In the last decade, British Heart Foundation (BHF) Specialist Nurses have transformed the quality of care available to cardiac patients in the UK.

They have built award-winning services that have changed the face of community-based cardiac care, and provide a vital interface between primary, secondary and tertiary care settings. They have helped reduce unnecessary hospital admissions, saving the NHS millions of pounds every year. And every day their expert clinical and emotional support helps people with cardiovascular disease regain control of their lives.

The BHF Nurse Programme supports every one of its nurses to become an expert practitioner, to set up and develop innovative cardiac services while delivering the highest quality patient care in a professional manner. As the needs of patients evolve and the healthcare landscape changes, the BHF responds. The charity’s aspiration is for every cardiac patient in the UK to have access to a BHF Specialist Nurse.

The number of people living with cardiovascular disease is increasing. More than 1.4 million people living in the UK have had a heart attack, and 720,000 live with heart failure. For many of these people, everyday life is a challenge as they come to terms with their condition. Many require regular checkups and have to manage complex medication regimens, whilst many more experience disabling symptoms and become housebound.

The BHF has a long-term commitment to improve the quality of care available for all cardiac patients. It responds rapidly whenever shortfalls in patient care are identified. The charity funds healthcare professionals and continually seeks new ways to improve patient care by developing better models of care and forging partnerships with NHS Trusts that commission and provide such services.

In 1995 the BHF identified gaps in the care provided to cardiac patients following a heart attack or heart bypass surgery. In response the charity established a programme to fund cardiac nurses within NHS Trusts. Fifteen BHF Cardiac Liaison Nurses were appointed in 1996 and since then the number of specialist nurses has increased 30 fold. The BHF now supports 426 nurses across the UK covering a range of specialities including heart failure, acute coronary syndrome, paediatrics, arrhythmia, adults with congenital heart disease, genetics and palliative care. The expert services the nurses provide benefit more than 80,000 patients each year, and this number is set to increase as the Programme expands further.

From the outset, BHF Nurses have provided an essential point of contact for patients and helped them navigate their way through the healthcare system, offering expert care and advice, and emotional support according to the needs of patients and carers.

“...The time the nurse was able to spend in a full explanation of my heart condition was longer and more complete than I have ever experienced over years of treatment by doctors and surgeons and left me feeling more reassured and in control of my future life than ever before.”

Patient feedback – independent evaluation

Continued on page 2
Paving the way – BHF Cardiac Liaison Nurses

Cardiac Liaison Nurses (CLNs) formed the first wave in the BHF Nurse Programme. They provide patients with a vital point of contact at the interface between primary and secondary care. Their pioneering work in providing a holistic and personalised approach to patient care has informed the Programme’s expansion over the last decade.

The majority of cardiac care takes place in primary healthcare settings, and yet in 1995 it was clear that gaps existed in the follow up care provided to patients following Acute Coronary Syndrome and Coronary Artery Bypass Grafts.

Patients are often bewildered with the amount of information they are given in hospital, and it is not the best time for them to take such advice on board. They and their carers can become anxious and overwhelmed, and these feelings are further exacerbated when the patient arrives home.

Katharine Peel, Healthcare Professionals Programme Lead, BHF

Responding to this need, in 1996 the BHF pioneered a scheme to fund 15 CLNs. The number grew to 45 within three years and today, each BHF CLN helps as many as 370 patients per year.

The CLNs – all highly experienced cardiac nurses – cared for patients during their hospital stay and then visited them at home within one week of hospital discharge or referral. They offered patients much-needed reassurance, medical advice, education, and support, and were some of the first healthcare professionals to engage and empower patients and develop individualised pathways of care.

The BHF CLN service quickly became an integral part of the follow up care package for patients following an acute event or surgery, and the BHF realised that other cardiac patients could benefit from similar innovations.

“I have survived two major heart attacks. After the first one seven years ago there wasn’t a BHF Heart Nurse, and on my own it was tough. This time around my recovery has been much quicker with the help of my BHF Heart Nurse. Thank you and bless you all.”

