



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

The National Service Framework for Cardiac Disease: Strategic Aims and Implementation

A Cardiac Work Programme for Wales

CONTENTS

	Page
1. Introduction	3
2. Part 1 Strategic Aims	3
3. Part 2 Implementation	
Standard One Promoting Healthy Hearts	7
Standard 2 Managing risk factors for cardiovascular disease: Preventing further heart damage in those with high risk factors or established disease	10
Standard 3 Managing the care of patients with Coronary Heart Disease	11
Standard 4 Managing the care of patients with Chronic Heart Failure	15
Standard 5 Managaing the care of patients with Arrhythmias & families of young victims of cardiac arrest	16
Standard 6 Providing Cardiac Rehabilitation	17
Standard 7 (In development) Managing the care of adults with congenital heart disease	18
Cross Cutting Interventions	18

INTRODUCTION

The purpose of this document is to set out a cardiac work programme for Wales, underpinned by the National Service Framework (NSF) for Cardiac Disease together with the associated Quality Requirements (QRs). The NSF sets standards of care for adult services; these provide a basis for planning and developing services for prevention, and for assessment, diagnosis, treatment, rehabilitation and palliative care. The NSF for Cardiac Disease contains the following Standards:

Standard 1 Promoting healthy hearts

Standard 2 Managing risk factors and prevent further heart damage in those with high risk factors or established disease

Standard 3 Managing the care of patients with Coronary Heart Disease

Standard 4 Managing the care of patients with Chronic Heart Failure

Standard 5 Managing the care of patients with Arrhythmias and families of young victims of cardiac arrest

Standard 6 Providing Cardiac Rehabilitation

Cross Cutting Interventions cover areas common to the Standards in the NSF.

Standard 7 is in development and will focus on managing the care of adults with congenital heart disease. It will be included in the full NSF for Cardiac Disease when it is published later in 2008.

The prevention of cardiovascular disease, and the strategic aims of the NSF for Cardiac Disease, reflect and connect with the Public Health Strategic Framework for Wales, '*A Healthy Future*', which is currently being developed. As agreed by the Minister for Health and Social Services, '*A Healthy Future*' has two key goals - to improve the quality and length of life and to promote equity in health. '*A Healthy Future*' is due to be published by April 2009.

PART 1: STRATEGIC AIMS

Part 1 of this document sets out the two strategic aims that the Welsh Assembly Government (WAG) wants to achieve in terms of cardiac disease. These are firstly, to prevent cardiovascular disease and secondly, to improve survival rates and maximise quality of life for those with cardiac disease. A monitoring framework for the cardiac work programme is to be agreed by WAG with support from key stakeholders.

<p>STRATEGIC AIM ONE</p> <p>Prevent cardiovascular disease</p> <p><i>Supported by the NSF for Cardiac Disease: Standard 1 and elements of Standard 2</i></p>	
<p>OUTCOME (and Data Sources)</p>	<p>Comparable incidence rates with the lowest world quartile by 2015 <i>Data source: ONS</i></p> <p>Published health gain target Reduction in CHD mortality (EASR) in 65-74 year olds to 400 per 100,000 EASR <i>Data source: ONS</i></p>
<p>OUTPUT (and Data Sources)</p>	<p>Improved Lifestyles i.e. improved diet; weight; increased exercise; reduced salt; reduced alcohol intake; reduction in smoking rates. <i>Data Sources:</i> <i>Welsh Health Survey</i> <i>Uptake of smoking cessation and quit rates</i></p> <p>Effective management of those at risk of CVD in Primary Care <i>Data Source: QOF</i></p>

STRATEGIC AIM TWO

Improve survival rates & maximise quality of life for those with cardiac disease

Supported by the NSF for Cardiac Disease: Elements of Standard 2; Standards 3,4,5,6,7; Crosscutting interventions

OUTCOME (and Data Sources)	Published health gain target To improve CHD mortality in all groups and at the same time aim for a more rapid improvement in the most deprived groups (quintiles of deprivation) <i>Data source ONS</i>
OUTPUT (and Data Sources)	Achievement of RTT Waiting Times <i>Data Source: WAG</i> Access rates for interventions per million population Angiography PCI CABG Biventricular pacemaker implantation Catheter ablation ICD implantation Permanent Pacemaker implantation <i>Data Source: PEDW</i>

Optimal health care

Stable angina

Data Source: QOF

ACS and STEMI:

Data Sources:

CCAD National Clinical Audits (MINAP, BCIS, Adult Cardiac Surgery)

Heart Failure:

Data Sources:

QOF

CCAD National Clinical Audit (NHFA)

Arrhythmias

Data Source:

CCAD National Clinical Audit (Heart Rhythm UK)

Cardiac Rehabilitation

Data Source:

CCAD National Clinical Audit (NACR)

A tool to assist with the self assessment of Quality Requirements is to be developed and the potential of peer review to be assessed.

