

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 73

**Ymateb gan: | Response from: Sefydliad Prydeinig y Galon Cymru
| British Heart Foundation Cymru**



Q1. Which of the issues listed above do you think should be a priority, and why?

Public Health Prevention – Overweight and Obesity

Although Welsh Government's Healthy Weight: Healthy Wales¹ is ambitious, much of what is promised requires legislation. Welsh Government have promised to reduce obesity through restricting price promotions of high fat, salt and sugar foods. This requires primary legislation which did not feature in the programme for Government.

What impact or outcomes could be achieved through any work by the Committee?

Expedited legislation to implement policies laid out in Healthy Weight: Healthy Wales, including restricting price promotions on high fat, salt and sugar foods.

How the Committee might address the issue

Healthy Weight: Healthy Wales is ambitious. Now we need to see legislation to implement these public policy changes and support the people of Wales to make the healthiest choices. Writing to Welsh Government to encourage legislation to implement Healthy Weight: Healthy Wales would be a positive first step.

Once Welsh Government tables necessary legislation, the Health Committee could ensure that the legislation is ambitious and holds Welsh Government to account with specific targets.

When any Committee work should take place

Work on obesity could happen towards the end of the first year as Welsh Government are considering the programme for Government for the second year of this Senedd term.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

There is a strong correlation with unhealthy lifestyle and socio-economic deprivation. Any actions which seek to reduce obesity in Wales must consider the most impacted groups, that is, those in most deprived quintile to ensure that any policies are likely to reduce health inequalities and not worsen them.

Third sector organisations working in this space should also be consulted, including BHF Cymru and other charities working as part of the Obesity Alliance Cymru.

The health and social care workforce, including organisational culture and staff wellbeing - Cardiac Physiology is impacting time to diagnose cardiac patients

Diagnostic imaging services in Wales have been severely impacted by the pandemic. Over 12,000 patients were waiting for an echocardiogram at the end of April 2021, compared with 7,552 at the end of February 2020². The NHS in Wales has started to address this, and we are seeing increasingly shorter waiting lists, though not yet in line with pre-pandemic levels³.

¹ <https://gov.wales/healthy-weight-strategy-healthy-weight-healthy-wales>

² Stats Wales, 'Diagnostic and Therapy Waiting Times by Week', *Welsh Government*, 2021, <https://bit.ly/2TlvciX> (accessed 30 June 2021).

³ Ibid.

Clinicians are reporting that the main challenge in Wales is the length of time people are waiting, rather than the size of diagnostic waiting lists, which are reportedly manageable.

Although Welsh Government recently announced funding for diagnostic equipment⁴, the main barrier to early diagnosis is a shortage in the diagnostic workforce to operate this equipment. In cardiology, diagnostic testing is normally done by a cardiac physiologist and in Wales, there is a chronic shortage, with many health boards reliant on locums, which is expensive and unsustainable. The Heart Conditions Implementation Group (HCIG) are currently working with Health Education and Improvement Wales to try to address this, but the problems are long-standing and will require a nationally directed plan to expand the training offer and fill the workforce gaps. The recovery of diagnostic services in Wales, up to and beyond pre-Covid levels, relies on an increase in the number of cardiac physiologists working in Wales.

What impact or outcomes could be achieved through any work by the Committee? & How the Committee might address the issue

In 2019 The Health Committee published its findings⁵ on an inquiry into the shortages in the endoscopy workforce. This inquiry outlined how chronic shortages in endoscopy services (a key profession in diagnosing bowel diseases including cancer, was causing bottlenecks in the system). The Committee recommended a National Endoscopy Plan⁶, which Welsh Government drafted and implemented. A similar inquiry into the shortages in the cardiac physiology could address the bottleneck in diagnostic services for cardiac patients and support the NHS in Wales to deal with increasing waiting times exacerbated by the Covid-19 pandemic.

When any Committee work should take place

This is a longstanding problem and should be addressed at the earliest opportunity as part of a programme of recovery from the Covid-19 pandemic.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Wales Cardiac Network, Heart Conditions Implementation Group, British Heart Foundation Cymru, HEIW, Local Health Boards, Swansea University.

Evidence based innovation in health and social care – Medical Research

In February 2021 the Cross Party Group on Medical Research⁷ published the findings⁸ of its inquiry into the implementation of the recommendations of the Reid Review. The Reid Review was a review of research and innovation funded by the Welsh Government. The report makes several recommendations for Welsh Government to improve the medical research

⁴⁴ <https://gov.wales/more-25-million-invested-diagnostic-equipment-nhs-wales>

⁵ <https://senedd.wales/media/bxifeon0p/cr-ld12492-e.pdf>

⁶ <https://gov.wales/sites/default/files/publications/2019-10/national-endoscopy-programme-action-plan-2019-2023.pdf>

⁷ <https://gov.wales/sites/default/files/publications/2019-04/review-of-government-funded-research-and-innovation-reid-review.pdf>

⁸ <https://www.bhf.org.uk/what-we-do/in-your-area/wales/the-cross-party-group-on-medical-research>

environment in Wales. However, the Cross Party Group on Medical Research reported in 2021 that all but one of Prof. Reid's recommendations had gone unimplemented.

