

WRITTEN MINISTERIAL STATEMENT

The content of this ministerial statement is as received at the time from the Minister. It has not been subject to the Official Report (Hansard) process.

Health, Social Services and Public Safety

CARDIOVASCULAR HEALTH AND WELL-BEING

Published at 12.00 noon on Wednesday 28 May 2014

Mr Edwin Poots (The Minister of Health, Social Services and Public Safety): I wish to make a Written Statement to the Assembly to advise Members of the publication of the revised Service Framework for Cardiovascular Health and Wellbeing.

The Service Framework for Cardiovascular Health and Wellbeing was originally launched in June 2009. It set out standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation and palliative care of individuals and communities who currently have, or are at greater risk of developing, cardiovascular disease.

At the end of its three-year life cycle, the Regulation and Quality Improvement Authority (RQIA) commenced an independent review of the Cardiovascular Service Framework in April 2012. The review assessed the implementation of the Framework in terms of its effectiveness and impact.

The RQIA report was very positive, indicating that the implementation approach had been highly successful in underpinning a number of key service improvements and developments including the:

- ☐ Establishment of a new consultant post for adults with congenital heart disease;
 - ☐ Introduction of a screening programme for abdominal aortic aneurysms;
 - ☐ Expansion of arrangements for fast tracking of thrombolysis for stroke;
- and
- ☐ Roll out of programmes of brief interventions in primary care.

It concluded that the Framework had led to improved coordination and prioritisation of actions to tackle cardiovascular disease.

As part of the review process and during the fourth year, Service Frameworks are also subject to a Fundamental Review. This is conducted to consider whether any of the individual standards or associated performance indicators should be updated, amended or replaced. The Cardiovascular Service Framework has been subject to a successful Fundamental Review conducted by an extended

membership of the Cardiovascular Health and Wellbeing Commissioning Group, a representative from the British Heart Foundation and the NI Chest Heart and Stroke Association.

Following the success of both the RQIA and the Fundamental reviews, the Framework itself has now been revised. The revised version contains 42 standards relating to a number of specific cardiovascular conditions such as:

- ☐ Hypertension;
- ☐ Hyperlipidaemia;
- ☐ Cardiology;
- ☐ Stroke;
- ☐ Vascular disease; and
- ☐ Renal disease.

It also includes standards relating to:

- Communication;
- Patient and public involvement;
- Health improvement and protection;
- Medicines management;
- Palliative and end of life care; and
- Research.

A specific standard relates to raising awareness of, and improving access to, emergency life support skills in order to improve the survival rate for out-of-hospital cardiac arrests. In support of this aim I have asked my Department to lead the development of a Community Resuscitation Strategy, working with Health and Social Care bodies, other government departments and public bodies, and partners in the voluntary and community sector. The draft strategy has been out to public consultation and I expect to be in a position to publish the strategy in the near future.

A further standard states that all patients suffering from an acute cardiac event (ST elevation myocardial infarction (STEMI)) should have treatment within the agreed clinical timelines. This is also included as a Programme for Government commitment to expand cardiac catheterisation capacity to improve access to diagnostic intervention and treatment and the development of a new primary PCI (percutaneous coronary intervention) service model for Northern Ireland by 2014/15.

The introduction of this service (at Belfast and Altnagelvin) will mean that patients having a heart attack will be taken to a cath lab centre that is capable of undertaking the procedure 24/7. Patients bypass ED (Emergency Department) and are taken directly to the cath lab where they should have their procedure within 120 minutes from first call for medical help before transferring back to their local hospital for subsequent care.

Following a pilot at the RVH (Royal Victoria Hospital), the service became 24/7 from 30 September 2013. It is planned that the Altnagelvin service will provide a daytime primary PCI service later in the spring, with a 24/7 service in place from the summer.

The revised Cardiovascular Service Framework together with a press release will be published on 28 May 2014. It came into effect on 1st April 2014 and will build on its earlier achievements in continuing to deliver service improvements for cardiovascular disease sufferers.