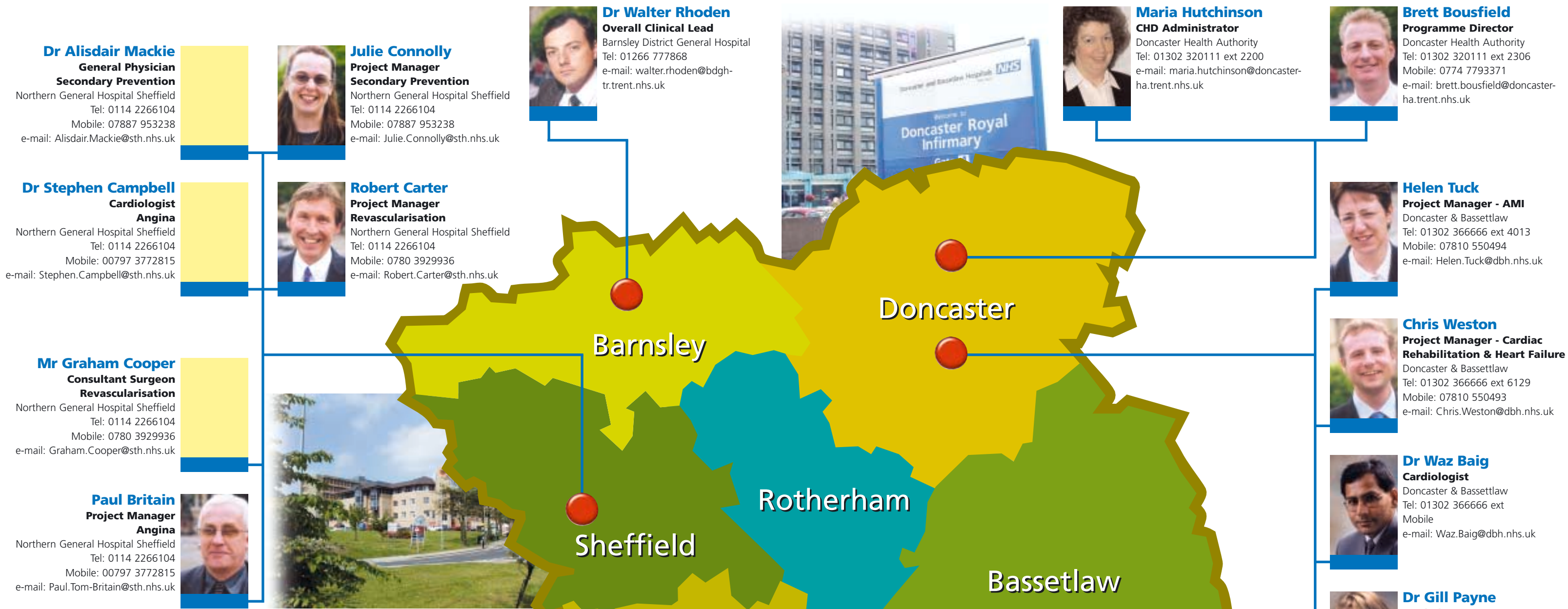


North Trent Coronary Heart Disease Collaborative



Project Participants

- North Sheffield PCT
- Northern General Hospital, Sheffield
- Doncaster Central PCT
- Doncaster Royal Infirmary
- Doncaster Health Authority
- Trent Regional Office
- Sheffield Health Authority
- Rotherham Health Community
- Barnsley Health Community
- North Derbyshire Health Community

Population Figures for the North Trent Region

Barnsley	228,158
North Derbyshire	371,216
Doncaster	289,897
Part of North Nottinghamshire	125,400
Rotherham	253,706
Sheffield	530,649
Total for the North Trent Area	1,799,026

Acknowledgment

The work on this collaborative refers mainly to work undertaken within the health communities of Doncaster and Sheffield during 2001. Although there is not room to represent all participants, the work and changes have only been possible through the dedication, enthusiasm and support of partners in many different areas of North Trent.