Patient feedback – independent evaluation

It is thanks to the pioneering work of the CLNs that the Programme has flourished. It is the model the charity continues to use for all its nursing specialties. The CLNs’ experiences have helped inform the Programme’s development so that today all BHF Nurses have the necessary skills and experience to offer the best possible support to patients, carers and other healthcare professionals.
Heart failure places a huge burden on healthcare services. Since 2002, the BHF has supported Heart Failure Specialist Nurses (HFSNs) in NHS Trusts around the UK to ease this burden and improve quality of life for people with the disease. The charity currently supports 271 HFSNs who provide invaluable care to over 50,000 patients each year, cutting hospital readmissions by as much as 35%.1

Approximately 720,000 people in the UK are living with heart failure2, with 60,000 new cases diagnosed annually.1 Disease prevalence is 2–3 per cent of the UK population, increasing to 10–20 per cent in patients over 70 years. It is the most common cause of hospital admission in patients over 65, and reduces quality of life more than other chronic illnesses.3 Despite improvements in diagnosis and treatment, associated mortality rates are high. More than a third of heart failure patients die within one year of diagnosis.4 The HFSN provided a continuity of care that was previously lacking. They visited patients at home or in clinics and spent time assessing their clinical status, monitoring symptoms and titrating medication as necessary. They helped patients understand and manage their condition and provided advice on treatments. At the same time, they trained other healthcare professionals to improve the quality of care for patients.

The first 19 HFSNs were appointed in 2002 and within a year they were caring for almost 1,000 patients, which helped reduce mortality and unplanned readmission rates to below national average figures.5 The HFSN provided a continuity of care that was previously lacking. They visited patients at home or in clinics and spent time assessing their clinical status, monitoring symptoms and titrating medication as necessary. They helped patients understand and manage their condition and provided advice on treatments. At the same time, they trained other healthcare professionals to improve the quality of care for patients. It is hard to overestimate the hugely positive impact that BHF funding of specialist heart failure nurses has had on the standard of care for people living with heart failure in the UK. This initiative has greatly improved the access of patients and families to modern life saving treatment, both in hospital and in the community, and has been a major factor in joining up care. Professor Martin R Cowie, Professor of Cardiology, Royal Brompton Hospital, London, 2009

“I feel that what I can give, more than the cardiologist, is time. I think these patients need a lot of time to explain and voice their concerns. Heart failure is a debilitating and life threatening illness and I think these patients need a lot of psychological support.”

BHF HFSN

“One of the best things the nurse suggested was that Dad weighed himself every day. So he does, and he writes it down. If his weight goes up, we phone the nurse and she tells him what diuretics to take. It’s great because it stops him ending up back in hospital.”

Case study

Making an impact – BHF Heart Failure Specialist Nurses

The BHF’s investment in HFSNs is paying dividends. The nurses’ achievements in improving quality of life for patients are widely recognised. The resounding success of the Programme has encouraged NHS Trusts to invest further and expand hospital and community services for heart failure patients. Jayne Masters, a BHF HFSN in Southampton, is one of the nurses at the centre of this ripple effect.

Jayne became a community based BHF HFSN in 2006. She was one of three BHF Nurses appointed at that time to Hampshire PCT. During the two years she spent as a fully funded BHF HFSN in the New Forest, which is home to a large elderly population, Jayne built an invaluable heart failure service that had a dramatic impact on patients’ quality of life. She saw patients registered at 21 GP surgeries across the New Forest, offering advice and support through home visits, clinics and via a telephone helpline. Within 18 months her caseload of heart failure patients had reached 113.

Patients and GP’s were very happy with the service she provided. The PCT commissioners were also sufficiently impressed, that when Jayne went to them with a business case to make the heart failure nurse post substantive in December 2007, they agreed, later going on to increase funding in that area by 40%.

At the same time, Dr Peter Cowburn, a consultant cardiologist at Southampton General Hospital, was keen to develop a heart failure service within the hospital to connect with community based services. He secured funding from the Southampton University Hospital NHS Trust for two hospital based specialist nurse posts. Jayne’s experience working with heart failure patients in the local community, and BHF specialist training, made her an ideal candidate for the job of setting up the service. In January 2008 she became a part funded BHF nurse based at Southampton General Hospital.

