

## Chapter 4

# Circulatory Disease

(CHD, Stroke and related diseases)

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## 4 Circulatory disease

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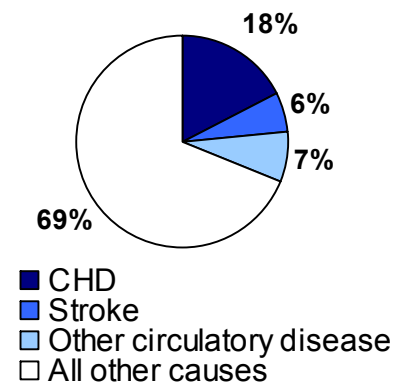
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- 

## 4 Circulatory disease (CHD, stroke and related diseases)

### Introduction

Circulatory disease accounts for 40% of all deaths in Gateshead and 31% of deaths under the age of 75 (Fig 1). Annually, this equates to 800 and 250 deaths respectively. The term circulatory disease encompasses a number of different conditions, the most important of which are coronary heart disease (CHD) and stroke. Because these diseases are major killers, much effort is directed towards improvements in standards of care and management. The prescribing of statins and the establishment of rapid access chest pain clinics are examples of significant developments in care within the past ten years. Statins inhibit the production of cholesterol and thus reduce the risk of CHD. Rapid access chest pain clinics are designed to ensure that people who develop new symptoms that their GP thinks might be due to angina can be assessed by a specialist within two weeks of referral.

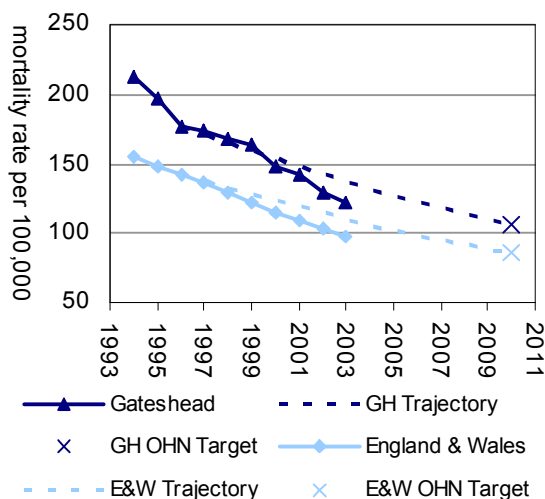
Fig 1: Deaths under 75 years by major cause in Gateshead 2004



In its 1998 report “Saving Lives: Our Healthier Nation” (OHN), the Government set a target to achieve a 40% reduction in ‘premature’ mortality (deaths under the age

of 75) due to circulatory disease between 1996 and 2010. By 2003, the mortality rate in Gateshead had fallen by 31% and is on course to exceed the 2010 target (Fig 2).

Fig 2: Mortality due to circulatory disease, people under 75



Improvements in two areas will contribute to reductions in mortality. There is a continuing emphasis on improving the care of those diagnosed with circulatory disease. Standards of care are set out in the National Service Framework for Coronary Heart Disease<sup>1</sup>. However, considerable effort is also expended in primary care on prevention and health improvement initiatives. The burden of circulatory disease is not distributed equally in

society. For example the death rate among men in manual occupations is 40% higher than among non-manual workers<sup>2</sup>. By targeting prevention and health

<sup>1</sup> “National Service Framework for Coronary Heart Disease”, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk)

<sup>2</sup> “National Service Framework for Coronary Heart Disease”, p7, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk)

improvement initiatives towards those areas where health need is greatest, it is hoped to reduce these health inequalities. To reflect this, there are several measures of inequality highlighted throughout this Chapter. Mortality rates due to circulatory disease have fallen in Gateshead, but national rates have been falling at a similar pace. As a result the health inequalities gap has remained static. The Gateshead mortality rate due to all circulatory disease was 24% higher than the national rate in 1996 and remains 25% higher in 2003. In addition to measuring health inequalities between Gateshead and England as a whole, the inclusion of mortality rates due to circulatory disease by Gateshead ward (section 4.3) allows variations in health need within Gateshead to be assessed.

This year the scope of the material in this Chapter has been expanded beyond mortality rates, to look at morbidity indicators such as emergency hospital admission rates, the prevalence of circulatory disease in primary care and healthcare process indicators such as waiting times for revascularisation. Many of these indicators are specified within the National Service Framework for CHD<sup>1</sup> and are now monitored quarterly at regional level. In this way, variations in levels of service between healthcare providers can be identified and addressed quickly. Also, at the end of the Chapter there are three articles reflecting recent developments in prevention and care. These highlight the work of the Rapid Access Chest Pain Clinic within Gateshead Health NHS Foundation Trust, the specialist CHD Nursing services available within Gateshead and the GOAL exercise on referral scheme.

The main aim for this Chapter is to provide an overview of health outcomes and standards of care in Gateshead in the area of circulatory disease and to provide comparative figures for the North East region and England as a benchmark. The content is evolving and so the interested reader is encouraged to respond to Gateshead PCT via the reply form in the Compendium Introduction if there are useful indicators and statistics which have been overlooked.

For further information contact:

Public Health Analyst, Gateshead PCT, Team View, 5<sup>th</sup> Avenue Business Park,  
Gateshead, NE11 0NB Tel: 0191 491 5713

## **Acknowledgements**

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National Centre for Health Outcomes Development, London School of Hygiene and Tropical Medicine  
Newcastle upon Tyne Hospitals NHS Trust, Cardiothoracic Services Department  
North East Public Health Observatory  
Office for National Statistics

Thanks must also go to the following teams for providing the articles which outline their work:

Cardiac Rehabilitation Specialist Nursing Team, Gateshead Health NHS Foundation Trust  
Health Promotion, Gateshead Primary Care Trust (GOAL Physical Exercise on Referral scheme)  
Heart Failure Specialist Nursing Team, Gateshead Health NHS Foundation Trust  
Long Term Conditions Facilitator – CHD Lead, Gateshead Primary Care Trust  
Rapid Access Chest Pain Clinic, Gateshead Health NHS Foundation Trust

## 4.1 Mortality due to all circulatory disease, directly age-standardised mortality rates, people under 75 years

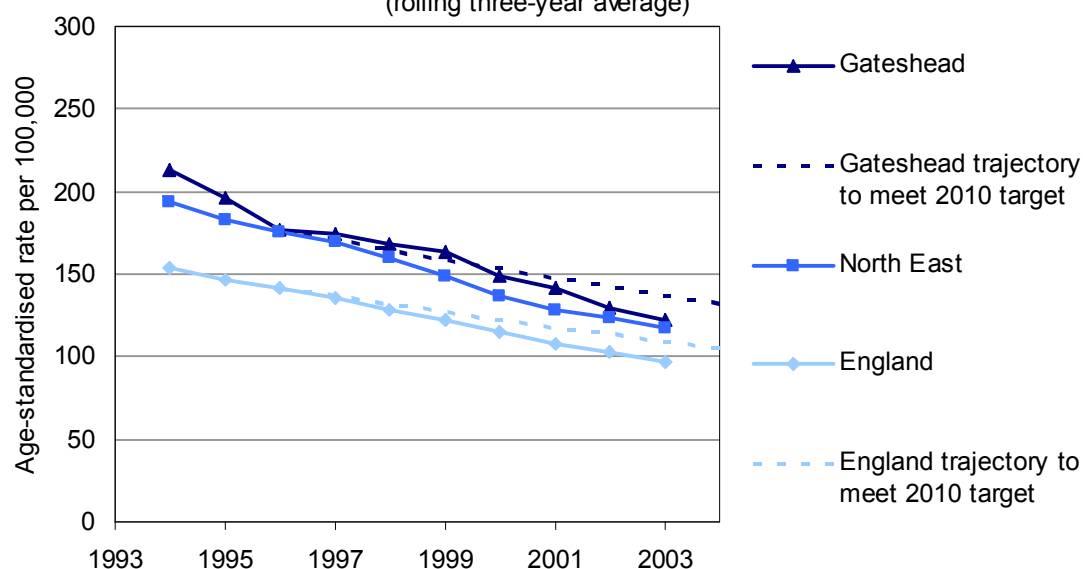
***Our Healthier Nation target: To reduce deaths from coronary heart disease and stroke and related diseases among persons under 75 years of age by at least 40% by the year 2010***

Directly age-standardised mortality rate due to all circulatory disease (ICD9 390-459 adjusted, ICD10 I00-I99) per 100,000 population.

		Baseline Rate 1995-97		Rate 2002-04 (Pooled)				% Reduc- tion	Target 2010 Rate
		No. of deaths	Rate	No. of deaths	Rate	Lower confidence interval	Upper confidence interval		
Gateshead	Males	769	235.1	529	166.1	151.8	180.3	29.4	141.1
	Females	485	124.8	299	80.9	71.6	90.2	35.2	74.9
	Persons	1254	177.1	828	122.0	113.5	130.4	31.1	106.3
NE	Males	9798	239.9	6676	162.0	158.1	165.9	32.5	143.9
	Females	5729	118.1	3528	75.2	72.6	77.7	36.4	70.9
	Persons	15527	175.8	10204	116.9	114.6	119.2	33.5	105.5
England	Males	145581	198.3	103426	135.4	134.5	136.2	31.8	119.0
	Females	77082	89.6	51479	60.6	60.1	61.2	32.3	53.7
	Persons	222663	141.3	154905	96.7	96.2	97.2	31.6	84.8

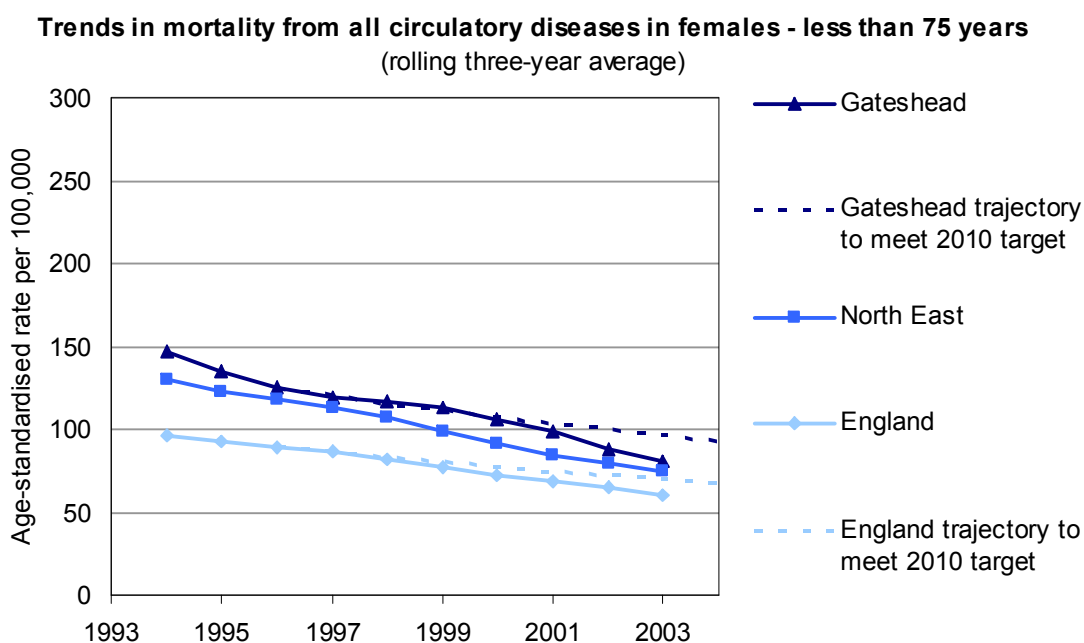
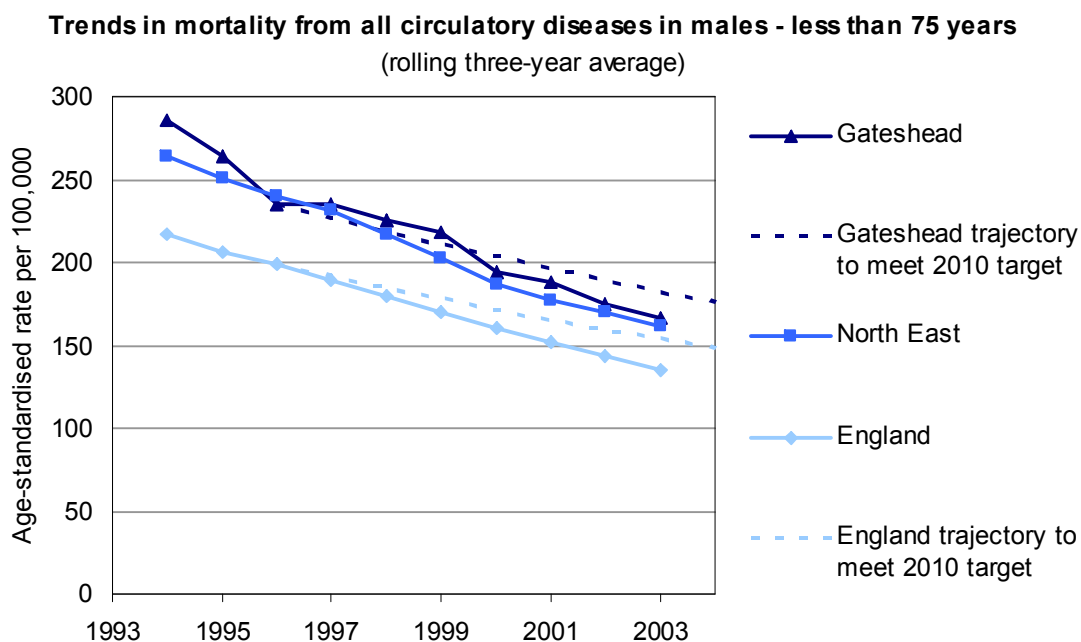
Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

**Trends in mortality from all circulatory diseases in people - less than 75 years**  
(rolling three-year average)



***Inequalities indicator – in 1996 the Gateshead mortality rate was 25% higher than the rate for England. In 2003 it was 26% higher. The mortality rate in Gateshead is falling but health inequalities between Gateshead and England are not being reduced***

#### 4.1 Mortality due to all circulatory disease, directly age-standardised mortality rates, people under 75 years (cont.)



