



Llywodraeth Cymru  
Welsh Government

GUIDANCE

# The quality statement for heart conditions

What we are doing to improve care for people with heart conditions.

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The Quality Statement for Heart Conditions replaces the Heart Conditions Delivery Plan.

## Introduction

Cardiovascular disease remains a leading cause of ill health and premature death 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 associated risk factors have increased. This trend is likely to continue in the decades ahead due to our ageing population. It is vital that cardiovascular disease is effectively prevented where possible, that high-risk conditions are detected as early as possible and optimally managed with people supported and able to co-produce their care.

Building on the work of the 2012 and 2017 Heart Conditions Delivery Plans, the next phase of service improvement for people with heart conditions must address variation, build on consensus in priority areas, deliver effective programmes, maintain the national leadership, local engagement and collaboration with third sector.

The introduction of quality statements was signalled in A Healthier Wales and has been described in the National Clinical Framework as the next level of national planning for specific clinical services ensuring there is a long-term and consistent approach to improving outcomes. Quality statements form part of the

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enhanced focus on quality and will be integral to the future planning and accountability arrangements for the NHS in Wales.

This Quality Statement was launched during the COVID-19 pandemic, which had a significant impact on cardiac services. The Quality Statement includes the immediate, short-term focus on recovery and also consideration of the medium and longer-term potential for transformation during the next Parliamentary Term.

Health boards and trusts are responsible for planning and delivery of cardiac services in line with professional standards and the quality attributes set out below. Health boards and trusts will be directed, supported and enabled to deliver improved services for people with heart conditions by the NHS Executive function. This will be discharged through its Wales Cardiac Network Board. The clinical network will work collaboratively to set out a rolling, three-year implementation plan that identifies and prioritises service developments based on the quality attributes described below. Detailed service specifications will also be developed to support the planning and accountability arrangements for the NHS in Wales; these will be set out in Annex A as they become available.

The National Clinical Framework places specific emphasis on the development of national clinical pathways and the Quality Safety Framework emphasises the importance of systemic local use of the quality assurance cycle. This quality statement focuses on development of nationally optimised pathways to support local improvement in the quality of services and address unwarranted variations in care.

There also needs to be a focus on cross-working with other groups to address areas such as public health, prevention, rehabilitation, care for those who are critically ill or at end of life as well as collaboration with other conditions such as stroke, diabetes and vascular.

# Quality attributes of services for people with heart conditions in Wales

## Equitable

1. National approach to service improvement led by the NHS Executive through its clinical network board for heart conditions.
2. Cross health board collaboration between cardiac services through the clinical network to ensure transparency, support equity of access, consistency in standards of care and address unwarranted variation.
3. Services for people with heart conditions will be measured and held accountable using metrics, clinical audit, PROMs and peer review that reflect the quality of patient care and its outcomes.
4. Cardiac workforce is supported and developed, to address staff retention and ensure it is sustainable, equitably distributed and grown to meet demand with a focus on key areas such as cardiac physiology and specialist nursing.
5. Equal access to appropriate clinical trials supported by the provision of appropriate infrastructure for all forms of health research into heart conditions.

## Safe

6. An immediate system-level focus on transforming pathways to enable recovery of services to pre-pandemic levels.
7. Services which cannot meet required standards will be reconfigured to ensure standards can be met consistently and sustainably.
8. A new model of provision of cardiac services, promoting agile working and improved access to diagnostics, interventions and rehabilitation services.

## Effective

9. Nationally optimised evidence-based pathways for people with heart conditions will be comprehensive and fully embedded in local service delivery.
10. A national approach to improving survival from out of hospital cardiac arrest.

## Efficient

11. Detection, diagnosis and effective management of high risk conditions such as high blood pressure, raised cholesterol and atrial fibrillation.
12. A national approach to informatics systems that enables greater integration of care and provides relevant, high quality, standardised data to drive service improvement.

## Person centred

13. Collaborative approach to person-centred care is culturally embedded and supported by a common approach to diagnosis, treatment and care provided within the community where appropriate.
14. Co-production of care ensures people affected by or at risk of developing heart conditions achieve the outcomes that matter to them.
15. Equitable access to comprehensive multi-disciplinary cardiac rehabilitation, appropriately tailored, for all heart condition pathways.

## Timely

16. Improved timely access to diagnostics in collaboration with national diagnostic programmes in line with patient need.

## Annex A - Service specifications

The NHS Executive will develop service specifications for heart condition pathways to inform accountability discussions. These will be added as they become available.

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