



British Heart
Foundation
Cymru

Executive Summary.



The Scale of the Problem

Heart and circulatory diseases remain a significant cause of ill health and death in Wales, with 340,000 people in Wales living with these conditions¹ and 9,400 deaths from them each year². That's more than 1 in 4 deaths in Wales.

Whilst death rates from acute events like heart attacks have decreased over recent decades, the number of people living with heart conditions and their risk factors has increased, in part, due to an ageing population and higher rates of survival from acute events. People are living longer with heart and circulatory diseases and are often living with more than one health condition. Furthermore, health inequalities remain prevalent across Wales. The scale of the challenge of heart and circulatory disease in Wales therefore remains substantial.

The solutions to the challenge posed by cardiovascular diseases go beyond solely reducing mortality. We need to ensure that where possible we prevent people from developing heart and circulatory diseases, and that if they do, they have equitable access to timely, high quality care and are supported to live well with their condition.

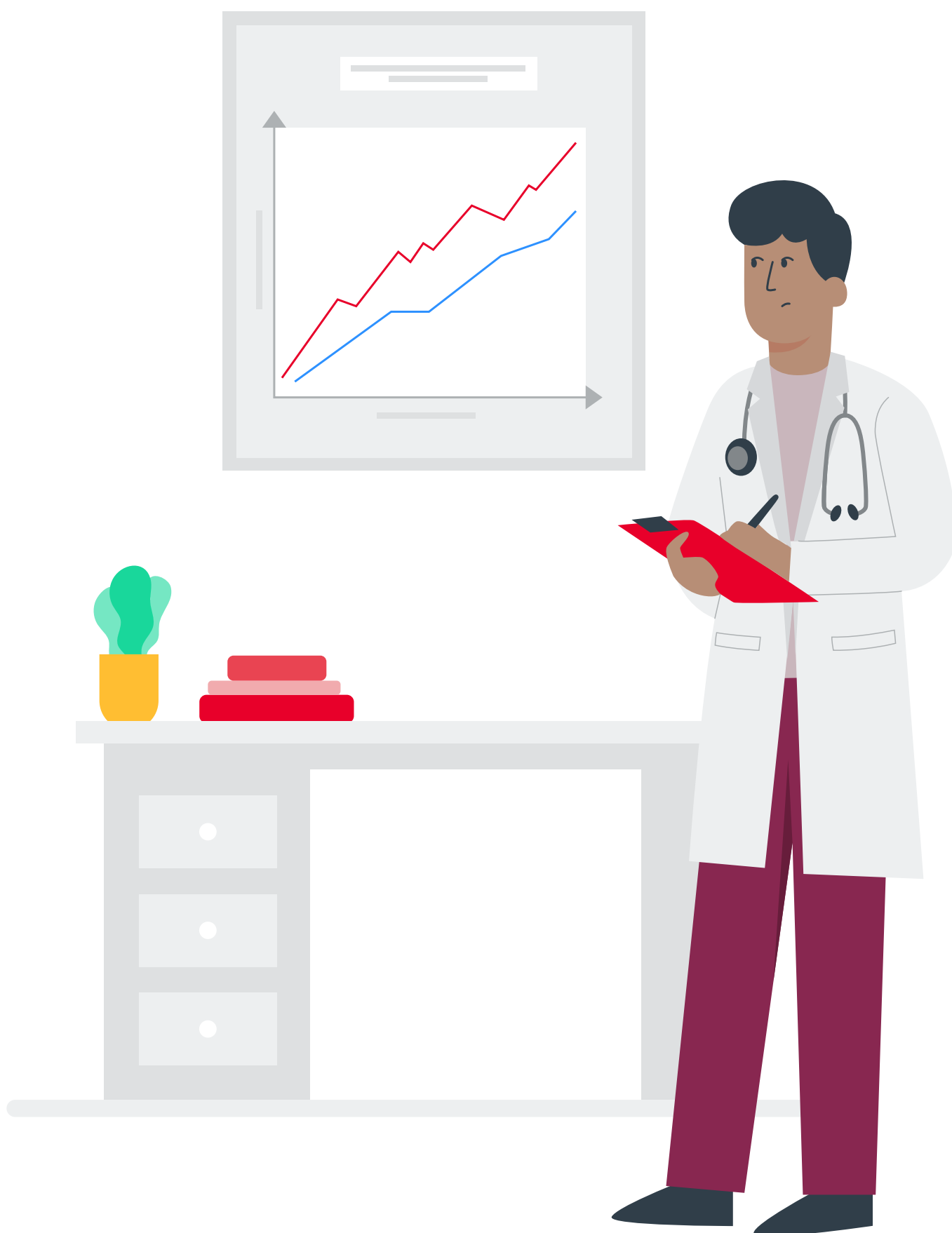
The Covid-19 pandemic has brought this into even sharper focus. The pandemic has had a significant negative impact on people with heart and circulatory diseases and has placed a huge strain on the services that support them. Many people living with heart and circulatory diseases are at greater risk of becoming seriously ill with Covid-19. A recent study of severe Covid-19 cases across the UK revealed that the most common co-morbidity was chronic heart disease (29%)³. Ischaemic (coronary) heart disease has been one of the leading pre-existing health conditions for Covid-19 fatalities in Wales⁴. In addition, deferral of services during the lockdown period of the pandemic created a backlog of patients who need to access services and diagnostic testing.

