

MARCH 2005

HEART CARE

PARTNERSHIP UK

NEWSLETTER

HCP UK are grateful for input to the Newsletter, please contact Anne Jolly, info@sadsuk.org Any opinion or statement by the author of any article does not necessarily represent the opinion of HCP UK or its committee. Articles relating to health are for information only.

The primary purpose of this publication is for general information and is not to be used as medical advice, diagnosis or treatment.

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Affiliated to the British Cardiac Society

Foreword

David H Geldard, Chairman Heart Care Partnership UK

As with all new organisations, for Heart Care Partnership (UK) this has been a year when consolidation has had to go hand in hand with development and innovation.

We were accepted as an affiliated group of the prestigious British Cardiac Society in what will prove to be a mutually beneficial relationship. Our application for charitable status is progressing and our Trustee Board is coming to terms with its responsibilities and the implementation of our ambitions for the next two years.

The Progress Report on the first five years of the N.S.F. was a stirring documentation of recent achievements, though there is still room for improvement in primary prevention and rehabilitation. The welcome new chapter on arrhythmias and sudden cardiac death was launched in March, and it was super to note that Anne Jolly, one of our trustees, was a member of the expert reference group; it was also refreshing to observe that another ten patient and carer representatives were involved in that group. Ken Timmis and his team must be delighted with their new £60 million state-of-the-art heart and lung centre in Wolverhampton. Ken was in charge of refreshments on the day of the big move. Jane Flint has been appointed to the Council of the British Cardiac Society to lead the crusade for women in cardiology. Ffion Heled, the Patient Network Manager and pioneer of the Hearty Voices programme, is leaving the British Heart Foundation to take on a new role as researcher for the Commissioner of Young People in Scotland – good luck Ffion and thank you so much for your support.

The benefits of the Discovery Interview approach to service improvements in the treatment of heart disease generally and specific disease groups in particular was dramatically displayed at the national conference on Collaboration in Cardiac Care in Birmingham in March. On the last session of the first day a lucky-to-be-alive patient gave a moving trawl through the miseries of her life having been diagnosed as an epileptic, only to discover years later that her problem was an arrhythmia. Conference was stunned by the presentation and the chair for the session was moved to tears and the National Director for the Coronary Heart Disease Collaborative was so choked that he could barely close the proceedings for the day.

Our Trustee Board, our members and our linked organisations have wide experience and a clear commitment to working to improve the treatment of heart disease; to supporting patients, their carers and other family members; advancing public education and awareness of heart conditions; and developing patient empowerment. Our partnership was founded at the suggestion of the

President of the British Cardiac Society and we have been accepted and are integrating into their organisation. We now have to make it all work and make it effective. Can I please thank all of our officers and trustees, our members and colleagues from the B.C.S. for their efforts and the warmth of their commitment. We have an exciting time ahead, and one, which will be very worthwhile.

*Thank you.
David Geldard*

Brian Edwards, Treasurer

All my life I have worked with accounts. I had a heart transplant in 1991 at Papworth Hospital and have made a good recovery. I have two children and four grandchildren, who keep me active.

Suzie Hutchinson, Secretary

Suzie Hutchinson has been the director of Little Hearts Matter since April 2003, moving into this management position from that of the charity's Development Officer.

Suzie has been a nurse within the health service for over 20 years, training at the Royal London and Great Ormond Street Hospitals. She spent over 15 years in cardiac care at Birmingham Children's Hospital.

During her last nine years within the NHS she held the position of Cardiac Liaison Sister a position that enabled her to work with children and their families where a complex congenital heart defect had been diagnosed. During those years she provided a patient and carers advocacy role, working with families and clinical teams to improve communication and understanding of diagnosis, treatment and lifestyle.

As well as providing a general management lead to the work of Little Hearts Matter her role also combines many of the charity's objectives.

- She travels throughout the United Kingdom and Europe raising awareness of both the children's and their parent's needs as well as raising the profile of the support and information services offered by Little Hearts Matter.