What impact or outcomes could be achieved through any work by the Committee?

The Health and Social Care Committee could reinvigorate the debate around medical research and hold Welsh Government to account on the recommendations in the Reid Review. This has the potential to result in a thriving medical research environment in Wales.

How the Committee might address the issue

Following on from the work of the Cross Party Group on Medical Research, the Health and Social Care Committee could hold a short inquiry into the medical research environment in Wales.

When any Committee work should take place

The opportunity to capitalise on any momentum around medical research caused by the search for a Covid-19 vaccine would mean work could start on assessing the medical research environment in Wales immediately.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Medical research charities like the British Heart Foundation, universities, researchers, HCRW, AMRC, pharmaceutical industry, health professionals and local health boards.

Evidence based innovation in health and social care – Health Data

Wales needs better collection, dissemination and use of health data. Strategic collection, dissemination, and use of health data is crucial to improve our health service. It would allow for services to be connected and for patient records to travel with them, wherever they are in the system enabling fully informed clinical decision making. Good quality data could be used by an NHS executive to identify areas for improvement and best practice and translate this learning into the best possible care for patients across Wales. However, health data in Wales is very poor and relies on different reporting mechanisms across LHBs and different specialities, resulting in unstandardised data and many patient records simply lost.⁹

What impact or outcomes could be achieved through any work by the Committee?

For heart and circulatory diseases at present there is a lack of data available on the following: out of hospital cardiac arrest survival rates; risk factors; access to diagnostic services for people with heart and circulatory disease; and national data collection on community services (such as specialist heart failure nursing)¹⁰. Furthermore, there are challenges in linking information collected across the health care system from primary and community care, through to secondary care and patient outcomes.

In October 2019, the Minister for Health and Social Services announced a £50 million Digital Priorities Investment Fund to drive improvement across five areas⁴⁸ to be delivered by NHS

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<https://cwmtafmorgannwg.wales/Docs/Digital%20and%20Data%20Committee/02%20SEPTEMBER%2024%202020/7.2%20Thematic%20Report%202020.pdf>

¹⁰ <https://www.bhf.org.uk/what-we-do/in-your-area/wales/campaigning-and-influencing/wales-heart-plan>

Wales Informatics Service (NWIS). There was also an additional £6.5 million fund announced in February 2020 to integrate local and national digital cancer services to assure patients “that their cancer care and specific needs are being taken into account wherever they are being treated”⁴⁹. There needs to be corresponding levels of ambition and resource in this area for cardiovascular information.

How the Committee might address the issue

In 2017, funding was provided for the development of The All Wales Accelerating Cardiac Informatics (AWACI) programme, which aimed to support clinical pathways and enable proactive, coordinated care and visibility of clinically meaningful data. This funding has now ended and AWACI has been incorporated into NWIS, which will soon become a Special Health Authority and have responsibility for driving forward digital infrastructure in Wales in line with A Healthier Wales. Cardiac data and informatics need to be driven forward with investment on par with the cancer digital services and need a strong governance structure to ensure delivery. The Health Committee could hold Welsh Government to account on continued funding for a Cardiac Informatics Framework.

When any Committee work should take place

Better collection, dissemination and use of health data allows a whole systems approach to service delivery. This could be a vital tool for identifying pressure points in the system as we recover from the Covid-19 pandemic.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

The Committee could seek responses from NWIS, Public Health Wales and the Wales Cardiac Network and incentivise collaboration on a Cardiac Informatics Framework.

Access to COVID and non-COVID rehabilitation services

With the closure of venues, such as leisure centres and gyms, and the redeployment of cardiac specialist staff to Covid-19 wards, the delivery of cardiac rehabilitation in Wales has been dramatically impacted by the pandemic. Cardiac rehabilitation staff across Wales were unable to see their patients face to face until December 2020 and as such, began to provide services digitally. Although a digital programme is not appropriate for all patients, many clinicians have noted an increase in the uptake in cardiac rehab because of the digital offering.

What impact or outcomes could be achieved through any work by the Committee?

