

NORTHERN AREA HEALTH BOARD

Report No: 50/2002

CARDIOVASCULAR HEALTH STRATEGY

1 Introduction

- 1.1 Ireland has the highest rate of heart disease in the EU. Cardiovascular disease accounts for one quarter of all deaths in the Eastern Region. When compared with Ireland as a whole the Eastern Region has significantly lower mortality for ischaemic heart disease, but lags behind the European average.
- 1.2 The Cardiovascular Health Strategy (Building Healthier Hearts) launched in November 1999, sets out a strategic plan – over 5 years - to reduce heart disease mortality and morbidity experienced by our population. The strategy contains 211 recommendations.
- 1.3 A Steering Group involving our Board was established in the Eastern Region to oversee the implementation of the recommendations.
- 1.4 A costed implementation of the Action Plan has recently been finalised by the Steering Group and will be presented to the Board of the Eastern Regional Health Authority in early 2003.
- 1.5 Cardiovascular health services are provided in our Board through the following programmes:
- (i) Health Promotion
 - (ii) Primary Care
 - (iii) Acute Hospitals
 - (iv) Cardiac Rehabilitation
 - (v) Pre Hospital
- 1.6 There has been a total of €2.8m in direct funding to our Board since the programme began. This has been allocated as follows:

	<i>Health Promotion</i>	<i>Primary Care</i>	<i>JCM Hospital</i>	<i>Total €</i>
2000	282,720	46,472	156,050	485,241
2001	303,415	199,984	256,551	759,950
2002	652,000	563,239	406,061	1,621,300
TOTAL				2,866,491

2 Health Promotion

- 2.1 Health Promotion has evolved from a focus on individual behaviour change to a broader view, encompassing social, economic and other health determinants.
- 2.2 The three most modifiable risk factors for heart disease are smoking, raised blood pressure and raised cholesterol.
- 2.3 Our Board's Health Promotion programme facilitates behaviour change through healthy public policy, community action, developing personal skills and making healthier choices easier.
- 2.4 Since 2000 new Health Promotion posts were sanctioned under the Cardiovascular Health Strategy for nutrition, tobacco control, physical activity and workplace health promotion. Funding has gone towards the development of Health Promotion community teams, specifically in the areas of smoking cessation / prevention and in community nutrition.
- 2.5 Health Promotion staff will play a major role in supporting the secondary prevention programme in General Practice (Section 3.7 and 3.8).

3 Primary Care

- 3.1 Primary Care plays a pivotal role in the Building Healthier Hearts document. The development of secondary prevention for patients with cardiovascular disease has been identified as a priority nationally and proposals were developed throughout 2001.
- 3.2 Building Healthier Hearts recommends that secondary prevention for most patients with established coronary heart disease should take place in the general practice setting. GPs are in the best position to provide consistent, long-term structured follow up care for those patients with established disease or with risk factors associated with this disease.
- 3.3 General practitioners and their practice nurses are perceived as having a role in supporting lifestyle changes such as smoking cessation, both in short intervention strategies and in liaison with other community services.
- 3.4 The secondary prevention programme commenced on 1st October 2002. Since that time a GP coordinator has been appointed and a full-time cardiovascular nurse is currently being recruited. The cardiovascular nurse will be responsible for facilitating the introduction of the first phase of the programme.
- 3.5 Following a joint advertisement campaign and selection process involving our Board, Irish College of General Practitioners and the Irish Medical

Organisation contracts are currently being offered to 49 GPs. It is anticipated that this process will be finalised by year-end 2002.

- 3.6 Using nationally agreed protocols for selection the GP will invite patients (both GMS and non-GMS) to participate in the programme for an initial period of one year.
- 3.7 In recent months our Board has developed a dietetic service to provide individual nutrition clinics in the primary care setting. Our Board will provide tobacco cessation clinics to support the programme. Where appropriate access to physical activities support services will be available.
- 3.8 Our Board's Health Promotion Services will also provide training for practice staff in the areas of smoking cessation facilitation, healthy eating and stress management.
- 3.9 As part of our Board's commitment to a partnership approach in the development of GP services, those practices that participate in this first phase of the secondary prevention programme, will be provided with a 24-hour ambulatory blood pressure monitor (ABPM) and accompanying software.
- 3.10 The use of validated ABPMs is becoming an indispensable technique that dramatically improves the efficiency and effectiveness in managing and treating patients.
- 3.11 All patients attending practices participating in the first phase of secondary prevention programme can benefit from this additional service.