- She links with medical and care teams to ensure that the charities information is up to date, accurate and easily accessible to families and carers.
- She works within the fundraising team to source funds to support the charity's support and information projects.
- One of the areas of her work that gives her the most satisfaction is to be part of the team who offer support and information to the many people who contact the charity's support line.

Over the last year Suzie has been part of an author/editorial team responsible for a newly published book on the diagnosis, treatment and lifestyle of children born with Hypoplastic Left Heart Syndrome.

She has also been part of the team responsible for the production of a bereavement support book that has been written to offer parent to parent support to families who have lost a child to complex congenital heart disease.

Suzie is married to a surgeon and has two children. She feels that her husband has helped her to understand the current pressures within the health service and her children have helped her understand a parents overwhelming need to protect.

Heart Care Partnership UK Trustees

Dr. Jane Flint BSc MD FRCP

Jane Flint is Lead Cardiologist in the Dudley Group of Hospitals and Clinical Director of The Black Country Cardiac Network. She led the Steering Group for Heart Care Partnership UK for the British Cardiac Society bringing together all groups supporting heart patients and their carers. Her background has involved championing the multidisciplinary subspecialties of cardiac rehabilitation and prevention, nuclear cardiology, and developing secondary care cardiological services.

As a Trustee of Heart Care Partnership UK, Jane is committed to its development in partnership with the British Cardiac Society and all relevant bodies to see increasing patient empowerment. She has an educational background as Postgraduate Clinical Tutor for her Trust and a Consultant trainer in the West Midlands. Jane has just been re-elected to British Cardiac Society Council to further women in the cardiological workforce.

Carol Reilly EN, DEN, RGN, DN, DIP, FEATC, PGCE Cert. Ed. Po CET

Black Country Cardiac Network

Carol Reilly, Service Improvement Lead. I am a qualified nurse with 24 years experience in the National Health Service. I have responsibilities for the planning, managing, monitoring, evaluating and reporting on health care services across the network. Motivating personnel in service redesign methodology, enabling 'best practices' to be implemented across all stakeholder groups, achieving significant efficient cost effective improvements for patient care. I have progressed the programme to achieve 100% spread of all the projects across Walsall, Dudley and Wolverhampton, setting up Network Standard Groups to deliver the National Service Framework agenda, already having achieved 'Beacon Status' for three of the projects in Phase I.

Strategy and team management includes ensuring that the team meets the goal of the Network, whilst delivering NHS targets in line with local delivery plans and empowering patients. Financial management of the budget has additionally included bidding, securing and monitoring funding of many innovation bids, ensuring that teams delivered the projects to an agreed budget and timescale.

I have created and developed the Patient and Carer Partnership initially in Walsall starting in December 2001, spreading to additional regions in 2004 in Wolverhampton and Dudley, also in 2004 a full Network Patient and Carer Partnership for the Black Country. This work has been recognised by the National Team with an award for Patient and Carer work. I have taken this further with agreed affiliation to British Heart Foundation. I have been nominated and accepted as a Board Trustee for Heart Care Partnership U.K. Further spread of this work is integrating with more ethnic minority groups. I have set up the Discovery Interview programme, implemented its training. Facilitating, monitoring and reporting on the progress and implemented improvements.

In conjunction with Rotary International for Great Britain and Ireland, a Stroke Awareness Day has been supported and delivered from an initial project working with one Rotary Club in the first year to working with twelve clubs across the network. The whole of this work has been achieved by working with stakeholders from primary, secondary and tertiary care in collaboration with Stroke Teams, Health Action Zone and Community Arts teams, to raise awareness of blood pressure, blood glucose, height and weight and promote healthy life style advice. This is being mainstreamed within Stroke Services Strategy and will deliver the Primary Prevention Agenda, Public Health White Paper and integrated working with "Long Term Conditions". Further work with the Department of Health and Stroke Association will enable this work to be spread nationally.

