

Final Report January 2006

Glasgow's Coronary Heart Disease Chronic Disease Management Programme Patients Survey

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Executive Summary

The overarching aim of Glasgow's Coronary Heart Disease (CHD) Chronic Disease Management Programme (CDM), is to improve secondary prevention for individuals who have had a diagnosis of CHD.

The programme incorporates supported services including the Live Active Exercise Referral scheme, a 'Hearty Eating' programme and smoking cessation services. A patient held book entitled 'My Heart Book' has also been published as part of the programme and contains substantial information designed to guide, inform, assist and educate patients on all aspects CHD including; what is CHD, how it can be treated, lifestyle and reducing risk factors, and adapting and living with the condition.

The key aims of this research were to provide an evaluation of the practice nurse clinics for patients with heart disease and to assess the relevance, significance and importance of the 'My Heart Book' for patients participating in the CHD CDM programme.

Method

The research for this project was undertaken using two main techniques.

- A patient survey incorporating heart patients from across Greater Glasgow. The purpose of the patient survey was to secure an understanding of the perception of heart patients with regard to practice nurse clinics, hospital cardiac rehabilitation programmes, and community services.

Fifty medical practices were invited to take part in the survey, an invitation that was accepted by eight practices. As a result, five hundred patient survey questionnaires were sent out to heart patients from across the eight practice areas. One hundred and eighteen questionnaires were completed and returned to FMR Research. Of the one hundred and eighteen completed questionnaires, fifty seven telephone interviews were completed with the remaining sixty one respondents being ineligible or unavailable.

- A focus group with heart patients who had received and read the 'My Heart Book' publication. Participants were invited to attend as part of the telephone survey, leading to six people attending the focus group and participating in the discussion. The focus group was designed to enable heart patients to provide feedback on the content of the 'My Heart Book' publication and for a mutual appreciation of the needs of heart patients to be obtained.

Key Findings

Practice nurse clinics

Patients who contributed to the survey and the focus group were generally positive in their comments and views about the practice nurse clinics. Although patient appointments with the practice nurse varied substantially in length, from five minutes up to thirty minutes, 98% (56 respondents) of respondents felt that the amount of time they spent with the practice nurse was about right. Information about the patient's heart/medical condition, medication, improving their lifestyle and harm reduction were all felt to have been covered in appropriate depth at the practice nurse clinics. Whilst a small number of survey respondents stated that they were not given any information at the practice nurse clinic, only one of these respondents felt that they would have preferred to have received the information during the practice nurse clinic. All other

respondents who did not receive information did not feel that they required information.

During the focus group session, patients described the practice nurse as invaluable. Patients emphasised that they particularly liked being able to informally discuss their health and heart condition issues with the practice nurse.

The only clear negative factor regarding the practice nurse clinics that emerged from the study related to the distribution of the 'My Heart Book' at the practice nurse clinics. Only 56% (32 respondents) advised they had been given a copy of the 'My Heart Book' at the practice nurse clinic, despite the fact that all CHD patients attending should have been given a copy. It was also noted that 73% (23 respondents) of those who had been provided with a copy of the 'My Heart Book' at the practice nurse clinic advised that the practice nurse had given them a briefing about the content and purpose of the book. This illustrates that in the majority of cases patients received an explanation on the information contained within the book when they received it.

Hospital cardiac rehabilitation programme

It was observed from the patient survey that 44% (25 respondents) had attended a hospital cardiac rehabilitation programme, although attendance was significantly less for patients living in Depcat six and seven areas, with only 18% (3 respondents) of patients surveyed from those areas confirming they had attended. Of those who had attended a hospital cardiac rehabilitation programme, 56% (14 respondents) had done so since attending the CHD programme.

Community Services

It should be noted that 18% (10 respondents) of patients who responded to the survey were smokers. Of the survey respondents who were smokers, awareness of Smokeline Telephone Support was particularly pronounced with 80% (8 respondents) stating that they were aware of this service. Only 50% (5 respondents) were aware of group support to stop smoking, and just 1 respondent was aware of the Starting Fresh Pharmacy Service. Generally, patients were aware of services through their doctor, television, newspapers, notices at medical practices, and GP leaflets. Only one of the focus group participants was a smoker. She expressed an interest in the group support to stop smoking and added additional help was necessary in order to help people like herself stop smoking.

