

**Heart Care Partnership  
(UK)**

# **January 2013**

# **NEWSLETTER**

HCP UK are grateful for input to the Newsletter, please contact  
Carol Reilly, Tel: 01902 694414, 07966 400143 or e-mail:  
[hcp@bcs.com](mailto:hcp@bcs.com)

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**Affiliated to the British Cardiovascular Society**

**And**

**Arrhythmia Alliance**

## FOREWORD



**Kenneth Timmis Esq. MBE JP ACIE**  
**President of Heart Care Partnership UK**

This may very well be the last epistle from as your President. My period of Office ends in June of this year. In many ways I shall be sorry because I have really enjoyed representing you in that capacity. I have met some really wonderful people and have been to some great and often mind blowing events. I have also enjoyed my time on committees, both Cardiovascular and Surgical. I have even dabbled in thoracics and revalidation. It has been a tremendous experience which will long stay in my memory. I ought to add that I hope that my presence in all these spheres has been of use to both patients, carers and clinicians. But that's enough of me.

In this last year we have created a middle tier in our organisation, an Advocates Council, comprising of Trustees and also those who would act as our representatives or advocates in the wider field. This will I am sure enable us to support our patients and their carers even further than before.

As I write Heart Care Partnership (UK) is going through a period of change. At long last, after much consultation and effort, we are changing our name to fall in line with the British Cardiovascular Society, to whom we are affiliated. We are to become Cardiovascular Care Partnership (UK). We only await Charity Commissioners approval. This is probably the greatest legacy I shall leave for my successor, except perhaps setting up the David Geldard Bursary in memory of my dear friend and predecessor.

If this is to be my last message, I would like to end by thanking my fellow Trustees and members of the Advocates Council for their support and encouragement, even when they thought I was losing my marbles. Together I believe we have achieved great things. We received an excellent legacy from those who went before us and I sincerely believe that we have built on that and will pass on an even

greater legacy to those who follow. Go to it Guys and Gals or as David so often said, tally-ho. I may soon be a Past-President, but I shall remain a Trustee.

Yours always,

Ken Timmis

## BURSARY SCHEME IN MEMORY OF DAVID GELDARD MBE



**Heart Care Partnership  
(UK)**

The National Heart Patient Charity

Empowering cardiovascular groups to improve awareness, education, prevention and treatment options

Registered Charity No. 1131564

### **HCP(UK) CONFERENCE 2013 ExCeL London 4<sup>th</sup> June 2013**

#### **Bursary scheme for Patients or Carers and Clinicians in Partnership in memory of David Geldard MBE**

##### **About the 2013 conference**

- ♥ Special focus on current Business Plan - *"The Importance of the Patient Voice"*.
- ♥ Consolidate our membership
- ♥ Make the Second Bursary Award

Again we will be running a bursary scheme dedicated in memory of a former President, David Geldard MBE, to encourage patient and/or carer and clinician partnership to promote good practice. There will be one award only.

The bursary package contains:

- ♥ A trophy
- ♥ £300 Cash
- ♥ Free passes to the Conference for award winner(s) plus:  
Free Membership of HCP (UK) for 12 months
- ♥ Publicity in HCP(UK) and BCS Website and Newsletters

## How to apply

In order to be considered for the bursary package, please complete the application form available on our website [www.bcs.com](http://www.bcs.com) (affiliates section – HCPUK). Please ensure you read the terms and conditions.

Please return your completed form electronically to [hcp@bcs.com](mailto:hcp@bcs.com), or by post to the address below. **Please note the closing date is 5 p.m., Friday 29<sup>th</sup> March 2013. Applications received after this will NOT be considered.**

### HCP(UK) – Conference Bursary Scheme

c/o Val Collins

Affiliates Co-ordinator

British Cardiovascular Society

9 Fitzroy Square

LONDON

W1T 5HW

The successful and unsuccessful applicants will be notified as soon as possible after the closing date

### HCP(UK) Annual Conference 2013 David Geldard Bursary Scheme – Terms and Conditions

1. HCP(UK) is pleased to announce a Bursary Scheme dedicated to the memory of David Geldard MBE, a former President.
  2. The Bursary package contains:
    - ♥ A trophy
    - ♥ £300 Cash
    - ♥ Free passes to the Conference for award winners plus:
      - Free membership of HCP (UK) for 12 months
    - ♥ Publicity in HCP(UK) and BCS Website and Newsletters
- The bursary conference package does not cover meals/refreshments, other than those provided as part of the standard delegate pass.
3. The applicants must submit evidence of partnership working between patient and/or carer and clinician to promote best practice for the benefit of future patients and carers in their area.
  4. The scheme is open to patients and/or carers and their clinician working in partnership to promote best practice for the benefit of future patients and carers in their area. A single patient representative may apply as long as evidence of partnership working is submitted.
  5. Successful and unsuccessful applicants will be notified of the result as soon as possible after the closing date.
  6. Unsuccessful applicants will be entitled to book delegate passes at a discounted rate.

