SEPTEMBER 2011

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

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Affiliated to the British Cardiovascular Society

And

Arrhythmia Alliance
I regret to inform you that David Geldard MBE, Trustee and past President of Heart Care Partnership (UK) as well as a leading light in many National and Manchester local Cardiac bodies, died suddenly on Friday 2nd September. He had seemed to be well on the road to recovery after a recent serious operation but sadly suffered a relapse.

David had for many years effectively championed the patient cause in heart disease and was well respected wherever he went. He was a “big man” in every sense of the word with a big character, full of warmth and humour, and he was eager to encourage others, always ready with a word of praise and generosity in his dealings. He came alongside clinicians and was always supportive of the work that they were doing and was so positive in his comments. He stood out so far among others as he championed patient
representation and his achievements were recognised by all with whom he came in contact. In addition to his work with Heart Care Partnership (UK), he served as a patient representative with the Royal College of Physicians, MINAP, BHF, Department of Health, NICOR, Society of Cardiothoracic Surgeons, Greater Manchester and Cheshire Cardiac Board, as well as BCS and his cycling charities.

His death will leave a huge gap in all the areas in which he worked so tirelessly and he will be greatly missed. It seems such a cheat to have failed to beat this illness when he had fought the cardiac disease so well. Our heartfelt condolences go to David’s family.

Prof Huon Gray said of David:
“David gave so much, so generously, over so many years, and did such a great deal to enhance patient & public involvement in cardiovascular healthcare issues. He will be missed hugely, as will his personality and great good humour, which so often brightened meetings and discussions.”

TRIBUTES FROM FRIENDS AND COLLEAGUES

I am devastated as a friend so I cannot begin to imagine what you all must be feeling.

I have admired and looked up to David as a role model ever since we met and this has left a gaping hole in my list of close friends. Please accept my sincerest condolences and those of my colleagues on Heart Care Partnership (UK). This is a gap that will never be filled.

Ken Timmis
President HCP UK

I first met David at an inaugural CHD Collaborative event in Blackpool in 2001. He appeared in fancy dress (including a splendid Tam O’Shanter) at a rather serious gathering of
consultants who we were trying to line up as clinical leads. He had gate-crashed the wrong party!

Little did I realise that I had just met an exemplar patient representative who was going to be a superb advocate and critical friend over the next decade. On reflection, he should have been at the meeting in any case to help us with our selection based on his frequently declared premise: “Do nowt about us without us!”.

We shall miss David greatly. He was a great colleague and a great friend. We shall miss his dedication to the cause of rehabilitation, his drive to improve care, his pragmatic common sense and his sense of humour.

All best wishes
Roger
Professor Sir Roger Boyle

Dear Ivy, Jonathan, Rebecca and Caroline

I was devastated to learn of David's sad passing when we all hoped he was recovering after his major operation. May I express my deepest and sincerest condolences to you all. The wonderful character he was to us as the great champion of cardiac patient issues will be just a fraction of what he meant to all of you, and I cannot begin to appreciate all. To me, he stood out so far among others at the beginning of the last decade as we drew heart patient and carer groups and representatives together, and was totally recognised for his achievements as the years passed.

To me as to everyone he knew I am sure he gave at least as much in support as he received, and mostly gave much more in return. I always felt that the challenges he had known in his life around education in the Prison Service had well prepared him for those he would help so far with in the changing and improving NHS. He understood the principles of education so well that he always used warmth, encouragement, and due praise generously in his dealings,
which always therefore had positive outcomes. His vision for the future will be cherished by us all.

I have no doubt that the love and respect you so accurately assess were felt for David will be reflected in the support you receive at his funeral and beyond. Please do not hesitate to get in touch if there is anything more I can do or say.

With deepest condolences once again,

Yours most sincerely,

Jane

Jane Flint MD FRCP
Consultant Cardiologist
Founding Trustee Heart Care Partnership (HCP) UK and Clinical Lead
National Clinical Adviser for Cardiac Rehabilitation to NHS Improvement Heart, previous
Clinical Director Black Country Cardiovascular Network
Professional Trustee British Heart Foundation
Chair British Cardiovascular Society Joint Working Group Recommendations for Women’s Heart Health, and previous Council for District General Hospitals, and Women in Cardiology.
Ken. Having just returned from sailing I was so shocked to learn of the passing away of our dear friend and colleague David. I remember the first time I met him in the basement at Fitzroy Square, and what a good impression he made on us all with his total commitment to improving cardiovascular care for all heart patients. When he became our first President he really was outstanding. very quickly developing a sound and trusting working relationship with all the leading cardiac consultants and top N.H.S. staff. David was such a big man in both his body and in character yet so surprisingly down to earth. Who could forget his description of arriving at no 10 Downing Street on his bike, or his mishaps when he inadvertently met terra firma when he unexpectedly left his bike on several occasions.