Arthur Kenneth Timmis MBE JP MACIE

I was born and bred in Wolverhampton, Educated at Wolverhampton Grammar School and spent my working life in Barclays bank Plc until I suffered a heart attack in January 1990.

I returned to work but, after two recurring episodes, I took early retirement in June 1993.

I have been a Church Treasurer for 38 years, a Magistrate for 37 years and West Midland Boys' Brigade Treasurer and Trustee for almost as long.

After my heart attack I joined the Wolverhampton Aftercare Support Group and in 1993 I was elected as its chairman, a position I hold today. I was chosen by the Lions International as Wolverhampton Volunteer of the year in 1996. I was nominated by the Hospital Chairman for my services to the Coronary Care Unit as a volunteer and awarded an MBE in the Millennium New Years honours list 2000.

I was patient representative on the Heart and Lung Centre, Wolverhampton, Project Executive Board. I am now patient Representative on the Wolverhampton LIT, the Black Country CHD Network Board and the West Midland Cardiac Services and Thoracic Surgery Steering Group, and have represented our Group at local Care Pathway meetings and National Patient Choice meetings.

My other qualification (MACIE), for those who are interested, is as an Independent Examiner of Charity Accounts.

Peter Diamond

Peter Diamond was a senior research scientist in the oil industry for 40 years, followed by three years working as a consultant in the Kuwait research institute. He had a triple bypass in 1990 and a T.I.A. in 2000. For 10 years he has been Chairman of the Chester Heart Support Group, which has over 500 members

Peter is a patient representative on:-

- The local PCT, CHD and LIT Committee
- The British Heart Foundation's patients panel
- The British Heart Foundation's Heart News
- Commission Health Improvement CHD audit team

Carol Davidson

I have a varied background as a childcare professional with a nursery education theme. Working with the under 5's in a variety of different positions as a Nursery Nurse, inclusive of Nursery Management Positions and finally as a Childcare Inspector for OFSTED – regulating childminders and services for Under 8's.

I am currently the National Group Development Officer for the Children' Heart Federation – a National Charity and umbrella Group for UK children's heart groups who offer support to families whose children have heart conditions.

CHF member groups are either local groups centred around a particular Paediatric Cardiac Unit or National Organisations, some of which are condition specific. All CHF member groups are registered charities in their own right. www.childrens-heart-fed.org.uk

Personally, I am the mother of a heart transplant recipient, Kaylee Davidson, who became the first UK baby to successfully receive a new heart at the Freeman Hospital in Newcastle at the age of 5 months old. She will be 18 years old in April 2005. I am a founder member and the current Chair of the parental support group Heart Transplant Families Together (HTFT) which is a national organisation offering support, advice and friendship to families whose children are awaiting, have received or who are facing heart or heart lung transplant surgery. www.htft.org.uk

Anne Jolly Adv.Dip. Clling

I founded and became chair of the Ashley Jolly SAD Trust, SADS UK www.sadsuk.org after the sudden and unexpected death of my beloved 16 year old son Ashley. The charity was set up in his memory and deals with problems with the 'electrics' of the heart, cardiac arrhythmia, which varies in severity and significance and can affect people of all ages, even children.

SADS UK has a membership of those who have been bereaved through sudden arrhythmic death and people living with potentially life-threatening cardiac arrhythmia.

I'm a member of the bereavement charity The Compassionate Friends and the International Alliance of Patients' Organizations. I'm Executive Committee member of the Arrhythmia Alliance and a Trustee of the Genetics Interest Group. My past experience of work as a Samaritan, counselling qualifications and personal experience help me to empathise and assist those who contact SADS UK who may have been bereaved or are living with a cardiac condition. I received a Civic Award for my charitable work in 2003.

Currently Chair of SADS UK and a part-time Senior Counsellor at Romford YMCA I'm a member of the British Association for Counselling and Psychotherapy (BACP) and the National Council of Psychotherapists (NCP); a registered Critical Incident Debriefing with the NCP.

