South Wales & South West Congenital Heart Disease Network 2024/25 – Programme on a Page

South Wales and South West Congenital Heart Disease Network

Mission Statement

"To bring together clinicians, managers, commissioners and patient/family representatives to support the provision of high quality care for CHD patients across South Wales and the South West, in line with the requirements of the NHS England standards."

Aims/objectives

1. To facilitate transformation of CHD activity across the Network
2. To improve the quality of care and the delivery of CHD standards across the Network
3. To support equitable, timely access for patients to minimise delays and improve pathways
4. To deliver a wide ranging and accessible education and training programme to all healthcare professionals involved in the care of CHD patients
5. To disseminate information and communicate with all network stakeholders via a range of channels and network events

Population Health, Health Inequalities, Health Promotion/Prevention

- Scope areas of focus for health inequalities, ensuring all Network project workstreams consider, identify and aim to address health inequality outcomes. Identify areas of best practice in CHD networks nationally, for example, in relation to cost of living support for patients and families travelling for surgery.
- Work to ensure equitable support for patients with additional needs / learning disabilities during their hospital appointments or admission

Transformation, Quality Improvement, Unwarranted Variation

- Scoping work in the value of any Network led work in relation to the impact on paediatric cardiac surgery of the Level 1 risk that PICU capacity in the South West will be sufficient to meet demand
- Support fetal services to increase ante-natal detection rates across the region in line with 2023 NCHDA audit recommendations
- Transition across the Network: Support level 1 centre with model of care and delivery for transition clinics in the level 3 centres (South West). Standardise approach to transition across network, using digital processes or "Ready/Steady/Go" where possible. Support L1 centres (adult and paediatric) in delivery of clinics. Share best practice e.g. from L2 centre & develop guidelines. Increase awareness and standardise practice across the Network via the delivery of Transition Study Days
- Support seamless transfer of patients between L1, 2 and 3 centres and between adult and paediatric services with a focus on:
  - Bristol to Cardiff flow after surgery workstream
  - communication/information flow from L1 to L2 and L3 centres
  - transfer of care and lost to follow-up (LTFU)
  - effective delivery of JCCs within the Network

Outcomes / measurement

- Core Network team development to support outcome-based approach to identification of and delivery of network workstream priorities
- Establish data review group to analyse trends and support measurement of workstream impacts and access regional NHSE BI systems support with this
- Monitor progress against national service spec standards % 2016 NHSE CHD standards fulfilled in L3 centres across Network compared to first assessment
- % centres with dedicated transition clinics
- % centres able to share imaging data in 2023 compared to 2022
- New auditable pathway to protect against lost to follow-up

Patient, Family & Carer Experience

- Involvement of patients and carers / patient representatives in Network projects to ensure best results and sustainability. For example, a young persons' focus group is planned to feedback on the transition clinics that have been run as part of the transition pilot project

Sustainability / Model of Care

- Support Welsh providers in delivery of the action plans from the self-assessment reviews

Service Delivery, Mutual Aid, Escalation, Emergency Planning Resilience and Response

- Undertake self-assessment visits in the South West England L3 centres against the NHSE CHD service spec standards to identify areas for network action and improvement work
- Engage with network providers and CHD networks nationally on targeting areas of support for recovery & restoration including potential mutual aid

Guidelines, policies and pathways

- Develop paediatric and adult related guidelines for use across the region where existing gaps have been identified

Workforce, Training and Education

- Continue to target, plan and deliver comprehensive training and education programmes for the Network
- Use Network providers' self assessment outputs to best support teams in addressing gaps across the workforce groups. Link into nationally led CHD workforce projects such as the CHD CRG programme of work

Digital

- Continue to support providers in delivering and sustaining clinical image sharing across the patient pathway

Green

- Continue to support CHD providers and patients in ensuring access to local services. For example, Truro PEC delivery of satellite clinics to develop 'close to home' care using mobile kit

Further resources can be found at : Congenital Heart Disease Network (swswchd.co.uk)