



Maintaining the momentum

Helen Johnson, Managing Director of public affairs consultancy, HJCL, discusses the need for a definitive plan for future investment in cardiac services

This is the first in a series of articles which will review the latest political and policy developments and their impact on the management of long-term conditions in the NHS. This month examines current controversies in cardiovascular disease.

The Coronary Heart Disease (CHD) National Service Framework (NSF) is now in its tenth year. At the end of March, the Department of Health (DH) published its eighth annual progress report, *Building on Excellence, Maintaining Progress* (DH, 2009). The DH was, quite rightly, keen to highlight the achievements and improvements that have been made in cardiac services and care since 2000.

In terms of both health outcomes and service delivery, there is little doubt that the NSF has been a real success story: the CHD mortality rate has fallen by 44% compared with the 1995–97 baseline. Over 70% of patients experiencing heart attack symptoms receive thrombolytics within 60 minutes of a call, compared with just 24% eight years ago. Waiting times for bypass surgery have fallen sharply across the board and the number of cardiologists has increased to more than 750, a 60% increase on 1999 levels.

So much for ‘excellence’; but what of maintaining progress? Most

commentators agree that there are a number of areas where considerable improvement is still needed, a fact which the Government acknowledged in the report.

Although health inequalities are being tackled, significant disparities still exist. At 32%, the gap in mortality rate between the most deprived socio-economic areas and the national average (not the most affluent areas) is still eight percentage points short of the Government’s target for 2010.

The DH has also expressed its disappointment that proposals to reform cardiac rehabilitation services—recently described by the British Heart Foundation as a ‘major piece of unfinished business’—have not yet been embraced by the NHS (British Heart Foundation, 2009a).

It is no surprise, therefore, that NHS managers, health professionals and patients are anxious to know what will happen next and, in particular, what the plan of action will be to replace the NSF as it comes to the end of its life.

Presumably, the NHS can expect to see a new blueprint for cardiac services and care—a second ten-year vision that builds on existing areas of excellence? Well, no, not necessarily. It appears that the DH

has not yet decided what to do next. And that is a concern when it comes to maintaining progress.

Stakeholder groups are understandably anxious that the momentum of recent successes in cardiac services could be lost while the Government grapples with the complexities of a much broader Vascular Programme. The Cardio and Vascular Coalition—a group of 41 charities representing patients and health professionals—has seized the initiative. Its report, *Destination 2020* (British Heart Foundation, 2009b), demands a new plan for England, which would address key areas of unmet need, such as preventive measures, congenital, acute and chronic conditions, rehabilitation, and end of life care.

The British Heart Foundation has called for a joined-up approach from the Government and health services. Other commentators have expressed their concern at the lack of a coherent plan or national strategy for the future development of cardiovascular services and care.

But this is not to say that nothing is happening. With effect from the beginning of April, primary care trusts have been charged with rolling-out a system of vascular risk checks for all adults aged 40–74 years. The

current National Institute for Health and Clinical Excellence (NICE) cardiovascular work programme lists eight clinical guidelines and seven technology appraisals in development, as well guidance on four interventional procedures and public health guidance on the prevention of cardiovascular risk.

The DH has several programmes of work either planned or underway, including a piece of work to consider the profile of cardiology services in the future. That information will then be used by the new National Quality Board 'to help decide what the future service priorities should be' (DH, 2009).

A second piece of work is underway to enable the Government and the NHS to widen their understanding of how vascular diseases link together and to identify gaps in service provision, which the Vascular Programme National Directors can then take forward with the National Quality Board to determine, not only which work should be the focus for the future, but also how and by whom those service gaps should be filled.

In short, despite a declared intention to focus on broad themes around vascular disease prevention, patient empowerment and chronic disease management, it appears

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that the DH has some way to go before it will be able to confirm specific priority areas for future investment, service improvement, and redesign.

A coherent, over-arching national strategy or framework to bring these priorities together could be even further away.

Frustratingly, and in view of the Chancellor's budget announcements about health sector funding in what will be a General Election year, the risk is that the very progress which the Government has pledged to maintain could start to slip away unless it makes a clear and definitive announcement about the successor plan to the NSF very soon.

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British Heart Foundation (2009) Inequalities study highlights need for renewed Government efforts, says heart charity. www.bhf.org.uk/default.aspx?page=9830 (accessed 30 April 2009)

British Heart Foundation (2009b) Destination 2020 Report. www.bhf.org.uk/default.aspx?page=9784 (accessed 24 April 2009)

Department of Health (2009) The Coronary Heart Disease National Service Framework: Building on excellence, maintaining progress—Progress report for 2008. <http://tinyurl.com/c8tujs> (accessed 24 April 2009)