#### Local neighbours at a glance

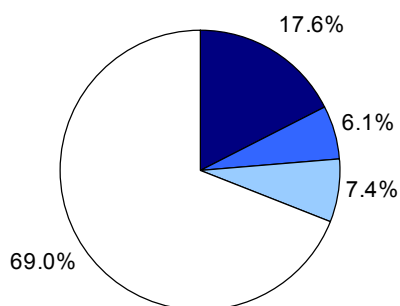
Directly standardised mortality rate per 100,000 population among people ages under 75 due to all circulatory disease, 2002-2004

PCT	Rate
Newcastle	122.2
<b>Gateshead</b>	<b>122.0</b>
Sunderland	119.2
South Tyneside	119.2
North Tyneside	106.8
Northumberland	103.4

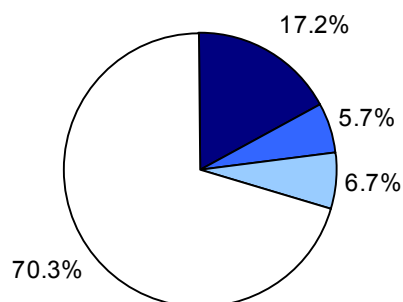
## 4.2 Proportion of all deaths attributable to circulatory disease

### Ages under 75 years

Gateshead 2004  
(number of deaths = 809)

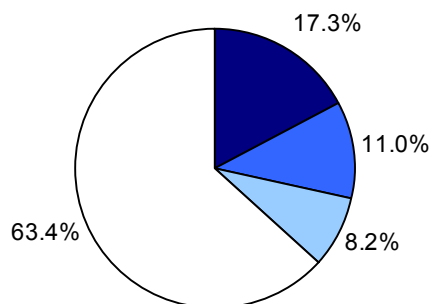


England 2004  
(number of deaths = 162,410)

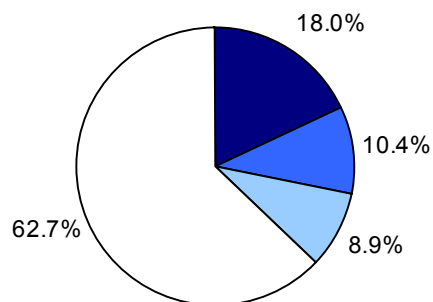


### All ages

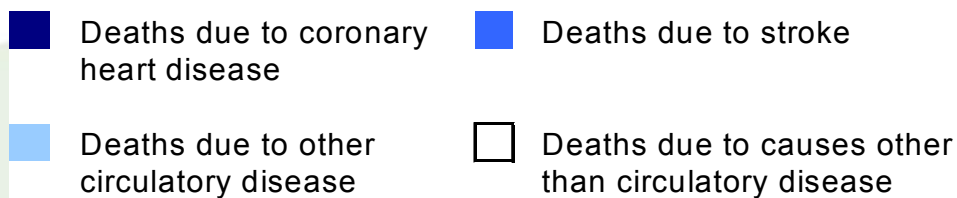
Gateshead 2004  
(number of deaths = 2,172)



England 2004  
(number of deaths = 477,648)



### Legend



Source: Office for National Statistics VS1

### 4.3 Mortality due to all circulatory disease by Gateshead electoral ward

Directly age-standardised mortality rate due to all circulatory disease (ICD10 I00-199) per 100,000 population, people of all ages, 2001-2003, three year pooled.

Ward	Rate	Observations	H/L
Felling	408	144	H
Bensham	396	117	H
Bede	378	108	H
High Fell	335	139	H
Deckham	327	105	H
Chowdene	315	155	
Dunston	295	127	
Whickham North	295	167	
Teams	293	120	
Winlaton	284	148	
Pelaw and Heworth	267	117	
Lamesley	266	110	
Crawcrook and Greenside	265	123	
Ryton	265	134	
Low Fell	259	144	
Blaydon	258	79	
Leam	255	105	
Saltwell	253	75	
Birtley	246	102	
Wrekendyke	236	102	L
Chopwell and Rowlands Gill	224	106	L
Whickham South	166	79	L
<b>Gateshead PCT</b>	<b>280</b>	<b>2,606</b>	
<b>North East</b>	<b>276</b>	<b>33,057</b>	
<b>ENGLAND</b>	<b>244</b>	<b>585,191</b>	

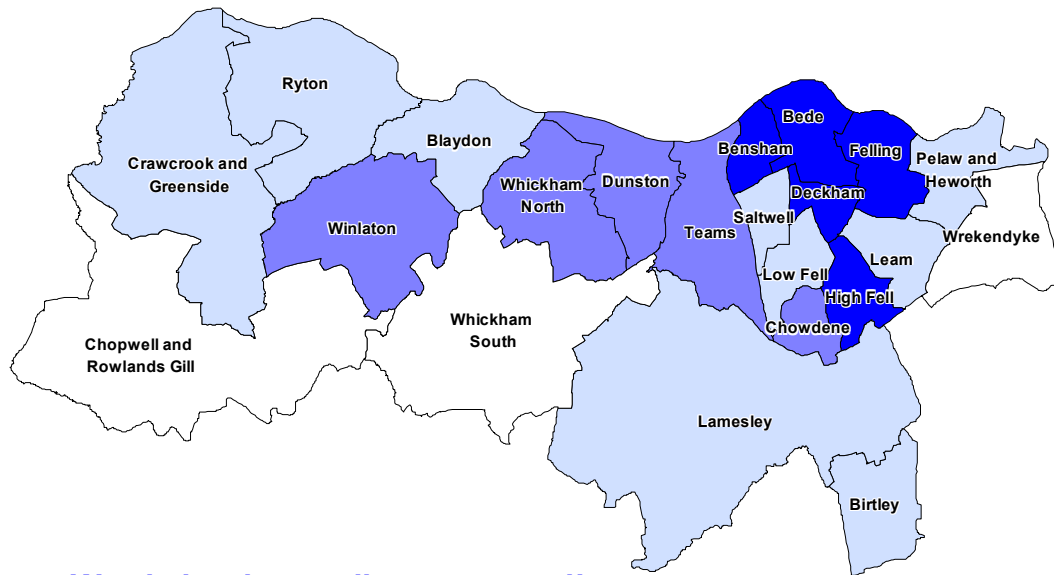
Source: North East Public Health Observatory at [www.nepho.org.uk](http://www.nepho.org.uk)

H/L – significantly higher or lower than the Gateshead rate at the 95% level of significance

### 4.3 Mortality due to all circulatory disease by Gateshead electoral ward (cont.)

Mortality due to circulatory disease among people of all ages, directly age-standardised ward rates, 2001-2003, three year pooled.

Wards are those in place **prior to June 2004**, when Gateshead ward boundaries were changed.



#### Ward circulatory disease mortality rate

- Significantly higher than Gateshead rate at 95% confidence
- Higher than Gateshead rate
- Lower than Gateshead rate
- Significantly lower than Gateshead rate at 95% confidence

#### ***Inequalities indicators, ward mortality rates, all circulatory disease, all ages***

##### **a) Interquartile range**

The interquartile range measures the spread between the upper and lower quartile values. It measures the spread of values, without being influenced by outlying high or low values. If health inequalities are being reduced, the interquartile range should fall over time.

***2001-2003 Lower quartile = 255***

***2001-2003 Upper quartile = 318***

***2001-2003 Interquartile range = 64***

***2000-2002 Interquartile range = 58***

##### **b) Average mortality rate among the five poorest performing wards**

***2001-2003 Average mortality rate = 369***

***2000-2002 Average mortality rate = 383***

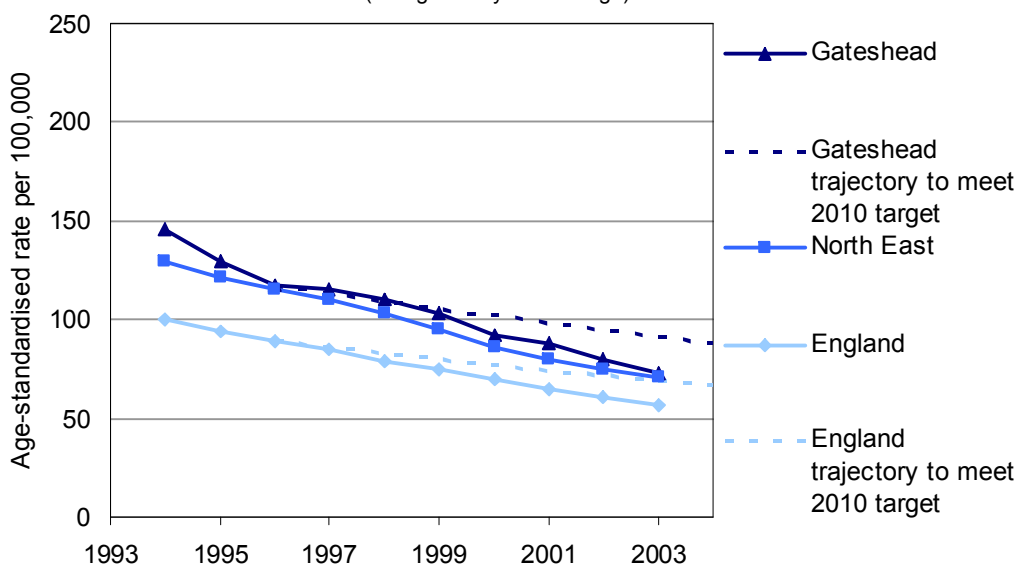
#### 4.4 Mortality from coronary heart disease, directly age-standardised mortality rates, people under 75 years

Directly age-standardised mortality rate due to coronary heart disease (ICD9 410-414 adjusted, ICD10 I20-I25) per 100,000 population.

		Baseline Rate 1995-97		Rate 2002-04 (Pooled)				% Reduc- tion	Target 2010 Rate
		No. of deaths	Rate	No. of deaths	Rate	Lower confidence interval	Upper		
Gateshead	Males	556	171.4	341	107.3	95.8	118.8	37	102.8
	Females	274	69.4	149	40.0	33.4	46.5	42	41.6
	Persons	830	117.9	490	72.4	65.9	78.9	39	70.7
North East	Males	6900	170.2	4348	105.8	102.7	109.0	38	102.1
	Females	3260	66.6	1805	38.0	36.2	39.8	43	40.0
	Persons	10160	115.8	6153	70.6	68.8	72.4	39	69.5
England	Males	98645	135.2	66073	86.8	86.1	87.4	36	81.1
	Females	41192	47.4	24613	28.7	28.3	29.1	40	28.5
	Persons	139837	89.2	90686	56.7	56.4	57.1	36	53.5

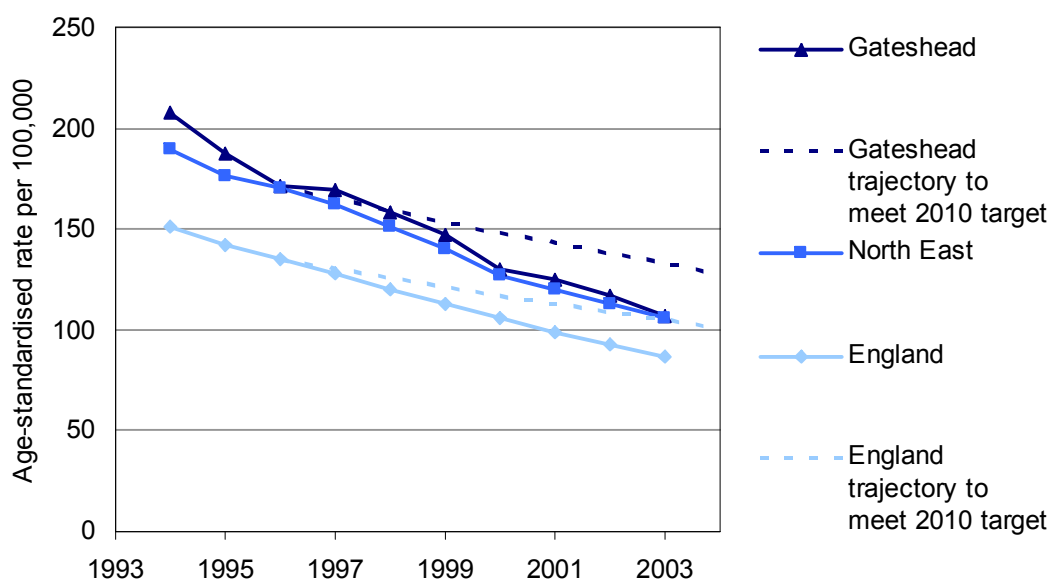
Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

Trends in mortality from coronary heart disease in people - less than 75 years  
(rolling three-year average)

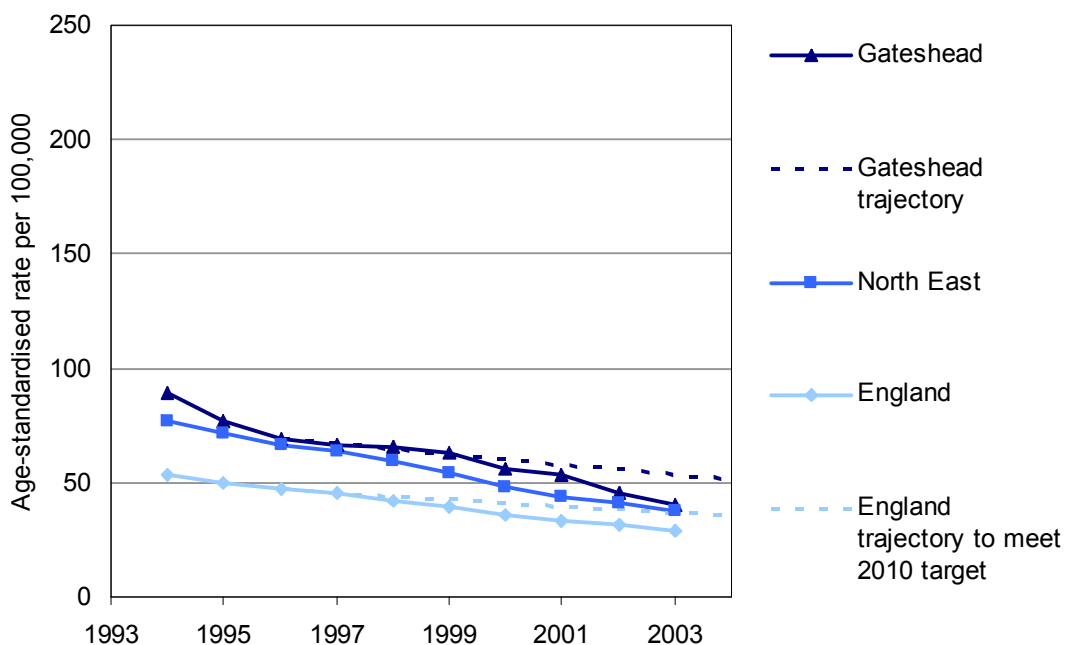


#### 4.5 Mortality from coronary heart disease, directly age-standardised mortality rates, people under 75 years (cont.)

Trends in mortality from coronary heart disease in males - less than 75 years (rolling three-year average)



Trends in mortality from coronary heart disease in females - less than 75 years (rolling three-year average)



#### Local neighbours at a glance

Directly standardised mortality rate per 100,000 population among people ages under 75 due to coronary heart disease, 2002-2004

#### PCT

Newcastle upon Tyne  
**Gateshead**  
 South Tyneside  
 Sunderland  
 North Tyneside  
 Northumberland

#### Rate

75.9  
**72.4**  
 71.3  
 69.6  
 67.2  
 61.5

## 4.5 Mortality from coronary heart disease, indirectly age-standardised mortality ratios, people under 75 years

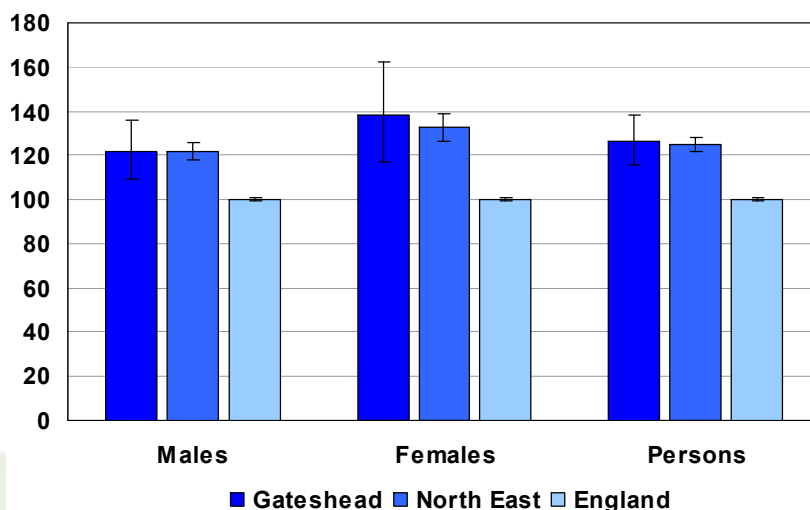
Indirectly age-standardised mortality ratios<sup>3</sup> (SMR) due to all coronary heart disease (ICD10 I20-I25), three year pooled.