Only 30% (17 respondents) of patients were aware of the Live Active (GP) Exercise Referral Scheme and they found out about the scheme from a variety of sources including the practice nurse clinic, advertisements/flyers in the medical practice, their GP, hospital, or the rehabilitation unit. Positive feedback about the scheme was received from focus group participants who had been referred to the Live Active (GP) Exercise Referral Scheme. It was felt that the scheme benefited their health and encouraged them to think more about exercise. However, it was also noted that the length of waiting time to get onto the scheme was criticised, along with the cost associated with continuing the gym programme once the referral scheme had ended.

With reference to the Hearty Eating Service, only 12% (7 survey respondents) of respondents stated that they were aware of the service and they had heard about it via the hospital, their doctor, the rehabilitation programme, posters, advertisements, or the medical practice.

In total, only a small number of survey respondents had been referred to any of these services by their practice nurse. However, for all services, at least a quarter of respondents who weren't referred would have liked to have been.

'My Heart Book'

Survey respondents were asked to rate the 'My Heart Book' on a scale of one to ten, with one representing 'not useful at all' and ten representing 'very useful'. None of the respondents gave a rating of less than five while 71% (22) of those who had received it rated it either eight, nine or ten, illustrating that survey respondents were largely satisfied with the content and relevance of the 'My Heart Book'.

Focus group participants also rated the 'My Heart Book' highly, finding it to be of great relevance to their circumstances and needs. The amount of information contained within the 'My Heart Book' was felt to be just right. Focus group participants described the book as well structured and written in a manner that was easy to read and digest.

Overall, the best aspects of the 'My Heart Book' were felt, by both focus group participants and survey respondents, to be the appointments and records section, information on exercise and diet, explanation of medication, general explanations of heart conditions, and information on what to do if you have a heart attack.

It was noted that both survey respondents and focus group participants were unable to provide a great deal of significant comment on the poorer aspects of the 'My Heart Book'. Those who did make comment felt that the worst aspects of the 'My Heart Book' were that there was nothing new in it, they were already doing everything it suggested, or they already have all the information in the book. It was also suggested that there should be information within the 'My Heart Book' about stress and how to deal with it, and what to do on days when you were not feeling quite right.

Website

The idea of a website to accompany the 'My Heart Book' was felt to be a good idea by most focus group participants. It was hoped that such a website would contain similar information to the 'My Heart Book' itself and also a question and answer section. Some would access such a website at home, but others thought that having access at the library or GP surgery would be useful.

The report concludes by making nine recommendations with regard to practice nurse clinics, community services and the 'My Heart Book'.

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1 Introduction

1.1 Background

Glasgow's Coronary Heart Disease (CHD) Chronic Disease Management Programme (CDM), aims to improve secondary prevention for those with CHD. There are currently around 40,000 such patients in GGNHSB – a substantial number of both men and women.

The CHD CDM programme evolved from the pilot programme called *Glasgow's Responsive Angina Secondary Prevention Programme (GRASPP)*, targeting patients with newly diagnosed angina. The GRASPP programme was initiated in 1999 and concluded in 2004 when the wider CHD CDM programme was introduced, targeting all patients with established CHD (including angina, myocardial infarction, by-pass surgery, angioplasty /stent).

Patients with known CHD are invited to attend a practice nurse led clinic appointment at their local GP practice on an annual basis. During the clinic appointment, the practice nurse discusses issues including medication and compliance, symptom management, lifestyle and risk factor reduction. Practice nurses are encouraged to refer patients onto community support services where appropriate, including exercise referral, a 'Hearty Eating' programme and smoking cessation services. A patient held book entitled the 'My Heart Book' contains information about what the disease is, how it should be treated, drugs, money matters, sexual relationships, driving and lifestyle.

Greater Glasgow NHS Board (GGNHSB) commissioned FMR Research Ltd, in February 2004, to conduct an evaluation of the practice nurse clinics for patients with heart disease. The purpose of this evaluation was to help GGNHSB to provide a service that meets the needs of patients. Due to the time taken to gaining approval from the Local Medical Committee (LMC), and establishing mechanisms for patient recruitment, the evaluation was unable to commence until June 2005. During this time, the decision was taken to also conduct an evaluation with patients regarding the 'My Heart Book'.

1.2 Objectives

There were two key aims of this project.

- Aim 1: to evaluate the practice nurse clinics for patients with heart disease.
- Aim 2: to evaluate the 'My Heart Book'.