In true northern fashion he did us proud. It was an honour to have known David and to have worked for him on many projects.
Ken I would like to attend David’s funeral if you would be so kind to let me know the details when they are to hand. In order to express my thanks for having the privilege and pleasure to be a colleague of David.

Peter Diamond
Trustee, Heart Care Partnership (UK)

Thank you for letting me know this dreadful news - what a tragedy and such a loss. My thoughts are with his family. David was such a character and a dynamic person - he will certainly be missed.

Kindest regards

Trudie Lobban MBE
Chief Executive
STARS
Founder Director (Syncope Trust and Reflex Anoxic Seizures)

I’m so terribly sorry to hear about David’s death. Many people were helped by his selfless dedication and his seemingly boundless energy. All of us will miss him a great deal. The family obviously knew him intimately and I can only say how he appeared to friends and colleagues, but we will all remember how he enlivened any occasion, bringing humour to even the most boring of meetings. The sense of humour didn't prevent him making incisive contributions and he had a knack for seeing though to the bones of a problem. Once he knew what was needed he was like a terrier and whilst always good tempered and polite he never showed any deference to rank or position. He was a one off, an original, a man who was true to himself and appeared to fear no man. He used his talents and spoke for a legion of others who were less skilled or less brave in expressing their needs. He won't be forgotten by those he represented or those of us who worked with him.

Professor Bob Lewin
Sad new! I still can’t believe the big man has gone. Next time we meet we should raise a glass in celebration of his contribution. We are so fortunate to have had David and yourself taking the lead for patients in the UK. It must be really strange for you at the moment. Steady as you go!

Patrick Doherty
Chair of Rehabilitation
York St John University

I am very sorry to hear about David. Please accept my sincerest condolences; David was an inspiration to us all, he will be very sadly missed. You are all in our thoughts and prayers.

Carol Reilly
Network Manager
Black Country Cardiovascular Network
Trustee and Secretary Heart Care Partnership UK

Very sad news; David was such a big character, full of warmth and humour. He’ll be sorely missed.

Best Wishes
Tom

Professor Tom Quinn FRCN FESC FAHA
Professor of Clinical Practice
David was a huge character and will be sadly missed.

Harry Bloomer
Patient Lead
Action Heart Dudley
Black Country Cardiovascular Network

This is sad news indeed - I have known David since my Manchester days and held him in huge admiration - he will be sorely missed.

Dr Bernard Prendergast
Honorary Secretary Elect
British Cardiovascular Society

This is very sad news indeed. My association with David was as a trustee of HCP and his buoyant personality was certainly a factor that made HCP an organisation that I wished to be
involved with. David's achievements are extraordinary but over and above that he was a people's person, a gentleman and his zest for life and giving are rarely matched. He was a good man.

Julie Wootton
Chair of Trustees of Children’s Heart Federation & Max Appeal
Trustee, Heart Care Partnership UK

I can't add to anything anyone else has said, David was a true inspiration in his approach, belief and hopes for the future of patient involvement. His ability to see beyond the issues that directly affected him to other patient groups and his passion will be what I always remember. He was a true gent.

Paul Willgoss MBE
GUCH Patient
I have to say that I shed a tear when I read Kens email this morning David was a complete inspiration to all of us and he had become a good friend offering sound advice. I used to pester David at home when he was the chair. Poor Ivy was for ever taking messages. The following tribute is on our website:

Sad News about a great friend to Little Hearts Matter
Over the last five years Little Hearts Matter has had a place on the Hearts Care Partnership. HCP is a collection of cardiac charities both for adults and children. The aims of the group are to promote the needs of the users of the medical services, throughout the country, within as many arenas for change as possible.

The HCP’s founding president was David Geldard, a patient himself we worked tirelessly to ensure that patients, and their carers, needs were always heard especially within medical circles.

He was a great friend to LHM helping us to gain the ear of people like Roger Boyle, Cardiac Tsar, and the Department of Health.
Sadly David passed away last week following treatment for Cancer, a double blow having recovered so well following his cardiac surgery many years ago.

I learnt a great deal from him about adult cardiac services and he said that he gained a great deal of knowledge about the needs of children from working with LHM and on occasions meeting our young members.

Always beautifully dressed his humour, mirthful laugh and ability to put people at their ease forged paths through bureaucracy to ensure that the voice of the people that matter, the patients, could always be heard.

