

# News for patients

Issue 7

December 2011

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### Get involved!

Find out more about our People Bank at [www.slcsn.nhs.uk/involved.html](http://www.slcsn.nhs.uk/involved.html)

To join please contact us on [people@slcsn.nhs.uk](mailto:people@slcsn.nhs.uk) or 020 8812 5950

### My NHS Alerts

Register now to receive personalised updates for the NHS in London.

[www.mynhsalerts.london.nhs.uk/](http://www.mynhsalerts.london.nhs.uk/)



### Stay informed!

Sign up for our London Cardiovascular Project newsletter  
[info@slcsn.nhs.uk](mailto:info@slcsn.nhs.uk)

The South London Cardiac and Stroke Network (SLCSN) works with patients, carers, clinicians and other healthcare professionals to create high quality cardiac and stroke services that focus on the patient and are available to all. Patients are always our top priority and are the driving force behind everything we do.

## Stay healthy this winter

Some health problems only appear, flare-up or become much more common when the temperature drops. Here are some tips on how to help your body deal with cold weather ailments.

### Flu

Seasonal flu can be a major killer of vulnerable people. People aged 65 and over and those with long-term health conditions, including serious heart conditions or stroke are particularly at risk. The best way to avoid getting flu is to have the seasonal flu jab. It gives good protection against flu and lasts for one year. Find out if you're at risk of getting flu by asking your GP or visiting the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) to see [who should have the seasonal flu jab](#).



### Heart attacks

Heart attacks are more common in winter. This may be because cold snaps increase blood pressure and put more strain on the heart. Your heart also has to work harder to maintain body heat when it's cold. Make sure you stay warm in your home by keeping the main rooms you use at 21C (70F) and use a hot water bottle or electric blanket to keep warm in bed. Wrap up warm when you go out and wear a hat, scarf and gloves.

### Colds

You can help prevent colds by washing your hands regularly. This destroys bugs that you may have picked up from touching surfaces used by other people, such as light switches and door handles. It's also important to keep the house and any household items, such as cups, glasses and towels, clean, especially if someone in your house is ill. If you get a cold, use disposable tissues instead of cloth handkerchiefs to avoid constantly re-infecting your own hands.



Find out more about winter health risks on the [NHS Choices website](http://www.nhs.uk) - [www.nhs.uk](http://www.nhs.uk).

## Stroke news

### Assessments

Full implementation of the Lewisham, St Helier, Kingston and Croydon hospitals' Stroke Units (SUs) has been achieved following successful final assessments over the last two months.

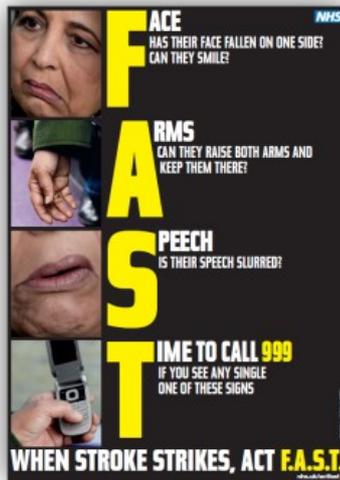
The St George's Hospital and King's College Hospital Hyper Acute Stroke Units (HASUs) have been fully accredited following their successful assessments in October.

In South East London the HASU service at the Princess Royal University Hospital (PRUH) is now fully operational, with 14 beds from 26<sup>th</sup> October 2011. St Thomas' ceased accepting patients requiring HASU care from 27<sup>th</sup> October 2011. Patients in the St Thomas' catchment area are now redirected to the nearest HASU.

### Representing patients

NHS Bromley and its new clinical commissioning group, Bromley Clinical Commissioning Consortium, held a patient event to inform them of their ongoing plans for healthcare in Bromley and to ask what patients in Bromley think should be the priorities. The event focused on five main disease areas: Cancer, COPD, diabetes, heart failure and stroke.

A SLCSN representative attended to support discussions surrounding what is currently good and what needs improving in Bromley's stroke services.



The group examining stroke suggested improvements to the stroke rehab services, improved education of residents, focussing on the FAST campaign and producing a patient and carer information leaflet which would be given upon admission to hospital.

### Stroke Prevention in primary care

Atrial fibrillation (AF) is a major risk factor for stroke. Fourteen per cent of all stroke patients have AF.

Over the last year the SLCSN have run a project which aimed to increase the number of patients at high risk of stroke being prescribed an oral anticoagulant and reducing their risk of stroke. A pilot in Sutton and Merton provided GP practices with the support of an arrhythmia nurse specialist to aid identification of patients at high risk of stroke in conjunction with education events and the GRASP-AF (Guidance on Risk Assessment and Stroke Prevention in Atrial Fibrillation) toolkit.