PART 2 : IMPLEMENTATION

The National Service Framework for Cardiac Disease has accompanying Quality Requirements (QRs) which reflect the content of the NSF and are mapped to the National Healthcare Standards. Developed to support NSF implementation, they have been widely shared across Wales and are already being used to drive Cardiac Network activity. The Quality Requirements have clearly stated demonstrations of compliance and can be monitored by self assessment.

Part 2 of the cardiac work programme is based upon the NSF Standards and the Quality Requirements. It groups the QRs and sets broad time scales for implementation. Key Actions which relate to Cross Cutting Interventions (for example patient and carer information) are relevant to a number of Key Actions. Where guidelines are required as part of Key Actions, the QRs provide details of what should be agreed and by whom.

The Cardiac Networks Co-ordinating Group (CNCG) provides a mechanism whereby the Regional Cardiac Networks can work together to support implementation.

STRATEGIC AIM 1 : PREVENTING CARDIOVASCULAR DISEASE				
<i>Standard One: Promoting Healthy Hearts</i>				
Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
1. As part of the local response to <i>Health Challenge Wales</i> , provide ill health prevention information and promote local activities, particularly in disadvantaged communities.	1 to 8	Continuous Improvement (LHBs and NHS Trusts with Health, Social Care & Well Being partners)		
2. Make available Stop Smoking Wales services to every smoker who wants to quit smoking within one month of referral, and support local smoke free policies and activities.	1,2,3,7,9,10,44, 82,117,123	Continuous Improvement (LHBs and NHS Trusts with Health, Social Care & Well Being partners)		

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
3. Participate in the delivery of the action plan resulting from the Welsh Food Debate/Nutrition Strategy for Wales, the Food and Fitness Implementation Plan for Children and Young People, and the work of the Welsh Assembly Government Sport and Physical Activity Working Group.	4		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Continuous Improvement (LHBs and NHS Trusts with Health, Social Care & Well Being partners) </div>	
4. Support the National Exercise Referral scheme and ensure that all exercise referral schemes confirm to the national standard protocol and take account of the exercise referral trial when available.	4		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Continuous Improvement (LHBs and NHS Trusts with Health, Social Care & Well Being partners) </div>	
5. Increase participation in the Welsh Network of Healthy School Schemes.	5		100% of maintained state schools involved by March 2010	<div style="border: 1px solid black; padding: 5px; text-align: center;"> (LHBs working with Local Government, NPHS and other Health, Social Care & Well Being, Children and Young People Partners) </div>

<p>6. Achieve the gold or platinum level of the Corporate Health Standard and encourage other organisations to participate.</p>	<p>6, 8, 83</p>			<p>Completion for LHBs and Trusts by March 2011</p>
		<div data-bbox="1563 432 1964 555" style="border: 1px solid black; padding: 5px; margin: 0 auto; width: fit-content;"> <p>Other organisations: Continuous improvement</p> </div>		
		<div data-bbox="1467 651 2058 820" style="border: 1px solid black; padding: 5px; margin: 0 auto; width: fit-content;"> <p>(LHBs , NHS Trusts and the NPHS working with other Health, Social Care & Well Being Partners)</p> </div>		

STRATEGIC AIM 2: IMPROVE SURVIVAL RATES & MAXIMISE QUALITY OF LIFE FOR THOSE WITH CARDIAC DISEASE

Standard Two: Managing risk factors for cardiovascular disease: Preventing further heart damage in those with high risk factors or established disease.

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
7. Systematically identify all those patients at high risk of developing CVD and those with established CHD, using practice based registers and offer lifestyle advice and appropriate treatment to reduce their risks. ¹	9,11	Continuous improvement Implemented by Primary Care & LHBs		
8. Develop and implement guidelines for GP Practices for the management and referral of those patients at high risk or with established CHD. Guidelines should be based on Cardiac Network agreed guidance.	9, 10,17,160, 162	Guidelines developed by Cardiac Networks. Implemented by Primary Care once agreed	Implementation continues	
9. Assess the need for targeted programmes for population groups who may be unwilling or unable to access CVD risk assessment services in General Practice, commission and implement if required.	135	Assessed by LHBs	Funding identified	Implemented by LHBs and Primary Care

¹ Key actions 7 and 8 should take into account NICE Clinical Guideline 67 (May 2008) on Lipid Modification (Cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease,