2 Method

2.1 Commissioning meeting

The first stage of the research was the commissioning meeting where the proposed methodology was agreed, along with timescales and the aims of the research. To meet these aims, a survey was planned, along with qualitative research, in the form of a focus group with heart patients who had been issued with the 'My Heart Book'. Following this meeting the questionnaire and the topic guide for the focus group were designed and agreed with the steering group.

Please note that following the commissioning meeting, timescales had to be relaxed due to the long ensuing process of gaining ethical approval and gaining LMC approval and gaining assistance from medical practices in contacting patients.

2.2 Patients survey

In order to interview a large number of heart patients spread across Greater Glasgow, it was decided that a telephone survey would be most appropriate. Fifty practices providing the CHD CDM programme were selected at random and invited to take part in the survey, with eight accepting.

Through participating medical practices, GGNHSB attempted to send a letter to all patients who had attended a CHD CDM clinic appointment within the last year. This proved problematic, with different medical practices having differing computer systems which resulted in some practices finding it easier to identify these particular patients than others. This resulted in a number of letters being sent to patients not applicable to take part in the research. The letter explained the purpose of the research and asked for the patients' cooperation in the study. A reply paid envelope was enclosed in order for patients to respond positively to the letter.

2.2.1 Sample

Five hundred questionnaires in total were sent out to heart patients across the eight practice areas. One hundred and eighteen questionnaires were returned to FMR, with 57 interviews being completed. This low outturn was a result of the remaining patients being ineligible or unavailable to take part. A copy of the questionnaire used can be found in Appendix 1.

Phone interviews lasted for around 10-15 minutes, depending on patients' involvement in/knowledge of community services for heart patients.

Survey respondents were resident across the full range of Deprivation categories (Depcats), as can be seen below in Table 1. For the purposes of this report, Depcats have been clustered as '1 and 2', '3, 4 and 5' and '6 and 7'.

Table 1 Deprivation category

	No.	%
1	9	16%
2	15	26%
3	6	11%
4	4	7%
5	6	11%
6	13	23%
7	4	7%
Total	57	100%

Respondents were split fairly evenly by gender, with 53% (30 respondents) being male, and 47% (27 respondents) being female.

Table 2 Gender

	Total	
	No.	%
Male	30	53%
Female	27	47%
Total	57	100%

All respondents were aged 55 or above, with over three quarters (77%, 44 respondents) being 65 or over, as can be seen below.

Table 3 Age

	Total	
	No.	%
16-24	0	0%
25-34	0	0%
35-44	0	0%
45-54	1	2%
55-64	12	21%
65+	44	77%
Total	57	100%

Forty-seven percent (27 respondents) of respondents had angina, and 39% (22 respondents) had had a heart attack.

Table 4 Status

	Total	
	No.	%
Angina patient	27	47%
Heart Attack patient	22	39%
Other	8	14%
Total	57	100%

The remaining 14% (8 respondents) had suffered the following:

- asthma, chronic bronchitis;
- blocked artery;
- heart bypass (2);
- heart disease, asthma, COPD;
- high blood pressure, headaches;
- minor heart condition; and
- water round the heart.

The vast majority (91%, 52 respondents) of respondents were of 'white, Scottish' ethnicity, as can be seen in the following table.

Table 5 Ethnicity

	Total	
	No.	%
White Scottish	52	91%
White other British	4	7%
Indian	1	2%
Total	57	100%

2.3 Focus group

A focus group was conducted by FMR with heart patients who had received a copy of the 'My Heart Book'. This was in order to gain their feedback on the book and to further understand their needs. The topic guide is appended and can be found in Appendix 2.

The group was held at GGNHSB's Head Office on the 30th August 2005. Participants were recruited through the telephone survey, and 6 people came along on the day to participate in the discussion, which lasted for an hour and a half.

All participants were given £15 in cash to thank them for their input and to cover any travel expenses they incurred in travelling to the focus group.

2.4 Analysis and reporting

Results from the questionnaires were entered on SPSS. An analysis was carried out using this software package.

The focus group was recorded onto minidisk and the recording was analysed in order for key themes to emerge. Analysis then centred around each of these key themes with verbatim comments being picked out in order to back up findings.

3 Survey findings

This section presents the results of the survey. Findings are presented under the following themes, reflecting the questionnaire headings:

- practice nurse clinic;
- hospital cardiac rehabilitation programme;
- 'My heart book';
- community services
- Live Active (GP) exercise referral; and
- Hearty Eating Service.