Tackling the threat posed by Covid-19 has meant that health care services have had to be creative, resilient and innovative about how they can provide the right support to patients at this time. The use of technology and care closer to home has been vital to maintaining care throughout the crisis and has important lessons for delivering person-centred care in the future.

Health inequalities, already significant in Wales, may have increased during the pandemic as Covid-19 has had a disproportionate impact on people living in areas of socioeconomic deprivation⁵, and on people from black, Asian or minority ethnic (BAME) backgrounds^{6,7}. The health service alone cannot reduce these inequalities but can help by delivering person-centred care through efforts to engage more effectively with people from disadvantaged groups. The move towards digital services and the use of technology in the delivery of care, could widen health inequalities by excluding those who either do not have the right equipment or who are unable to use technology to access services. This must be considered in the implementation and evaluation of such models.



Heart and circulatory diseases cause 1 in 4 deaths in Wales



Policy Context

The [2017 Heart Conditions Delivery Plan](#) recognised many of the challenges outlined above. A commitment was made to minimise the incidence of preventable heart disease, ensure equitable and timely access to high quality pathways of care, and encourage a shift towards community-based care. BHF Cymru have worked with the Heart Conditions Implementation Group (HCIG) and Wales Cardiac Network to give insight and support where necessary to implement these aims. Progress has been made in some areas, including the development of pathways of care for acute coronary syndromes (ACS), atrial fibrillation and heart failure. However, there is now a need to ensure that these pathways are fully implemented and adhered to across Wales and that we see the development of pathways for all heart conditions.

As the Delivery Plan comes towards the end of its implementation period, there is a need to ensure a strong commitment to addressing the immediate challenges arising from the Covid-19 pandemic, and the longer-term challenges of the changing profile of heart and circulatory diseases.

We were pleased by the commitment of the Deputy Minister for Health who announced in Plenary in March, that a successor approach to the heart conditions delivery plan was to be developed⁸. We firmly believe that this successor approach should take the form of a bold disease-specific plan, supported by enough resource and clear leadership to deliver on strong, effective actions that build upon the vision and actions identified in the 2017 plan.



Development Process

BHF Cymru has engaged with stakeholders across the sector to identify priorities that such a plan should focus on. This engagement included 75 clinicians from across Wales in face to face events, individual conversations and roundtables. We also engaged with around 50 patients and members of the public across the country and released a public survey which was completed by 1,006 respondents.

Based on the themes emerging from this consultation process, we have identified the following three priority areas and recommended 14 specific actions to be undertaken by the Welsh Government.





Priority One:

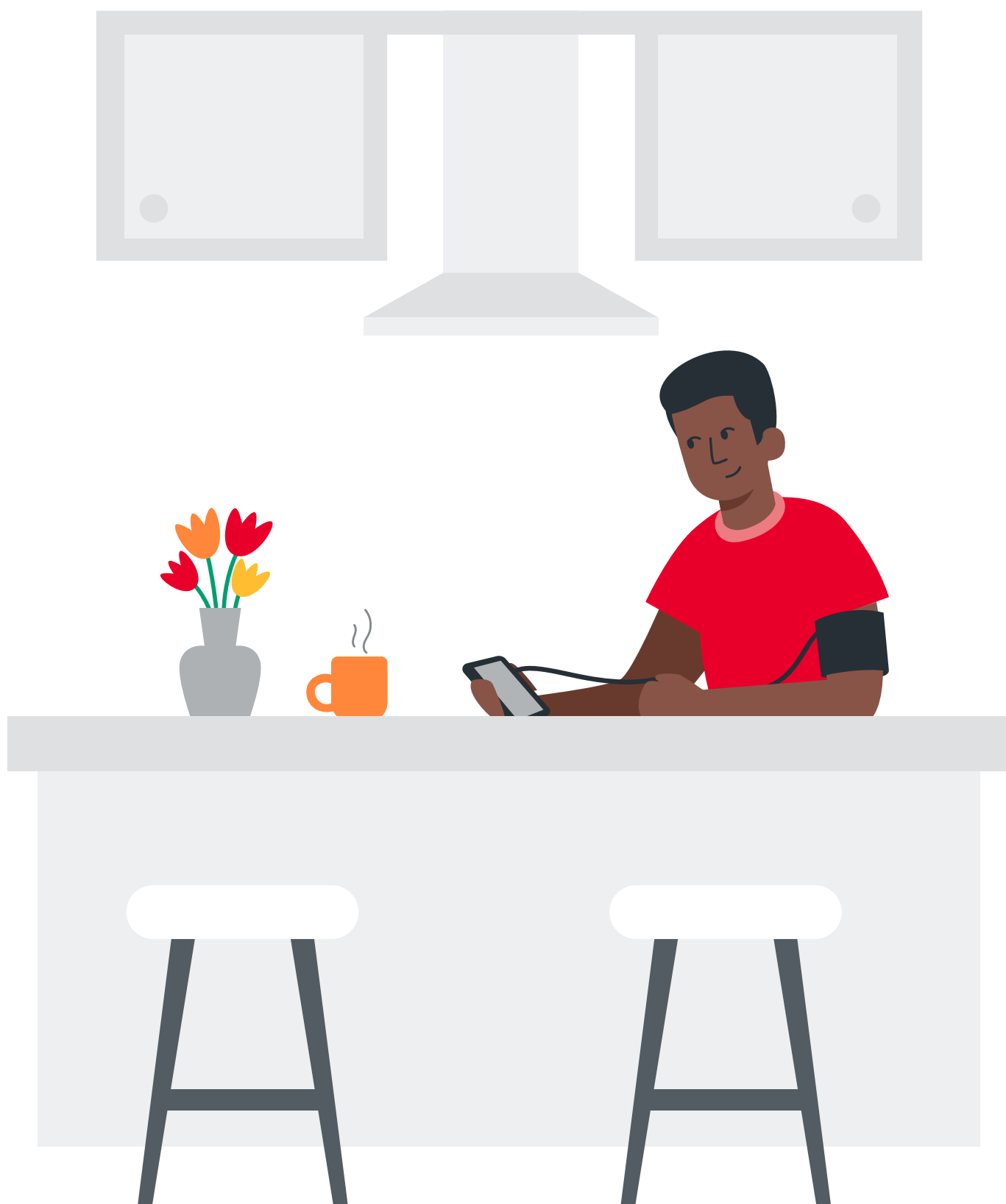
Improving detection, diagnosis and management of high risk conditions

2.1 Overall Ambition

The early detection and optimal treatment of the major risk factors of high blood pressure, atrial fibrillation and high cholesterol, to minimise the risk of developing heart and circulatory disease.

Recommended Actions for Welsh Government

1. Wales Cardiac Network should work with GP clusters to evidence the impact of the AF quality improvement project and use this learning to ensure the inclusion of high cholesterol into the national disease register, and the incorporation of high blood pressure and high cholesterol as quality improvement projects within QAIF.
2. Expand the NHS Wales Informatics Service (NWIS) AF software module to include high blood pressure and high cholesterol. National extraction of the information within the NWIS software module should also be enabled to support identification of unwarranted variation as part of the work of the Cardiovascular Atlas of Variation.
3. Welsh Government should support key partners, including Public Health Wales, primary care clusters, community pharmacy and British Heart Foundation, to develop a programme of community detection and self-management of high blood pressure and high cholesterol across Wales.
4. Welsh Government should fund the piloting and scale up of telemonitoring for high blood pressure and use of advanced technology for remote detection of AF, with a view to incorporating other long-term conditions into such work. This should be in line with the aims of *Informed Health and Care, A digital health and social care strategy for Wales*.