Cardiac rehabilitation services should be delivered through a more personalised, menu-based hybrid model with a face-to-face assessment followed by in-person rehabilitation or a digital programme where appropriate. Practitioners have expressed an interest in continuing to provide this ‘menu-based’ model of care for cardiac rehab patients with the aim of improving patient uptake and providing patients with a digital offering if deemed to be clinically appropriate.¹¹ A menu-based approach ensures accessibility and that the individual needs of patients are met, whether digital or face-to-face.

¹¹ Hassan Al-Kaabi, ‘COVID 19 has meant a new beginning for early Cardiac Rehabilitation’, *North Gwent Cardiac Rehabilitation and Aftercare Charity*, <https://bit.ly/3hg4qjY> (accessed 30 June 2021).

How the Committee might address the issue

The Committee could write to the Minister for Health and Social Services to ensure that patients continue to be offered a menu-based approach to cardiac rehab. This should support increased uptake and improved accessibility of rehab programmes.

When any Committee work should take place

A letter could be written to the Minister during the first Senedd term while services are recovering from the pandemic.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

BHF Cymru and other organisations working as part of the Right to Rehab campaign.

Question 2: Key priorities for the Sixth Senedd

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;
- b) social care and carers;
- c) COVID recovery?

a) Health services

A Quality Statement for Women and Girls' Health which prioritises cardiac care

As a member of a third sector coalition drawing up a Women and Girls' Health Quality Statement and Plan for Wales, we are calling on the Committee to make women and girls health a priority for this Sixth Senedd.

The ONS reports that women live fewer years in good health than men¹² and are more likely to be in poverty, requiring both social and financial support. As such, we are calling on the Health and Social Care Committee to both prioritise and incentivise the effective management of women's health during this Sixth Senedd, thereby demonstrating a real commitment to the wellbeing of future generations of women and their families.

In terms of heart diseases, women are less likely to be aware of their risk and symptoms, less likely to be diagnosed quickly, less likely to be given optimal treatment, and less likely to access rehabilitation. Women are also underrepresented in clinical trials. These inequalities come at a huge cost - research suggests that the deaths of at least 8,000 women could have been prevented through equitable cardiac treatment over a ten-year period in England and Wales.¹³

¹² [Health state life expectancies by national deprivation deciles, Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

¹³ Wilkinson, C., Bebb, O., Dondo, T. B., et al. (2018). Sex differences in quality indicator attainment for myocardial infarction; a nationwide cohort study. *Heart*. <https://bit.ly/2VXfgV4>

What impact or outcomes could be achieved through any work by the Committee?

Equitable treatment for women and girls in Wales and reduced health inequalities in diseases which disproportionately or inequitably impact women, as well as traditional women's health.

How the Committee might address the issue

The Committee could take evidence from patient organisations and the third sector to identify whether there should be a quality statement for women and girls' health governed by the Women's Health Implementation Group with an extended remit to all aspects of Women's Health.

When any Committee work should take place

The work at Welsh Government to identify which areas of health will have a quality statement are ongoing. Any work the Committee does should inform that work and ensure that any new NHS structures include the Women's Health Implementation Group with an extended remit.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Women's Health Coalition Chaired by BHF Cymru and Fair Treatment for the Women of Wales, patients and patient organisations.

c) COVID recovery

According to Welsh Government's Technical Advisory Group, deaths from coronary heart disease were 4% lower than would normally be expected in the period March 2020 to January 2021.¹⁴ Therefore, disruption to the patient pathway does not so far seem to have resulted in excess deaths attributable to heart disease in Wales. Instead, the pandemic has impacted patients through delayed and disrupted treatment. Elective services were suspended but urgent and emergency care continued, including treatment for heart attacks, arrhythmias, heart failure and urgent cardiac care. Decisions to cease some services were made based on staff capacity and a desire to decrease footfall in hospitals by reducing the number of outpatients.

People who have been waiting for treatment have experienced delays. During the pandemic, the number of patients waiting over 36 weeks for cardiac surgery or procedures increased from 210 in January 2020 to 5,595 in November 2020. The NHS in Wales has started to address the length of time people are waiting for their treatment and at the end of April 2021 the number of people waiting over 36 weeks had reduced to 4,295. Although the NHS is working incredibly hard to reduce the amount of time patients are waiting for treatment, there are still delays. Therefore, patients should be offered support to wait well as a key part of NHS recovery in Wales.¹⁵

¹⁴ Welsh Government Technical Advisory Group, 'Examining Deaths in Wales Associated with COVID-19', *Welsh Government*, 2021, <https://bit.ly/362yf2i> (accessed 30 June 2021).

¹⁵ Stats Wales, 'NHS Hospital Waiting Times – referral to treatment', *Welsh Government*, 2021, <https://bit.ly/3xbjztB> (accessed 30 June 2021).