Please note that percentages may not sum to exactly 100% due to rounding. Unless otherwise specified, the base for each question is 57 respondents. This number is significantly lower in some places due to the routing of the questionnaire requiring different respondents to complete different questions.

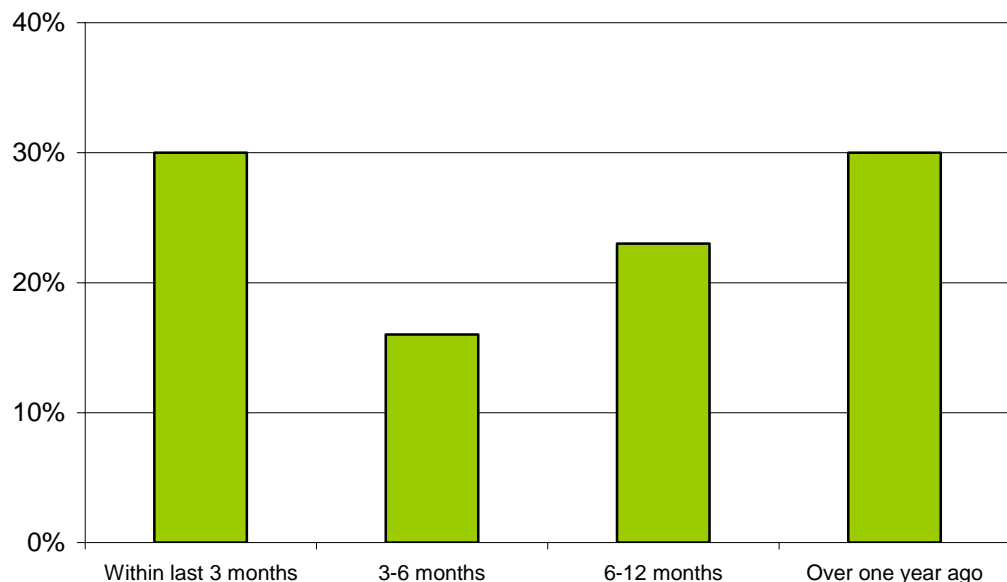
Due to the low base, results are only broken down by Depcat where results vary significantly. In all other cases, the heart patients' views overall are presented.

3.1 Practice nurse clinic

3.1.1 First appointment with practice nurse

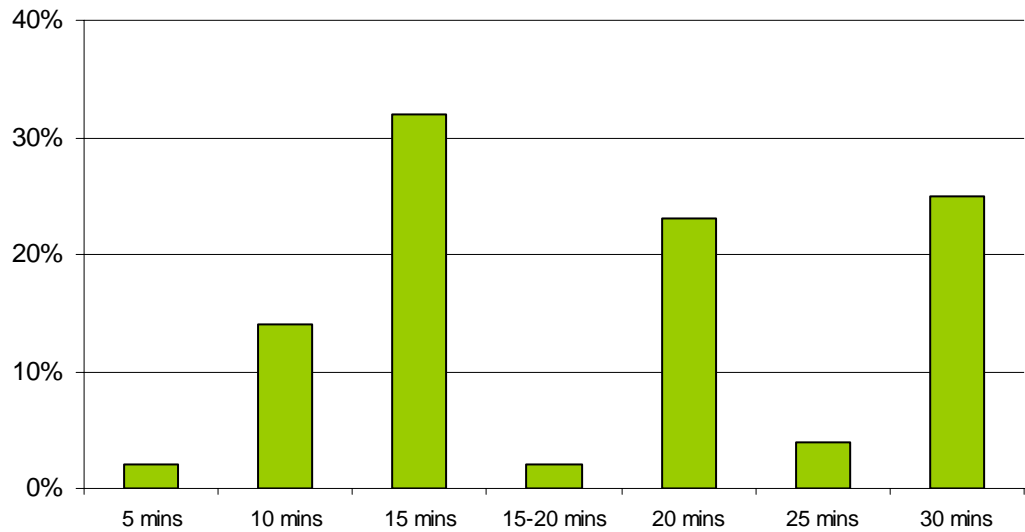
All respondents had attended a clinic with the practice nurse, for their heart condition, within the last two years. Sixty-nine percent (39 respondents) had visited the practice nurse for this indication, for the first time within the last year. However, this was not always in line with the start of a respondent's heart problem.