Eddie Farrow

I have been in the medical profession for over 20 years. In 2001 my son was diagnosed with Brugada syndrome, a medical condition I had never heard of, this condition is one that causes arrhythmias and can lead to sudden death. I contacted the charity Cardiac Risk in the Young (CRY), as they seemed to be the only people that had heard of the condition in the UK at that time.

I have been a volunteer for the charity along with my son since then, I am now a committee representative for CRY. CRY offers support for those who have had a condition diagnosed, who have had surgery for one of these conditions, those facing surgery, as well as supporting those who have lost a loved one to one of these conditions. CRY is actively fighting to get screening for those most at risk

Working with the Fifth Joint Report on the Provision of Services for Patients with Heart Disease

Our September 2004 AGM review of Patient and Carer Involvement in Cardiac Services (presentation available on request) acknowledged the unique contribution that cardiac patient/carer representatives have made in prediction of the future workforce required in our specialty. The Fifth Joint Report on the Provision of Services for Patients with Heart Disease, published in the November supplement of HEART 2002, has been followed by a detailed British Cardiac Society Workforce paper submitted to the Department of Health, and we hope to be recognised in Cardiac Network workforce calculations for the future around the country. A basic area of agreement among all authors of the Fifth Report was that it is essential that the conditions develop as fast as possible such that the patient with suspected heart disease can be assessed by a cardiologist as a matter of course rather than good fortune (1.16). The Executive Summary emphasised that patient involvement is needed in the planning of cardiovascular services. The Patient Perspective was afforded the second chapter after the Introduction and a Lay Summary was written for every chapter. Our first Chair of HCP UK, Eve Knight, was the key input to the following:

- Health care professionals must show openness, honesty and be accountable
- Problems must be fully explained to patients

- Patients have a right to a specialist cardiological opinion whenever appropriate
- Health care professionals treating patients with heart disease should have training in the specialty
- Care must be easily accessible
- Waiting lists must be reduced to acceptable levels with no delay if the need is urgent
- Rehabilitation should be available to all in need

I was particularly grateful for Eve and Michael Knight's input on the External Reference group for the NSF for Coronary Heart Disease as Sally Turner and I steered the Rehabilitation chapter, and once again my professional view was strongly supported as I wrote the Secondary Care District General Hospital chapter of the Fifth Report. The summary standard was set "all patients with acute coronary syndromes (including acute myocardial infarction) and other important cardiac disease should be assessed by a cardiologist by the next working day" after admission. It has helped to underpin the understanding that district cardiologists have to renegotiate their commitment to patients with non-cardiac disease if they are to honour this essential goal.

All areas of cardiological practice were addressed in the Fifth Report, and the document should ideally be extending the agenda of our developing Cardiac Networks; it is certainly part of our Black Country Strategy! The chapter on Clinical Governance included a stimulating discussion of 'Public disclosure of potentially sensitive material relating to patients'. This topic merits our detailed attention in the future but to stimulate our further thoughts these were some of the key principles put forward:

- The intended purpose of public disclosure should be made clear to all stakeholders
- Health professionals and their representative bodies should be fully involved in the process of public disclosure
- Both process and outcome measures of quality should be published
- Outcome measures must be risk adjusted
- Public disclosure should be accompanied by possible explanations for the variations reported
- Specific educational initiatives for target audiences should be implemented alongside public disclosure
- Public disclosure should be accompanied by a monitoring strategy
- A research and development programme focussing on the generation and evaluation of public performance data should be supported by the NHS R&D directorate.

The recent 'Freedom of Information Act' adds poignancy to these Fifth Joint Report recommendations which we would do well to revisit in our future common agenda for our member patient/carer associations under Heart Care Partnership UK.