**The results from the pilot practices showed a greater proportion of AF patients on optimum therapy compared to the national average.**

The pilot also found that providing GP practices with education and support from an experienced arrhythmia nurse specialist did lead to an increase in the numbers of high risk patients being prescribed an anticoagulant to reduce their stroke risk.

An extra 2.4 strokes annually were prevented in the pilot practices, saving a recurring £124,500.

Following this project it is being recommended that the GRASP-AF toolkit is promoted for use in all GP practices across South London.



## Improving cardiac services - London Cardiovascular Project update

The [London Cardiovascular Project](#) (LCVP) aims to improve treatment, care and outcomes for complex and emergency cardiovascular patients. The London Cardiac Networks are working together to implement the project by March 2012. Some recent developments are:

### Patient Passport

The LCVP patient panel made a number of recommendations to improve care and the overall patient experience. One of these recommendations was for all patients to be offered a Patient Passport when discharged from hospital. The purpose of the passport is to provide information on the patient's condition to medical staff who are not familiar with the patient.

Following input from clinicians, the final version of the passport has been agreed by the Pan-London Cardiac and Stroke Network Board, which also felt that the Patient Passport would be of benefit for a wider group of patients. The passport will now be implemented across London, encouraging patients to carry up-to-date medical information on them at all times.

### NSTEACS assessments

The pathway NSTEMI/ACS (non-ST elevation acute coronary syndrome) patients follow will change as part of the LCVP. Patients will be diagnosed and their risk will be identified early, with "high risk" patients being offered angiography within 24 hours of admission. If a patient is triaged in a hospital that cannot provide this treatment within the timeframe, the patient will be transferred to a hospital that can.

**All the NSTEMI/ACS centres have passed their assessments in South London.**

## Cardiac news

### Engaging with patients to help to improve the quality of care

NHS Improvement invited members of our People Bank to be part of a workshop designed to inform junior doctors about engaging with patients, helping to improve the quality of care.

As part of sessions on 'real patients, real service challenges, new solutions', the British Heart Foundation and NHS Improvement led a practical workshop on heart disease and wanted to include the voice and experiences of patients who have been through some of these processes to shape the session.

Our members who attended as patient representatives fed back that the workshops with the junior doctors were particularly worthwhile as they covered key patient issues such as discharge arrangements. However, it was clear that some of the junior doctors present did not know much about patient representatives and how they could feed into the healthcare system. The success of this event will hopefully lead to similar discussions with patient input in the future.

**NHS**  
London Cardiac and Stroke Networks

**Patient Passport**

**Your information**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

NHS number: \_\_\_\_\_

Name of discharge GP: \_\_\_\_\_

Emergency contact /Carer's contact details: \_\_\_\_\_

**Relevant documents included on discharge from hospital**  
(To be discussed with a member of your hospital medical team)

Discharge summary

Discharge ECG

Echo results

Blood test results

Anti-platelet card

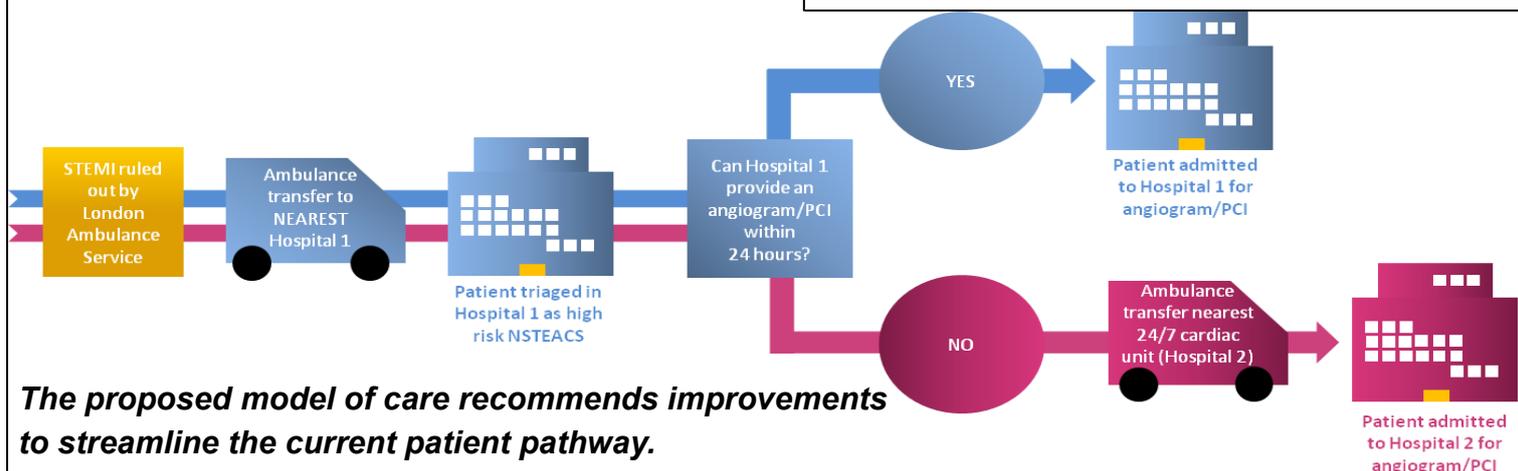
Cardiac rehabilitation out-patient service information leaflet

This passport will contain information which is personal to you. Keep all your personal information safe and secure.