“I realised that by taking on this new role with Southampton University NHS Trust I could play a pivotal role in developing local heart failure services.” Jayne explains.

In the last 18 months, Jayne and Dr. Cowburn, together with other members of the newly created Heart Failure Team, have established an award winning patient Heart Failure Service. The team tries to see every inpatient with heart failure admitted to Southampton General Hospital, as well as running a busy outpatient unit. When patients are discharged, the hospital based nurse led team provides a vital point of contact for the community nurses. Since the service was established, inpatient mortality rates for heart failure patients within the Trust have fallen dramatically (from above the national average to below national average). Collaborative working with the other BHF nurses in Southampton and the surrounding areas has ensured that readmissions between 2008/2009 were also much lower than the national average. In a recent patient satisfaction survey 100% of patients surveyed said that the service had positively impacted on their quality of life.

“We have created an effective Heart Failure Team for the Greater Southampton area, working across Trust boundaries to provide a seamless service for patients” Jayne says. “The BHF has played a huge part in developing a service that improves care for HF patients across primary and secondary care.”
Cardiac arrhythmias affect more than 700,000 people in England and are consistently in the top ten reasons for hospital admission. Atrial fibrillation (AF) is the most common arrhythmia, affecting up to 1 in 100 people and to 1 in 4 people in the over 65s. It increases the risk of stroke five-fold and costs the NHS around £1.4bn per year.\(^2\)

Arrhythmia can lead to significant health problems and psychological distress, which reduces patients’ quality of life. Palpitations and syncopy can provoke anxiety and can progress to severe life threatening arrhythmic conditions. In addition, an estimated 400 sudden cardiac deaths each year are unexplained, and the majority caused by arrhythmia have a genetic basis.\(^3\) An awareness of the need for timely, effective diagnosis is paramount.

Since appointment of our six BHF arrhythmia nurse co-ordinators, our combined service provision has increased beyond all recognition, and its quality is now much higher. St George’s hospital has been able to boost its workload and introduce many innovative and effective treatment pathways. The most important change has been the ease with which we have been able to look after worried patients by facilitating communication with the Cardiac Rhythm Management Team (CRM) through the kind and expert actions of our arrhythmia co-ordinators.

**Case study**

**Staying in rhythm**

Bill Reynolds is 67 and has an arrhythmia, but he is not about to let his condition affect his lifestyle. He has just completed a 600 mile cycle ride across China and is certain the support of BHF arrhythmia nurses at St Bartholomew’s Hospital, London, has helped keep his life on track.

Bill has run many marathons, so it was only when his heart was racing at 150 beats per minute, and he could scarcely run 300 yards, that he sought medical help. He was diagnosed with Atrial Fibrillation, and over the next two years needed repeated cardioversion to return his heart to normal rhythm. But gradually the AF became persistent and in January 2009 he was admitted to St Barts for an ablation. It was there he first became aware of the BHF Arrhythmia Nurse Service.

Immediately after his ablation, BHF Nurses Moira Allison and Cara Bromley visited Bill on the ward. They gave him advice on his medications and reassured him that once he returned home he could contact them via the telephone helpline at any time should problems arise.

“The nurses are always there at the end of the phone. And if they are not there, I leave a message and they ring me back within a couple of hours. It is comforting to know they are only a phone call away.”

Shortly before his marathon cycle ride, Bill felt his heart go out of rhythm again. He immediately phoned the Nurse Helpline.

“They asked me to go for an ECG, and when they saw the results they realised I needed a second ablation.” Bill explains. He completed the 600 mile cycle ride just weeks after his treatment.

“It’s an invaluable service. It’s a buffer. Who else would I go to? I can’t keep ringing the consultant’s secretary. I just don’t know how it would work if the nurses weren’t there.” Bill says, and adds, “If the AF becomes persistent again, the first people I’ll contact are the arrhythmia nurses.”