		2002-04 (Pooled)			
		No. of deaths	SMR	Confidence Interval	
				Lower	Upper
Gateshead	Males	341	122	110	136
	Females	149	138	117	162
	Persons	490	127	116	138
North East	Males	4,348	122	118	125
	Females	1,805	132	126	139
	Persons	6,153	125	122	128
England	Males	66,073	100	99	101
	Females	24,613	100	99	101
	Persons	90,686	100	99	101

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

### Mortality from coronary heart disease (ICD10 I20-I25) 2002-04 (Pooled) Less than 75 years

Indirectly standardised ratios (SMR) with 95% confidence intervals



<sup>3</sup> SMRs are a comparison of mortality in England (the reference population) with mortality in the study population, here Gateshead or the NE. A ratio of 100 indicates that the level of mortality in the study population e.g. Gateshead is the same as expected mortality if age-specific mortality rates for England are applied to the Gateshead population. Mortality is standardised to the age structure of the study population. As Gateshead and the NE have different population structures the SMRs for each area are not comparable.

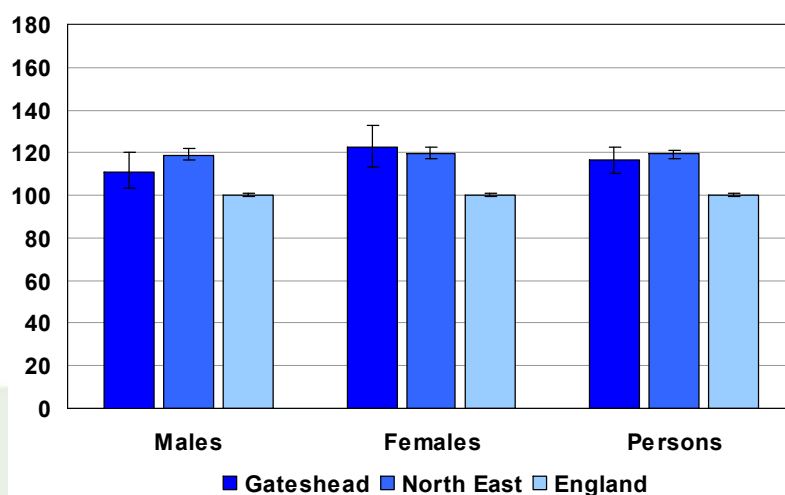
## 4.6 Mortality from coronary heart disease, indirectly age-standardised mortality ratios, people of all ages

Indirectly age-standardised mortality ratios<sup>4</sup> (SMR) due to all coronary heart disease (ICD10 I20-I25), three year pooled.

		2002-04 (pooled)			
		No. of deaths	SMR	Confidence Interval	
				Lower	Upper
Gateshead	Males	664	111	103	120
	Females	594	123	113	133
	Persons	1,258	116	110	123
North East	Males	9,207	119	117	121
	Females	7,443	120	117	122
	Persons	16,650	119	117	121
England	Males	151,772	100	100	101
	Females	123,102	100	99	101
	Persons	274,874	100	100	100

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

**Mortality from coronary heart disease (ICD10 I20-I25) 2002-04  
(Pooled) All ages**



<sup>4</sup> SMRs are a comparison of mortality in England (the reference population) with mortality in the study population, here Gateshead or the NE. A ratio of 100 indicates that the level of mortality in the study population e.g. Gateshead is the same as expected mortality if age-specific mortality rates for England are applied to the Gateshead population. Mortality is standardised to the age structure of the study population. As Gateshead and the NE have different population structures the SMRs for each area are not comparable.

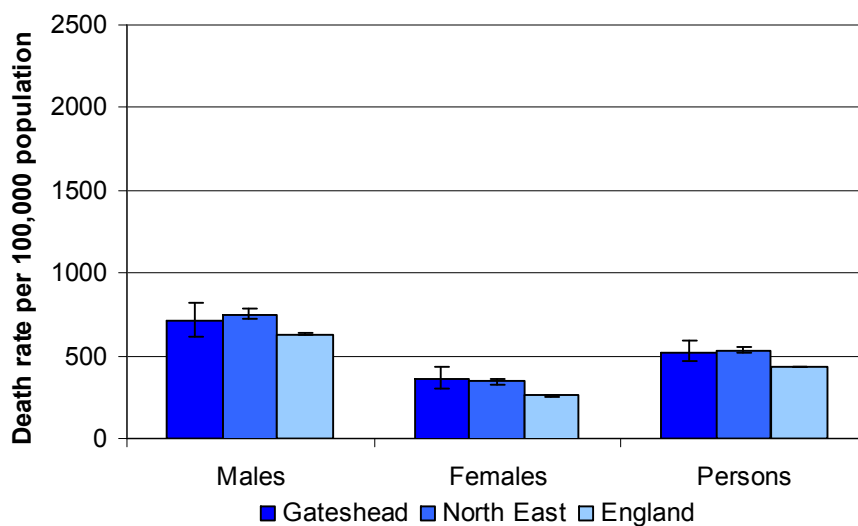
## 4.7 Mortality from coronary heart disease, average age-specific mortality rates

Average age-specific death rates per 100,000 population due to coronary heart disease, (ICD10 I20-I25), three year pooled.

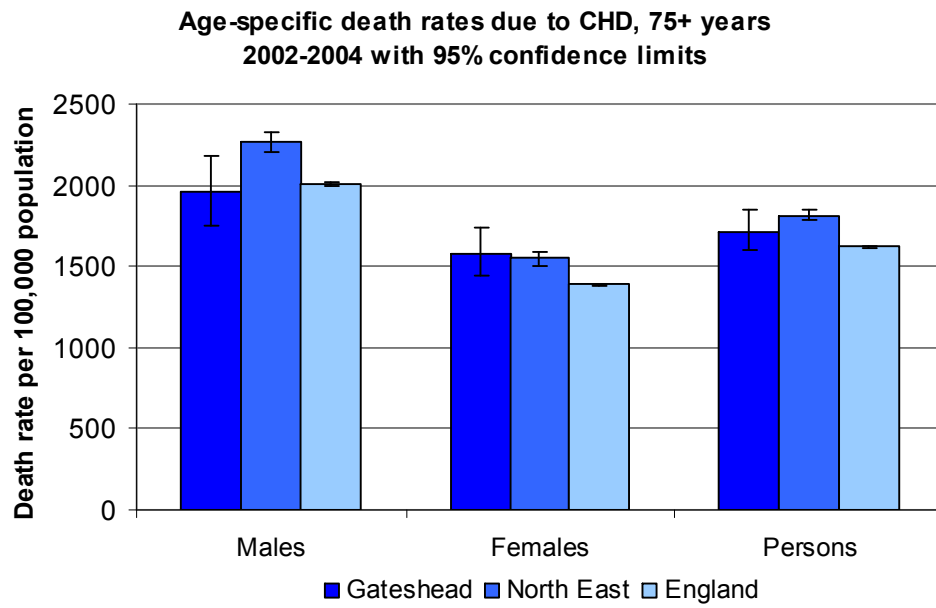
		2002-2004 (pooled)					
		35-64 years		65-74 years		75+ years	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
Gateshead	Males	156	137	185	711	323	1953
	Females	40	34	108	362	445	1579
	Persons	196	85	293	525	768	1718
North East	Males	1890	125	2441	750	4859	2268
	Females	506	33	1295	348	5638	1547
	Persons	2396	78	3736	536	10497	1814
England	Males	28535	98	37210	632	85699	2006
	Females	7222	24	17298	263	98489	1387
	Persons	35757	61	54508	437	184188	1620

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

Age-specific death rates due to CHD, 65-74 years, 2002-2004, with 95% confidence limits



**4.7 Mortality from coronary heart disease, average age-specific mortality rates (cont.)**



## 4.8 Numbers of deaths due to coronary heart disease, 1997-2004

Coronary heart disease, ICD10 I20-I25

Numbers of deaths		All ages	Age band		
			1-64	65-74	75+
Gateshead	1997*	586	100	168	318
	1998*	624	98	182	344
	1999*	506	86	121	299
	2000*	520	87	131	302
	2001	492	78	117	297
	2002	437	66	120	251
	2003	445	68	94	283
	2004	376	63	79	234

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

\*Numbers of deaths prior to 2001 are adjusted to account for changes in the coding of deaths in 2001<sup>5</sup>. Consequently numbers of deaths before and after 2001 are directly comparable.

Numbers of deaths in 2004		All ages	Age band		
			1-64	65-74	75+
Gateshead	Males	208	53	48	107
	Females	168	10	31	127
	Persons	376	63	79	234

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

<sup>5</sup> "Compendium User Guide 2005 Annex 2 – Changes to ONS Mortality Data", 2005, National Centre for Health Outcomes Development

## 4.9 Mortality from acute myocardial infarction, indirectly age-standardised mortality ratios, people ages 35-64

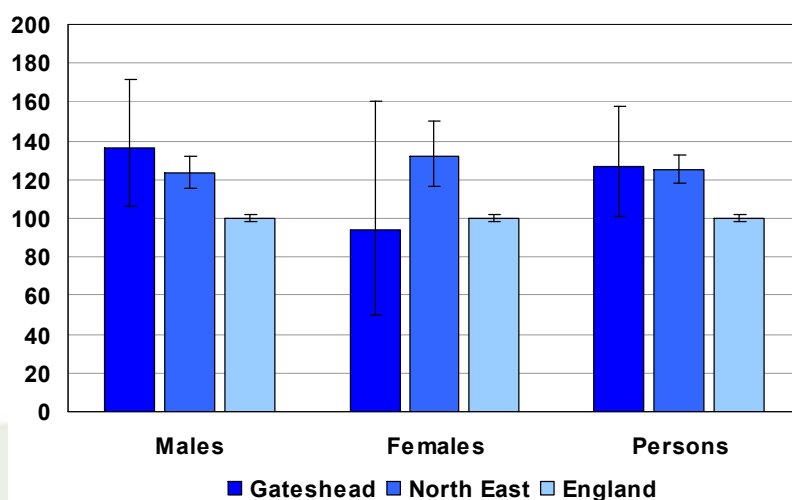
Indirectly age-standardised mortality ratios<sup>6</sup> (SMR) due to acute myocardial infarction (ICD10 I21-I22), three year pooled.

		2002-04 (pooled)			
		No. of deaths	SMR	Confidence Interval	
				Lower	Upper
Gateshead	Males	70	136	106	172
	Females	13	94	50	161
	Persons	83	127	101	157
North East	Males	845	124	115	132
	Females	240	132	116	150
	Persons	1,085	125	118	133
England	Males	12,981	100	98	102
	Females	3,439	100	97	103
	Persons	16,420	100	98	102

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

### Mortality from acute myocardial infarction (ICD10 I21-I22) 2002-04 (Pooled) 35 to 64 years

Indirectly standardised ratios (SMR) with 95% confidence intervals



<sup>6</sup> SMRs are a comparison of mortality in England (the reference population) with mortality in the study population, here Gateshead or the NE. A ratio of 100 indicates that the level of mortality in the study population e.g. Gateshead is the same as expected mortality if age-specific mortality rates for England are applied to the Gateshead population. Mortality is standardised to the age structure of the study population. As Gateshead and the NE have different population structures the SMRs for each area are not comparable.

#### 4.10 Numbers of deaths due to acute myocardial infarction, 1997-2004

Acute myocardial infarction, ICD10 I21-I22

		Age band			
		All ages	1-64	65-74	75+
Numbers of deaths					
Gateshead	2001	225	33	55	137
	2002	193	27	53	113
	2003	171	27	37	107
	2004	154	30	29	95

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

		Age band		
		All ages	Under 75	75+
Numbers of deaths in 2004				
Gateshead	Males	80	43	37
	Females	74	16	58
	Persons	154	59	95

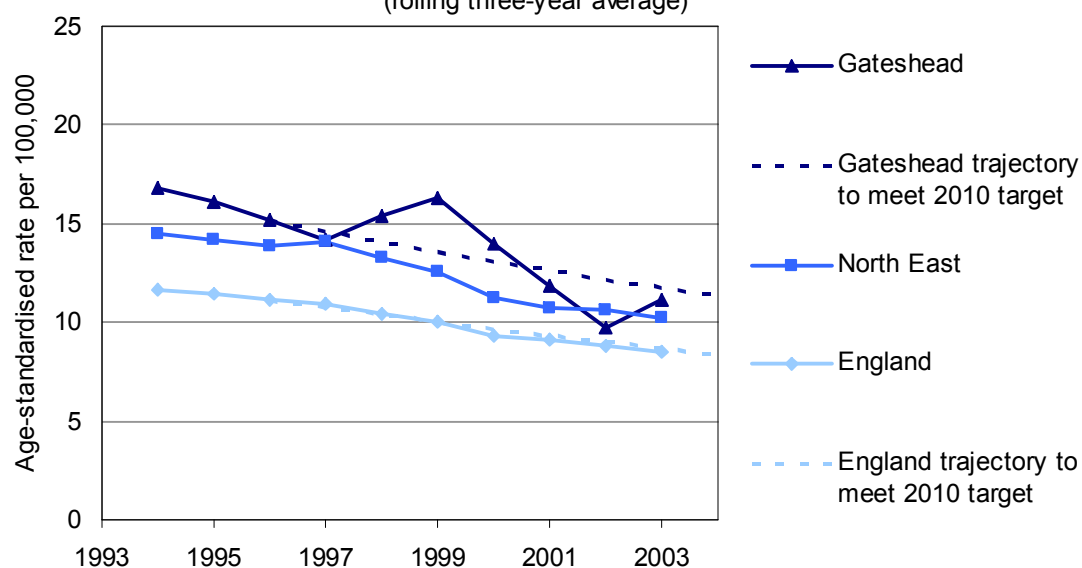
Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