7. The deadline for applications is **5 p.m., Friday 29<sup>th</sup> March 2013**. Applications received after this date will NOT be accepted.

8. Applications will be assessed by a panel of Trustees of HCP(UK).

**HCP(UK) Annual Conference 2013  
David Geldard Bursary Scheme**

*(To enable attendance at HCP (UK) Conference at British Cardiovascular Society, and awarded in recognition of a significant contribution to Patient/Carer/User involvement in Cardiovascular Services)*

**APPLICATION FORM**

**To complete the form, please click the cursor in the designated box below. The box will expand as you type. To move from one box to another, you can use the tab key, the arrow keys or click in the next box.**

<b>Name of Applicant/Applicants (up to 2) of which at least one should be a user.</b>	
<b>Email contact details: (i)</b>  <b>(ii)</b>	
<b>Description of patient/carer/user involvement in local cardiovascular governance structure</b> (e.g. Membership of Quality in Practice Multidisciplinary Team, Cardiovascular Local Implementation Team/, Network Board and Pathway Committees)	
<b>Description of special project involvement with users</b> (this section may be completed by a clinician)	
<b>Elaborate the particular contribution you as patient/carer/other user have made</b> (e.g. championship of rehabilitation services, leadership of pathway development discussions among local patients/carers/users)	
<b>Have you requested support from any other resource</b> (e.g. Local Network, local Cardiology Trust Fund to which patients and families have donated, local	

Education Charity for users) <b>and what was the outcome?</b>	
<b>Benefit to local service for patients/carers/users from receipt of bursary</b> (describe how your Conference attendance would benefit your local discussions at QPDT/MDT, Network, and local cardiovascular services <b>How would you make use of your HCP (UK) membership allocated with your bursary for Conference attendance</b> (e.g. offer to represent local cardiovascular users in a new forum, committee at Network or National level)	
<b>Would you encourage other patients/carers/other users to become more involved at a level appropriate to them? How would you approach this?</b>	

**Please feel free to attach a brief CV (no more than a single page summary) of your relevant background and other activities in support of others** (e.g. Leading a related/unrelated group)

**Signature (s):**        (i)

(ii)

**Signature of Supporting Clinician** (e.g. Clinical Director of unit/Network)

**Email:**

**Telephone contact:**

**Please Note:**

**Data Protection:** The data submitted on this form will be used by HCP(UK) for the Annual Conference Bursary Scheme and will be held on our Database for future reference and in accordance with the Data Protection Act 1998

## "WE MUST LOOK AFTER OUR NHS"

**Dr Jane Flint BSc MD FRCP, Founding Trustee and Clinical Lead HCP UK**

**POEMS (Patient Oriented Evidence that Matters): "We must look after OUR NHS".**

Our National Health Service, one if not the greatest source of civil pride in the country, is facing more challenges than at any time in its history. An increasing, and progressively older population, with mounting expectations, has been recurrently disappointed as national priorities have never allowed the timely expansion of necessary social and community based services in support. As we well recognise from the patient and carer population, the greater specialised focus and success in medical care has too often ignored the holistic approach to the person, who just wants to be treated and respected as the individual they are, albeit with their clinical problem. Add into the mix the financial squeeze which has been applied to the NHS, despite the rhetoric claiming reinvestment, there has developed a distortion of priorities. And particularly where governance structures have failed to develop and mature as they should, as the Francis Inquiry will report, false solutions risk appearing, too often today market-driven. Where hope and leadership have flown, compassionate care may suffer. The passing of the Health and Social Care Bill in 2012, by Coalition whip, against the passionate opposition of most health professionals and the country was the nadir.