Figure 1 First appointment with practice nurse for angina/heart disease



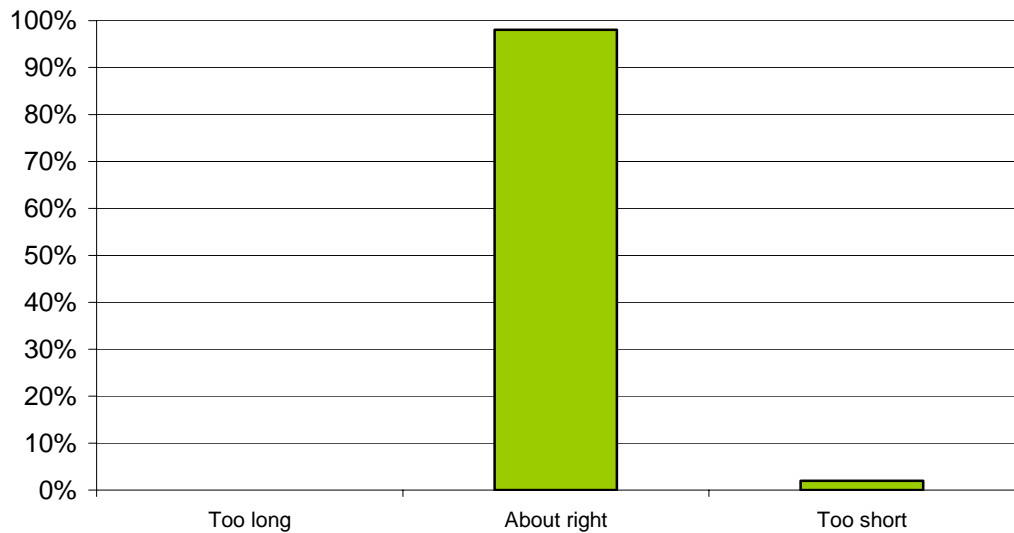
First appointments with the practice nurse tended to vary in length quite considerably, from five minutes to half an hour.

Figure 2 Length of appointment



Respondents were generally (98%, 56 participants) happy with the amount of time they had spent with the practice nurse at the first appointment, feeling that this time was 'just right'.

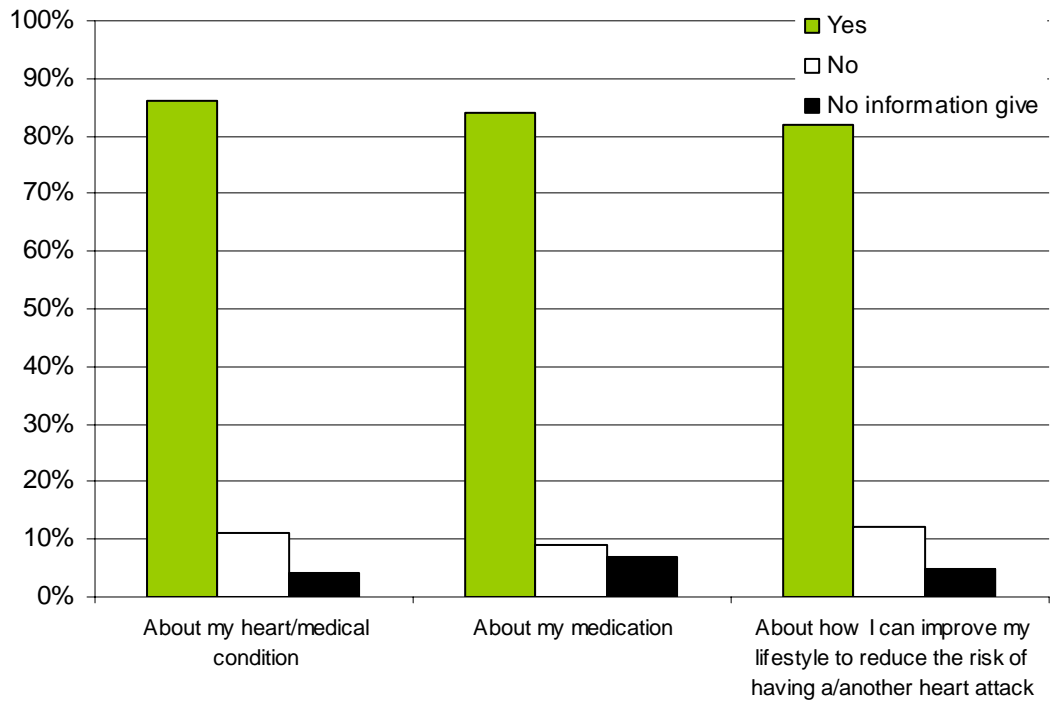
Figure 3 At your first appointment with the practice nurse, was the time spent with the nurse...?