Jane Flint MD FRCP Trustee from British Cardiac Society

Black Country Cardiac Network – Discovery Interviews with Patients and Carers

Background

- Black Country Cardiac Network
- Establishment of involving Patients and Carers in discovery interviews
- Carol Reilly, Service Improvement Lead
carol.reilly@walsall.nhs.uk, office No. 01543 362025, mobile No. 07966 400143
- First tested December 2001
- Change Implemented in quarter July to September 2001
- Validation takes place at every interview. Interviews for Phase I completed March 2002

Details of improvement

- **What was the problem?**

No process for doing discovery interviews with patients and carers was set up. Discovery Interviews were not undertaken.

- **How was it identified?**

There was no support for patients and carers with Coronary Heart Disease in the network.

The Discovery interviews were initiated from four GP practices from each locality in Walsall. GP's were asked to send a letter to patients and carers, across the care pathway, with a letter about the interviews and a consent form.

Patients and carers are requested to send the consent forms to the Black Country Cardiac Network office, where the lead on discovery interviews numbers the consent form.

The interviewers are contacted and given the consent forms. The interviewer contacts the name and address on the form to identify as to whether it is a patient or carer interview. The patients are coded P and carers coded C. The

interviewer lets the Discovery Interview Lead know the code in relation to the number of the consent form for the office records.

The interviewer arranges the interview to suit the patient/carer with regard to time and venue, ensuring that they are happy for the interview to take place and informing them again that it would be a taped interview. The equipment is tested prior to the interview.

A 'buddy' system was set up to ensure personal security for the interviewer. They contacted the office or a member of the team prior to the interview (arrival at the venue). The buddy contacted the interviewer after a preset time or the interviewer arranged a time to ring the buddy. This was all kept on record at the Black Country Cardiac Network office. We found this system worked very well.

The spine has been prepared on card to enable the patient and carer to be in control of the way the interview is held. The interviewer has interviewed patients and carers separately and together, depending on circumstance.

The interviewer transcribes the interview fully. The transcription is coded as the consent form and the tape. The Discovery Interview Lead has a spreadsheet to keep updated information on who has taken the interview and when they are completed. This is useful to ensure that all the information is kept together.

Thank you letters are sent to patients and carers acknowledging their help and support. They are also invited to the Patient and Carer Forum enabling them to ensure that the teams are improving services from their perspective.

Transcribed interviews are presented to Clinical teams at established meetings, respecting that their time is precious and it is difficult to get clinicians together. PDSAs and implemented changes are discussed as part of this process.

- **Which change ideas were tested and worked?**

B1: Improve the communication process for patients and carers

B3: Personalise support for patients and carers

B4: Enhance the quality of life for the patient

D1: Manage patient care across organizations

D2: Establish/ improve the communication process for staff working across health care communities

D4: Establish education programmes to facilitate change

- **Which change ideas were tested and did not work?**

None

- **What were the implemented improvements and how do they benefit patients?**

Strategy B: Improve the patient and carer experience

Strategy D: Enable people to see themselves as part of the same system

Patient and carer empowerment

- **How many patients has this impacted on?**

27 patients and 14 carers were involved from Phase I

- **What is the situation now?**

We are currently training interviewers from the multi-disciplinary teams to enable us to mainstream this work. Local LREC approval was agreed April 2003. All administrative arrangements are in place at the Black Country Cardiac Network office.

GP practices will be approached to send letters from the practice with a consent form to patients and their carers to see if they would like to be involved in this piece of work

- **Is the improvement sustainable?**

Yes, the improvement is sustainable, in Walsall teams have been enquiring as to when discovery interviews would be undertaken again. This is a piece of work that has been spread to Wolverhampton and Dudley.

The patient and carer partnership meetings ensure sustainability and feedback from the discovery interviews.

This work is presented at the Local Implementation Team meetings. We are at a stage of discussions with the PCTs as to how ownership is established.