**Key findings are:**

1. BHF ACCs save money for Trusts by running arrhythmia clinics and pre and post procedure clinics, which saves consultant and registrar time and allows far more arrhythmic patients to be seen, diagnosed and treated. The ACC referrals for investigations and procedures generates income for the Trusts.

2. BHF ACCs promote the awareness of pulse checking in GP practices and hospitals to help pick up previously undiagnosed AF. They commence anticoagulation therapy on diagnosed AF patients who may potentially have gone on to have a stroke.

3. BHF ACCs carry caseloads of cardioversion patients, providing both pre and post assessment which reduces wait time from diagnosis to treatment and prevents unnecessary hospital admissions and cancellations which can save the Trust up to £568 per patient.

**Responding to need – BHF Arrhythmia Specialist Nurses**

In 2005 the Department of Health recommended that arrhythmia patients should have access to a named Arrhythmia Care Co-ordinator (ACC), and the BHF responded by funding 32 of these posts in 19 NHS Trusts across England and Wales. These BHF ACCs have played a pivotal role in the NHS drive to improve the diagnosis, management and treatment of arrhythmia for the prevention of stroke and sudden cardiac death.

The leadership and financial support given by BHF has been the driving force that has realised the vision of the Arrhythmia Alliance and Heart Rhythm UK and built a nationwide arrhythmia nursing programme.

Prappa Kanagaratnam, 2008, Consultant Cardiologist, St Mary’s Hospital, Imperial College Health Care Trust

Following national recognition of the pilot phase, a further ten ACCs were appointed in 2006. A formal evaluation by York University of the pilot phase to assess the impact of the ACCs will be published by the BHF in 2010.\(^4\)

**Key findings are:**

1. BHF ACCs carry caseloads of cardioversion patients, providing both pre and post assessment which reduces wait time from diagnosis to treatment and prevents unnecessary hospital admissions and cancellations which can save the Trust up to £568 per patient.

**“Having had treatment both before and after the BHF Arrhythmia Nurse initiative started, I can confirm that having a point of contact has made a huge difference, particularly in regards to the psychological aspect where fear has often contributed to the condition. Knowing that help is a phone call away is a real godsend.”**

Bob Davey, arrhythmia patient, Devon

Since 2005, BHF ACCs have, on a national scale, set up award winning multi-professional services across primary, secondary and tertiary care to improve diagnosis and management of AF and other arrhythmias. The nurses run ‘one stop clinics’ alongside cardiologists, develop protocols and pathways for patients and deliver individual educational programmes for healthcare professionals, patients and carers. Families who have lost someone to Sudden Cardiac Death receive support when being screened for the condition themselves.

“We see in-patients admitted from all over the country, for ablations, for implantation of ICDs (implantable cardioverter defibrillators) and CRT (Cardiac resynchronisation therapy) devices and any problems associated with these. We also have a telephone help line which is really appreciated by our patients, GPs and local hospitals. We offer advice and support but we also frequently arrange for changes to medication to control symptoms which can prevent hospital admission or long hours spent in A&E. We also run two Rapid Access Heart Rhythm Clinics per week which are nurse led and see patients referred from local GPs with palpitations and syncope.”

Moira Allison, BHF ACC St Bartholomew’s Hospital, London

![Professor John Camm with BHF ACCs at St George’s Hospital Focotting](image)

![BHF ACCs run ‘one stop’ Arrhythmia clinics](image)
Care at all stages and at all ages – BHF Nurses for congenital heart disease

Providing the best possible care and support to all cardiac patients as they navigate their way through the healthcare system is central to the BHF Nurse Programme. BHF Paediatric Cardiac Liaison Nurses (PCLNs) and Adults with Congenital Heart Disease Nurses (ACHDNs) face some of the greatest challenges as they help young people manage their condition and make the transition from paediatric to adult services.

Due to the advances in paediatric and interventional cardiology, intensive care medicine and cardiac surgery, mortality rates for children with congenital heart disease have improved over the past decades. Higher survival rates in children have resulted in a significant increase in adults with congenital heart disease (ACHD). Estimates suggest there could be over 4,000 ACHD patients per million people in the UK.