It is up to you to keep this information up to date by removing old health records when you add newer versions. Up to date information will help to get you the right care as quickly as possible.

**We advise that you carry this passport with you at all times. It has information which could be useful for medical or ambulance staff who do not know you.**

Document/department code: \_\_\_\_\_



**The proposed model of care recommends improvements to streamline the current patient pathway.**

## Understanding patient experience in stroke

In order to understand patient experience and care of stroke services in London following the implementation of the acute stroke model last year, the London Stroke Networks developed an aphasia-friendly survey with input from the Stroke Association. This questionnaire was given to stroke survivors and their families by staff in the hyper acute stroke units (HASUs) and acute stroke units (SUs) across the capital.

The questionnaire asked respondents their views on the care during and following their stroke. The majority of the questionnaire consisted of multiple-choice style questions, but included three open-ended questions providing the opportunity for the respondents to comment on what they would like more of, would like less of and any other opinions they wish to share.

## Results

Below are some of the results relating to what patients thought of their hospital care immediately after they suffered a stroke (in the HASU).

**Explanation of what had happened**  
Just over three quarters of patients (79%) said that they had had someone explain what had happened to them, and a further 8% had received some information but felt that it was not enough.

**Check to see if patient could swallow**  
80% of patients had someone check to see if they could swallow

**Overall quality of care in the first days after a stroke**  
88% of patients rated the care they got as excellent or good

**Information given to family**  
When asked if someone took the time to give information to their family 76% of patients said that this had happened

● Hyper acute stroke unit

It is clear from the responses received that great strides have been made in acute care, we must now turn our attention to rehabilitation and life after stroke.

**Support** (largest bubble): Nursing care in hospital, Rehab, Psychologically impaired, OT, SALT, Physio, Specialist nurses, Aftercare, Social care, Financial.

**Information** (second largest bubble): Family, General, Condition, Alternative procedures, Aftercare, Secondary prevention, Final visit from stroke doctor.

**Food**: Tastier, Dietician's advice, Vegetarian option, Help cutting food.

**Efficiency**: Combining appts, Less wait for appts.

**Other**: Stimulation, More visiting hours, Respect, Attention, Compassion, Quiet.

**What patients want more of**

The diagram to the left sums up the responses to the open-ended questions. The five clouds represent the topics most frequently commented on. The larger the cloud, the greater the frequency of mention.

The diagram shows patients want more support and information. Other areas where patients perceived that there could be improvements were food and efficiency.

Patients' comments are being fed back to the Trusts to ensure that areas of concern can be addressed and stroke services are further improved.

The **Choose Well** campaign has been launched by the NHS to help people choose the right place to get NHS treatment when they are ill.

- Your local pharmacist can provide lots of advice and treatment, including information about common conditions such as minor infections, aches, colds and allergies.
- Your own GP, has years of experience of dealing with all types of medical problems and has your medical records to hand and is often a better choice than a busy casualty department. An out of hours service is manned by local GPs when your surgery is closed.
- The hospital is best used for life-threatening emergencies or immediate need of admission or investigation including broken bones or serious injury.



More information on getting the right treatment is available at:

[www.southwestlondon.nhs.uk](http://www.southwestlondon.nhs.uk) for south west London boroughs or [www.selondon.nhs.uk](http://www.selondon.nhs.uk) for residents of south east London boroughs.

## Events



Wheels for Wellbeing is a charity which supports disabled people to cycle in London. Whatever impairment, long term health condition or disability you or a family member may have, they can help.

They currently run cycle sessions in Lambeth on Friday mornings and Croydon on Tuesday and Saturday mornings, allowing people to try cycling in a safe environment, with qualified instructors.

For more information please visit their website - [wheelsforwellbeing.org.uk](http://wheelsforwellbeing.org.uk) or via telephone 020 7346 8482.

### Better conversations

Connect - the communication disability network are running a day for people with aphasia and friends and relatives to help think about different ways to communicate, to improve interactions and to make them interesting and fun.

#### What the day is about

- Looking at good and bad conversations
- Ideas for improving your conversations
- Making conversations interesting and fun
- How to talk to your friends and family

The event will take place at 10.30am - 3pm on 25 January 2012 at Connect, 16-18 Marshalsea Road, London, SE1 1HL. Lunch, tea and coffee will be provided.

If you would like more information or to book, please phone Nathalie Trepel on 020 7367 0874.



### Yuletide greetings

As this is the last patient newsletter of the year, all of us at the SLCSN hope you have a wonderful Christmas and a joyous New Year.



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