas the delivery plan chapters comprise a number of work streams and significant national initiatives and programmes requiring on-going support, energy and engagement by the cardiac community. Amongst these the main priorities agreed by HCIG for 2017/18 comprise the following eight priorities:

**Priority One** - Develop clinical consensus and implement All Wales whole life pathways for common cardiac conditions. Development and implementation of agreed clinical Pathways for Acute Coronary Syndromes (ACS, STEMI and NSTEMI), Heart Failure and Atrial Fibrillation

**Priority Two** - Roll out and Consistent Model for the delivery of Cardiovascular Risk Assessment
Each Health Board having in place a systemic population based model of risk assessment for CVD, AF and Diabetes in populations 40 – 64, prioritising clusters of high deprivation

**Priority Three** - Developing & Piloting Component waiting times & diagnostic waiting times

**Priority Four** - Developing and implementing an Out of Hospital Cardiac Arrest (OHCA) Plan for Wales

**Priority Five** - Cardiac Rehabilitation Service Improvement.
To:
- Increase the uptake of Cardiac Rehabilitation in Wales
- All Cardiac Rehabilitation teams to undertake BACPR Certification
- Achieve 100% compliance with NACR Audit
- Increase the number of Heart Failure patients offered Cardiac Rehabilitation

**Priority Six** - Cardiac Physiology Service Improvement.
To:
- Improve Cardiac Physiology Workforce development, including education & training
- Quality outcomes and accreditation
- Access to diagnostics (8/52 target)

**Priority Seven** - All Wales Accelerated Cardiac Informatics (AWACI) Project - to underpin accelerated developments and implementations of the Welsh Clinical Portal to support the delivery of key priorities identified by the Heart Conditions Implementation Group relating to implementation of the Heart Conditions Delivery Plan.

**Priority Eight** - Development and Implementation of Cardiac Peer Review across Wales
Whilst these are the top priorities for 2017/18, deemed to have the largest potential benefit, other work streams which will be taken forward.

High level narrative in respect of the above priorities is provided below which will be detailed in the Wales Cardiac Network NHS Wales Health Collaborative Work Plan currently being developed.

**Priority One**

**Timely Detection, effective and Safe Care**

The major priority for 2017/18 is to develop and agree clinical pathways for a series of common cardiac conditions to ensure equity and clinical consistency throughout Wales. This work will necessarily build on the advances and work undertaken across Wales since the publication of the Cardiac National Service Framework and be informed by the extensive work undertaken by NICE. The pathways will identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes acknowledging the different models of delivery. Clinical performance indicators will be developed and achievements measured. Initial pathway review and development will focus on those pathways which will provide the greatest population benefit. The top three priority pathway areas are bulleted below:

- **a Acute Coronary Syndromes (ACS) - Diagnosis and Management**
  - a. STEMI
  - b. NSTEMI

- **b Heart failure - Diagnosis and Management**
  - c. Acute Heart Failure
  - d. Chronic Heart Failure

- **c Atrial Fibrillation – Assessment, Diagnosis and Management**

Following clinical consensus and adoption of these pathways the outcome data will be collected as part of the All Wales Accelerating Cardiac Informatics work stream and annual reporting of performance will take place and this will inform the planned Peer Review process which will be developed during 2017/18.

**Priority Two**

**Preventing Cardiovascular Disease:***

**Roll out and Consistent Model for the delivery of Cardiovascular Risk Assessment**

Health boards are required to undertake robust wellbeing and population needs assessments to inform their strategies. The Inverse Care Law (ICL) National Programme funded via the Stroke/Diabetes/Heart Delivery Plan Implementation Groups (£100k each) supports a systemic population based risk factor modification programme focussing on early detection of CVD, AF and Diabetes in populations 40 – 64, prioritising clusters of high deprivation. The programme aims to support Health Boards, via seed funding, to have a model in place by March 2018.
Timely Detection, effective and Safe Care

Community Cardiology Projects – Implemented in 2015/16 as a priority workstrteam there are currently a number of different models at different stages of development and implementation across six HB’s in Wales. Funded by Delivery plan monies (on a recurrent basis) the models seek to:

- Support a shift and improve access to primary and community care
- Support activity to sustainably improve patient flow, reducing waiting lists
- Result in substantial planned pathway improvements, reducing avoidable pressure on unscheduled care
- Reduces admissions and re-admissions to hospital particularly for the frail, elderly and those with long term conditions

The Wales Cardiac Network continues to monitor progress with the implementation of the models and support Health Boards as required. A proposal for a joint evaluation between the Wales Cardiac Network and the BHF is currently being considered.

Priority Three

Developing & Piloting Component waiting times & diagnostics

People suffering with symptoms of heart disease need access to quick and effective diagnosis at a location that is convenient to them. This may be at a GP surgery, through local access to enhanced diagnostic tests or at the local community hospital with support from the specialist medical team and other patients will need to be seen and diagnosed by a consultant. We will monitor waits for all cardiac diagnostic test and ensure that these are delivered and managed within clinically agreed waiting times.

Excellent quality of care is a clear requirement of our heart delivery services. Referral to treatment time is an important driver of quality, not just productivity. All patients should start treatment within 26 weeks of being referred from their GP to provide the best possible outcomes. This has a number of components, including referral to treatment times, introduction of component waits for each phase of the pathway, meeting national standards and the provision of integrated care pathways. Work is underway to develop a pathway that will better reflect patient experience and drive continuous improvement to overcome system delays. The HCIG will continue to work with WG to develop proposals for the introduction of a new approach to managing referral to treatment times based upon clinical need and will support services to plan and work together more effectively.