With this success comes a need to provide appropriate support services to children and adults with long-term conditions. Patients require ongoing tests and treatments and receive large amounts of complex information, as they get older, they transfer from paediatrics to adult cardiac care services.

The BHF has supported PCLNs since 2002 to provide care and support for children and their families before and after cardiac surgery, and offer advice on long term treatment.

“I think they (the nurses) have really been there to facilitate our navigation through a very, very new world, and they have done it very effectively. The nurses have always been there and given us all the support we need.”

Parent feedback – independent evaluation

The BHF ACHD Nurses are the linchpin of our service, making sure that complex medical strategies really benefit our patients.

Professor John Deanfield,
BHF Chair of Congenital Heart Disease, Institute of Child Health, University College Hospital London

As more children with congenital heart conditions reach their teenage years, the BHF has expanded its portfolio of specialist nurses to include ACHDNs.

As well as providing expert clinical advice, the ACHDNs are key healthcare co-ordinators for young people with congenital heart conditions. They provide information and support to around 2,000 young people each year. They deal with sensitive issues ranging from sexual activity to end of life care in a caring and professional manner. The nurses also provide an important liaison service to ensure there is effective collaboration and communication between the patient, their family and the multi-professional team responsible for their care, which often includes Social Services.

The ACHDNs are also striving to build capacity within the NHS to better manage the increasing number of young adults with congenital heart disease. They train ward staff, answer questions from GPs and are introducing new nurse-led clinics for ACHD patients with heart failure, and teenagers’ clinics for patients transitioning from paediatrics to adult services.

As children and young people with congenital heart disease (people with heart defects or abnormalities that develop before birth) become teenagers and young adults, they may have a poorer quality of life and disabling symptoms that are difficult to manage. We need to change our healthcare culture to improve end of life care for these patients.

Peter Hallins,
Chief Executive, BHF

Better Together was an innovative collaboration that allowed expansion of the Marie Curie Nursing Service to care for patients with heart failure. The project demonstrated the benefits of organisations working together to overcome barriers and improve patient care.

Thomas Hughes-Hallett,
Chief Executive, Marie Curie Cancer Care

One of the first things I did after becoming Chief Executive of the BHF was to spend a day with one of our heart failure specialist nurses. It was one of the most moving days of my life. I remember clearly the skill and compassion with which the BHF nurse dealt with one patient who died just a few weeks later. I therefore needed no persuading that the BHF should do its utmost to ensure that its care for heart patients extends to ensuring they have the best possible death.

Lynda Blue,
BHF Healthcare Professional Project Manager

Heart failure is a serious condition with a poor prognosis, but it can be difficult to predict when a patient may need end-of-life care.37 An evaluation of the HFSN service highlighted that heart failure patients did not have access to palliative care services – such as those well established for people with cancer. In addition, some BHF HFSNs found it difficult to broach and discuss end of life issues with patients and carers, including important considerations such as palliative care options.4 Many began, individually, to forge links with palliative care services and seek advice from Macmillan and Marie Curie Cancer Care (MCCC) nurses.

At a national level, it was recognised that palliative care provision for non cancer patients was inadequate. Many patients who wanted to die in their own homes or in a hospice could not have their wishes met because of a lack of appropriate services.38 In response, MCCC, in partnership with the BHF and other organisations, launched a programme called ‘Delivering Choice’ which aims to provide patients at the end of life with choice over where they die.

In 2006, the BHF and MCCC joined forces again and began a two year pilot project called ‘Better Together’ to provide a supportive and palliative care service in two PCTs – Poole and Bradford. Marie Curie nurses visited heart failure patients in their homes alongside a BHF HFSN. The nurse partnerships helped improve the patient’s quality of life by offering a joined up support service that meant patients received valuable advice and medical support at the same time as receiving vital physical and psychological care. An independent evaluation reported that 57% patients received Better Together, and of those 45% (79%) died in their place of choice.

The BHF now funds nine Palliative Care Heart Failure Specialist Nurses to provide a flexible mix of disease treating and symptom relieving measures that can be adapted as heart failure stages advance. They quickly identify, assess and treat pain and other problems, whether physical or psychosocial, and organise appropriate clinical and social support services. The continuum of care the service provides has helped improve care for many end stage heart failure patients and their carers, and has helped change attitudes towards palliative care for HF patients.