So where are we now, and what is our way forward? The Olympic tribute paid to our NHS, and the spontaneous jeering of the Chancellor in the same venue, show we have the inspiration and will to find a new path. A vigilant approach to system change, under application of governance, has been alerted. New alliances are forming to look out for the most serious situations placing critical local care pathways under threat. Even a new political party has been launched to ensure at least independent local constituency opposition to specific distortion of health and social care services, such as threatens Lewisham. But the Opposition is now consulting widely on its approach for 2015, acknowledging the need to fully combine Health and Social Care budgets, with prevention and mental health given due attention. A bigger question, essentially the 'elephant in the room', is to open a healthy debate on what proportion of GDP our civilised country should now spend on the whole system. We have the ability to make an appropriate calculation, and the current economic focus upon the best mode of health and social care for older people must not ignore the Cochrane review evidence of specialist MDT assessment providing the best care. Sir David Nicholson's dismissing hospital care for many elderly people is provocative and risks denying them well deserved proper appreciation of their problems, and

individual specialised care plans. Implementation of the Liverpool Care Pathway at the correct time in terminal care is an example; look at the recent furore in the press when there is insufficient understanding of all the issues. Good practice according to clinical need should be our aim; is it really ethical to pay according to targets which may not even reflect useful intervention or care?

Another thread highlighted in the media recently has been the disconnect between official Care Quality Commission inspection results and the real standards experienced by patients, particularly in care homes. The 'friends and family' test has been rightly criticised also as too business oriented, biased and lacking analytical rigour. Our '**nowt about us without us**' ideal is thus far from achieved. We need to see truly enforced our key principle desired by our Conference survey last year - to have patient representation in every group, governance included, who discusses patient care pathways.

Across the cardiovascular specialty we have variable but diverse engagement now; other specialties are not yet as fortunate, and we have a duty to spread good practice. Wise '**expert**' patients are now needed in the new commissioning structures of Clinical Commissioning Groups and National Commissioning Boards; these roles will certainly be at the sharp end. We also need to ensure good user representation in evolving governance structures within Networks, now including primary care multidisciplinary teams as well as hospital, and of course HealthWatch 'watchdog' and the Health and Wellbeing Boards. The Patients' Association has just reported that 25% of Trusts it examined had not developed sufficiently as regards handling complaints despite advice following the first Stafford Inquiry from the Care Quality Commission and Parliamentary Health Service Ombudsman.

I have been invited to speak at a local political forum on the NHS, and my main theme must be encouraging 'user' involvement, which must importantly ensure there is adequate representation in governance teams across all specialties. We have had circulated locally a summary of all the ways the community may become involved in the local NHS. Not enough yet show interest in doing so, but I would argue that we will only get the NHS we deserve if we all work for those ends. Within HCP UK, we have the will and resource to empower our patients and their support groups and associations. **Our NHS needs all of us**, not just the health professionals, to own our services - then we shall be proud of the achievements of our truly multidisciplinary teams - involving patients! It is time to spread that message right across society.

## ARRHYTHMIA ALLIANCE

### Do you know where your nearest defibrillator is?

The Arrhythmia Alliance Restart the Heart campaign aims to increase placement and use of emergency defibrillators (AEDs) wherever people to prevent thousands of avoidable deaths from sudden cardiac arrest. Founded on awareness raising and support of community groups, the Heart has five aims:

- To increase public awareness and understanding of SCA
- To increase awareness of AEDs as life-saving equipment
- To increase public confidence to use AEDs
- To increase community placement of AEDs by local groups
- To increase community awareness of AED locations



the  
gather,  
(SCA).  
Restart

### Learn how to put an AED at the heart of your community

Arrhythmia Alliance has developed an AED Toolkit that has been as a practical guide to help you through the entire process of an AED placement and to answer any questions you may have. Arrhythmia insist that all AED placements run in collaboration with the local Ambulance Service and, if present, the Community First Responder

If you would like more information on how you can make your community heartsafe, please contact Caroline Holmes on 01789 450 787 [caroline@heartrhythmcharity.org.uk](mailto:caroline@heartrhythmcharity.org.uk)



