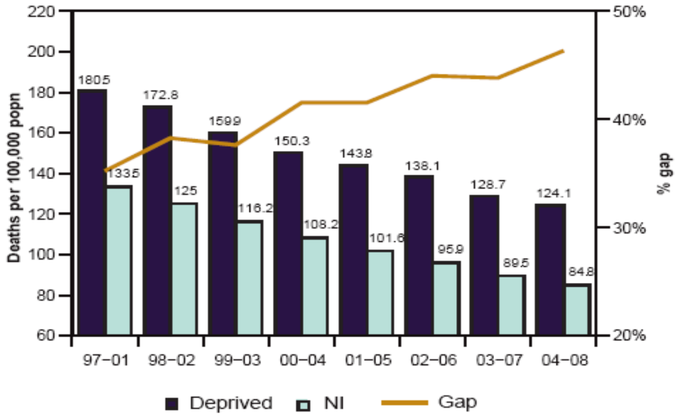
Figure 1: Standardised death rate from circulatory disease before age 75 (1997- 2008)



Source: General Register Office / Project Support Analysis Branch

Cardiovascular health and wellbeing service framework for Northern Ireland

In 2009, the Department of Health, Social Services and Public Safety (DHSSPS) launched the *Northern Ireland Cardiovascular Service Framework* (CVFSW), which sets in place 45 standards for good practice in the prevention and treatment of cardiovascular diseases.

It is the responsibility of the Public Health Agency (PHA) to introduce the service framework into cardiovascular health and social care services. Partners in this work are the Health and Social Care Board (HSCB), the Patient Client Council (PCC), the Health and Social Care Trusts (HSCTs) and voluntary organisations like the British Heart Foundation (BHF) and Chest Heart and Stroke Northern Ireland (CHS) as well as community groups like Healthy Living Centres (HLCs).

Could this service framework help to address the inequities in cardiovascular health and social care?

Together with the Institute of Public Health in Ireland (IPH), during 2010 we set out to determine the service framework's potential to improve fair access to HSC services and ultimately help to reduce health inequalities for people in Northern Ireland. We undertook a health impact assessment (HIA) and collected a range of information. This included workshops with health practitioners, statutory representatives, patients, carers and the community to identify potential effects on health from the service framework's implementation.

At the workshops:

- We discussed each standard in the service framework to consider how it could be implemented effectively and efficiently.
- We paid attention to the needs of front line HSC staff and disadvantaged or vulnerable groups of people.
- We made suggestions to improve the delivery and impact of each standard for reducing health inequalities and inequities.

'You need to speak with the young ones about smoking, not us. It all starts with the young ones.'
Older women, Maureen Sheehan Centre, Belfast, 27 May 2010

'It would be great if you could talk to lots of parents. They need the help to make sure the children eat properly. My daughter goes to work and I have time to cook for my grandchildren, but not everybody has a granny.'
Older woman, Ards Peninsula Healthy Living Centre, Kircubbin, 20 July 2010

Key messages

On balance, the HIA found that:

Almost all standards in the service framework refer to areas of HSC where **health inequalities already exist.**

There are **barriers to implementation** of all standards due to limited HSC resources, but the HIA identified **positive effects on HSC** staff and services if standards can be implemented fully.

Just under **half of the standards** were thought to **increase demand** for services, and about **a third of standards** are likely to **reduce need** for services in the future.

Most standards are considered to benefit population health and that of individuals, but there could be high opportunity costs.

If fully implemented, the service framework will **positively influence the wider determinants of health** like **economic productivity, healthy lifestyles and the environment.**

The HIA has produced results that will help to implement the service framework in ways to **improve fair access to HSC services and ultimately reduce health inequalities.**

Some suggestions

We collected suggestions to improve the delivery of the service framework. These include:

Health improvement
- Integrate and coordinate health improvement and promotion activities in statutory, voluntary and community organisations.

High blood pressure
- Address unjustified differences in the management of high blood pressure by primary care practices.

Familial hyperlipidaemia
- Pursue development of a regional hyperlipidaemia service outreach service.

Diabetes
- Establish regional and local networks to facilitate service improvements, including fair access for patients to structured patient education.

Heart disease
- Increase investment in congenital and inherited heart disease services to meet needs of a growing patient population.
- Establish self-help groups for patients with heart failure.
- Streamline referrals for patients with acute chest pain from primary to secondary care.

Stroke
- Implement agreed referral pathways to improve patient journey and outcomes.
- Establish a regionally available 24/7 thrombolysis (clot-busting) service.
- Share good practice between service provider and users.

Peripheral vascular disease
- Give support to primary care teams for participation in and delivery of peripheral vascular disease direct enhanced service (DES).
- Offer alternatives to GP services through community based provision, especially in deprived areas.
- Provide training to service users and providers in lymphoedema management.

Renal disease
- Support patients, especially those from marginalised groups, in managing anxiety resulting from adherence to treatment of chronic kidney disease.
- Consider home visits for hard-to-reach patients.
- Ensure geographical equity of dialysis services, including choice of vascular access in line with evidence for best practice.

Palliative care
- Increase health literacy through community development approaches.
- Engage with vulnerable population groups to reduce health inequities.

What next?

The HIA gives an insight into the service framework's potential to improve cardiovascular health in Northern Ireland. It has produced lessons to share for the development of this and other service frameworks in areas of cancer, respiratory and mental health, learning disability, children and older people services.

Suggestions from the HIA have been drawn together into a health action plan. This will support future service planning, development and delivery for cardiovascular health.

The HIA has highlighted challenges for health improvement service providers and the need to work together. Information needs to be shared to create better understanding to ensure that services are not duplicated.

There has been capacity building and learning across HSC organisations. This will benefit and strengthen their endeavour to improve health and reduce health inequities, which are neither affordable nor sustainable.

Full details of the HIA, findings and suggestions are available online at www.publichealth.hscni.net

The HIA management team and steering group thank all participants for their contribution.

HSC Public Health Agency

IPH

DHSSPS
Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

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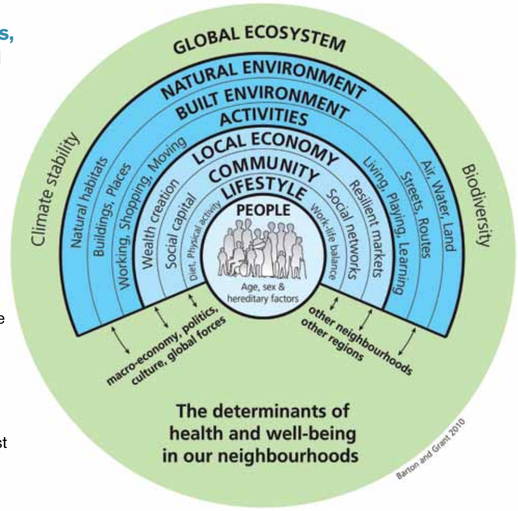
05/11

HIA focus

Northern Ireland cardiovascular service framework

Health impact assessment

Cardiovascular diseases, like heart disease, diabetes, stroke, kidney disease and other circulatory diseases remain the main cause of death in Northern Ireland.



Health is determined not only by access to Health and Social Care (HSC) services and lifestyle choices but also by the social and economic conditions in which people live. Where you live, how much formal education you have had, what your job is and how much money you have all influence your health (see right).

For example, men living in the most wealthy 20% of areas in Northern Ireland live on average almost eight years longer than men in the poorest 20% of areas. For women, this gap is five years. And cardiovascular diseases remain the main cause for these differences, which have been getting worse with time (Figure 1 overleaf).