



# Heart health care essentials

## What's this fact sheet for?

A lot of people are hesitant about having their say on heart health care issues because they feel like they might not say the 'right' thing, or aren't sure what areas to address. This factsheet sets out the five key themes that we and other charities feel are important for improving care. You should always feel comfortable asking about these issues and making your opinions heard.

The five areas are:

- Prevention
- Coordinated care
- Patient-centred care
- Supported self-management
- Emotional, psychological and practical support.

## Prevention

They say prevention is better than cure and it's certainly true that heart health care should focus on preventing risk factors that increase the likelihood of developing heart disease.

This is especially important in our ageing population. Even now, nearly 2.7 million people are living with coronary heart disease, costing the UK £1.8 billion a year on direct health care costs<sup>1</sup>. But in many cases, it can be prevented. Excellent heart health care should raise awareness of the risk factors and encourage people to take action.

There are two types of prevention:

### Primary prevention

The aim of this is to prevent the development of coronary heart disease. It includes treating high blood pressure, high cholesterol, diabetes and other treatable risk factors that can lead to coronary heart disease, as well as identifying people who could develop risk factors.

For example, if you are aged 40 or over in the UK, you can have a health check that measures blood pressure and cholesterol, and assesses your risk of developing heart disease over the next ten years (although this will soon change to lifetime risk). It should also include support and advice on how to manage that risk if it's high and how to prevent it getting high if it's low at the time of the check.

Wherever necessary, advice following a health check should cover management of preventable risk factors, which include obesity, smoking, excess alcohol intake, elevated blood pressure, cholesterol, diabetes and physical inactivity. Medication may also be given to help reduce your risk of developing heart disease.



## Secondary prevention

This involves the treatment of coronary heart disease and its symptoms, and slowing its progression.

When people become ill, it's important to treat their condition quickly and slow down the progression of the disease as much as possible. This can improve quality of life and reduce hospital admissions.

For example, services such as **cardiac rehabilitation** can be a big help to patients who have had a heart attack or cardiac surgery – providing them with information, support and advice to reduce the risk of another heart event. Excellent heart health care should involve support for patients in the community following treatment, information on how to access the care and services they require, and personalised assessment to prevent further illness and ensure they get back to their daily life.



## Coordinated care

Health care services need to work together. Different services from different providers should be 'joined up' so heart patients feel the care they receive is consistently organised around their needs. This can lead to better outcomes for patients<sup>2</sup> and provide more cost-effective treatment by reducing hospital re-admissions<sup>3</sup>. Heart patients should always receive a written care plan and access to a care coordinator to help them navigate through the different health care providers and get the right support in the community.

We know that heart patients often have to see a range of different health care professionals and, in many cases, the communication between them isn't as good as it should be. Effective communication is especially important for heart patients who have more than one condition, or older patients who often have more complex care needs. All health and social services need to work together to provide integrated care that puts patients first.

Heart patients should have:

- Greater continuity in their care following discharge from hospital
- Better community care and support.

Some heart patients say they would find it really helpful to have regular consultations (six-monthly or yearly) with health care professionals to discuss their current situation<sup>4</sup>. Community or home-based **cardiac rehabilitation** programmes and specialist cardiac nurses in the community, such as our **BHF cardiac nurses**, can help provide coordinated care for heart patients. Specialist nurses also have a vital role as care coordinators for the delivery of integrated care.

### Patient-centred care

If the NHS is truly about putting patients at the heart of services, it's important that patients and their carers are involved in decisions about their care and their local services. The principle should be 'no decision about me, without me'<sup>5</sup>.

Heart patients should always be able to make informed decisions about their care, and become involved in the management of their condition if they wish. But the first step in this process is having enough information and support to understand the condition, its treatment options and their risks and benefits. Excellent heart health care should always involve clear information and support.

Heart patients who are more involved in decisions about their care are more likely to stick to their care plan and have better results<sup>6</sup>. All the evidence suggests patients think this is really important – a survey indicated that being involved in decisions is the most important factor for them<sup>7</sup>.

Patients should also be involved in shaping services in their local area. It's a chance to tell the decision-makers what services are really needed and how existing services can be improved. To find out how you can be involved in shaping your local health services, [click here](#).