## 4.11 Mortality from stroke, directly age-standardised mortality rates, under 65 years

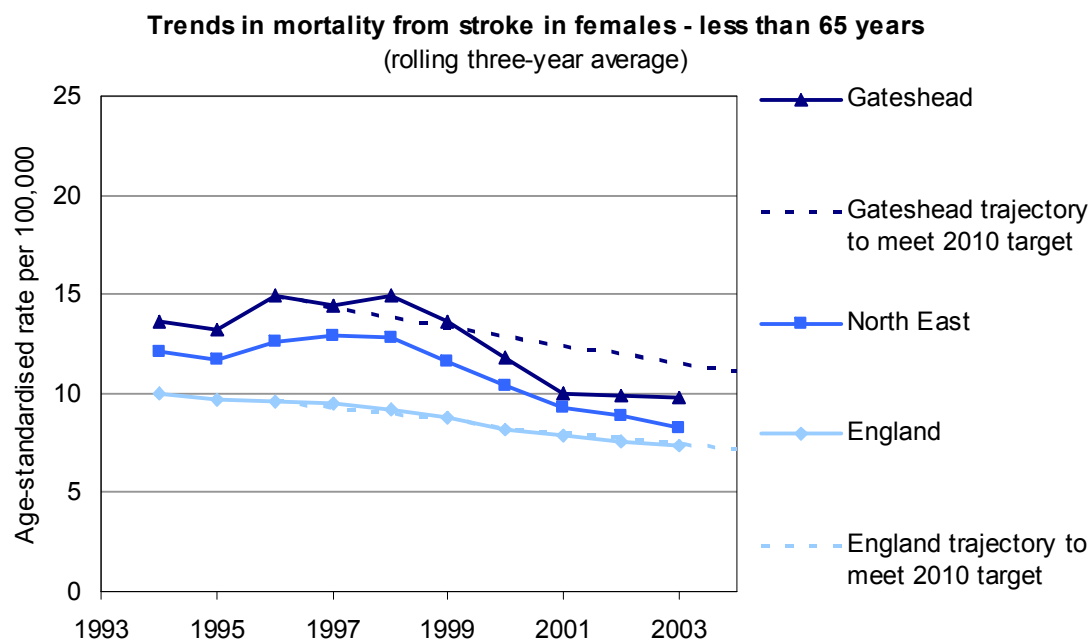
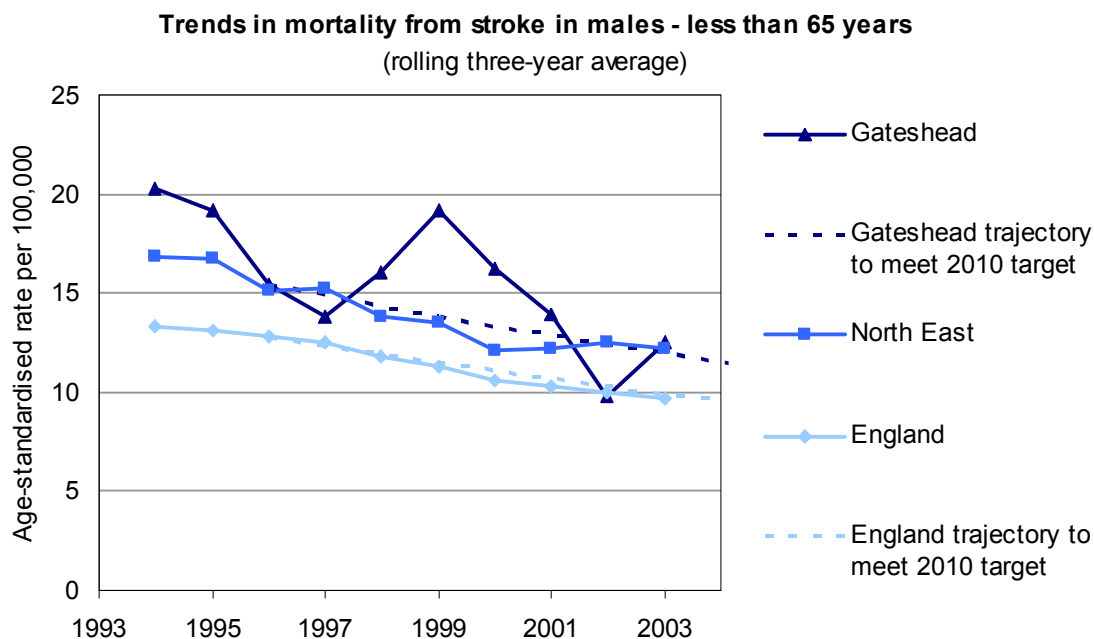
		Baseline Rate 1995-97		Rate 2002-04 (Pooled)				% Re- duction	Target Rate 2010
		No. of deaths	Rate	No. of deaths	Rate	Lower confidence interval	Upper confidence interval		Rate
Gateshead	Males	41	15.4	31	12.5	8.1	16.9	19	9.3
	Females	39	14.9	26	9.8	6.0	13.6	34	8.9
	Persons	79	15.2	57	11.2	8.2	14.1	26	9.1
NE	Males	489	15.1	414	12.2	11.0	13.4	19	9.1
	Females	417	12.6	287	8.3	7.3	9.2	34	7.6
	Persons	907	13.8	701	10.2	9.5	11.0	26	8.3
England	Males	7572	12.8	6252	9.7	9.4	9.9	24	7.7
	Females	5827	9.6	4869	7.3	7.1	7.6	24	5.8
	Persons	13399	11.2	11121	8.5	8.3	8.6	24	6.7

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

**Trends in mortality from stroke in people - less than 65 years**  
(rolling three-year average)



#### 4.11 Mortality from stroke, directly age-standardised mortality rates, under 65 years (cont.)



#### Local neighbours at a glance

Directly standardised mortality rate per 100,000 population among people ages under 65 due to stroke, 2002-2004

#### PCT

<b>Gateshead</b>	<b>11.2</b>
Newcastle upon Tyne	10.8
South Tyneside	9.0
North Tyneside	8.9
Sunderland	8.4
Northumberland	7.9

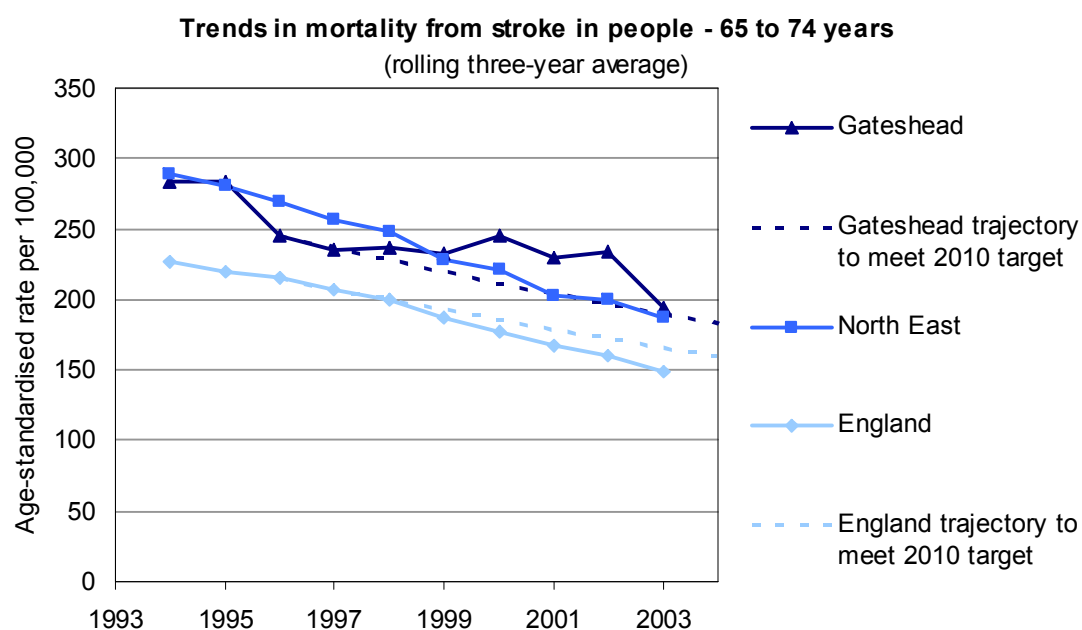
#### Rate

<b>11.2</b>
10.8
9.0
8.9
8.4
7.9

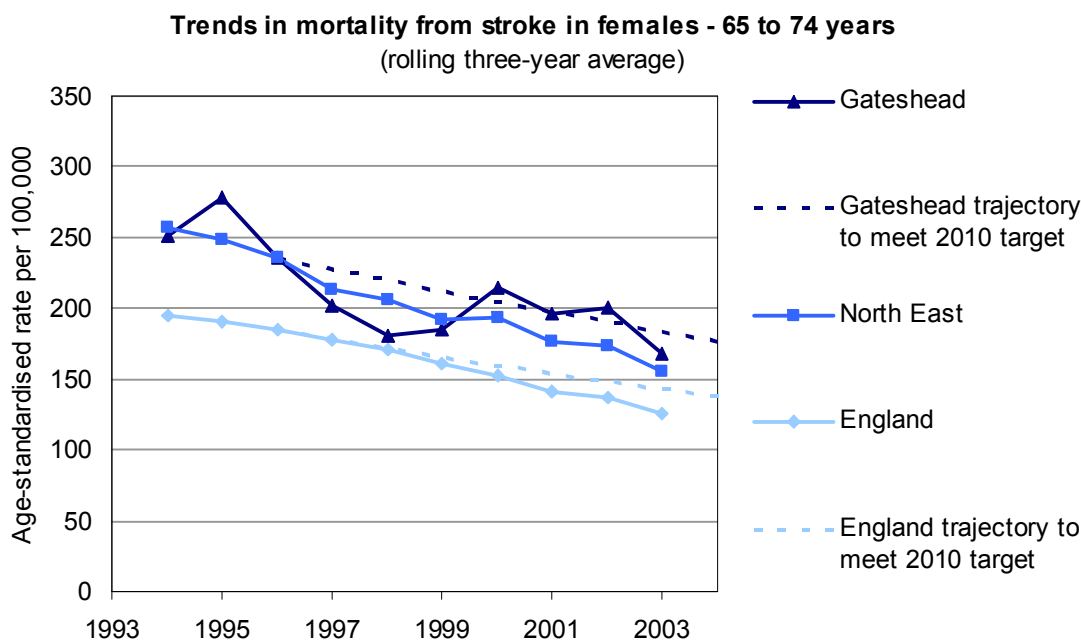
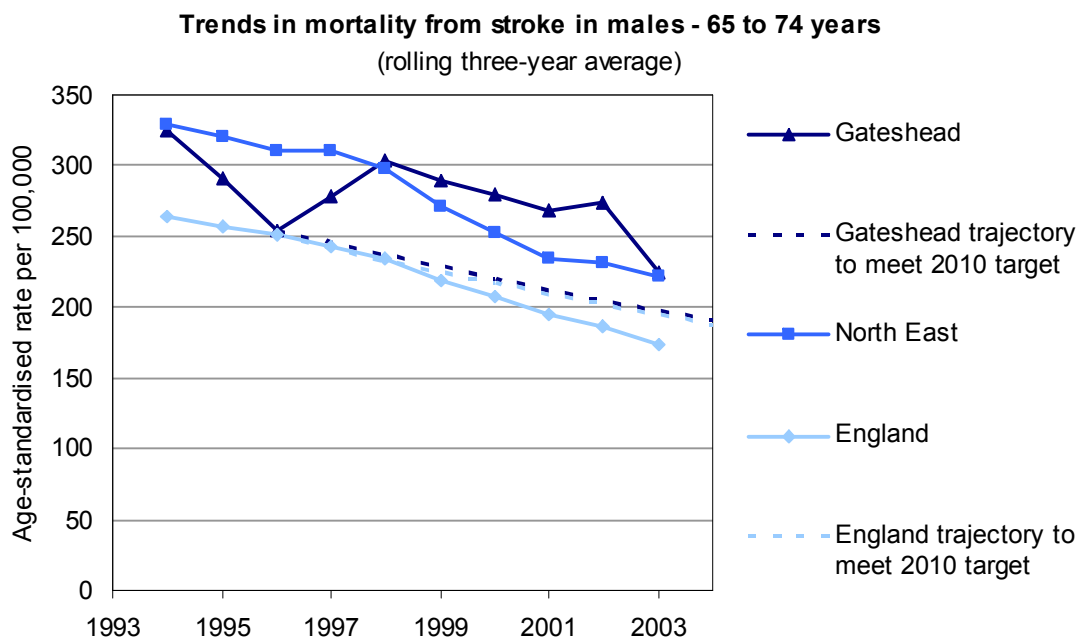
## 4.12 Mortality from stroke, directly age-standardised mortality rates, people 65 to 74 years

		Baseline Rate 1995-97		Rate 2002-04 (Pooled)				% Re- duction	Target Rate 2010
		No. of deaths	Rate	No. of deaths	Rate	Lower confidence interval	Upper confidence interval		Rate
Gateshead	Males	69	254.5	60	224.9	168.0	281.9	12	152.7
	Females	78	236.4	52	167.4	121.7	213.1	29	141.8
	Persons	147	244.9	112	194.1	158.0	230.1	21	146.9
NE	Males	1041	311.0	736	221.8	205.8	237.9	29	186.6
	Females	962	235.4	601	155.6	143.1	168.1	34	141.3
	Persons	2003	269.6	1337	186.4	176.4	196.4	31	161.7
England	Males	14924	250.8	10460	173.9	170.5	177.2	31	150.5
	Females	13316	184.6	8649	126.1	123.5	128.8	32	110.7
	Persons	28240	214.8	19109	148.6	146.4	150.7	31	128.9

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)



#### 4.10 Mortality from stroke, directly age-standardised mortality rates, 65 to 74 years (cont.)



#### Local neighbours at a glance

Directly standardised mortality rate per 100,000 population among people ages 65-74 due to stroke, 2002-2004

#### PCT

Sunderland  
South Tyneside  
**Gateshead**  
Newcastle  
North Tyneside  
Northumberland

#### Rate

215.5  
199.8  
**194.1**  
163.1  
161.7  
147.3

### 4.13 Mortality from stroke, indirectly age-standardised mortality ratios, people of all ages

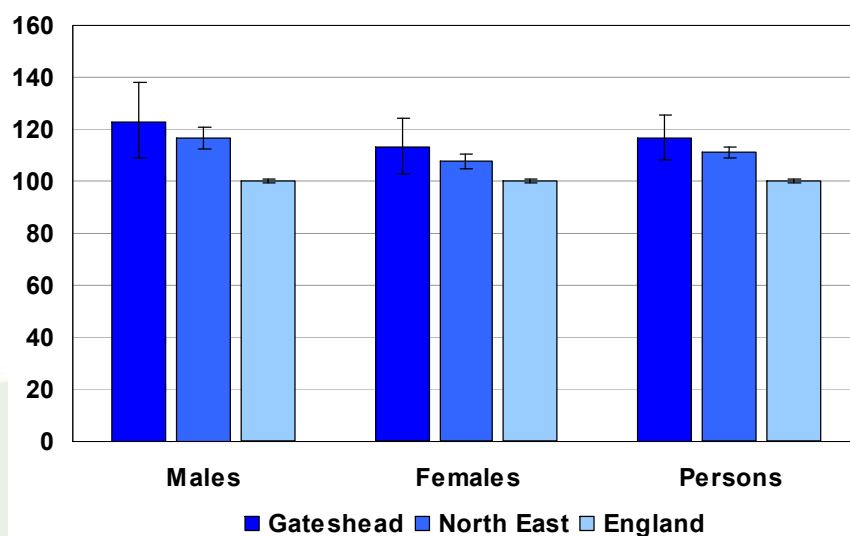
Indirectly age-standardised mortality ratios<sup>7</sup> (SMR) due to stroke (ICD10 I60-I69), three year pooled.

		2002-04 (pooled)			
		No. of deaths	SMR	Confidence Interval	
				Lower	Upper
Gateshead	Males	283	123	109	138
	Females	428	113	102	124
	Persons	711	117	108	126
North East	Males	3,496	116	113	120
	Females	5,256	108	105	111
	Persons	8,752	111	109	113
England	Males	60,616	100	99	101
	Females	98,318	100	99	101
	Persons	158,934	100	100	100

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

#### Mortality from stroke (ICD10 I60-I69) 2002-04 (Pooled) All ages

Indirectly standardised ratios (SMR) with 95% confidence intervals



<sup>7</sup> SMRs are a comparison of mortality in England (the reference population) with mortality in the study population, here Gateshead or the NE. A ratio of 100 indicates that the level of mortality in the study population e.g. Gateshead is the same as expected mortality if age-specific mortality rates for England are applied to the Gateshead population. Mortality is standardised to the age structure of the study population. As Gateshead and the NE have different population structures the SMRs for each area are not comparable.