- **How were patients involved in identifying the problems or solutions?**

There is a need for contact whilst patients are waiting for an angiogram or surgery. The rehab team are undertaking a pilot to see at what point and where best to pick up these patients in the system. Need to establish this and then look at referral to either Heart Care or contact with Community Nurses or possibility of angina plan (Angina Project)

Problems are experienced with patients seen out of area and therefore we are limited on what we can do. However, it does emphasise the need to provide good referral pathways from tertiary centres (an area which the Pathway Co-ordinator is working on)

Important to establish fitness plans - If patients stay for aftercare at Heart Care these will continue. However, the rehab team is looking into providing some information/follow up for those who do not wish to continue for whatever reason after their 13 week programme

There still needs to be some collaboration from Social Services. Although the Rehab team does have someone on the Core Group we have not had any input to date. We obviously need to pursue this area in order that patients can get an 'all round' service to meet their needs.

In many of the interviews the patients mentioned the need to be able to talk, and the Rehab team needs to CONTINUE to be available to provide this reassurance and necessary information, not only in the newly established educational rolling programme, but also on a one to one basis as necessary.

Carol Reilly

Patient Involvement in Coronary Services

The Wolverhampton Coronary Aftercare Support Group, a Registered Charity, was founded back in 1985 by ex patients of the Coronary Care Unit of New Cross Hospital, Wolverhampton. A new Heart and Lung Centre for the Black Country Network has recently been built in the hospital grounds and our Group has been recognised as the official charity for the Centre.

In our capacity as "Patients Friends" we now provide tea rounds for the patients on the Wards and one to one counselling of a non medical nature, which provides both comfort and alleviation of the fear factor, providing home visits, if requested.

We also raise funds to provide exercise and other equipment, lifestyle and healthy eating literature to assist recovery.

Our latest innovation is to provide half yearly Patient and Carer Partnership Meetings, where we ask professionals to make presentations to our members on their spheres of expertise, thus keeping our members up to date with current thinking and developments.

We are proud of our "patient involvement" in the coronary services provided both by the Centre and throughout the Network.

Ken Timmis

SADS UK - Patient Support Seminar Saturday 8th October 2005

SADS UK is holding a seminar in support of individuals and families living with cardiac arrhythmias. The seminar will be an occasion to meet with others who are living with similar conditions. Guest speaker Professor Richard Sutton will be speaking about cardiac arrhythmia and talks and workshops will facilitate the opportunity to gain and share information and knowledge.

The venue at Medtronic offices in Croxley Green, Watford makes a tranquil setting for the seminar with excellent transport links to the venue, easily accessible from the M1, M40 and M25. Watford Junction Mainline Station being a 5 minute taxi ride from the venue.

Come for the day, or extend for the weekend and enjoy the social programme. For further information and registration please contact Anne Jolly, SADS UK, 22 Rowhedge, Brentwood, Essex – e-mail: info@sadsuk.org tel: 01277 230642

National Service Framework

At the beginning of March, Dr John Reid, Secretary of State for Health announced a very important addition to the National Service Framework for Coronary Heart Disease at the Coronary Heart Disease Collaborative meeting attended by over 2,000 people. He explained how the NSF for CHD had done much to improve the way the way the NHS tackles heart disease, England's biggest killer. The first seven chapters of the NSF concentrated primarily on disease of the arteries, it would now address more rigorously inherited cardiomyopathies and arrhythmias, the cause of most sudden deaths in people under 30 years old. In addition it would give guidelines for the efficient evaluation and treatment of those suffering from arrhythmia, problems with the 'electrics' of the heart.

The new chapter eight sets out quality requirements and markers of good practice to support the NHS services in identifying people who are at increased risk and assessing them and their families to reduce their chances of dying from an arrhythmic condition. In addition to purely clinical care it sets out best practice for ensuring that, for those diagnosed with a potentially life threatening condition, and their families, there is appropriate counseling, advice, information and psychological support. Arrhythmias can have a profound effect on the quality of life and sense of well-being for patients and their families and it was acknowledged that support must be available for these people.