He will be sorely missed by the Little Hearts Matter team and especially me because he became a dear friend.
Our thoughts and best wishes go out to his wife and children.

Suzie Hutchinson
Treasurer Heart Care Partnership UK
Chief Executive, Little Hearts Matter

Thank you for letting us know - we have been told by David's daughters. Such a loss. I was very saddened to hear this news. Clive in his email to David's family says that we will be remembering David at our next Steering Group meeting.

Lucia Gavalova
MINAP Project Co-ordinator

I must say I also feel a great sense of loss. I have made enquiries to see if the British Journal of cardiovascular Nursing might print the tribute that Ken wrote as I know they very much support SUC involvement. I will keep you updated. I would welcome the opportunity to contribute to the flowers.

Dr Felicity Astin RN BSc (Hons) MSc PhD
Leeds Institute of Diagnostics and Therapeutics
University of Leeds

I was very sorry to hear of David's death. He was a very wonderful man.

Professor Adam Timmis
Editor – Heart Magazine

Really sorry to hear about David. He was a very special man and it was a privilege to have known him. He will be greatly missed by all.
Dr Iain A Simpson  
President Elect  
British Cardiovascular Society

Words fail me on such sad news. A bitter blow to such a lovely family. We were all hoping that he was on the road to recovery, bless him and his family. My thoughts are with his family, his friends and colleagues.

Sue Cheong  
Private Secretary to Dr Rowan Hillson MBE, MD, HonDSc, FRCP National Clinical Director for Diabetes  
Dept of Health, Area 407, Wellington House  
133-155 Waterloo Road, London SE1 8UG

I worked with David on the unstable angina and NSTEMI NICE guideline. His kindness, good humour and generosity will be very much missed. Please pass on to his family that I am thinking of them.

Jill Parnham  
Operations Director  
National Clinical Guideline Centre (NCGC) Royal College of Physicians 11, St Andrews Place Regent’s Park London NW1 4LE
David’s comments to the Prime Minister included,

‘The patients I know who are involved as representatives have a deep feeling of wanting to put something back, having been given a second chance, and there are fantastic support groups and individuals working away across the country to support and improve the clinical pathways.’…….

GOD BLESS YOU DAVID
YOU WILL ALWAYS BE IN OUR THOUGHTS AND PRAYERS
ACHIEVEMENT for HCP UK

The Prevention and Care Committee of the British Heart Foundation (BHF) has agreed to offer HCP UK continued funding for the next three years. All members of HCP UK would like to sincerely thank them for their financial contribution and support.

PUBLICATIONS

Trustee, Secretary HCP UK and Network Manager, Black Country Cardiovascular Network Carol Reilly was published in the British Journal of Nursing (BJN) with “Driving Health Promotion into the Community: an initiative evaluated”. This article, co-authored with Hilary Paniagua, Senior Lecturer and Researcher, University of Wolverhampton, Jill Evans, Research Assistant, University of Wolverhampton, and Patricia Bond, Reader in Primary Care, University of Wolverhampton.

Abstract
Health promotion and lifestyle advice is traditionally undertaken within health centres and general practices. However, evidence indicates that it can have modest impact on preventing disease. More contemporary ideas emphasize a community-based approach to health promotion activities and ultimately focus any screening performance according to the needs of the public. Utilizing a multi-level community approach to health promotion and screening activity within the Black Country is highlighted as being highly successful in shaping a dynamic local community initiative.

Key Points
- Health promotion in primary care focuses heavily on individuals initiating change, which is not always effective
- Empowering the community can offer an effective way of providing more accessible health checks for the general public
Voluntary sectors alliances with health professionals can generate a wealth of valuable screening data

Reference: British Journal of Nursing, July 2011, Vol 20, No 14

ACREDITATION FOR STROKE TEAMS

Speech and Language Therapy Teams across the West Midlands Region receive RCN Accreditation and UK Stroke Forum Training endorsement for their “West Midlands Swallow Screen Training Programme”.

The training programme demonstrates the benefits of multi-organisational working which can operate across organisational boundaries to the benefit of stroke patients, nursing staff, Speech and Language Therapists and the organisations themselves. It highlights the importance of screening patients for dysphagia within a 4 hour time window and identifies the components that should be included in a training programme.

This training programme has been written to address the shortfall in workforce capacity to achieve this standard of care and undertake safe swallow screening (i.e. not assessment) for stroke patients. Regional agreement of these standards ensures that nurses can move jobs within the region and still have their training recognised for conducting swallow screens for stroke patients. However, it is worth noting that the evidence used to support this training programme only relates to swallow screening of patients with stroke and no other health condition.