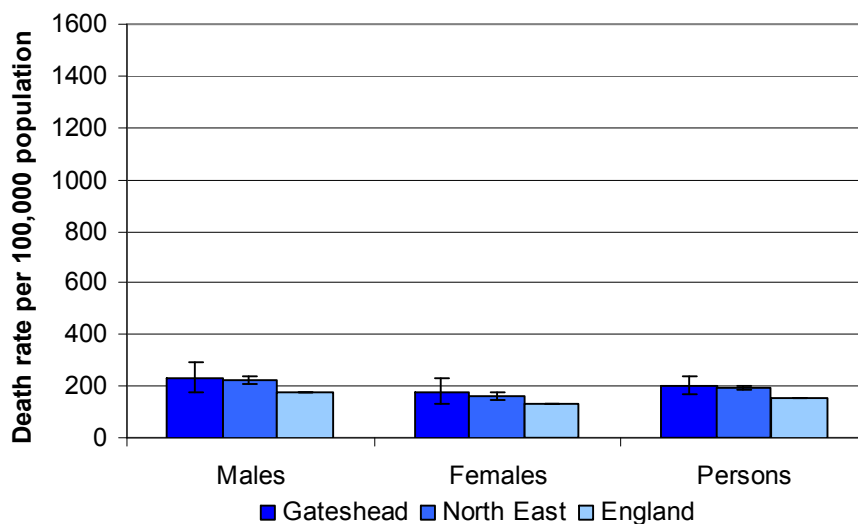
#### 4.14 Mortality from stroke, average age-specific mortality rates

Average age-specific death rates per 100,000 population due to stroke, (ICD10 I60-I69), three year pooled.

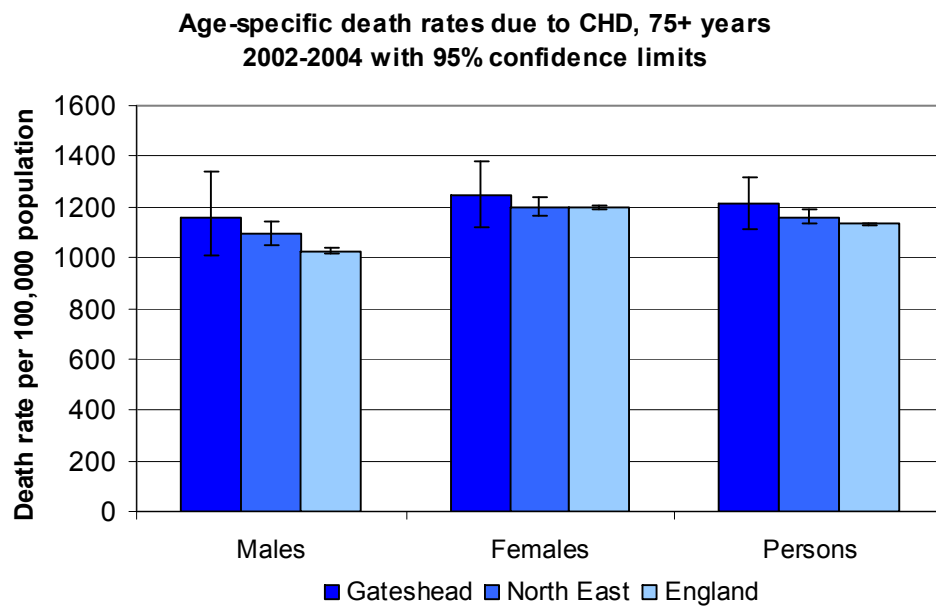
		2002-2004 pooled					
		15-64 years		65-74 years		75+ years	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
Gateshead	Males	28	24.7	60	230.5	192	1160.9
	Females	26	22.2	52	174.4	350	1242.2
	Persons	54	23.4	112	200.5	542	1212.1
North East	Males	396	26.3	736	226.1	2346	1095.3
	Females	274	17.7	601	161.6	4368	1198.4
	Persons	670	21.9	1337	191.7	6714	1160.2
England	Males	5957	20.4	10460	177.6	43904	1027.8
	Females	4643	15.6	8649	131.5	84800	1194.6
	Persons	10600	18.0	19109	153.2	128704	1131.9

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

Age-specific death rates due to CHD, 65-74 years, 2002-2004, with 95% confidence limits



#### 4.12 Mortality from stroke, average age-specific mortality rates (cont.)



## 4.15 Mortality from stroke, number of deaths

		Age band			
		All ages	1-64	65-74	75+
Numbers of deaths					
Gateshead	1997*	224	22	42	160
	1998*	225	30	46	149
	1999*	242	30	56	157
	2000*	229	28	38	163
	2001	240	17	50	173
	2002	245	19	45	181
	2003	227	15	41	171
	2004	239	23	26	190

Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

\*Numbers of deaths prior to 2001 are adjusted to account for changes in the coding of deaths in 2001<sup>8</sup>. Consequently numbers of deaths before and after 2001 are directly comparable.

		Age band			
		All ages	1-64	65-74	75+
Numbers of deaths in 2004					
Gateshead	Males	88	15	13	60
	Females	151	8	13	130
	Persons	239	23	26	190

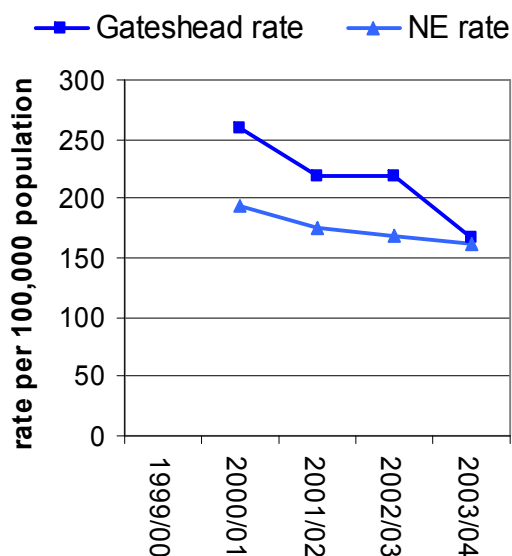
Source: Clinical and Health Outcomes Knowledge Base at [www.nchod.nhs.uk](http://www.nchod.nhs.uk)

<sup>8</sup> "Compendium User Guide 2005 Annex 2 – Changes to ONS Mortality Data", 2005, National Centre for Health Outcomes Development

## 4.16 Emergency hospital admission rates due to acute myocardial infarction, all ages

Directly age-standardised emergency hospital admission rates per 100,000 population due to acute myocardial infarction, (ICD10 I21-I22) among people of all ages.

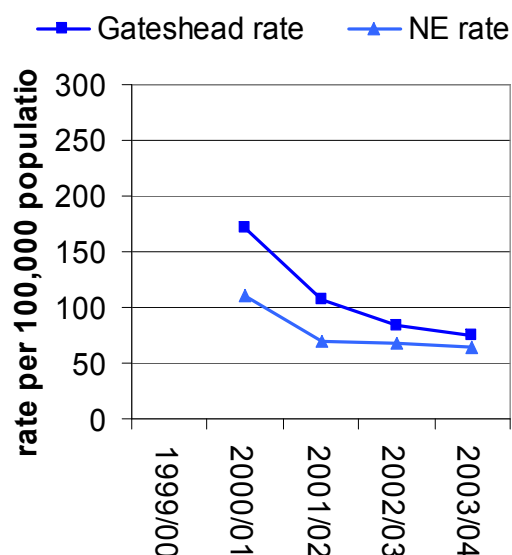
### Males



Year	G'head observations	G'head rate	NE rate	Eng. rate
1999/00	n/a	n/a	n/a	n/a
2000/01	260	259	194	n/a
2001/02	228	220	175	n/a
2002/03	221	219	169	n/a
2003/04	170	167	161	n/a

Source: North East Public Health Observatory at [www.nepho.org.uk](http://www.nepho.org.uk)  
n/a = not available

### Females



Year	G'head observations	G'head rate	NE rate	Eng. rate
1999/00	n/a	n/a	n/a	n/a
2000/01	194	172	110	n/a
2001/02	125	108	69	n/a
2002/03	101	85	68	n/a
2003/04	89	75	64	n/a

Source: North East Public Health Observatory at [www.nepho.org.uk](http://www.nepho.org.uk)  
n/a = not available

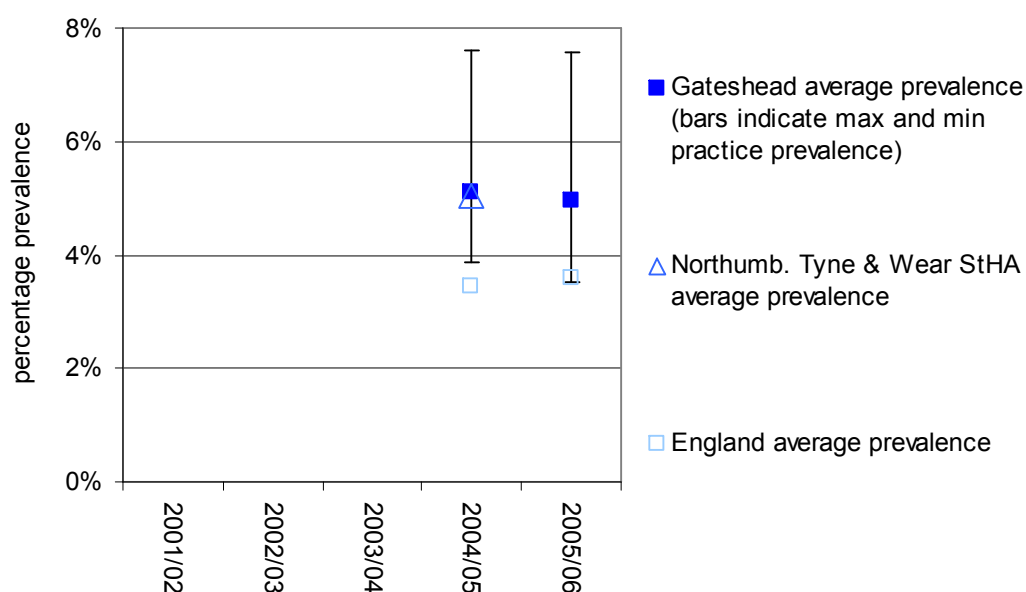
#### Local neighbours at a glance

Directly standardised emergency hospital admission rates per 100,000 population among people of all ages due to acute myocardial infarction, 2003/04

PCT	Male	Female
Sunderland	187.5	83.5
North Tyneside	174.9	59.2
<b>Gateshead</b>	<b>167.1</b>	<b>75.2</b>
South Tyneside	151.5	74.5
Newcastle	148.1	52.2

## 4.17 Prevalence of coronary heart disease in primary care

Average percentage prevalence of coronary heart disease among people of all ages.



Year	Gateshead					NTW StHA	England
	no. on disease register	average prevalence	minimum practice prevalence	maximum practice prevalence	practice prevalence interquartile range	average prevalence	average prevalence
2001/02	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2003/04	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2004/05	10409	5.11%	3.88%	7.62%	1.26%	5.00%	3.46%
2005/06	10190	5.00%	3.54%	7.58%	1.31%	n/a	3.60%

Source: NHS Information Centre at [www.ic.nhs.uk](http://www.ic.nhs.uk)

n/a = not available, NTW StHA = Northumberland, Tyne & Wear Strategic Health Authority

Criteria for inclusion: people on a GP list whose clinical records contain the READ codes within the group G3 excluding G341 and G37

### ***Inequalities indicator***

The interquartile range measures the spread between the upper and lower quartile values of practice prevalence rates. It measures the spread of values, without being influenced by outlying high or low figures. If health inequalities are being reduced, the interquartile range should fall over time.

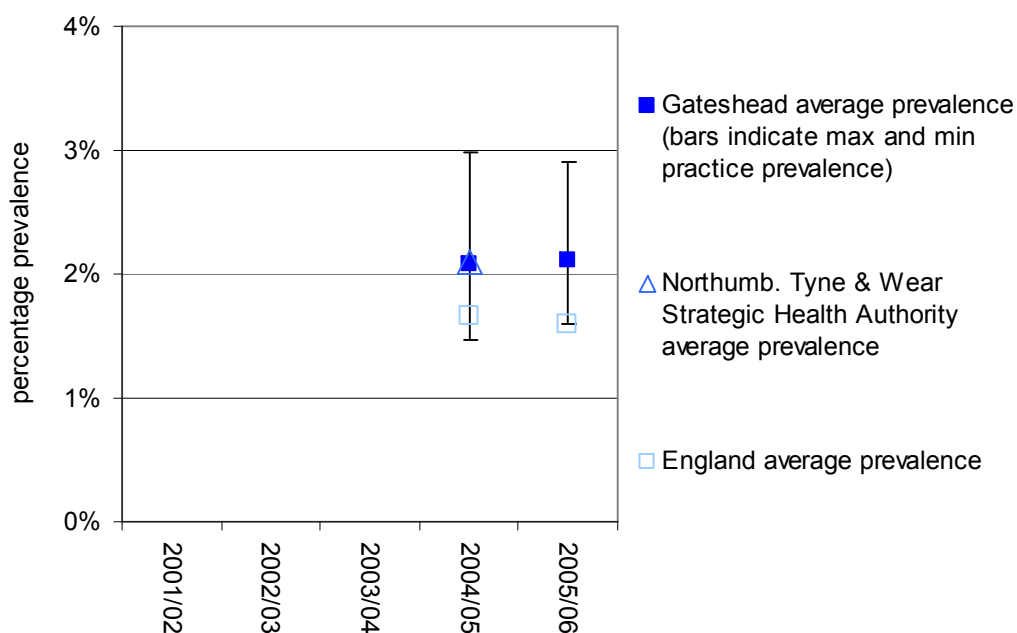
***Lower quartile value 2004/05 = 4.5% Lower quartile value 2005/06 = 4.3%***

***Upper quartile value 2004/05 = 5.7% Upper quartile value 2005/06 = 5.7%***

***Interquartile range 2004/05 = 1.3% Interquartile range 2005/06 = 1.3%***

## 4.18 Prevalence of cerebrovascular disease in primary care

Average percentage prevalence of cerebrovascular disease among people of all ages.



Year	Gateshead					Northumb. Tyne & Wear StHA	England
	no. on disease register	average prevalence	minimum practice prevalence	maximum practice prevalence	practice prevalence interquartile range	average prevalence	average prevalence
2001/02	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2003/04	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2004/05	4232	2.08%	1.47%	2.99%	0.61%	2.09%	1.66%
2005/06	4293	2.11%	1.59%	2.91%	0.57%	n/a	1.60%

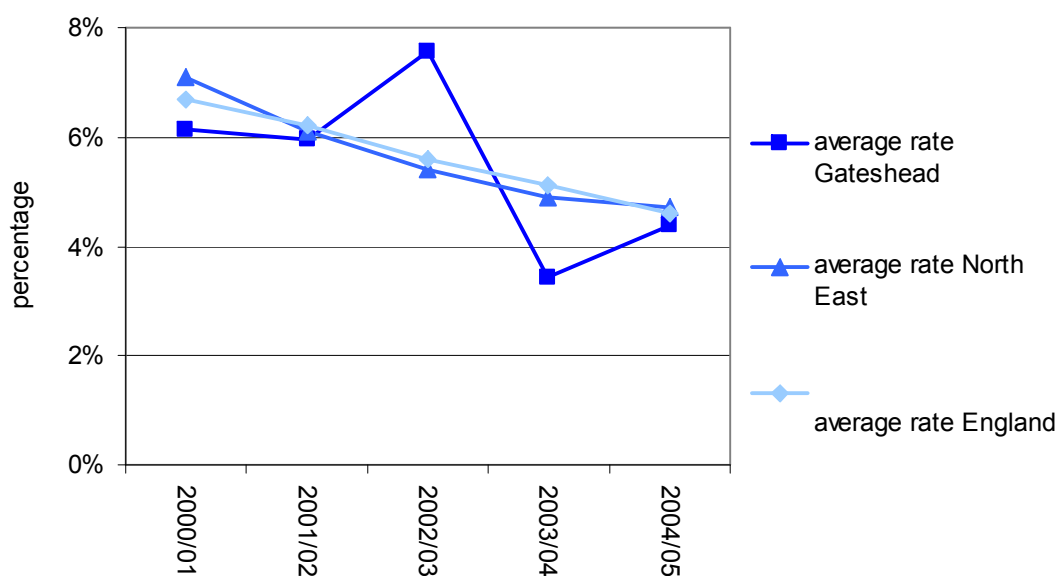
Source: NHS Information Centre at [www.ic.nhs.uk](http://www.ic.nhs.uk)

n/a = not available

Criteria for inclusion - people on a GP list whose clinical records contain READ code(s) within the following groups: G61, G63y0, G63y1, G64, G66, G6760, G6W, G6X and G65 but excluding G655 and G617.