Acute Myocardial Infarction

Carers accompanying patients
Carers accompanying patients into the A&E department or CCU were requested to wait in the visitor's room. This was until Thrombolysis was initiated and the patient was stable.

Carer: "I was asked to wait in the waiting room, I was there for a long time, I imagined all sort of things"

Patient: "My wife had got up in the night to get indigestion pills, she held my hand and reassured me, I got really upset when they asked her to wait outside"

At the patient's choice, carers can remain with the patient, throughout their treatment and care.

Angina

Waiting for tests
From the patient questionnaire's and discovery interviews one common theme comes through regularly. The concern is around communication, specifically around "what happens next".

"I have been sent home to await yet another test, but do not know when it will be, once again I am left in the dark."

Our aim is to provide same day follow-up tests, and where this is not possible pre-booking the test at the patients convenience.

Changes made by the Collaborative:
Exercise Stress Testing – Now done, & results given to patient on the day requested, or if the physician requests a later date, that date is negotiated & agreed with the patient before they leave the hospital.

Cardiac Rehabilitation

The Issues of waiting for cardiac rehabilitation
At the start of April 2001, the wait for Phase III cardiac rehabilitation was around 6 months. This has had an obvious negative impact on patients:-

'I know there is a waiting list for rehabilitation'

'Although they were very good at work, I was worrying about having all this time off work.'

Change made by the Collaborative
The wait for cardiac rehabilitation has now fallen to several weeks and soon patients should endure very little waiting. In addition, in the New Year community classes will be run for both Phase III and Phase IV rehab at a more convenient location for patients.

Heart Failure

Knowledge about the condition
Of particular concern for patients when interviewed was the lack of knowledge or information given about their heart condition:-

'I am not a medical person, but I need some information so that I can deal with it at home 24hrs a day.'

'When it [HF symptoms] initially started, I said I really need to know what exactly is wrong'

'I need to know where I am going, it is the only way I can deal with it'

Change made by the Collaborative
There is now a dedicated heart failure nurse specialist, seeing both patients and carers in a nurse-led clinic. In the clinic, the nurse initiates and reviews treatment and offers support and advice to the patient and their carer. The clinic also offers patients and carers a chance to talk about their condition and their concerns in a less hurried or intimidating setting. This helps to ensure knowledge is freely gathered by the patient.

Revascularisation

Feeling of isolation
A feeling of isolation and the lack of a specific person to contact for advice and support was a theme running through a number of responses received.

'....I felt a little isolated on the waiting list. My wife is a nurse so I was able to seek help and advice from her. Many of my concerns were too simple to trouble the doctor with.....'

Change made by the Collaborative
Jeanette Douglass appointed as Cardiac Care Coordinator, she hopes to reduce both anxiety and isolation through personal contact throughout the wait. Additionally, Jeanette will be able to help patients to arrive 'fit for surgery'. Those patients for whom a change in lifestyle will reduce the risk of problems during or after surgery will be encouraged to link with a variety of services and support networks within the hospital and the community. The emphasis will be to ensure that the patients are as healthy as possible in mind and body when are they admitted to Northern General site for surgery.

Secondary Prevention

Communication
Issues were raised by both patients and their carers around failure in communication in particular across the Primary/Secondary care interface.

'I went to my GP a week later to get a repeat prescription and he didn't know what sort of tablets I was on...I think the actual information was in the letter but for some reason it hadn't actually got from his secretaries desk onto his computer...and I'm still on all my old tablets that are obviously completely different to the ones that I came home on'

Change made by the Collaborative
Improving communication across the Primary / Secondary care interface is being addressed by several initiatives such as work on a computerised discharge summary, shared risk assessment documentation pre-surgery, and the compilation of a city-wide directory of Primary Care CHD lead GPs and Practice Nurses to facilitate referral to named health professionals.