“When the time came to introduce the palliative care team, our BHF Nurse did it with great sensitivity – without her and the lovely community nurses, I am sure my husband would have needed a hospital bed or residential care. The fact that we were able to care for him at home until the end is a great comfort to me at the moment as I go through the dark tunnel of bereavement.”

Carey feedback – independent evaluation

Working in partnership to address unmet needs – End of life care

Many patients with end stage heart failure wish to die at home or in a hospice, but palliative care services for non cancer patients are lacking. The BHF, in partnership with Marie Curie Cancer Care, has taken major steps to address this shortfall, and is improving end of life care for many patients.

“There are increasing numbers of patients living with advanced stages of heart failure in the UK, and many have a poor quality of life and disabling symptoms that are difficult to manage. We need to change our healthcare culture to improve end of life care for these patients.”

Lynda Blue,
BHF Healthcare Professional Project Manager

The Marie Curie Nursing Service to care for patients with heart failure, and teenagers’ clinics for patients transitioning from paediatrics to adult services.

As children and young people with congenital heart disease (people with heart defects or abnormalities that develop before birth) become teenagers and young adults, they may have a poorer quality of life and disabling symptoms that are difficult to manage. We need to change our healthcare culture to improve end of life care for these patients.

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Carey feedback – independent evaluation

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The BHF acts as a catalyst and a driver to innovate and improve healthcare services. The BHF model has been developed to effectively set up, develop, educate, evaluate, tailor and roll out new services.

The BHF is at the forefront of piloting new models of service delivery. The charity identifies gaps and inequalities in access to services. In response, innovative services are piloted and independently evaluated, before being rolled out. A vital component of success is the BHF field team, who help specialist nurses and other healthcare professionals set up and embed the service within the NHS trust. The support and expertise shared between the network of BHF nurses is also very significant.

A local steering group is set up to support the nurse in establishing the service and helps the nurse with vital links and support. It also allows service managers and clinicians to provide guidance and clinical support, as well as removing obstacles to enable effective service delivery.

Each nurse completes quarterly activity reports to capture outcome data which is used to establish the vital nature of the service and its contribution to improved care. This includes saved re-admissions, reduced waiting times, improved patient satisfaction and quality of life as well as increasing cost effectiveness.

The comprehensive education package provided by the BHF enables nurses to gain training to improve knowledge and expertise. This ensures that all BHF Nurses give high quality, evidence based care to all cardiac patients on their caseload.

As the period of full charity funding approaches completion, the BHF field team support the host NHS Trust to build a business case for sustaining the service. The quarterly activity reports provide data on the service outcomes and impacts to demonstrate the vital part they play in healthcare services for cardiac patients.

The BHF model for nurse funding and support

The BHF has proved invaluable in supporting the professional development of national arrhythmia nurse specialists. Their support has allowed this group of practitioners to meet and to learn together and master degrees. Master levels have expanded in an important area of patient care.

The support from the BHF, both financial and in developing appropriate educational packages, has enabled the establishment and continued development of many branches of cardiovascular nursing. The start-up grants provide an invaluable period of time to establish a service whilst evaluating its impact to inform a full business case for future investment. In the case of arrhythmia, adult congenital and cardiac genetics nursing, I am sure we would not have as many nurses in post if such support had not been available.

Jenny Taggney, Cardiology Nurse Consultant, University Hospitals Bristol NHS Foundation Trust

“Looking to the future”

Since the launch of the Programme, BHF Nurses have made a dramatic impact on the healthcare services available to cardiac patients in the UK. They have developed award winning services and introduced new and improved models of care. Their expert and caring services have enhanced quality of life for hundreds of thousands of cardiac patients, and have reduced hospital mortality rates and readmissions.

But, during the Programme’s lifetime, the healthcare landscape has evolved. Medical advances means that new patient populations with differing needs exist, and changing demographics create new challenges for healthcare services. In response, the BHF has expanded the Nurse Programme and is developing new models of care to address these new and emerging needs.

