Office of the Chief Medical Officer

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Your Ref:
Our Ref:
Date: 13 February 2007

Dear Dr Stewart

RE: SERVICE FRAMEWORK – CARDIOVASCULAR HEALTH AND WELLBEING

On behalf of the Department, we would like to thank you for agreeing to lead on the development of a service framework for cardiovascular health and wellbeing.

Attached, please find the terms of reference for this service framework. £30k is available for development, which can be called down from the Department on submission of use of resources.

Whilst not wishing to be prescriptive about the configuration of your steering group or sub groups we would ask you to ensure that the service framework:

a. is evidence based;
b. has appropriate multi-disciplinary participation, to include clinicians, senior management, public health, social care and user/carer representation;
c. recognises that the majority of care is delivered in the primary/community sectors with active participation of individuals and carers;
d. acknowledges that care goes beyond traditional HPSS boundaries; and
e. has an appropriate external quality assurance mechanism.

We will shortly provide you with relevant policy documents, following a trawl through the Department. In addition, a standardised template will be sent to you to ensure consistency of approach across all service frameworks.

We fully understand that completion of a draft by December 2007 requires considerable work by you and colleagues. Should, at any time, you feel that you would wish to clarify arrangements or highlight concerns, please do not hesitate to contact us.

As development of the frameworks is a new journey for both the Department and the HPSS, we would be most grateful if there could be Departmental representative on your steering group. This is to ensure that we learn from your experiences and adapt the service framework methodology, as appropriate.

Yours sincerely

DR MICHAEL McBRIDE
Chief Medical Officer

MR ANDREW HAMILTON
Deputy Secretary

SERVICE FRAMEWORK FOR CARDIOVASCULAR HEALTH AND WELLBEING

1.0 Introduction

A Service Framework is a document which contains explicit standards underpinned by evidence and legislative requirements. Service Frameworks will set targets, specific timeframes and expected outcomes designed to:

- improve the health and social wellbeing of the population of Northern Ireland;
- reduce inequalities and promote social inclusion;
- improve the quality and safety of care;
- safeguard vulnerable individuals and groups; and
- improve partnership working with other agencies and sectors.

Each service framework document will be the subject of public consultation and will be developed in collaboration with HPSS staff and through engagement with patients, clients, carers, the wider public and other key stakeholders.

The service framework will be used by the public, HPSS commissioners, HPSS and other providers, and those organisations which are required to report on the performance and quality of services and care.

2.0 Aim

The overall aim of the Cardiovascular Health and Wellbeing Service Framework is to improve the health and wellbeing of the population of Northern Ireland, reduce inequalities and improve the HPSS quality of care in relation to cardiovascular disease, recognising that achievement of this aim goes beyond traditional HPSS boundaries and is strongly influenced by population/individual attitudes and behaviours, and the contribution of other sectors.

3.0 Definition

For the purposes of the Cardiovascular Health and Wellbeing Service Framework, care is defined as the prevention, assessment, diagnosis, treatment, care and rehabilitation of individuals/communities who currently have or are at greater risk of developing disease pertaining to the heart and systemic circulation. Recognising that several diseases can co-exist, share common risk factors and can adversely impact on prognosis, this service framework will include consideration of:-

- Coronary heart disease(e.g. angina, heart attack, heart failure);
- Hypertension(high blood pressure);
- Cerebrovascular disease(e.g. stroke);
- Peripheral vascular disease(e.g. poor circulation in legs causing ulcers/gangrene);
- Diabetes (as a significant risk factor for the development of cardiovascular disease); and
- Renal disease associated with cardiovascular disease (e.g. kidney failure).

The service framework will follow a lifecycle from childhood to adulthood and end of life care.

4.0 Scope

The Cardiovascular Health and Wellbeing Service Framework will be based on:

- population approaches to the promotion of health and prevention of disease, recognising that premature death and disease arising from cardiovascular disease are linked to social and economic inequalities;

- best available evidence; wherever possible, this will be well-conducted, up to date, systematic reviews of valid, relevant evidence;

- a recognition that resources should be targeted at those with greatest need and with the potential for greatest benefit;

- an acknowledgement of the individual as an expert in his/her own life and care, and his/her familial and social context;

- the prevention (primary, secondary and tertiary), assessment, diagnosis, treatment, monitoring, care, and rehabilitation relevant to those diseases identified in paragraph (3.0) above, to include emergency treatment, and care in the primary, community and secondary sectors, promoting intersectoral and multidisciplinary working, where appropriate;

- existing policies and strategies already endorsed by the Department through formal publications or circulars and links with national standard setting bodies; and

- the standardised template as agreed by the Departmental Service Framework Steering Group (this will include a definition of a standard, performance indicators and audit criteria).

5.0 Timed Objectives

The HPSS chair of the CVD service framework will ensure that working groups include active service user participation, a range of clinical, public health, senior management and social care expertise, taking account of the need to engage across the primary and secondary care interface and drawing on already established networks and groups. The HPSS chair will:

- provide a short project plan setting out details of proposed methodology;
- provide the Department with monthly progress reports(no longer than 1 page);
- engage with the Departmental Steering Group, as required;
- ensure external quality assurance (at national level) of draft document, to include at least two recognised experts;
- submit a finalised consultation document to the Department by 5 December 2007; and
- thereafter, engage with the Department, (which will be responsible for consultation), regarding analysis of consultation responses and finalisation of document by 30 April 2008.

A resource of £30 K will be provided to assist in project management and service/public engagement, subject to proposed financial commitment being endorsed by the Safety, Quality and Standards Directorate.

SQS – February 2007