Priority Two:

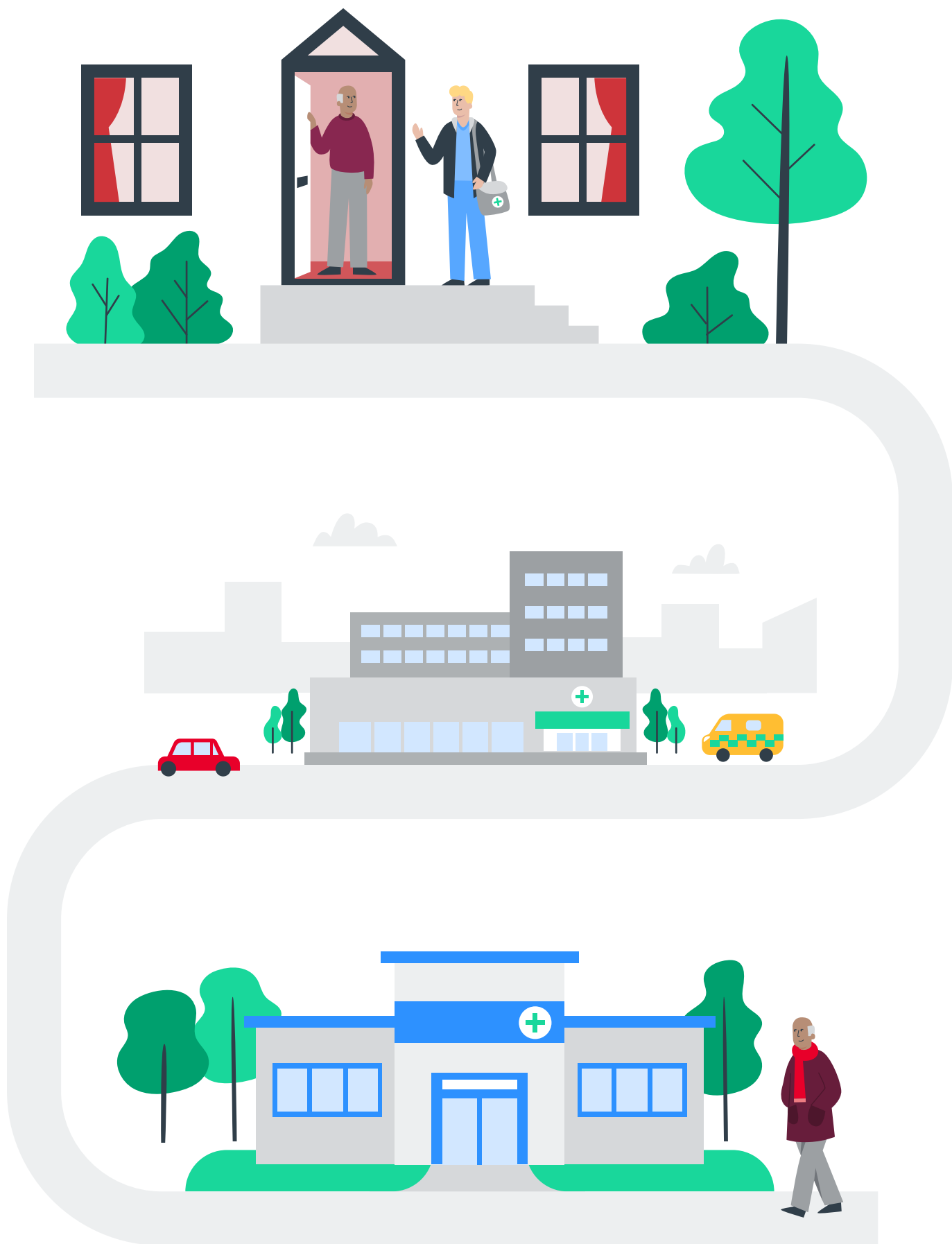
Timely diagnosis, improving access and quality of care

3.1 Overall Ambition

People living with heart and circulatory disease should have equitable and timely access to high-quality diagnosis, treatment and care.