#### 4.19 Proportion of people ages 35-74 years admitted to hospital with acute myocardial infarction who die during index admission

This indicator measures the proportion of people, ages 35 to 74 years, admitted to hospital with a primary diagnosis of acute myocardial infarction (ICD10 I21-I22) that die within the first or admission episode of care. Monitoring of this indicator is recommended with the National Service Framework for Coronary Heart Disease<sup>9</sup> to support standards five, six and seven. These standards are concerned with the care of patients suffering heart attack and other acute coronary syndromes. The indicator is measured as an average rate as the numbers of observations at PCT level are too small to calculate a robust age-standardised rate.



Year	Gateshead observations	Gateshead average rate	North East average rate	England average rate
2000/01	25	6.1%	7.1%	6.7%
2001/02	22	6.0%	6.1%	6.2%
2002/03	25	7.6%	5.4%	5.6%
2003/04	9	3.4%	4.9%	5.1%
2004/05	10	4.4%	4.7%	4.6%

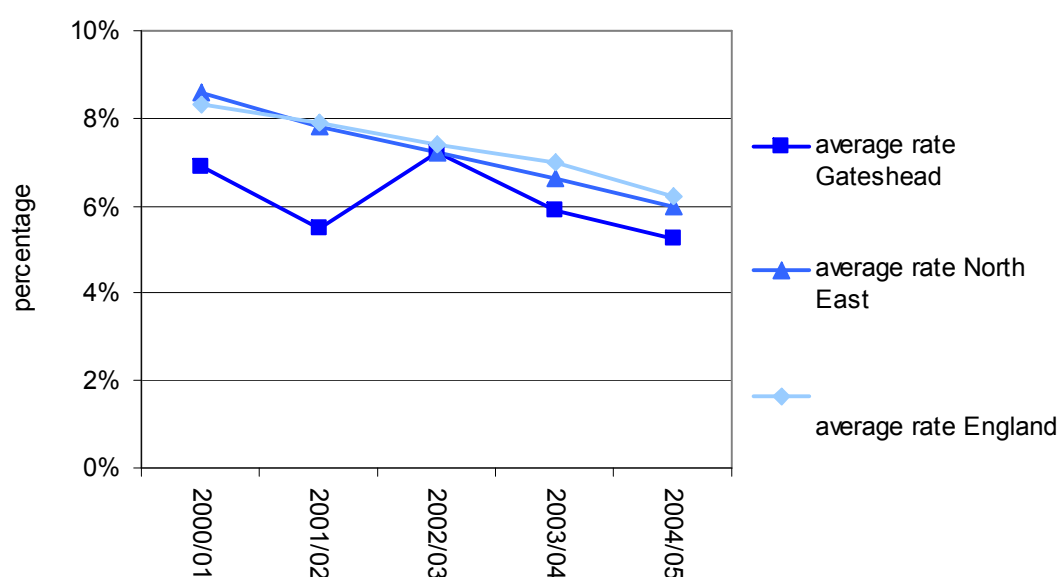
Source: North East Public Health Observatory

<sup>9</sup> "National Service Framework for Coronary Heart Disease", p33, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

## 4.20 Proportion of people ages 35-74 years admitted to hospital with acute myocardial infarction who die in hospital within 30 days of admission

This indicator measures the proportion of people, ages 35 to 74 years, admitted to hospital with a primary diagnosis of acute myocardial infarction (AMI, ICD10 I21-I22) that die in hospital within thirty days of admission. Monitoring of this indicator is recommended with the National Service Framework for Coronary Heart Disease<sup>10</sup> to support standards five, six and seven, concerned with the care of patients suffering heart attack and other acute coronary syndromes. The indicator is measured as an average rate as the numbers of observations at PCT level are too small to calculate a robust age-standardised rate.

In the future, it is envisaged that mortality and hospital episode records will be linked to allow measurement of all mortality, both within hospital and after discharge, within 30 days of admission for AMI.



Year	Gateshead observations	Gateshead average rate	North East average rate	England average rate
2000/01	28	6.9%	8.6%	8.3%
2001/02	21	5.5%	7.8%	7.9%
2002/03	25	7.2%	7.2%	7.4%
2003/04	15	5.9%	6.6%	7.0%
2004/05	12	5.2%	6.0%	6.2%

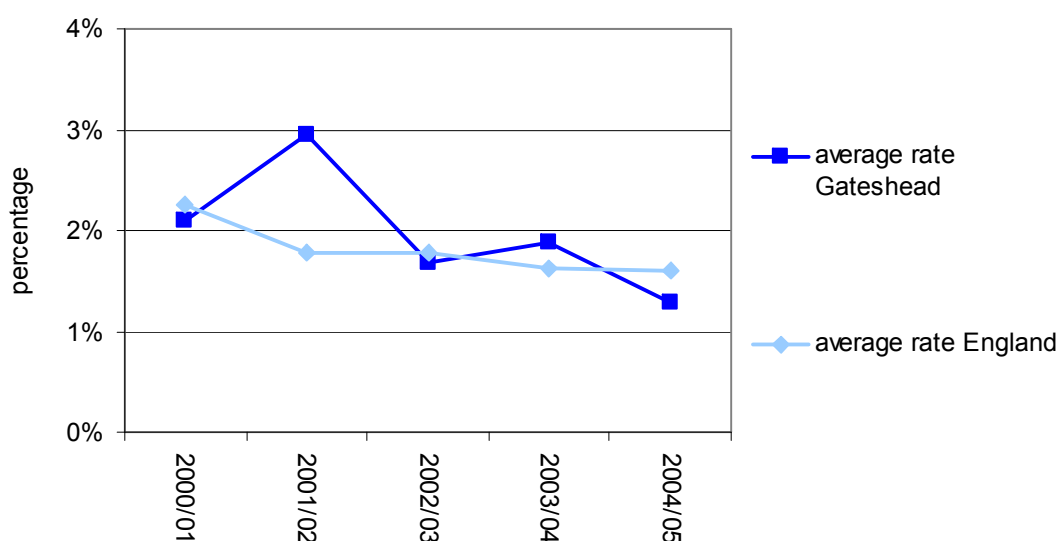
Source: North East Public Health Observatory

<sup>10</sup> "National Service Framework for Coronary Heart Disease", p33, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

## 4.21 Proportion of people ages 35-74 years admitted to hospital for revascularisation who die in hospital within 30 days of admission

This indicator measures the proportion of people, ages 35 to 74 years, admitted to hospital for a revascularisation procedure (CABG, OPCS4 K40-K46 or PCTA, OPCS4 K49-K50) who die in hospital within thirty days of admission. This indicator has been monitored by the Healthcare Commission for a number of years at NHS acute trust level. The rationale behind this is that lessons can be learned from the experience of hospitals with low death rates. The indicator is calculated for the population of Gateshead. It is measured as an average rate as the numbers of observations at PCT level are too small to calculate a robust age-standardised rate.

In the future, it is envisaged that mortality and hospital episode records will be linked to allow measurement of all mortality, both within hospital and after discharge, within 30 days of a revascularisation procedure.

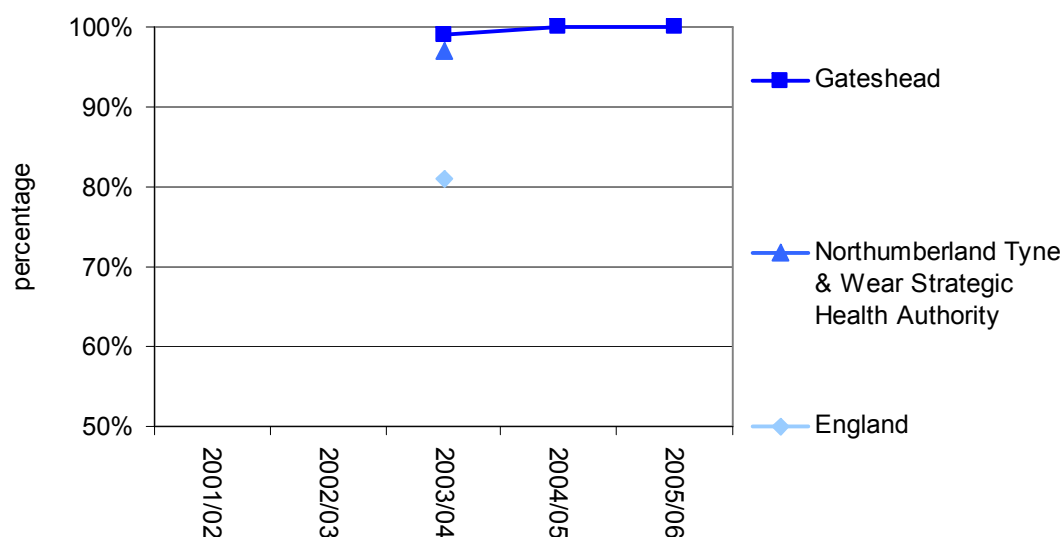


Year	Gateshead observations	Gateshead average rate	England average rate
2000/01	6	2.1%	2.3%
2001/02	10	3.0%	1.8%
2002/03	5	1.7%	1.8%
2003/04	8	1.9%	1.6%
2004/05	5	1.3%	1.6%

Source: North East Public Health Observatory

## 4.22 Percentage of service users achieving two week access to a rapid access chest pain clinic

The principle of two week access to a rapid access chest pain clinic was first set out in the NHS Plan<sup>11</sup> and was restated in the more recent publication “National Standards, Local Action”<sup>12</sup>. This indicator measures the proportion of people of all ages referred to the Rapid Access Chest Pain Clinic run by Gateshead Health Foundation NHS Trust at Queen Elizabeth Hospital, who achieve access within two weeks of referral. Benchmark figures for the Northumberland, Tyne & Wear Strategic Health Authority area and England are provided for comparison.



Year	Total number referred to RACPC in Gateshead	Gateshead % achieving two week access	Northumb'd Tyne & Wear StHA % achieving two week access	England average % achieving two week access
2001/02	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a
2003/04	383	99%	97%	81%
2004/05	463	100%	n/a	n/a
2005/06	613	100%	n/a	n/a

Source: 2003/04 - Commission for Healthcare Improvement, Gateshead 2004/05 and 2005/06 - Gateshead Health NHS Foundation Trust

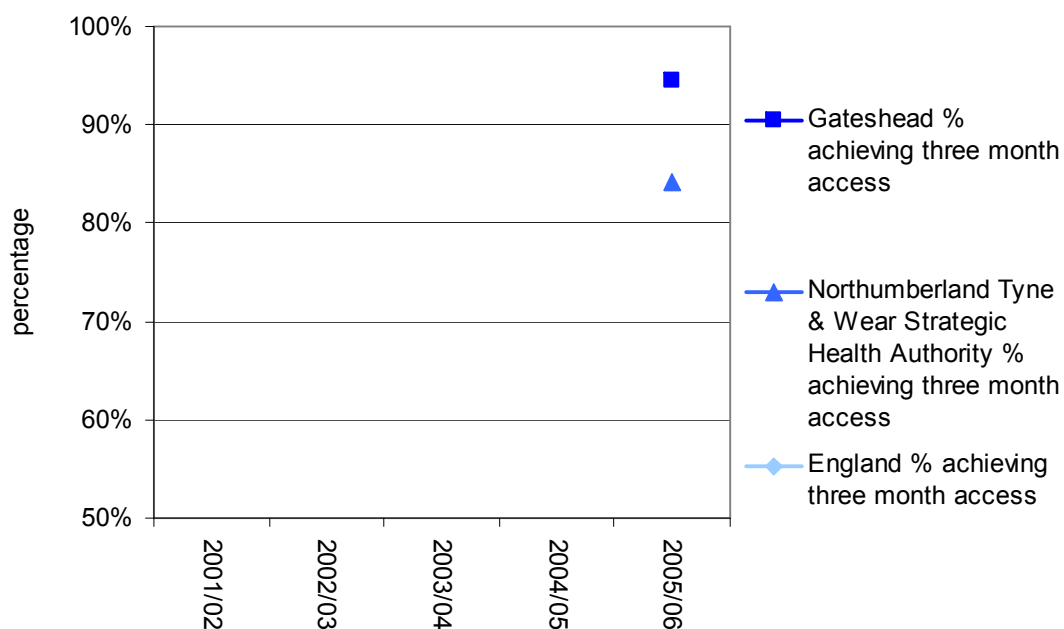
n/a = not available

<sup>11</sup> “The NHS Plan: a plan for investment, a plan for reform”, p117, Department of Health, 2000 available at [www.nhs.uk](http://www.nhs.uk)

<sup>12</sup> “National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08”, p35, Department of Health, 2004 available at [www.nhs.uk](http://www.nhs.uk)

## 4.23 Percentage of service users achieving three month access to angiography

The goal of three month access to angiography is set out in the National Service Framework for Coronary Heart Disease<sup>13</sup>. This indicator measures the proportion of people of all ages resident in Gateshead, referred for angiography, who achieve access within three months of referral. A benchmark figure for the Northumberland, Tyne & Wear Strategic Health Authority area is provided for comparison.



Year	Total number referred for angiography in Gateshead	Gateshead % achieving three month access	Northumb'd Tyne & Wear StHA % achieving three month access	England average % achieving three month access
2001/02	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a
2003/04	n/a	n/a	n/a	n/a
2004/05	n/a	n/a	n/a	n/a
2005/06	258	94.6%	84.1%	n/a

Source: Northumberland, Tyne & Wear Strategic Health Authority

n/a = not available

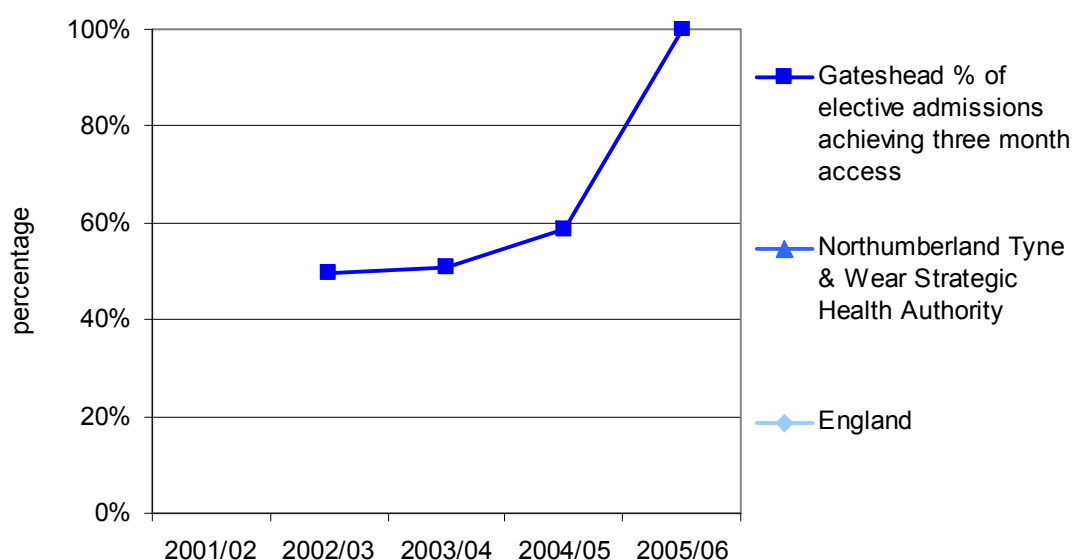
This indicator has only begun to be monitored in 2005/06. Hence no historical data is available.

