

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 102

Ymateb gan: | Response from: Heart Valve Voice

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor **Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

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

Public Health and Prevention

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

The committee could establish an evidence based call for the Welsh Government to deliver a much needed awareness campaign that has the potential to reduce cost and burden on the already stretched NHS and vastly improve health outcomes for patients with heart valve disease.¹

How might the committee address the issue?

The committee should consider exploring for which healthcare conditions there is a significant public health need for nation-wide awareness campaigns. We feel strongly that awareness of the signs and symptoms of heart valve disease amongst both primary care healthcare professionals



and the public in Wales must be improved through effective and targeted education and awareness raising campaigns. For too long, heart valve disease has been under-prioritised. This lack of prioritisation of the condition belies its prevalence and does not take into account Wales is facing an increasing ageing populationⁱⁱ. Within the next 40 years, the prevalence of heart valve disease in Wales is expected to rise by 37%. By 2059, over 163,000 people over the age of 65 will be moderately or severely affected,^{iii iv} and at least one third of these will have multiple valve lesions. It is imperative that more people are aware of heart valve disease.

The committee could also consider assessing progress made towards the Heart Conditions Delivery Plan 2017 and identify significant omissions that need addressing (such as the absence of heart valve disease).^v

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

The committee should seek evidence from patients, families and carers themselves regarding the impact heart valve disease has, as well as the stark difference in outcomes for those who receive a delayed diagnosis.

The Health and Social Care Workforce

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

The committee could raise awareness of specific shortages in the NHS workforce in Wales, and the impact that this is having on patients. It could call for a dedicated plan to tackle these shortages in the immediate future to support recovery from COVID and over the longer term.

How might the committee address the issue?

Once a heart murmur is detected, the gold standard is for patients to have their diagnosis and its severity confirmed via echocardiogram. This is the first step to effective treatment. An echocardiogram (or 'echo') is a sonogram (ultrasound of the heart) and is one of the most widely used diagnostic tests in cardiology.

Heart Valve Voice's 2019 report: 'A Gold Standard in the Diagnosis, Treatment and Management of Heart Valve Disease in Adults' recommends that symptomatic patients must be referred to a specialist valve clinic within two weeks^{vi}, while asymptomatic patients must be referred for an echocardiogram within six weeks. However, data from a 2019 Freedom of Information (FOI)^{vii} request to Welsh Health Boards revealed they were working towards a target of eight weeks for the average wait for an echocardiogram. While the FOI demonstrated that all Health Boards were meeting this target, anecdotally we were made aware that many cardiac centres were being forced to work through full evening and weekend lists to achieve this eight week wait. Furthermore, waiting times in Wales were longer than those in England, and patients in Wales were being unfairly penalised in late access to echocardiography, compared to their English counterparts.^{viii} We are extremely concerned that the situation will have worsened during the pandemic, despite the best efforts of NHS staff.

We believe that there needs to be greater investment in echocardiography training to ensure that the workforce is expanded and that patients are able to access this service quickly, which will be particularly important in light of the backlog of cases owing to COVID-19. There is currently an acute shortage of echocardiographers in the UK, which leads to severe delays for many patients

waiting for an echocardiogram. We therefore ask the committee to consider undertaking an inquiry into workforce shortages, highlighting the impact that this has on patient outcomes.

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

The committee should seek evidence from the relevant healthcare professional bodies, staff in the cardiac centres, experts on NHS workforce planning and patient advocacy groups.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;
- b) gofal cymdeithasol a gofalwyr;
- c) adfer yn dilyn COVID?

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?
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Gwasanaethau iechyd

Health services

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

A consensus that the current clinical pathway and experience of patients with heart valve disease in Wales is suboptimal and needs to be addressed urgently.

How the Committee might address the issue?

The committee should consider undertaking a specific inquiry into the diagnosis, treatment and management of heart valve disease in Wales. As mentioned previously, this has been a much under-prioritised condition and frequently omitted from Welsh Government and NHS policy.^{ix} There is a clear need to plan for the future to better manage the rapidly increasing numbers of heart valve disease patients. As such, there needs to be a review of the entire current pathway.

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

To support the identification and implementation of a best practice pathway, the committee should seek to hear evidence from healthcare professional bodies, clinical experts across all relevant disciplines, patient advocacy groups, and patients, their families and carers.^x Heart Valve Voice would be delighted to share with the committee our Gold Standard of Care report.

Adfer yn dilyn COVID

COVID recovery

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

The committee could collate evidence on those health conditions that have experienced a significant backlog of care that have perhaps been overlooked during the pandemic owing to the understandable primary focus on cancer.

How the Committee might address the issue?

The committee could call for evidence on the backlog in diagnosis, treatment and care, as well as information regarding the numbers of patients who have failed to present to primary care owing to a fear of COVID or not wanting to burden their GP. This call for evidence should be broad to ascertain a true picture of the backlog across a number of healthcare conditions.

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

The committee should seek to hear evidence from healthcare professional bodies, clinical experts across all relevant disciplines, patient advocacy groups, and patients, their families and carers.

ⁱ Heart Valve Voice (2021), *State of the Nation: Heart Valve Disease in Wales*, Pg.19, available at https://heartvalvevoice.com/application/files/8915/8436/2942/State_of_a_Nation_Heart_Valve_Disease_in_Wales.pdf

ⁱⁱ Office for National Statistics (2017), 'National population projections: Summary results'. Available: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/compendium/nationalpopulationprojections/2016basedprojections/summaryresults#appendix-b-wales-charts>

ⁱⁱⁱ Office for National Statistics (2017), 'National population projections: Summary results'. Available: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/compendium/nationalpopulationprojections/2016basedprojections/summaryresults#appendix-b-wales-charts>

^{iv} Kennedy A. et al (2016), 'Large-scale community echocardiographic screening reveals a major burden of undiagnosed valvular

heart disease in older people: The OxVALVE population cohort study', *European Heart Journal*, vol 37, pp. 3515-3522a

^v Heart Valve Voice (2021), *State of the Nation: Heart Valve Disease in Wales*, Pg.13, available at https://heartvalvevoice.com/application/files/8915/8436/2942/State_of_a_Nation_Heart_Valve_Disease_in_Wales.pdf

^{vi} Heart Valve Voice (2019), 'Towards a heart healthy future: a gold standard in the diagnosis, treatment and management of heart valve disease in adults'

^{vii} Freedom of Information request survey (2019), conducted by Four Communications.

^{viii} Freedom of Information request survey (2019), conducted by Four Communications.

^{ix} Heart Valve Voice (2020), *State of the Nation - Heart Valve Disease in Wales*

^x Heart Valve Voice (2021), *State of the Nation: Heart Valve Disease in Wales*, Pg.5, available at https://heartvalvevoice.com/application/files/8915/8436/2942/State_of_a_Nation_Heart_Valve_Disease_in_Wales.pdf