

NATIONAL HEART FORUM RESPONSE TO

COMMISSION FOR HEALTH IMPROVEMENT (CHI) AND THE AUDIT COMMISSION CONSULTATION ON A REVIEW OF PROGRESS ON THE IMPLEMENTATION OF THE NATIONAL SERVICE FRAMEWORK FOR CORONARY HEART DISEASE

AUGUST 2002

INTRODUCTION

1. The National Heart Forum (NHF) welcomes the opportunity to comment on the proposed review of the NSF for CHD by CHI and the Audit Commission.
2. The NHF and our members warmly welcomed the publication of the National Service Framework for coronary heart disease in April 2000. Indeed the NHF and many of our members sat on the reference group to draw up the NSF. We are therefore delighted to have the opportunity to contribute to this review consultation, and hope that our comments will assist in the continued development and implementation of the NSF.
3. Our comments are structured in response to the questions posed, where appropriate we have elaborated on certain points. We have restricted our response to our main areas of competence and concern – public health and primary prevention of CHD.

THE NATIONAL HEART FORUM

4. The National Heart Forum (NHF) is the UK alliance of over 45 national organisations working to reduce the risk of coronary heart disease in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status.
5. The purpose of the NHF is to work with and through its members to prevent disability and death from coronary heart disease in the UK. In order to achieve this, the National Heart Forum has four main objectives:
 - To provide a forum for members for the exchange of information, ideas and initiatives on coronary heart disease prevention
 - To identify and address areas of consensus and controversy and gaps in research and policy
 - To develop policy based on evidence and on the views of member organisations
 - To stimulate and promote effective action.
6. The NHF embraces professional, scientific and policy opinion on current issues in coronary heart disease prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.
7. The opinions expressed here are consensus based and do not necessarily represent the views of all members of the National Heart Forum.

REVIEW OBJECTIVES AND APPROACH

8. The NHF makes observations on the objectives and approach of the review focus on the development and implementation of the NSF, in addition to our comments the study design. Some observations on development overlap with implementation.

Development

9. The NHF suggests that the CHI review should be predominately developmental, and not inspectorial, by nature. It should identify the type and level of support needed by the NHS to ensure effective delivery.
10. The NHF therefore recommends that the CHI/Audit Commission should consider developing objectives in the following areas:
 - a) To review the adequacy of the NSF (CHD) and how it could be further developed. It should consider national support for the implementation of NSF standards. The review should incorporate the whole system surrounding the NSF not just local implementation.
 - b) To propose new milestones and modify existing unmet milestones over the 10+ year life span of the NSF. This would fit with what we understand to be the intended evolving nature of the NSF to accommodate developments in effectiveness. To set quality criteria for evaluating implementation of the NSF.

The NHF is concerned over the evaluation of the quality of implementation of the NSF standards, we therefore recommend that these should be accompanied by quality criteria.

The quality of local development and implementation of the NSF can have a dramatic effect on local health outcomes, and it is important that this issue is addressed. Many of the NSF (CHD) milestones fail to identify measures of quality. One example is the requirement to develop a strategy for physical activity. We would like to know whether quality is being assessed, and how is this being carried out? We also suggest that the review might also consider if quality issues are addressed or should be addressed in connection between the NSF's and the new GP contract?

- c) To develop milestones related to tackling the early origins of CHD, which can begin in the foetus and take decades to develop as cardiovascular disease. We attach the *young@heart* strategic framework of recommendations for a lifecourse approach to heart disease prevention - the National Heart Forum's current major initiative which aims to achieve a generation free from avoidable CHD.

With this in mind we would interested to know to what extent have PCT's have adopted a lifecourse approach in their prevention activities.

Implementation

11. The NHF recommend that the CHI/Audit Commission's review incorporates the following objectives:
 - a) To measure the effectiveness of the performance management systems in respect to the delivery of the NSF's.

The NHF would like to know how the performance management system functions when the NSF milestones are not met. We are especially concerned with the primary prevention milestones, which we understand from anecdotal evidence, are not taken seriously at national or local level. We would like the review to ascertain whether the primary prevention milestones are considered of lower priority to other milestones.