<sup>13</sup> "National Service Framework for Coronary Heart Disease", p41, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

## 4.24 Percentage of service users achieving three month access to revascularisation (CABG or PTCA)

The goal of three month access to revascularisation is set out in the National Service Framework for Coronary Heart Disease<sup>14</sup>. This indicator measures the proportion of people of all ages resident in Gateshead, referred for revascularisation to the Newcastle Hospitals NHS Trust (Freeman Hospital) on a non-emergency basis, who achieve access within three months of referral. Service users are now offered a choice of NHS trust when deciding where they wish to have a revascularisation procedure. To date, the majority of Gateshead residents offered revascularisation have chosen Newcastle upon Tyne Hospitals NHS Trust.

For year end 2002/03 the Department of Health set a nine month waiting time target. For the year end 2003/04 this was reduced to six months and was reduced again for the year end 2004/05 to three months.



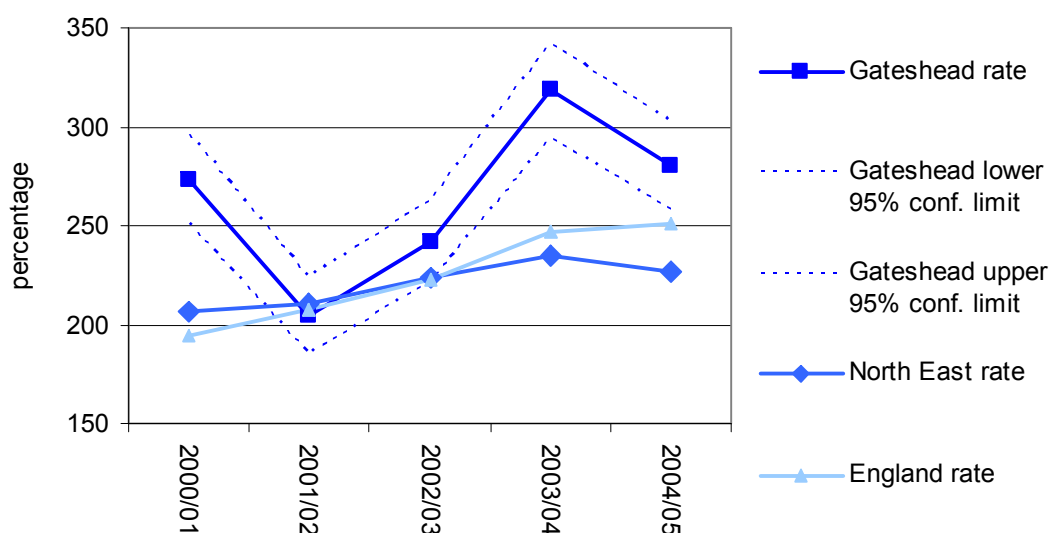
Year	Total number referred for revasc. in Gateshead	Non-elective referrals	Elective referrals	Ghd % of elective referrals achieving 3 month access	NTWStHA % achieving 3 month access	England average % achieving 3 month access
2001/02	n/a	n/a	n/a	n/a	n/a	n/a
2002/03	295	152	143	49.7%	n/a	n/a
2003/04	404	200	204	51.0%	n/a	n/a
2004/05	382	193	189	58.7%	n/a	n/a
2005/06	342	192	150	100.0%	n/a	n/a

Data source: Newcastle upon Tyne Hospitals NHS Trust, n/a = not available

<sup>14</sup> "National Service Framework for Coronary Heart Disease", p45, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

## 4.25 Age-standardised angiography rate among people of all ages

It is recommended that angiography rates are monitored within the National Service Framework for Coronary Heart Disease<sup>15</sup>. The indicator is an age-standardised angiography (OPCS4 K63) rate per 100,000 people of all ages.



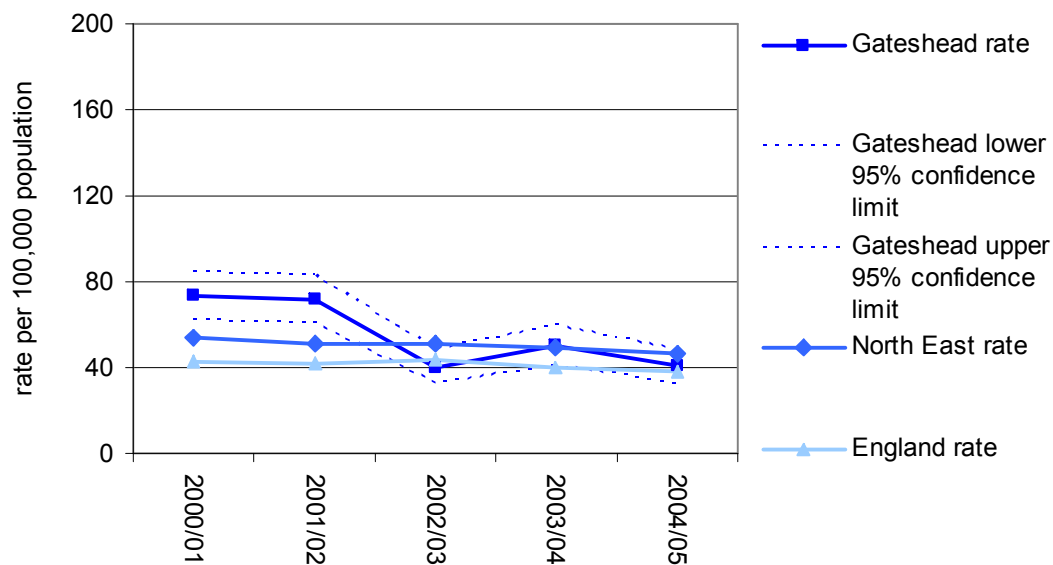
	Gateshead number of procedures	Gateshead rate	North East rate	England rate
2000/01	595	274	206	194
2001/02	452	204	210	207
2002/03	536	242	224	223
2003/04	722	319	235	247
2004/05	654	280	227	251

Data source: North East Public Health Observatory

<sup>15</sup> "National Service Framework for Coronary Heart Disease", p45, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

## 4.26 Age-standardised CABG rate among people of all ages

It is recommended that revascularisation rates are monitored within the National Service Framework for Coronary Heart Disease<sup>16</sup>. The indicator is an age-standardised CABG (OPCS4 K40-K46) rate per 100,000 people of all ages.



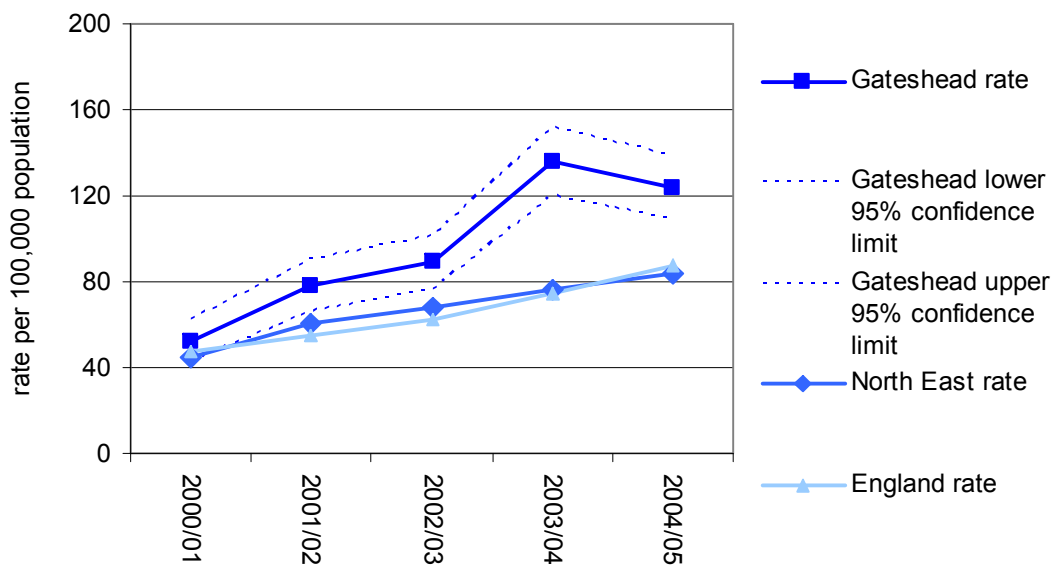
	Gateshead number of procedures	Gateshead rate	North East rate	England rate
2000/01	172	74	54	43
2001/02	170	71	51	42
2002/03	98	40	51	43
2003/04	118	50	49	40
2004/05	104	41	47	38

Data source: North East Public Health Observatory

<sup>16</sup> "National Service Framework for Coronary Heart Disease", p45, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

## 4.27 Age-standardised PTCA rate among people of all ages

It is recommended that revascularisation rates are monitored within the National Service Framework for Coronary Heart Disease<sup>17</sup>. The indicator is an age-standardised PTCA (OPCS4 K49-K50) rate per 100,000 people of all ages.



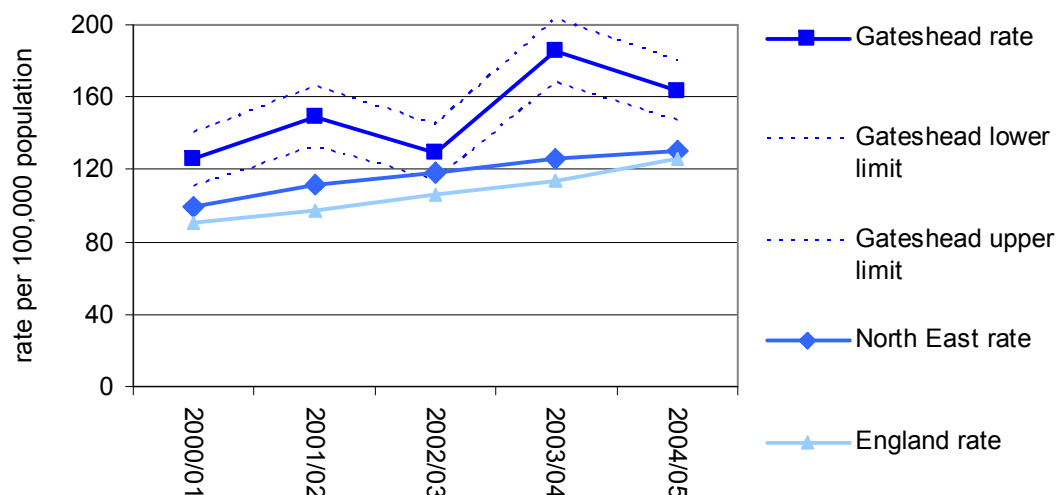
	Gateshead number of procedures	Gateshead rate	North East rate	England rate
2000/01	116	52	45	47
2001/02	168	78	60	55
2002/03	197	89	67	63
2003/04	305	136	77	74
2004/05	288	124	84	87

Data source: North East Public Health Observatory

<sup>17</sup> "National Service Framework for Coronary Heart Disease", p45, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

## 4.28 Age-standardised revascularisation (CABG & PTCA) rate among people of all ages

It is recommended that revascularisation rates are monitored within the National Service Framework for Coronary Heart Disease<sup>18</sup>. The indicator is an age-standardised revascularisation rate per 100,000 people of all ages (CABG, OPCS4 K40-K46 and PTCA, OPCS4 K49-K50).



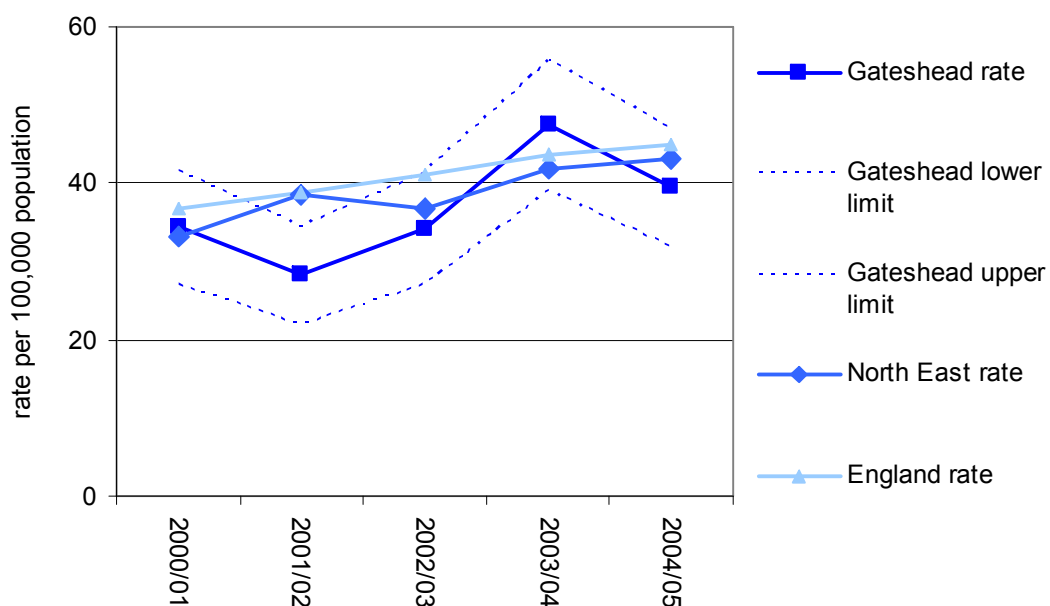
	Gateshead number of procedures	Gateshead rate	North East rate	England rate
2000/01	288	126	99	90
2001/02	338	149	111	97
2002/03	295	129	118	106
2003/04	423	186	125	114
2004/05	392	164	131	125

Data source: North East Public Health Observatory

<sup>18</sup> "National Service Framework for Coronary Heart Disease", p45, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

## 4.29 Age-standardised rate for fitting of heart pacemakers among people of all ages

Age-standardised rate for the fitting of heart pacemakers per 100,000 people of all ages (OPCS4 K60-K61).