For further information please contact Carol Reilly, Network Manager, Black Country Cardiovascular Network carol.reilly@nhs.net
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Updated information from the Department of Health as of August 3, 2011

A new national body, HealthWatch England, will give patients and the public a voice at a national level and provide leadership, advice and support to local HealthWatch organisations, reducing variation across the country. HealthWatch England and local HealthWatch organisations will be able to make recommendations to the Care Quality Commission to carry out an investigation.

Seventy-five local HealthWatch pathfinders have been announced today. The pathfinders will pioneer plans ahead of the full establishment of local HealthWatch across the country in October 2012.

They will champion patients’ views and experiences, promote the integration of local services and improve choice for patients through advice and access to information.

Local HealthWatch will provide a collective voice for patients and carers, and advise the new clinical commissioning groups on the shape of local services to ensure they are informed by the views of the local community.

The network of Local HealthWatch will give patients and carers a real say over how their local health service is run. They will act as patient champions, drive local involvement in the community and ensure patients understand the choices available to them.
PATIENT EDUCATION AND DEVELOPMENT

Article submitted to Dudley Clinical Education Centre Charity Newsletter, and adapted to commemorate David Geldard MBE, a contribution for special September edition of HCP UK Newsletter.

Patient Education and Development (for patient, carer, family, and other users)
Towards Empowerment

E Jane Flint BSc MD FRCP  Consultant Cardiologist, Charity Trustee DCEC Council, Hon. President Dudley Hearts Undergoing Support, Founder Trustee and Clinical Lead Heart Care Partnership (HCP) UK, Trustee British Heart Foundation

This year is timely to reflect upon progress with ensuring informed education of patients and significant others in the wake of the controversial Health and Social Care Bill, claiming patient involvement in decision-making at its heart. As with several aspects of the proposed legislation, new ‘Health Watch’ structures may seem a change rather precipitate, particularly as LINKS have only relatively recently become established, and liaising with disease support groups, Network and local District multidisciplinary (MDT) governance teams, where patients can really be included in 'action learning sets' to improve care pathways.

I have been particularly privileged to champion and lead change in the cardiac arena, bringing together almost a decade ago now the different cardiac patient associations to concentrate the cardiac patient voice for the British Cardiovascular Society, and reaching out to talented individuals and Networks to provide input to all national bodies e.g. NICE, Royal Colleges, and specialist societies. David Geldard was presented to me from more sources than anyone else, and was already well established at local, Network level, and CHD Programme Board, and brought tremendous experience heightened by his real flair for reading individuals, and assessing their true commitment to patients' issues. Our earliest emphasis in HCP UK was concentrated on communication and information, found from national surveys to be the major concerns of patients.
The focus of first national meetings of Heart Care Partnership (HCP) UK and of a pioneering meeting of local patient support groups (all diseases) hosted in our Dudley Education Centre in 2005 was empowerment through education. An important outcome was the encouragement to have patient representation on all MDTs for governance as we had pioneered in Cardiology with the first Regional Governance visit recognition as long ago as 1999. Our Black Country Cardiovascular Network and David's Greater Manchester Network have become national models for their Patient and Carer Partnerships and Network involvement in HCP UK, and stimulated others to follow suit.

The education for patients must start at the very earliest opportunity of their care pathways, even at the front door, for so many are turned around after a much reduced length of stay today, perhaps giving people a false impression, as with heart attack patients treated by primary percutaneous coronary intervention, that they are "fixed and cured", even when their underlying disease process is actually a chronic one. Every specialty should have a full range of dedicated leaflets to cover their conditions seen. Heart patients much appreciate those produced by the British Heart Foundation, suitable for sharing in all settings from out-patients to ward to rehabilitation programme, to support advice from health professionals. Preventive advice is best given after lifetime risk assessment as the forthcoming third revision of Joint Societies’ guidelines will publish this year.