3.1.2 Information received

Respondents were asked whether or not they felt information on their heart/medical condition, medication, and about improving their lifestyle was well explained. Overall, respondents were very happy with this. Eighty six percent (49 respondents) felt that information about their heart/medical condition was well explained, 84% (48 respondents) felt that information about their medication was well explained, and 82% (47 respondents) felt that information about how they could improve their lifestyle and reduce the risk of having a/another heart attack was well explained. A small number of respondents answered 'no information given' in each case.

Figure 4 Do you feel the information you received on the following was well explained?

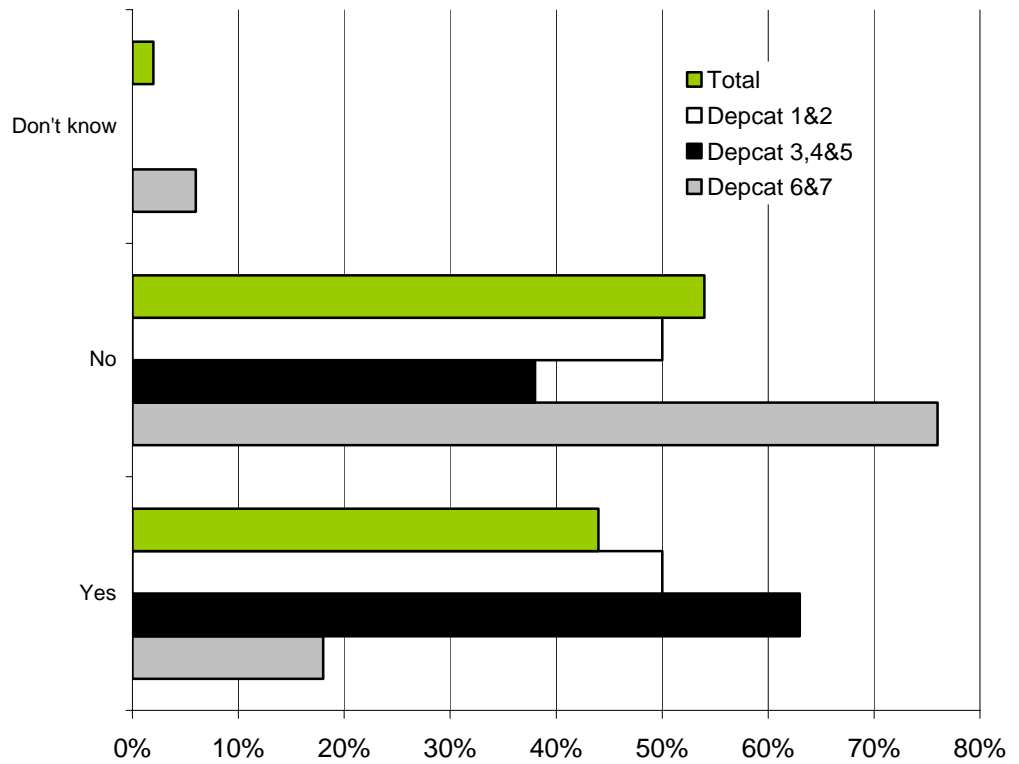


Those respondents who answered 'no' or 'no information given' in the above figure were asked if they felt anything could have been explained better. In most cases, respondents did not feel that they needed this information, either as a result of already having received it elsewhere, i.e. doctor or in hospital, or they didn't feel their condition was serious enough to require this information. However, one respondent did feel that she needed information and that she had to search herself, as no information was given.