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
10. Develop and implement a business plan to identify systematically those patients with familial hypercholesterolemia (FH) through cascade testing, and offer services which meet the Quality Requirements: This includes the establishment of an FH register.	136	Business plan developed by CNCG & Cardiac Networks	Funding identified	Implemented by Primary Care, LHBs & NHS Trusts
Standard Three: Managing the care of patients with Coronary Heart Disease				
11. Annual Operating Framework (AOF) targets for Referral to Treatment Times for adult cardiology patients should be met as per AOF requirements.			As per Annual Operating Framework requirements	
12. Diagnose and manage patients with angina in accordance with agreed treatment guidelines including indications for investigation and referral. Guidelines should be based on Cardiac Network agreed guidance.	12,160	Guidelines developed by Cardiac Networks. Implemented by Primary Care & NHS Trusts once agreed.	Implementation continues	

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
<p>13a. Maintain a programme for community involvement in resuscitation.</p> <p>13b. Undertake an audit of the Public Access Defibrillator Scheme</p>	137, 141, 142	<p>13a. Continuous improvement by WAST and LHBs</p> <p>13b. By end of March 2009 by CNCG</p>		
<p>14a. The pre-hospital care of patients with suspected ACS and STEMI, provided by the Welsh Ambulance Services Trust, should be in accordance with agreed guidelines. Guidelines should be based on Cardiac Network agreed guidance.</p> <p>14b. Annual Operating Framework targets for Call To Needle and Door To Needle times should be met as per AOF requirements.</p>	19, 20, 21, 22,	Guidelines developed by Cardiac Networks	Funding identified. Implementation begins by NHS Trusts	Implemented by end of March 2011 (WAST)
		<p>14b. As per Annual Operating Framework requirements</p>		

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
15. Advise on the configuration of acute hospital cardiac services, including the locating of pacing and angiogram delivery, set out a timetable for implementation, and implement.	145	From April 2008 Cardiac Networks to advise as necessary in line with Regional Configuration Plans		Implemented by March 2011
16. Patients with a presenting diagnosis of ACS including complications should have their hospital care managed in accordance with agreed guidelines, and include investigation and revascularisation where appropriate within 48 hours. Guidelines should be based on Cardiac Network agreed guidance.	24, 37, 41, 42,43,44,45, 46,48,49,50, 120	Guidelines developed by Cardiac Networks	Funding identified. Implementation begins by NHS Trusts	Implementation continues by NHS Trusts
17. Patients admitted for tertiary cardiac care should be transferred back to their local DGH or EDGH within 24 hours of the patient being ready for transfer if appropriate.	22,24		Funding identified. Implementation begins by NHS Trusts	Implementation continues by NHS Trusts

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
18. Develop and implement regional action plans to deliver Primary PCI for patients with a maximum of 90 minutes Door to Balloon time reducing to 60 minutes and using agreed clinical guidelines. Guidelines should be based on Cardiac Network agreed guidance.	22,37,73,77, 143,154	Guidelines developed by Cardiac Networks	Funding identified. Implementation begins by NHS Trusts	Implementation continues by NHS Trusts
19. Commission and deliver incremental increases in rates of angiography and revascularisation to achieve agreed rates per million population as outlined in the Cardiac NSF: 6,000 per million population angiograms 2,000 per million population PCIs 950 per million population CABGs	41,71, 89, 143,152,154,	Funding to be identified year on year to achieve NSF rates by March 2011 Implementation by NHS Trusts		
20. Deliver acute hospital staffing and support services for patients with cardiac disease as required by the Quality Requirements, based on the type of services provided (DGH, Enhanced DGH, Tertiary) and supported by the integrated workforce planning process.	26-33, 57-59, 62-63, 65-68, 72-75,138,149	Funding to be identified year on year to achieve implementation by NHS Trusts. Supported through integrated workforce planning process by CNCG, Cardiac Networks, NLIAH and NHS partners.		

Standard Four: Managing the care of patients with Chronic Heart Failure

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
21. Develop and implement a strategy for the systematic referral of all clinically appropriate patients to Local Heart Failure and Tertiary Heart Failure Teams which are staffed, providing services according to Network agreed plans, and using guidelines as set out in the Quality Requirements. Guidelines should be based on Cardiac Network agreed guidance.	146, 147,150,160, 84 to 93 10,11,16,17,26, 36,38, 44, 94 to 113	From April 2008 a strategy is to be developed by Cardiac Networks; resources identified by funders; implemented by Primary Care & NHS Trusts by March 2011.		
22. Commission and deliver incremental increases in rates of Biventricular Pacing and Cardiac Resynchronisation Therapy (CRT) to achieve agreed rates per million population as outlined in the Cardiac NSF: 100 ICDs per million population for primary prevention 100 ICDs per million population for secondary prevention 100 CRTs per million population	143, 154	Funding to be identified year on year to achieve NSF rates by March 2011. Implementation by NHS Trusts.		