Recommended Actions for Welsh Government

5. Develop All Wales Cardiac Pathways for all heart conditions and provide appropriate resource to support their implementation. Pathway development should include core aspects of care for people with heart and circulatory diseases, including: consideration of primary care services, access to community models of cardiology, cardiac rehabilitation, psychological support and end of life care where appropriate.
6. Identify indicators to measure the performance of the All Wales Cardiac Pathways, including timescales to diagnosis and treatment.
7. Resource the development, evaluation and wider implementation of new models of care to advance the shift to community cardiology, the transformation in cardiac rehabilitation and the provision of appropriate palliative care, in line with the agreed All Wales Cardiac Pathways. The wider implementation of these models of care should be supported by a dedicated champion within the Wales Cardiac Network. The first priority of this work should be focused on community diagnostic hubs to support the recovery of services impacted by the Covid-19 pandemic.
8. The National Clinical Plan must provide a clear governance framework for the implementation of the All Wales Cardiac Pathways, ensuring that an adequately resourced Wales Cardiac Network has a strengthened role to provide leadership and insight directly to the NHS Executive.
9. The Wales Cardiac Network should be supported by HEIW to carry out a workforce review against the agreed All Wales Cardiac Pathways, with a focus on cardiac physiology and specialist nurses for people with heart and circulatory diseases. The findings from this should be incorporated into wider workforce planning carried out by HEIW.
10. Wales Cardiac Network should work collaboratively with HEIW to review training and professional development opportunities in line with recommendations from national bodies (such as British Association for Cardiovascular Prevention and Rehabilitation, British Cardiovascular Society, and British Society for Heart Failure) and the requirements of the All Wales Cardiac Pathways. An all-Wales training offer for cardiovascular health care professionals, which ensures staff are empowered and supported to work across the cardiovascular care treatment pathway, should be developed.



Priority Three:

Effective use of health data

4.1 Overall Ambition

Ensuring that high quality, standardised data is available and used effectively to support clinical decision-making, understand patient outcomes and enable better service-planning, so that people experience better quality of care and improved outcomes.

Recommended Actions for Welsh Government

11. The new NWIS health authority, Public Health Wales and the Wales Cardiac Network should work together to publish and resource a Cardiac Informatics Framework which aligns with the principles of *A Healthier Wales* to drive forward the implementation of the AWACI.
12. Welsh Government should work with NICOR to ensure that NWIS has the relevant audit data available to them. This information should be used to produce Welsh specific reports, which should include reporting at health board level to enable local areas to use and benefit from the data they have compiled and contributed to the audit system.
13. Incorporate additional indicators on timelines, interventions and outcomes identified through the development of All Wales Cardiac Pathway development within the Cardiovascular Atlas of Variation. Publish the Atlas annually to support understanding of pathway implementation and to support the peer review framework for each pathway.
14. Public Health Wales and the Wales Cardiac Network should utilise the All Wales Cardiac Pathways to identify cardiac intelligence needs relevant to the timelines, interventions and outcomes of those pathways and incorporate the ability to collect information relevant to those needs into the Cardiac Informatics Framework.



References

1. BHF estimate based on National Survey for Wales 2018/19 data.
2. NOMIS – ONS – Deaths registered by cause, gender and age, Wales 2018.
3. Docherty et al, 2020. Features of 20,133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study. *BMJ*, 369 [Online]. Available from: www.bmj.com/content/369/bmj.m1985 [Accessed 18 August 2020].
4. BHF analysis of ONS Covid-19 mortality statistics, March–June 2020.
5. ONS – Deaths involving Covid-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020.
6. ONS Coronavirus-related deaths by ethnic group, England and Wales 2 March 2020 to 10 April 2020.
7. Institute of Health Equity, 2020. Marmot review 10 years on. Available from: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> [Accessed 4 September 2020].
8. Senedd proceedings, 11 March 2020. Available from: <https://record.assembly.wales/Plenary/6263> [Accessed 13 October 2020].

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They cause heartbreak on every street. But if research can
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babies, build tiny devices to correct heartbeats, and give
someone a heart they weren't born with – imagine what's next.

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dementia, diabetes and many more. All connected, all under
our microscope. Our research is the promise of future
prevention, cures and treatments.

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Beat heartbreak forever.

Beat heartbreak from  heart diseases  stroke  vascular dementia  diabetes