- b) To assess where, in developing plans for targeting resources for those most in need, SHA's and PCT's have developed local community, poverty, social exclusion and ethnic profiles. This is essential to optimising health gain and effectiveness in achieving the health inequality goals. The NHF would also like to know how the new health inequality targets are linked to the delivery of the NSF at local level.
- c) To gauge how the prevention goals and milestones within the NSF for CHD are linked to other prevention work in relation to the delivery of other NSFs? The NHF is particularly concerned that common efforts should be linked for the strategic prevention of all related non-communicable diseases, especially cardiovascular diseases such as CHD and stroke. This will help ensure more coherent and connected public health strategies, given the numerous NSFs, their overlaps and what we know about how they are being received and responded to at local level.
- d) To assess if the culture of the NHS has changed in relation to public health and primary prevention since the introduction of the NSF (CHD). The NHF is keen to know if national monitorable standards set by the NSFs for public health activity on non-communicable disease prevention have made a difference to the importance attached to public health within the NHS.
- e) To measure the status of public health. Is public health still the poor relation to clinical services? The NHF is concerned about the local capacity and capability of public health. (These points are expanded in section 7 – other points below). We would like to know if training and development support is being provided by and for PHCTs at Board and practitioner level. This is crucial to heart disease prevention, as we know from international studies that 50% of the reductions in CHD mortality are realisable through primary prevention activities.
- f) To find out to what extent the evidence base and professional guidance, especially from the Health Development Agency and Electronic Library of Public Health has been utilised in taking forward the public health work within the NSF. The NHF would like to know if this is being fully utilised, and what are the obstacles to better utilisation. The review should also seek to see how public health expertise is being resourced, and whether the DH/SHAs and PCT's have developed specialised CHD networks to support public health action. These are vital resources to assure quality implementation.
- g) To measure how CHD morbidity and incidence has altered as a result of the local implementation of the NSFs. If it is the case that not sufficient time has elapsed to assess this meaningfully, what intermediate indicators are being used and what systems are in place? The review should also seek to find out what PCT's/SHAs are doing to evaluate and monitor the cardiovascular status of their communities, as it is important to monitor impact and attribution to local activity.

THE STUDY DESIGN

12. It is encouraging that CHI/AC propose to pilot the methodology before applying it nationally. The NHF feels that a fairly rigorous pilot phase is most important, so that the lessons can be learned and appropriate adjustments made in order to prevent error or inaccuracy creeping into this national study.
13. In terms of the approach and study design we believe that for CHI's proposed national study to provide a valid and representative national picture of the quality and extent of the NSF implementation, due care and attention must be paid to the study design, particularly with respect to the sampling of patients, communities, providers and processes (whose frequency and quality is to be measured). Such sampling must be representative and random, although the random nature could be stratified or clustered as appropriate, as long as the study population was truly representative. Where specific subgroups are to be the focus e.g. ethnic minorities, sampling could be weighted appropriately. For such sampling to be performed, a valid and appropriate sampling frame must first be drawn up. Among the many other design issues, CHI/AC proposals should include sample size and power calculations. The precision the CHI/AC hopes to achieve of any point estimates planned should be specified, and CHI should state the absolute or relative estimates of any effect (of NSF implementation) it hopes to measure.
14. The NHF is aware of a number of national datasets relating to the quality and quantity of cardiac care (e.g. MINICAP, CCAD) which are already in existence. These remain active and are continuing to collect information on current activity. In addition, it was always envisaged that the original NSF should be audited and its progress monitored by measures and mechanisms which included CHI. It would seem sensible for CHI to approach these other datasets and organisations in order to find out what work has been done (and data collected), to avoid possible duplication..

THE PROCESS FOR DEFINING CHD COMMUNITIES

15. The NHF strongly recommends that the review consider local people and communities, especially those at high cardiovascular risk e.g. populations of Asian descent, and not focus solely on patients. All too often the DH and in the CHI/AC consultation document reference is made to patients and not also to consumers/citizens or communities.
16. The NHF would like to know to what extent partnerships have been developed with local authorities? This relationship is vital to harnessing expertise and capacity and involvement with local communities. The study should explore this directly with the local authorities. It should also see where NSFs are linked with local HIMPs and community and regeneration/ neighbourhood renewal plans.

THE COMPOSITION OF THE LOCAL REVIEW TEAMS

17. The NHF believes that it is vital to involve public health doctors and specialists, cardiology experts and local authority personnel as members of the local review teams. This expertise is vital in determining the quality of local developments (given the absence of quality criteria in many of the NSF milestones) and the nature of the developmental support required.

18. We also recommend the review looks at the work of the IDeA and considers linking with them in reviewing partnerships with local authorities especially the Local Strategic Partnership arrangements.

THE METHODS FOR ENGAGING PATIENTS, CARERS AND THE PUBLIC

19. The British Heart Foundation is well placed to provide a link/access to appropriate patients and patient groups and support groups. The key contact is Jackie Lodge, Head of Cardiac Care at the BHF HQ in London.

THE PLANNED OUTPUTS

20. The NHF recommends that on the basis of the review findings the CHI/AC should produce a development report which includes advice on aspects of the future development of the NSF (CHD).

THE ANTICIPATED TIMESCALE

21. It is important to note that following the publication of the NSF for CHD, the NHS has been undergoing unprecedented change and therefore it will be difficult to make "steady state" observations. Bearing this in mind, the NHF strongly believe the emphasis of the review should therefore be developmental.

OTHER POINTS

22. The NHF would like to know whether the NSF has resulted in increased resources being allocated to prevention, especially primary prevention and to what extent?
23. The review should assess what is the balance of investment at local level in the five key areas of the framework and how is it intended to alter over time?
24. How have the national funds to support the local implementation of the NSF (CHD) framework and the new NHS money been or will be allocated/spent?
25. The NHF strongly believes it will be vital to review the relative levels of investment in prevention and treatment and how this has/should alter over time.
26. We also attach a copy of the NHF's latest report on modifying CHD risk factors and the implications for target setting which we think you will find useful to the review. We are keen to support your review and if we or one of our member organisations can be of further assistance please contact us at the NHF offices in London.

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