

Mr John Maguire
Service Frameworks Unit
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September 30 2008

Dear John,

Response to Consultation on the Cardiovascular Service Framework

This letter is written as the response by the four Health and Social Services Councils to this consultation. Our answers are based on the easy access version of this document as it is our belief that it will be to this version of the framework that most laypeople will refer.

Q1. Is the language and terminology used clear and easy to understand?

The Councils commend the publication by the Department of an easy access version of this framework document. The main document – given the level of clinical information it necessarily contains – would not have been intelligible to a large number of people. The easy access document, therefore, does use terminology and language we would regard as clear and easy to understand.

Q2 Will these standards contribute to the improvement of the health and wellbeing of the population of Northern Ireland?

Standards themselves will not contribute to the improvement of health and wellbeing but their implementation and measurement might. Wider public knowledge of service standards informs people of their rightful expectations of services and this may help to maintain a momentum within HSC organisations to deliver according to them. Prevention standards rely on changes in the behaviour of individuals – over which Health and Social Care has no control. Clearly, we would expect standards related to screening, early diagnosis and prompt treatment will impact on health and wellbeing.

Q3 Will these standards improve the quality of care for those who have/will have cardiovascular disease and their wider families.

The implementation and monitoring of a number of these standards ought to improve quality of care but we would ask the Department note that – in our experience – the greatest improvement to the quality of care that is requested by most patients and carers is in communication and involvement. These matters appear as standards

within this document and should be given appropriate priority and resource, therefore, for implementation. t

Q4 Which of these standards will have the greatest impact on the health and wellbeing of people who have, or will have, cardiovascular diseases and why?

This is not a question, perhaps, that can adequately be answered by lay people as it is in the nature of many of these targets to represent a clinical view of which initiatives will have the greatest impact. That said, the interest of those members with whom we discussed this matter was in the development of the prevention targets in this document. Similarly, there was appreciation that targets on communication and involvement appeared.

Q5 Will these standards reduce inequalities in relation to cardiovascular disease?

It cannot be stated with confidence that these targets will reduce inequalities. Clearly, the targets set a standard for wider, more global achievement. In addition, the targets might be said to focus on conditions and areas of health and care that impact disproportionately on particular groups and communities within the population. However, the bulk of the targets do not aspire to 100% of anything – although several aspire to 90% or 95%. The document does not guarantee in itself that specific communities and groups – already, perhaps, excluded or hard to reach – will not comprise disproportionately those patients in the 5%, 10% or 15% for whom targets are not achieved. This is, perhaps, something that merits particular attention in planning and implementation arising from the framework.

Q6 Are you satisfied that those identified as responsible for the delivery and implementation of these standards are appropriate?

As we are making our response on the basis of the Easy Access version, this information does not appear. It would be helpful to consider its inclusion in any final document as it is essential for patients to know not only what the standards and aspirations for service are but also who is responsible for their achievement and delivery.

Q7 Are the performance indicators and the expected performance levels reasonable and will they help progress towards achieving the overall standard?

It is difficult for lay people to judge this. However, it is revealing that there are a number of areas in which a baseline needs to be established in order for progress to be made. Many members of the public might have the expectation that such information should already be known. It is accepted that to set targets of 100% might be unrealistic but assurances might need to be given on what such targets might mean in practice for the percentage of patients not covered by them – even when they are operating at 95%. We do commend, nevertheless the clarity of the Easy Access document and welcome the explanation given at the front of the document for how the targets have been set.

Q8 Do you think the Recommendations are likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals

It is clearly the intent of these proposals to raise the standard of the relevant service for all and to improve equity in terms of access and service provision. However, there is one area in the document on which we believe that additional assurances are given and this on whether hard to reach groups will be represented disproportionately among the percentage of patients for whom a given standard is not achieved – as discussed in our response to **Q5**.

Q9 Are you aware of any evidence, qualitative or quantitative, that the proposals may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

We acknowledge the global and all encompassing intent of the document with the caution expressed in response to **Q5** and **Q8**.

Q10 Could the proposals better promote equality of opportunity or good relations? If yes, please give details as to how.

Please refer to our answer to **Q9**.

Q11 Do you have any other comments on the recommendations or any suggestions that you would like to make to improve the promotion of equality of opportunity and/or good relations or human rights?

None

We hope that this response will be of interest to the Department and we await with interest the final outcome of consultation. If you wish to discuss any of the content of this response, please contact the Eastern Health and Social Services Council in the first instance.

Yours sincerely,

Richard Dixon
Chief Officer
On behalf of the Health and Social Services Councils of Northern Ireland