Cardiac Services – Briefing 8th July 2014

- In July 2013 the Royal College of Physicians (RCP) agreed to undertake an invited review of Cardiology Services in Hywel Dda University Health Board which was subsequently completed over the 1st, 2nd and 3rd October 2013

- The RCP final report was received by the Health Board in February 2013

- The report and our action plan in response to this were considered at the Health Board meeting 22nd May. These papers are in the Public domain and can be accessed from our website http://www.wales.nhs.uk/sitesplus/862/page/40875

- The RCP report identified a number of issues and recommendations to:
  - Address the current inequity in provision and access to Cardiology Services across HDUHB
  - Develop a strategy which will provide more efficient working practices
  - Achieve better standards of care with improved outcomes for patients
  - Achieve a better patient experience

- The Board paper addressed the RCP with a detailed action plan broken down into main headings of:
  - Process
  - Governance
  - Workforce
  - Pathways
  - Information
  - Estates

- An undertaking has been made to report again to the Health Board at their November 2014 meeting

- Given the wide scope of cardiac issues currently being addressed, including the action being taken regarding cardiac surgery waiting times for Hywel Dda UHB patients in ABMU HB and the wider All Wales position, a Cardiac Services Programme Board is being established under the leadership of the Chief Operating Officer to provide the governance and control for the various work streams
The following work streams covering five main areas are being considered:
- Cardiac Scheduled Care
- Acute Cardiac Care – Unscheduled
- Cardiac Surgery
- Diagnostics
- Heart Failure

This work will encompass the RCP review findings and the Mid Wales Healthcare Study commissioned by Health Minister Mark Drakeford, due to report in September 2014.

Of key importance is the need to recognise the interdependencies of services and that Cardiac Services cannot be considered in isolation. The RCP review recognised how thinly services are spread and that to sustain services locally may require a hub and spoke model.

This will be considered by the Health Board and any other options for service change will be the subject of discussion with CHC colleagues; due process being followed in accordance with Welsh Government guidance.

The Health Board will always seek to deliver the greatest possible proportion of services locally; one of the Health Board’s guiding key principles being services will be provided locally where it is safe and sustainable to do so and this will also apply to Cardiac Services in Pembrokeshire.