Anne Jolly

Editors Note

We welcome contributions for the Heart Care Partnership UK Newsletter. Would you please send your contribution to Anne Jolly, E-mail: info@sadsuk.org or by post to SADS UK, 22 Rowhedge, Brentwood, Essex CM13 2TS Tel: 01277 230642

British Cardiac Society Annual Scientific Conference
Monday 23 – Thursday 26 May 2005
MICC/G-Mex Manchester

The British Cardiac Society Annual Scientific Conference is taking place between Monday 23 May and Thursday 26 May 2005. The HCP (UK) conference programme is as follows.

Tuesday 24 May

Porters Room

09.00-10.30

Heart Care Partnership (UK)

Patient empowerment through education and information

Chair: DR JANE FLINT AND MR DAVID GELDARD

Shared decision and mutuality

MR DAVID GELDARD

West Midlands expert patient project

MR ANDREW TURNER

Lessons from BHF hearty voices training

Ms SUZANNA MCGREGOR

The Enable Project – empowering children as they grow up with their congenital heart disease

MRS SUZIE HUTCHINSON

The Heart Care Partnership training resource

DR JANE FLINT

**For further details contact Susannah Gray at hcp@bcs.com
or call 020 7692 5413**

Heart Care Partnership UK Educational Resource

Dear Colleague

Our first two years' sessions at British Cardiac Society have concentrated on the theme of communications with patients and carers. Now formally affiliated, and able to invite a representative from our member associations to attend the Conference, we are focussing on another common agenda of our constituent groups: Patient Empowerment through Education and Information. As part of this year's project we are developing an Educational Resource through the Society's website. We have had several brainstorming sessions to define the range of accessible material to be presented. It is envisaged that the Educational Resource will directly access the websites of our member organisations for their individual literature and training courses, as well as adding other references for topics of particular concern to patients eg jargon-busting might refer to a brilliant guide drawn up by the Greater Manchester Cardiac Network. Patient orientated editions of the British Medical Journal, other patient-orientated evidence that matters (POEMS), information available in a range of media, and even general literature providing support through reflection of parallel life experiences are invited.

We should very much appreciate your providing the references for your key literature for our joint resource through Heart Care Partnership UK on the British Cardiac Society website, and also consider direct access to your website where appropriate and helpful under the following titles:-

Website address:

Interested in direct access:

Newsletter:

E-version:

Patient-held records:

Translation of any information in other languages:

Training courses:

Telephone contact:

Name/contact details of representative to HCP UK:

Other useful information:

Do you have any other particular concerns which you would like Heart Care Partnership UK to explore in our future agenda?

Thank-you for your contribution to patient and carer services.

Yours truly,

Jane Flint MD FRCP

Trustee Heart Care Partnership UK

Formal Membership of the Heart Care Partnership UK

Dear Colleague

I am writing to you on behalf of the Heart Care Partnership's Board of Trustees inviting you to formally become a member of the Heart Care Partnership.

The Partnership was set up a year ago in response to a request from the British Cardiac Society, to draw together users that could represent patients and carers within the process for cardiac service improvement.

The Partnership is currently developing a strategy to take the user's voice forward.

To ensure that we have up to date details of the user groups who would like to be involved in the work of the Heart Care Partnership, we have designed an application form. We would be grateful if you could complete the form and return it to me at the above address.

As soon as we have received your application, we will be able to start sending you details of forthcoming events like the British Cardiac Society's scientific meeting in May 2005.

Affiliated group members are able to attend British Cardiac Society meetings at a reduced rate.

Please feel free to contact me if you have any questions about membership of the group.

Yours sincerely

Suzie Hutchinson
Secretary

**APPLICATION TO BECOME A MEMBER OF
THE HEART CARE PARTNERSHIP
AFFILIATED TO THE BRITISH CARDIAC SOCIETY.**

Please return to: 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 Cardiac Society for use when sending information on cardiac related Issues

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