3.2 Hospital cardiac rehabilitation programme

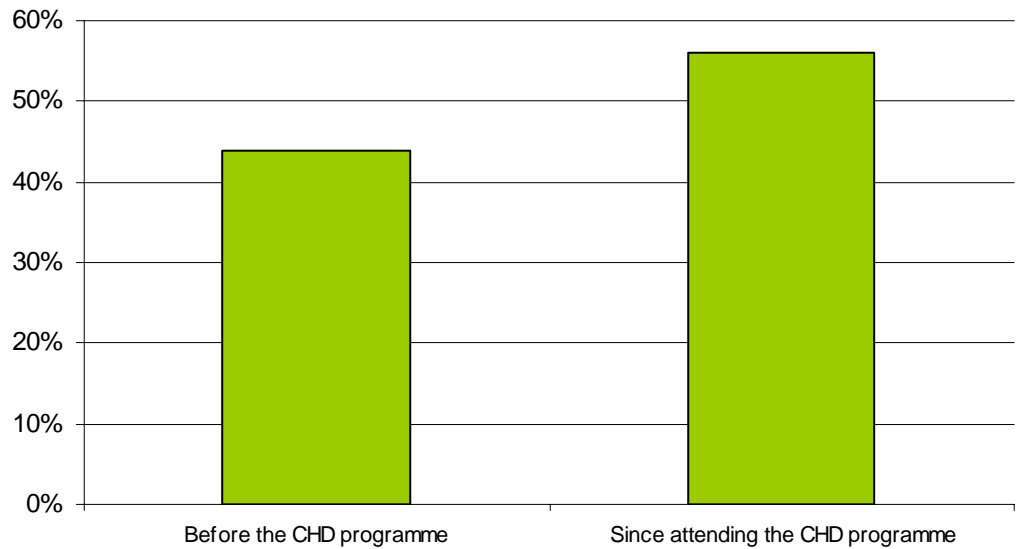
Forty-four percent (25 respondents) of respondents had attended a hospital cardiac rehabilitation programme. However, for those living in Depcats six and seven, only 18% (3 respondents) had attended such a programme, as can be seen below.

Figure 5 Have you attended a hospital cardiac rehabilitation programme?



Of those who had attended a hospital cardiac rehabilitation programme, over half (56%, 14 respondents) had done so since attending the CHD programme.

Figure 6 If yes, when did you attend the rehabilitation?



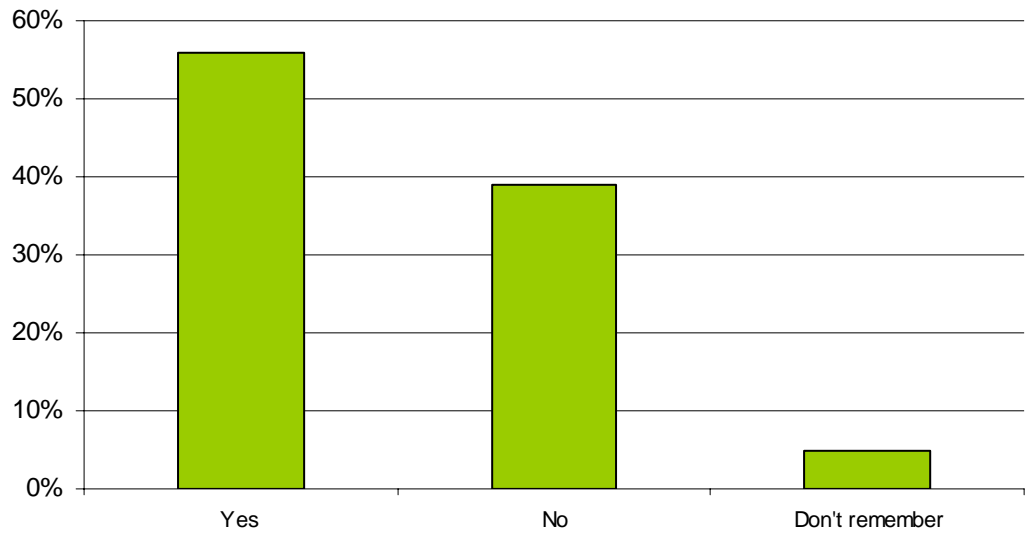
base=25

3.3 'My Heart Book'