designed  
Alliance  
(CFR)  
or email

## STRATEGIC CLINICAL NETWORKS

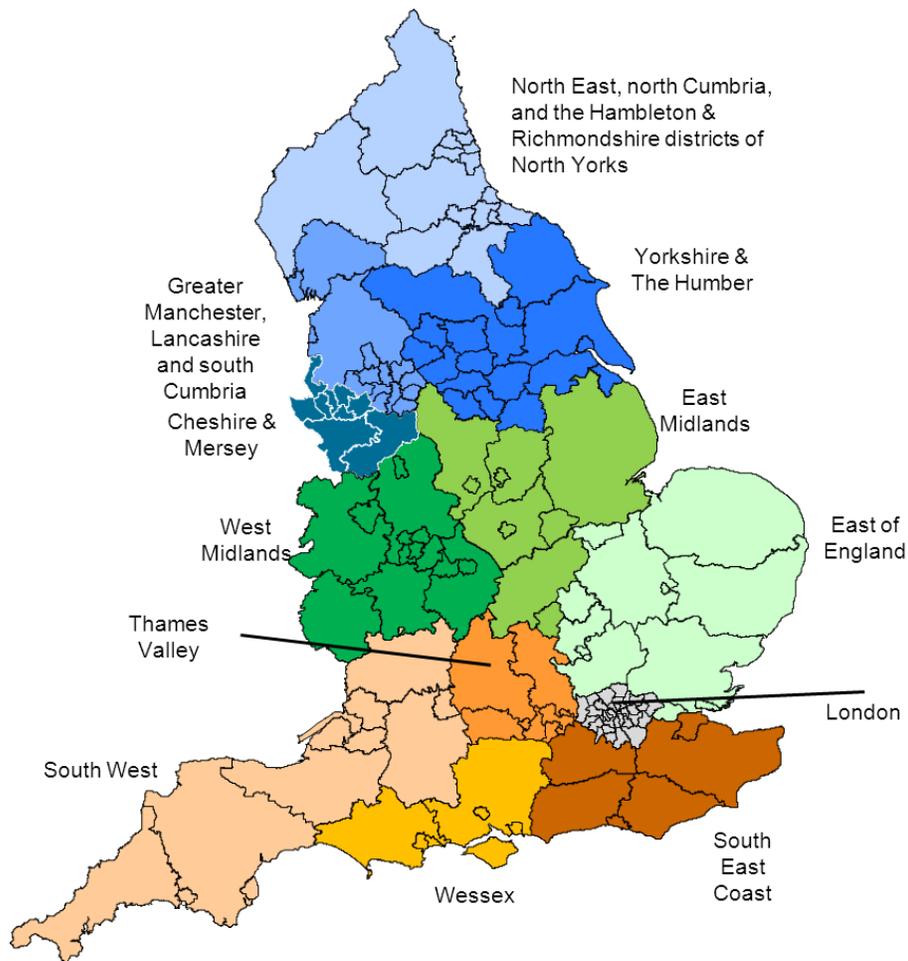
**Have Your Say; Shape the Future of Healthcare Services,**

**Join your regional Strategic Clinical Network**

**Be a part of your local Operational Delivery Network**

- NHS Commissioning Board (NHSCB) will host Strategic Clinical Networks (SCNs) from 2013 - Four initial areas operating throughout the country: cancer, cardiovascular, maternity and children, mental health, dementia and neurological conditions.

- Operational Delivery Networks (ODNs) focus on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise
- SCNs will operate as engines for change across complex systems of care, maintaining and or improving quality and outcomes. They bring primary, secondary and tertiary care clinicians together with partners from social care, **the third sector and patients**



SCNs will need **to develop close relationships** with stakeholders including:

- **Patients and the public**
- Commissioners and providers
- Clinical Senates, Health and Well Being Boards and Academic Health Science Networks (AHSNs)

- NHS Improvement body
  - **Third Sector organisations**
  - Professional organisations
  - Education and training bodies
- To measure SCNs effectiveness they will be linked to Outcome Domains - national and local priorities
    - Structure i.e. governance, **PPI**, finance
    - Process i.e. annual programme based on national priorities, use of NHS single model of change, innovation and spread of best practice, annual report
    - Outcomes i.e. progress in local area against Outcomes Frameworks
    - Further development needed

## WE NEED YOU TO WORK WITH US

### LOOK OUT FOR NATIONAL, REGIONAL AND LOCAL EVENTS

#### FORTHCOMING EVENTS

#### **BCS Annual Conference 2013**

3 – 5 June 2013  
London, ExCeL

Online registration is now open; please click [here](#) for online registration.  
For details booking accommodation near ExCeL, please click [here](#).





## **APPLICATION TO BECOME A MEMBER OF THE HEART CARE PARTNERSHIP UK**

### **AFFILIATED TO THE BRITISH CARDIOVASCULAR SOCIETY**

**Please return to: Val Collins, HCP (UK), 9 Fitzroy Square, London, W1T 5HW**

REPRESENTATIVE NAME:

ADDRESS:

TELEPHONE NO:

EMAIL ADDRESS:

A BRIEF OVERVIEW OF YOUR ORGANISATION'S WORK:

MEMBERS OF THE HEART CARE PARTNERSHIP WILL RECEIVE INFORMATION ON MEETINGS, TRAINING COURSES AND EDUCATION AND INFORMATION SERVICES

- Please tick this box if you are happy for your information to be given to the British Cardiovascular Society for use when sending information on cardiac and stroke related issues

**MEMBERSHIP OF THE HEART CARE PARTNERSHIP UK IS FREE TO USERS**