Healthcare professionals

The BHF is active in a range of areas that benefit cardiac patients, including resuscitation training and cardiac diagnostic services. The charity supports community defibrillation officers, echo technicians, and cardiac physiology trainers as well as pharmacists and psychologists who work alongside BHF Specialist Nurses. Each healthcare professional (HCP) specialist helps to improve diagnosis, treatment or care for cardiac patients across the UK.

The BHF has recently enhanced its programme of professional development for its 500 highly valued and skilled ICPs, and now offers them the same package of training and education as its specialist nurses. This new development will guarantee that every BHF funded ICP can strive for excellence.

Caring Together – a palliative care project

In this £3.6 million project, working with NHS Greater Glasgow and Clyde, the BF-ICCP will develop, test and evaluate new integrated models of care for HF patients such as access to day care at hospices and dedicated clinics to provide treatment for advanced heart failure, including inpatient diuretics. By integrating common activities, the services will provide an individualised approach to patient care that considers every aspect of the patients’ healthcare needs. The project will provide vital evidence to inform future palliative care service provision.

Dr Richard Hatchett, Course Director, Managing Arrhythmias, London South Bank University

Genetics nurses

Research has, in recent years, dramatically improved our understanding of the genetic basis of inherited cardiac conditions. Genetic tests help to identify those at risk so they can be monitored and treated as necessary. In 2006, the BHF expanded the Nurse Programme to include genetic nurses posts and genetic counsellors.

The cardiac genetics nurses improve patient and family care by offering support and information in what can be a very complex process. Genetic counsellors make genetic services more readily accessible to patients and their families and improve communication between cardiac services and genetic services within the NHS.

To develop this service further, the BHF has recently joined forces with the Department of Health to provide a Genetic Information Service that helps relatives deal with the consequences of losing a family member and provides guidance on accessing screening services.

Hearty Lives

The BHF has launched a £9 million programme, called Hearty Lives, to tackle inequalities in heart disease. The BHF is investing resources in selected communities, and will work with health authorities, local authorities and community partners to develop new services tailored to the needs of local people.

As part of the project, the charity is offering the BHF Specialist Nurse package to NHS trusts in areas where there are high rates of coronary heart disease and unacceptable levels of associated mortality and morbidity. To date, six BHF Hearty Lives Project nurses have been appointed to address specific areas of need in their locality.

References

2. Department of health (2001) Extending choice for patients: a discussion document proposals for pilot schemes to improve choice and provide foster treatment
Commissioning

BHF support has provided an element of coherence to specialist nurse services which did not previously exist, and is continuing to move them closer to the goal of establishing national service standards. The BHF is working closely with planners and commissioners across the four nations of the UK, to ensure the benefits of the charity’s investment are maximised for the health and wellbeing of local populations.

The BHF is encouraging and supporting specialist nurses to input into planning and commissioning processes in order to highlight gaps in health, education and social care services that have consequences for their patient populations. Nurses should have a key role in strategic needs assessment and service redesign to secure more holistic and personalised services for patients.

The BHF are urging planners and commissioners to tap in to the charity’s networks of HCPs, and encourages feedback from these groups as engagement continues to build.

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“For my money, nurses have done more than any other staff group in delivering the National Service Framework for Coronary Heart Disease. Clearly, as is apparent in this report, the British Heart Foundation have been major supporters of this work across a wide range of specialist pathways.

Not only have the BHF posts brought services closer to the patients, they have also brought about widespread innovation in service delivery through the individuals themselves and through the education and training that has been arranged for them.

Most of all, they have improved communication with patients. While many have focussed on the doctor-patient relationship, there has been a tendency to underplay the importance of the nurse-patient relationship. Patients and carers have come to trust our specialist nurses, to value the face-to-face time made available, to appreciate their clinical prowess and to benefit from their excellent communication skills.

Thank you to all of them and the BHF.”

Professor Roger Boyle CBE,
National Director for Heart Disease and Stroke

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BHF Genetics Nurses – a new development in the Programme

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Professor Roger Boyle CBE