Additional information on the public health contribution to capacity planning and demand management in Cheshire and Merseyside, phase 3: Managing heart failure

Heart Failure service in Halton

In the Heart Failure Report (Fleeman, 2003) under current provision for managing heart failure in Cheshire and Merseyside, it is noted that: "service provision currently varies quite widely between PCTs" and the Aintree and Wirral models are highlighted as examples of good practice. Unfortunately the report should have also highlighted the service provided in Halton as this model is an example of a community based heart failure service which is dedicated solely to managing patients with heart failure and so increasingly being seen by many as being one model of good practice.

This service was set up two years ago and all patients who are on the heart failure register, all patients who are referred from cardiologists in outpatients (at Halton Hospital) and all referrals from cardiology nurses at the Halton Hospital based service are seen by one of three part time nurses in clinics which are held at GP practices. Thus patients with heart failure of varying degrees of severity are seen for up titration of ACEs and betablockers. As the nurses receive a list of names of all patients who have received an echocardiogram each month, no patient should be missed.

The heart failure register was updated last year and is now much more accurate than it was as common to many registers throughout the UK, it included patients who were inaccurately diagnosed as having heart failure. In addition, it initially only included patients who were aged 65 and over and some patients are younger than this. In Fleeman (2003) it is stated that: "cardiac nurses based in the community in Cheshire and Merseyside have, on the whole, not routinely seen heart failure patients." This is clearly not the case in Halton where patients are seen routinely.

In addition, the fact that such a service exists must be borne in mind when interpreting the estimated impact on hospital readmissions for Halton PCT. While the service ensures that many patients who might otherwise be readmitted to hospital are not, patients who are currently not in hospital but who ought to be are also identified.

Acknowledgement and contact for further information

The information on the Halton PCT heart failure service was provided by Sarah Ellison who is one of the heart failure nurses. Because the clinics are community based, there is not one contact address as such, although she can be contacted at the Millbrow Clinic, Widness, Cheshire WA8 6RT on 0151 424 4360.

Reference

Fleeman N (2003). The Public Health contribution to capacity planning and demand management in Cheshire and Merseyside, Phase 3: Managing heart failure. Observatory Report Series No. 57. Liverpool: Liverpool Public Health Observatory.