Within the portfolio of diagnostic need, access to MRI remains a key challenge and the Network is working with WHSSC to support HBs on a regional basis to plan increased capacity.

Priority Four

Developing and implementing an Out of Hospital Cardiac Arrest (OHCA) Plan for Wales

Reducing premature cardiac death is a key priority for the Welsh Government. There are around 8,000 victims of out of hospital sudden cardiac arrests annually in Wales where survival rates are low and compare unfavourably to a number of other countries. There is the potential for many lives to be saved if CPR and early defibrillation were undertaken more often, and if the whole pathway of care from successful resuscitation to subsequent rehabilitation were improved.
Much evidence exists regarding the best practice of CPR and use of automated external defibrillators (AED), and is published in national and international guidelines. However, patient management following return of spontaneous circulation (ROSC) requires greater uniformity of practice, whilst accepting that individual circumstances often dictate some variation, potentially could improve survival rates and allow clinical services to be better aligned. For these reasons, and in order to respond to the challenge set by the Welsh Government the Wales Cardiac Network, with partners including WAST and the BHF will develop a single consensus document Out of Hospital Cardiac Arrest (OHCA) Survivors Plan for Wales which will describe a good pathway of care for those who suffer OHCA and provide guidance across the entire “chain of survival” To provide Welsh citizens with an equitable chance of survival from an OHCA.

Where an evidence base, or NICE accredited guidance, exists then this will be accepted as best practice. The OHCA Plan will set out objectives for Wales to:

- By 2020 be an international leader in the management of OHCA
- Increase survival rates after OHCA across the Wales within five years.

### Priority Five

**Cardiac Rehabilitation Service Improvement**

NICE service guidance and the British Association of Cardiac Prevention and Rehabilitation (BACPR) state that CR programmes should be offered early and underpinned by assessment prior to and on completion of CR. Timely CR is associated with greater patient benefit.

Patients in Wales are waiting too long before starting CR and there is a need to focus upon ensuring that all cardiac patients can, and do, access good quality rehabilitation to ensure equitable CR provision to priority patient groups across multiple pathways, MI, MI/PCI, PCI, CABG & HF.

In order to appropriately support the inclusion of CR across the identified priority groups all CR teams should attain BACPR Certification to demonstrate a consistency of care across Wales.

CR teams should be multidisciplinary with professionals that possess the skills and competences to support patients in achieving the desired health behaviour change, as part of a long term self-management approach. In addition audit, via NACR contribution is vital to ensure standards of CR are monitored across Wales.

### Priority Six

**Cardiac Physiology Service Improvement**

The newly formed formal All Wales Heads of Cardiac Physiology Services Group from across each Health Board is, with the Network, developing a work plan to address key HDIG priority areas.

- Cardiac Physiology Workforce development, including education & training
- Quality outcomes and accreditation
- Access to diagnostics (8/52 target)
Enablers to Delivery

a. Mandatory Audits

“Apples to apples” comparisons and benchmarks and clinical audit have been difficult to establish and maintain in many areas. 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 the 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

Priority Seven

All Wales Accelerated Cardiac Informatics (AWACI) Project – to accelerate the use of cardiac informatics across Wales

IT and informatics is a both a strategic enabler and a fundamental force transforming how population based health care is delivered across Wales and ensuring the shared vision of the
cardiac community in Wales is aligned to the clinical, business and informatics models of its partners within a strong governance and collaborative accountable culture.

Electronic health informatics is being invested in and developed, as with the AWACI project, to support clinical pathways and processes to enable proactive, coordinated care and visibility of clinically meaningful data across the care continuum. The AWACI Project will support an accelerated schedule of developments and implementations within the Welsh Clinical Portal programme with cardiac as a trailblazer speciality enabling patients to receive their diagnosis and care, from the right clinician, in a shorter time within a safer auditable pathway.

**Priority Eight**

**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. Health Boards, supported by the Cardiac Network core teams, will work collaboratively with HIW to take peer review forward for heart condition services.

The Welsh Government expects Health Boards to make information publically available on the services that they provide and their effectiveness and the Delivery Plan supports regular public reporting on the quality and delivery of heart services.
Appendix 1

Heart Conditions Implementation Group: Priority themes for Improvement

**Aim:** To improve the experience and outcomes for people living with, or at risk of, heart conditions in Wales by supporting the community to adopt a seamless approach to the delivery of care

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**Preventing Cardiovascular Disease**

To champion focused work on inequalities and people at high risk of developing cardiovascular disease

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**Timely Detection, effective and safe Care**

To ensure patients with heart conditions receive the right investigation and treatment, administered by skilled staff in a timely, equitable and evidence-based manner.

Top 3 Priorities – ACS, HF and AF clinical pathways

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**Children and young people**

To ensure a networked approach across fetal, neonatal and paediatric and adult services facilitating local services but access to high quality specialist cardiac care when needed, with effective shared care arrangements for the treatment and management of non-complex conditions and early seamless transition to adult services

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**Enablers for Delivery – to maximise an integrated care approach**

- Building a culture of patient responsibility and self care
- Team responsibility and accountability
- Information infrastructure
- Clinical leadership
- Governance and outcomes based approach to commissioning

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**Targeting Research**

To be a leading, research focussed community with outstanding research, networks and partnerships that improve the lives of communities in Wales

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**Information & Engagement** - Ensuring all patients, carers and strategic partners have the opportunity to participate in the review, development, planning and delivery of care

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**Data** - To deliver and share high quality data to facilitate open review, discussion, learning and planning