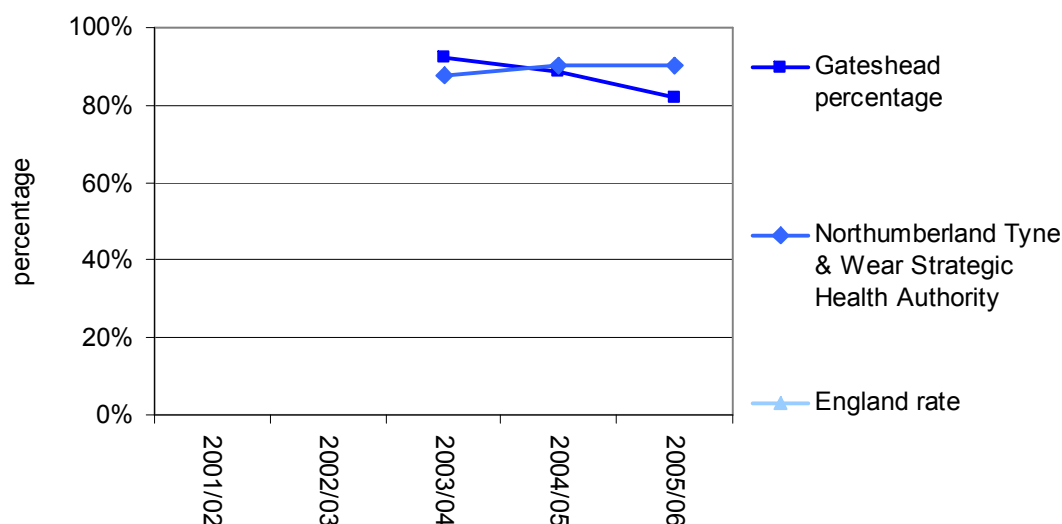


	Gateshead number of procedures	Gateshead rate	North East rate	England rate
2000/01	93	34.3	33.1	36.8
2001/02	81	28.2	38.4	38.7
2002/03	95	34.2	36.8	41.2
2003/04	135	47.4	41.9	43.8
2004/05	114	39.5	43.2	45.1

Data source: North East Public Health Observatory

### 4.30 Percentage of patients suffering heart attack receiving thrombolysis within 30 minutes of hospital admission

The standard within the National Service Framework for Coronary Heart Disease<sup>19</sup> is that people suffering heart attack should receive thrombolytic therapy within 60 minutes of calling for help. Measurement of this indicator involves combining Ambulance Service and Health Service records and is undertaken by the Myocardial Infarction National Audit Programme (MINAP). Underpinning improvements in this indicator is the 30 minute door to needle time standard for acute NHS trusts, monitored below.



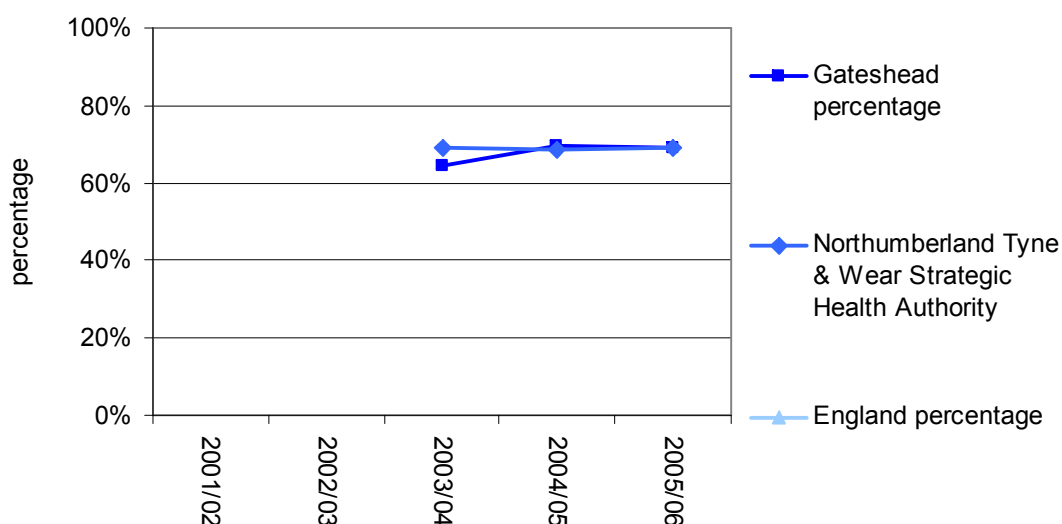
	Gateshead number of relevant emergency admissions	Gateshead percentage	Northumb'd Tyne & Wear Strategic Health Authority percentage	England percentage
2001/02	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a
2003/04	79	92%	88%	n/a
2004/05	62	89%	90%	n/a
2005/06	44	82%	90%	n/a

Data source: Northumberland, Tyne & Wear Strategic Health Authority  
n/a = not available, Gateshead figures are for Queen Elizabeth Hospital

<sup>19</sup> "National Service Framework for Coronary Heart Disease", p45, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

### 4.31 Percentage of patients suffering heart attack receiving thrombolysis within 60 minutes of ambulance call

The standard within the National Service Framework for Coronary Heart Disease<sup>20</sup> is that people suffering heart attack should receive thrombolytic therapy within 60 minutes of calling for help. Measurement of this indicator involves combining Ambulance Service and Health Service records and is undertaken by the Myocardial Infarction National Audit Programme (MINAP).



	Gateshead number of relevant emergency admissions	Gateshead percentage	Northumb'd Tyne & Wear Strategic Health Authority percentage	England percentage
2001/02	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a
2003/04	67	64%	69%	n/a
2004/05	59	69%	69%	n/a
2005/06*	55	69%	69%	n/a

Data source: Northumberland, Tyne & Wear Strategic Health Authority

n/a = not available, Gateshead data is for Queen Elizabeth Hospital

<sup>20</sup> "National Service Framework for Coronary Heart Disease", p45, Department of Health, 2000 at [www.nhs.uk](http://www.nhs.uk).

### **4.32 Rapid Access Chest Pain Clinic at Gateshead Health Foundation NHS Trust**

The Gateshead Rapid Access Chest Pain Clinic (RACPC) is organised along the model pioneered by, amongst others, the Newham University Hospital NHS Trust, and first opened its doors to patients in June 2001.

In the early months, it was staffed by cardiology physicians from both the Queen Elizabeth Hospital and South Tyneside District Hospital, and saw patients from across the South of Tyne catchment area. This changed in the Spring of 2003 when South Tyneside opened a clinic within the Harton Lane site, and, since then, the Queen Elizabeth clinic has been primarily for the people of Gateshead.

The core function of the RACPC is to act as a screening clinic for people presenting with symptoms suggestive of stable angina. In the last year the clinic has helped over 600 patients, for the most part well within the two weeks target time from referral to appointment. As initially established, it was aimed at helping possible new sufferers from coronary heart disease (CHD), but increasingly the clinic will see patients known to have CHD who are noticing a change in their symptoms.

For the most part such symptoms are mild and seldom severe, although they may be troublesome. They may come on relatively predictably in situations of exercise. Typical anginal chest discomfort rarely lasts more than ten to fifteen minutes, fading when the sufferer rests, and may have been overlooked, going unreported to GP's or nurses, for several weeks or even months after first being experienced.

More spectacular, longer-lasting or sudden, fleeting pains, if not arising from acute coronary syndromes (and as such requiring urgent admission), seldom originate from the heart. These symptoms frequently have a musculo-skeletal or gastro-oesophageal cause.

The majority of patients are referred by their GP, but other sources of referral include practice nurses, health visitors and nurse practitioners. Occasionally referrals are received from hospital consultants in other specialties.

**For further information contact:**

Roger Owen, Cardiac Nurse Practitioner, or Sharon Watson, Clinic secretary at the Queen Elizabeth Hospital, tel. (0191) 482-0000.

### **4.33 Specialist CHD nursing services in Gateshead**

The following articles outline the range of specialist CHD nursing services now available in Gateshead

#### **Heart Failure Nursing Service**

The Heart Failure Nursing Service aims to provide seamless care across both Primary and Secondary care for patients diagnosed with Left Ventricular Systolic Dysfunction. The Service includes twice weekly Heart Failure clinics based at the Queen Elizabeth Hospital and home based service covering all the boundaries of Gateshead PCT.

Patients are referred in to the Service if they are admitted to Secondary care under a Consultant Cardiologist, or as outpatients via Cardiology clinics. General practitioners can refer patients with suspected Left Ventricular Systolic dysfunction to an open access echo service for diagnostic scanning. Some work is taking place in a small selection of GP practices supporting register validation of patients with a diagnosis of heart failure.

The service aims to titrate heart failure medications in line with national and local guidelines for diagnosis and treatment and the National service Framework for Coronary Heart Disease. All patients are given advice on symptom management, monitoring, lifestyle advice and explanation of diagnosis. Exercise is a vital component and there is a well established Heart Failure rehabilitation group based at the Queen Elizabeth Hospital which runs twice weekly over a nine week period.

The Heart Failure Team provides an S.O.S service Monday to Friday, 8:00 am until 4:00 pm and patients are encouraged to report any changes in symptoms to promote early intervention.

#### **For further information:**

The Heart Failure Nurses can be contacted on telephone number 0191 482 0000 by requesting the following bleep numbers.

- Julie Warren, Heart Failure Nurse Specialist, bleep 2600
- Jeff Knox, Heart Failure Nurse Specialist, bleep 2601
- Angela Heads, Cardiology Nurse Practitioner, Heart Failure Clinic, bleep 2640

### **4.33 Specialist CHD nursing services in Gateshead (cont.)**

#### **Cardiac Rehabilitation Nursing Service**

The Cardiac Rehab Team in Gateshead provides a holistic, multi-disciplinary service for all patients with CHD. The team address the needs of patients both pre- and post- heart attack, heart surgery and angioplasty and those with heart failure, medically managed angina and refractory angina.

All patients are offered education either in the hospital, as outpatients or in their own home. When a patient has a firm diagnosis and has had appropriate heart tests performed, a formal cardiac rehab class will be offered. The patients perform a simple fitness assessment and a quality of life score is recorded. The patients begin a programme in a venue of their choice up to three times a week - six different groups are available. The course can last from 4-6 weeks and involves exercise and education. Three of the groups offer specialist help for those patients waiting for intervention at the Freeman, those with heart failure and other co-morbidities. These groups allow the team to offer an individualised or tailored programme.

If any patient does not wish to attend one of the formal rehab groups, a home-based programme can be offered. Most patients can also be seen in their own homes if they cannot attend the hospital for follow-up.

The cardiac rehab nurses, nurse specialists and physiotherapists offer an SOS service Monday–Friday for all patients with CHD. This has proved invaluable for patients over the years.

Any patient who attends a programme will complete a physical and psychological assessment pre- and post-attendance. This allows the team to monitor the service offered and continually improve where necessary. The team also adhere to national guidelines for cardiac rehab including those within the National Service Framework for CHD and NIHCE guidelines.

#### **For further information contact:**

Amanda Batchelor, Nurse Practitioner Cardiology, Cardiac Rehab Manager,  
Gateshead Health Foundation NHS Trust, Queen Elizabeth Hospital, Queen  
Elizabeth Avenue, Sheriff Hill, Gateshead NE9 6SX  
tel.: 0191 482 0000 bleep 1201 or 2027.  
e-mail: [amanda.batchelor@ghnt.nhs.uk](mailto:amanda.batchelor@ghnt.nhs.uk)

#### **4.33 Specialist CHD nursing services in Gateshead (cont.)**

##### **Long Term Conditions Facilitator - CHD Lead.**

The Long Term Conditions Facilitator leads and facilitates the development of services for Long Term Conditions across the PCT, focusing on co-ordination and implementation of the CHD National Service Framework. Primary care teams are supported in the implementation of the Long Term Conditions agenda in collaboration with key stakeholders from Gateshead Health NHS Foundation Trust and other partner organisations.

The Facilitator is the main link between primary and secondary care, working closely with the cardiology nurses and assisting in the co-ordination of the heart manual facilitators' training. Following on from a Training Needs Analysis, a programme of training and education is delivered to all community staff. Local steering groups oversee the implementation of national and local policies in the area of CHD. These groups include service users as members, enabling them to make suggestions on how services can be improved for Gateshead's population.

A 3 year British Heart Foundation project, financed from the Big Lottery Fund, is led by the Facilitator. This has allowed a new Cardiac Rehabilitation programme to be established for clients who are elderly and have co-morbidities, preventing them attending the existing programme.

Other areas of involvement include audit data collection, Local Enhanced Services and the development of a Directory of Services specific for Long Term Conditions.

##### **For further information contact:**

Angela Stewart, Long Term Conditions Facilitator – CHD Lead, Gateshead Primary Care Trust, Winlaton Clinic, Hood Square, Blaydon-on-Tyne NE21 6AY

tel.: 0191 414 9841

e-mail: [angela.stewart@ghpct.nhs.uk](mailto:angela.stewart@ghpct.nhs.uk)

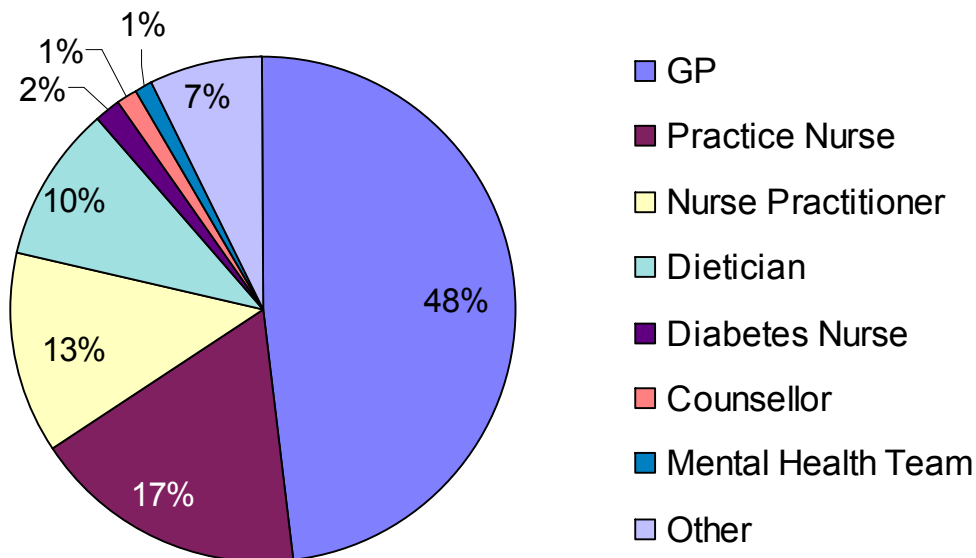


#### 4.34 GOAL physical activity on referral scheme

Gateshead's Opportunities for Active Lifestyles (GOAL) Scheme was launched at the End of January 2004 as a key action from Gateshead's Physical Activity Strategy. A low level of physical exercise is one of the major risk factors for coronary heart disease (CHD). The GOAL scheme operates via referral of inactive patients with an additional risk factor for CHD, from a range of health professionals including GPs, practice nurses, dieticians and mental health practitioners.

People are referred to Gateshead's team of Physical Activity Development Workers (PADWs). On referral, the patient will undertake an initial consultation at their nearest leisure facility i.e. Dunston Pool, Gateshead Stadium, Felling Pool, Gateshead Leisure Centre or Birtley Leisure Centre. Patients are then designed a 12-week exercise plan to suit their Individual needs which may include Health Walks, Cycling or Facility-based activities such as the gym. If there is a cost to an activity, it is offered at a rate of £1.50 per session. Sessions are run by a variety of people. Some walks are led by volunteers, cycling is led by a private company called CycleTrex and facility-based sessions are run by Gateshead Council.

#### Referrals to the GOAL scheme, February 2005 to January 2006, by source of referral



Between February 2004 and December 2005, the GOAL Scheme has received over 600 referrals. As well as physical inactivity, the main additional reasons for referral have been obesity/overweight and hypertension. The completion rate is estimated at 30%.

For further information contact Michael Chappell, Health Promotion Specialist (Physical Activity), Health Promotion, Gateshead PCT, Regents Terrace, Gateshead, tel. (0191) 478 9061.