The RCOG is already realising the value of this in recent recommendations, as they face maternal mortality continuing predominantly cardiovascular this century. The natural extrapolation of this approach is that all health professionals should give opportunistic preventive advice at any relevant clinical encounter. David was particularly supportive that rehabilitation needs should be assessed for all patients (and under-representation of women addressed), their education developing particularly during this phase, maintenance facilitated by the potential for expert patient training. Hearty Voices DoH further training for cardiac patients, Stronger Voices from the Consumer Council of possible use also, not only help prepare patients to be of support to others, but help empower them to represent patient and carer concerns to the multidisciplinary team locally, and within Networks. A few more experienced patient leaders may be encouraged to participate in national committee work with specialist societies, the Royal Colleges, NICE, Care Quality Commission, and National Audit processes. Once again, David Geldard sat at most tables, and inevitably made a strong
impact, and always with great humour yet tenacity of purpose. He also successfully approached and worked with affiliated groups particularly sympathetic to the patient voice. He well understood key educational principles of encouragement, and generous praise where due, which of course enabled him to be critical in a positive way later. His last action was to ensure that the 2011 MINAP report was distributed to Network patient representatives who might then serve accordingly. New roles for activist patients are likely to develop at all levels, from local buddying of other patients through rehabilitation to updating representation on all national health structures, from the LINKS/ HealthWatch to Quality and Commissioning Boards.

A thorny issue emerging is how we fund educational development of patients. We have pioneered the travel support of local cardiac patients from Trust Funds, where Networks are limited, to attend the Patients’ Forum at the Society for Cardiothoracic Surgery. David pioneered the concern to find such resource for the justifiable use of patients so they might receive appropriate education. The Dudley Clinical Education Council Charity has also introduced support for Patient oriented research, and is kindly considering, as a retirement gesture for me, the suggestion of awards for Patient Involvement in MDTs, which can support patients as well as professionals in attending appropriate conferences and educational events. Nationally, we have just achieved British Heart Foundation support for setting up a HCP UK Patient Conference with start-up travel-grant/ attendance fees before we build in sustainability. These are all models applicable to many specialties.

Information sources are improving exponentially for patients, the DIPEX charity’s award winning HealthTalkOnline being a key generic example, and involving patient stories. Lead Action Heart Volunteers have compiled their own book in recent years with British Heart Foundation support for publication. David especially enjoyed this, and typically shared it most efficiently along with NHS Improvement principles. Health professional communication has to occur well at many levels, and must appropriately contextualise any support literature used. We should ensure that attention is paid to training for all clinical interactions, inter-professional as well as with family and carers of our patients. Multiple source feedback is at present our main method of assessment although dealing with various key scenarios may be enacted in exams and interviews.
Listening well is an important quality behaviour, but sadly some people may seem to do less of it as they become more senior, when actually they should do more, to stay nearer to the groundswell of opinion, and humble before their patients. Lives are unendingly interesting, and to be respected for the challenges which have been faced. To truly understand an individual we have to listen to their health beliefs and value structure so we may most effectively interact in the therapeutic partnership with them, and respond most effectively to their concerns, and hopefully make a difference to their lives and health. These words I wrote in our Education Centre Charity Newsletter, and I now dedicate them to the memory of the larger than most lives character who ever attributed a pioneer role to me yet was the most responsive and visionary in his approach on behalf of patients for the future, and a great friend to me and all he knew supporting his causes.

“WHAT DO USERS WANT TO KNOW, AND HOW THEY WOULD LIKE TO BE TOLD”

The subject of a newly published HCP UK leaflet for patients, carers, family, friends - exploring a patient's preparation for clinic and what may be expected from a clinician, it combines the approaches of both to help mutual understanding.

The booklet is being piloted in teaching clinics, gathering views of patients, students and clinicians as to how best to deliver the content. Experienced cardiac patients have approved the content, and initial clinic patient experience advises us that it may be best used before established follow-up patients go into the consultation room to help facilitate more detailed discussion when that is appropriate, often when test results are being incorporated into a clinical picture. We need to further assess what benefit there may be in having the booklet available in the waiting room, without alarming new patients in whom no disease has as yet been established. We welcome ideas and/or any interest in joining a formal pilot of the new booklet's usefulness. It should be a helpful guide/ reminder of useful questions for the patient/ carer to ask, but may require a supportive context to be fully taken on board.
Good facilitation appears, as usual, to be a significant key. Please express interest in the project/ request the booklet: jane.flint@dgh.nhs.uk; or mullinc@bcs.com. A fuller review will appear in the next edition of the HCP UK Newsletter.

Jane Flint BSc MD FRCP
Trustee and Clinical Lead HCP UK

FORTHCOMING EVENTS

British Cardiovascular Society Conference
28th – 31st May 2012

HCP UK Patient Day Tuesday 29th May

Manchester Central
www.bcs.com
APPLICATION TO BECOME A MEMBER OF THE HEART CARE PARTNERSHIP UK

AFFILIATED TO THE BRITISH CARDIOVASCULAR SOCIETY

Please return to: Catherine Mullin, 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 AT PRESENT FREE TO USERS