4 Acute Hospital and Cardiac Rehab at James Connolly Memorial Hospital

- 4.1 Since the roll out of Building Healthier Hearts funding has been provided at JCM Hospital for the expansion of existing cardiovascular services and the purchase of associated equipment.
- 4.2 Additional posts were sanctioned under the Cardiovascular Health Strategy for a cardiac services coordinator, cardiac technicians, health promotion nurses, stress management counsellor, physiotherapist, dietician, pharmacist and nursing support.
- 4.3 Funding has been approved to include a Chest Pain Assessment Unit (CPAU) in the soon to be opened new Accident and Emergency Department. Here staff will participate as team members, linking care provision from the Departments of Emergency Medicine and of Cardiology. This team will increase the "nurse led" role of patient care.
- 4.4 The advantage of a CPAU will be to allow for expeditious assessment of a patient using evidence based care pathways, which decrease result variability, optimise resource utilisation by saving bed days, and minimise the clinical risk

of inappropriate discharge. The CPAU will provide a stable environment for audit and research.

- 4.5 All cardiac patients at JCM now have access to cardiac rehabilitation. Patients are offered advice, information and support during their stay and following discharge. Efforts are made to empower patients and their families with the knowledge and skills to set their own recovery targets and to be part of monitoring personal progress.
- 4.6 The two cardiologists working at JCM have joint appointments with the Mater Misericordiae Hospital. This arrangement facilitates the provision of patient services not currently available at JCM in a seamless and integrated manner e.g. access to Cath Lab.
- 4.7 Since the Strategy began considerable investment has also taken place in both the Mater and Beaumont Hospitals, as outlined in Appendix 1 of this document (to be circulated at the Board Meeting).

5 Pre Hospital

- 5.1 The East Coast Area Health Board manages the ambulance service in the Eastern Region.
- 5.2 As part of the Cardiovascular Health Strategy the Eastern Region Ambulance Service have introduced the following into its service:
 - (ii) Aspirin administration to patients with chest pain.
 - (iii) Automated External Defibrillators on emergency ambulances (AEDs)
 - (iii) 12 lead ECG with telemetry, which allows for 12 lead ECG to be transmitted to Accident and Emergency prior to the patients arrival.

6 Information Systems, Audit and Research

- 6.1 Policy makers, practitioners and the public need accurate reliable data on the extent of cardiac disease in order to address the challenge of the increased population burden of the disease and to implement appropriate preventive and treatment strategies.
- 6.2 An audit of cardiology services in the Eastern Region was carried out in 2001 and an audit of “door to needle time” has recently been completed, results will be published shortly.
- 6.3 The “Draft” Eastern Region Action Plan outlines recommendations for monitoring and evaluating recent developments and extensions of the Cardiovascular sectors.

- 6.4 A strong support for audit and research is an integral part of the Building Healthier Hearts Strategy.

7 Mid Term review (1999 – 2002)

- 7.1 Action 13 of the Health Strategy – Quality and Fairness stated: *The Health Heart Task Force will monitor and evaluate the implementation of the prioritised cardiovascular health action plan.*
- 7.2 Our Board recently completed (November 2002) an extensive sector wide midterm review of the CVHS in this area. This process was carried out as part of a national review coordinated by the Department of Health and Children. This report is expected to be available in January 2003.

M. Windle
Chief Executive

19th December, 2002.

Cardiovascular Health Strategy

APPENDIX 1

1. Since the launch of the Cardiovascular Health Strategy (Nov 1999) **€1.66m** in funding has been allocated by the Eastern Regional Health Authority to the Mater Misericordiae University Hospital and Beaumont Hospital. The foremost developments and service expansions, which have been funded as outlined below.
2. In the case of the Mater Hospital these monies have been spent as follows:
 - 2.1 To enhance Chest Pain Assessment Services through increased staff and purchase of equipment.
 - 2.2 Additional staff e.g. cardiac coordinators, cardiac rehabilitation nurses have been recruited by the Cardiac Rehabilitation services.
 - 2.3 CPR training has been funded for appropriate staff.
 - 2.4 Additional cardiac technicians have been recruited to strengthen the service delivered from the Cath Lab.
3. In Beaumont Hospital funding has been allocated to the following developments:
 - 3.1 Extra staff have been recruited for Chest Pain Assessment services
 - 3.2 The Cardiac Rehabilitation section has received monies for new equipment and additional staff.
 - 3.3 CPR training has been funded for appropriate staff
 - 3.4 A Specialist nurse has been recruited for the diabetes shared care programme.
4. The Mater and Beaumont were allocated funding in 2002 for the appointment of an additional cardiologist in each hospital. Both posts are subject to approval from Comhairle na hOspeiteal.