### Supported self-management

Heart patients should be provided with information and support to manage their own condition. Many patients benefit from the **Expert Patients Programme** (EPP), which is a self-management programme for people living with a chronic (long-term) condition.

Supported self-management means people can reduce their reliance on health care services. As long as the right support is available, it can help patients become more independent and motivated to cope.

Cardiac rehabilitation plays an important role, providing support and practical advice for heart patients to get back on their feet. It can also reduce the risk of patients having another heart event, as well as improving confidence, mental health and wellbeing<sup>8</sup>.

As part of a wider care team, specialist nurses in the community can play a key role. BHF cardiac nurses helped reduce hospital admissions by 35%<sup>9</sup> in 2005/06. Patients also thought they were essential in enabling them to manage their condition.

"The time the nurse was able to spend in a full explanation of my heart condition was longer and more complete than I have ever experienced over years of treatment by doctors and surgeons and left me feeling more reassured and in control of my future life than ever before."

*Patient feedback, independent evaluation*

### Emotional, psychological and practical support

Heart patients should always have their psychological, emotional and practical needs taken into account. Having a heart condition can place some people under real psychological and emotional strain, as well as causing physical limitations in daily life. In some cases, people who have had a heart attack or those with heart failure may experience depression and anxiety, which in turn affects their physical condition.

Daily life can also be a struggle, with some people needing practical support and financial help to meet their social care needs. For example, it's important that people have access to the right information about their benefit entitlements, as this may help those with heart conditions live independently, improve their quality of life and self-manage their condition.

Excellent heart health care should always involve providing patients with access to specialist mental health services, if assessed to be necessary, as well as information about heart support groups, financial assistance and employment services. **Heart support groups** can provide a great chance to share experiences with others and get mutual support.

### Useful links

#### Cardiac rehabilitation

<http://www.bhf.org.uk/heart-health/recovery/cardiac-rehabilitation.aspx>

#### BHF cardiac nurses

<http://www.bhf.org.uk/heart-health/treatment/healthcare-professionals/heart-failure-nurses.aspx>

#### Heart Watch

<http://www.bhf.org.uk/get-involved/campaigning/heart-watch-hub.aspx>

#### Heart Voices

<http://www.bhf.org.uk/heart-health/how-we-help/training/hearty-voices.aspx>

#### Expert patients programme

<http://www.expertpatients.co.uk>

#### Heart Support Groups

<http://www.bhf.org.uk/heart-health/how-we-help/support/heart-support-groups.aspx>



**Find out more information  
at [bhf.org.uk/heartvoices](http://www.bhf.org.uk/heartvoices)**

<sup>1</sup> BHF (2012) Coronary Heart Disease Statistics 2012

<sup>2</sup> Ham C, Smith J, (2010) Removing the policy barriers to integrated care in England. London: The Nuffield Trust. Available at: <http://www.nuffieldtrust.org.uk/publications/removing-policy-barriers-integrated-care-england>

<sup>3</sup> BHF (2008) The development and impact of the British Heart Foundation and Big Lottery Fund heart failure specialist nurse services in England.

<sup>4</sup> Cardio & Vascular coalition (2008) Cardiovascular Disease in England: Opportunities and Challenges Over the Next Ten Years

<sup>5</sup> Department of Health (2012) Liberating the NHS No decision about me, without me

<sup>6</sup> Aanand D. Naik, Michael A. Kallen, Annette Walder, and Richard L. Street, Jr (2008) Improving Hypertension Control in Diabetes Mellitus: The Effects of Collaborative and Proactive Health Communication. *Circulation* 117:1361-1368 doi:10.1161/CIRCULATIONAHA.107.724005

<sup>7</sup> Department of Health (2003). Choice, Responsiveness and Equity National Consultation: Public Survey. London: Department of Health

<sup>8</sup> Kulcu DG, Kurtais Y, Tur BS, Gülec S, Seckin B (2007). The effect of cardiac rehabilitation on quality of life, anxiety and depression in patients with congestive heart failure. A randomized controlled trial, short-term results. *Eura Medicophys*. 2007 Dec;43(4):489-97.

<sup>9</sup> Pattenden J et al (2008) The development and impact of the British Heart Foundation and Big Lottery Fund Heart Failure Specialist Nurse Services in England: Final Report