Standard Five: Managing the care of patients with Arrhythmias and families of young victims of cardiac arrest

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
23. Develop and implement a strategy for the referral and management of patients with arrhythmias. This should be in accordance with operational policies, agreed guidelines and staffing and support services as set out in the Quality Requirements and based on the type of services provided (DGH, Enhanced DGH, Tertiary). Guidelines should be based on Cardiac Network agreed guidance.	10, 11, 13,21, 23,25,26, 30,31,35, 40,42,45, 46,47, 51,52, 60-68,70,72,74, 75,76,78,152, 153,160	From April 2008 a strategy is to be developed by Cardiac Networks; resources identified by funders; implementation by Primary Care & NHS Trusts by March 2011.		
24. Develop and implement referral pathways for any adult with recurrent loss of consciousness, atypical seizures with a normal EEG or any documented arrhythmia	39,60,64,163	From April 2008 referral pathways are to be developed by Cardiac Networks; resources identified by funders; implementation by Primary Care & NHS Trusts by March 2011.		
25. Commission and deliver incremental increases in rates of catheter ablations and pacemakers to achieve agreed rates per million population as outlined in the Cardiac NSF: 125 per million population for catheter ablations 700 per million population for pacemakers	70, 143	Funding to be identified year on year to achieve NSF rates by March 2011. Implementation by NHS Trusts.		

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
26. Develop and implement a strategy for the systematic evaluation of risk in the families of sudden cardiac death victims including genetic counselling and testing, with referral where appropriate to a heart rhythm specialist in accordance with guidelines as set out in the Quality Requirements. Guidelines should be based on Cardiac Network agreed guidance.	143	<div style="border: 1px solid black; padding: 5px;"> From April 2008 a strategy is to be developed by Cardiac Networks; resources identified by funders; implementation by Primary Care & NHS Trusts by March 2011. </div>		
27. Nominate a cardiac pathologist within Wales to provide coroners and coroners' pathologists with expert advice and guidance on matters relating to sudden cardiac death.	143,161	By March 2009 (HCW)		
28. Develop and distribute information to local coroners for families of young adults with sudden cardiac death.	161	By March 2009 (CNCG & Cardiac Networks)		
Standard Six: Providing Cardiac Rehabilitation				
29 Develop and implement a strategy for the systematic referral of all clinically appropriate patients to Cardiac Rehabilitation Teams staffed and providing services in accordance with agreed guidelines as set out in the Quality Requirements. Guidelines should be based on Cardiac Network-agreed guidance.	10,26,30,44,76 114 -134, 140,148, 160	Strategy developed by Cardiac Networks by December 2008	Funding identified	Implemented by 2011 by NHS Trusts

Standard Seven: Managing the care of adults with congenital heart disease (In development)

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
30. Develop and implement a strategy for the provision of assessment, treatment and care required by those who have grown up with congenital heart disease.	In development	Strategy developed by CNCG & Cardiac Networks	Funding identified & implementation begins by NHS Trusts	Implementation continues by NHS Trusts

CROSS CUTTING INTERVENTIONS

Key Action Required	Related Quality Requirements	By Whom and Timescales		
		2008-09	2009-10	2010-11
31. Involve patients and carers in the development, delivery and evaluation of cardiac services.	55, 113, 134,	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Continuous improvement by CNCG, Cardiac Networks, LHBs & NHS Trusts with Voluntary Sector partners </div>		

<p>32. Make available patient and carer information for those at high risk of CVD and for those with all forms of cardiac disease.</p>	<p>11,26,34,35,36,39,46,49,69,94,95,96,101,106,118,125,126,129</p>	<p>Continuous improvement by Cardiac Networks, LHBs & NHS Trusts with Voluntary Sector partners</p>		
<p>33. Support health care professionals in the advice they give on all aspects of CVD prevention and cardiac disease treatment, through the provision of information, training and tools.</p>	<p>7,56,162,163,164</p>	<p>Continuous improvement by Cardiac Networks, LHBs & NHS Trusts with Voluntary Sector partners</p>		
<p>34. Participate in relevant CCAD audit programmes with national analysis and regular reporting of patterns and trends across Wales, and agree any additional network wide audits.</p>	<p>54,110,131,158,</p>	<p>Continuous improvement by CNCG, Cardiac Networks, LHBs & NHS Trusts with Voluntary Sector partners</p>		
<p>35. Refer systematically all patients to specialist and general palliative and end of life care whenever needed in accordance with agreed guidelines. Guidelines should be based on Cardiac Network-agreed guidance</p>	<p>17,44,91,102,103</p>	<p>Guidelines developed by CNCG and the Cardiac Networks</p>	<p>Funding identified: Implementation begins by NHS Trusts</p>	<p>Implementation continues by NHS Trusts</p>