3.3.1 Practice nurse's role in providing the 'My Heart Book' to patients

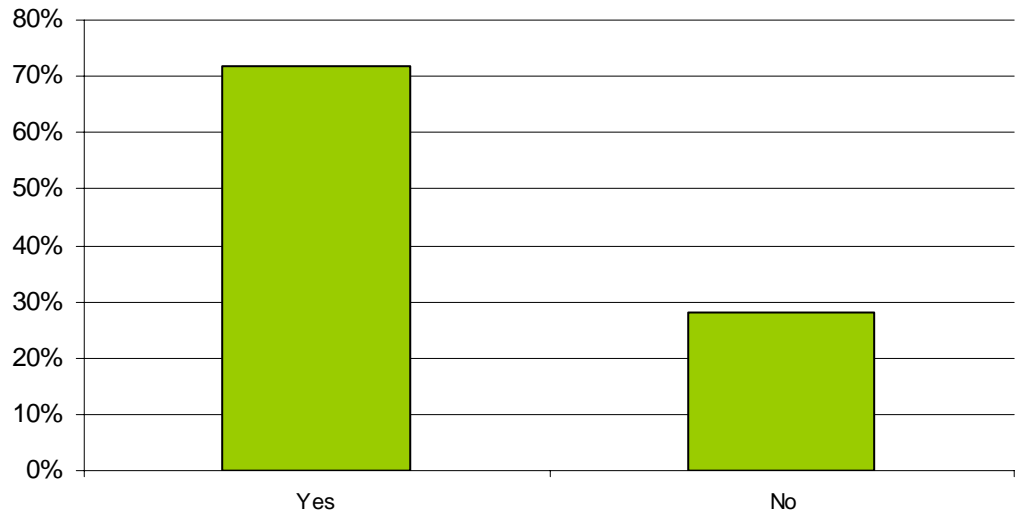
Although the practice nurse should be offering patients a copy of the 'My Heart Book', only 56% (32 respondents) of respondents could remember being offered a copy through the practice nurse.

Figure 7 Did the practice nurse offer you a copy of a 'My Heart Book'?



Of those who had received a copy of the 'My Heart Book, nearly three-quarters (72%, 23 respondents) of respondents stated that the practice nurse had explained the information in the book to them.

Figure 8 If yes, did the nurse explain the information in the 'My Heart Book' to you?



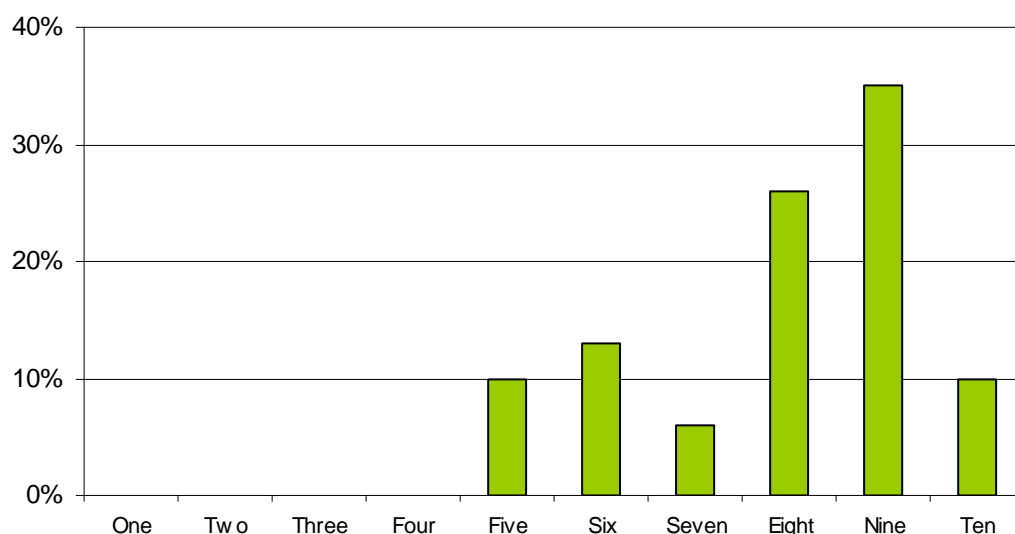
base=32

3.3.2 Patients' views on the 'My Heart Book'

Respondents were asked how they would rate the 'My Heart Book' on a scale of one to ten, with one being not at all useful, and ten being very useful. Nobody rated it

Below five, and the majority (71%, 22 respondents) rated it either eight (26%, 8 respondents), nine (35%, 11 respondents) or 10 (10%, 3 respondents).

Figure 9 On a scale of one to ten, how would you rate the 'My Heart Book'?



base=31

3.3.3 Best aspects of the 'My Heart Book'

Respondents were asked what they felt the best aspects of the 'My Heart Book' were. Many were not able to remember as they had not looked at it for a while or had only skimmed through the book, but those who were able to comment gave the following responses:

- allows you to keep appointments and records (2);
- information on exercise (3);
- information on diet (5);
- explanation of medication (1);
- general explanations of heart conditions and information on what to do if you have a heart attack (3);
- information about smoking (1); and
- the simplicity of the book, well presented and easy to understand (1).

3.3.4 Worst aspects of the 'My Heart Book'

Respondents were also asked what they felt the worst aspects of the 'My Heart Book' were. Again, many were not able to remember as they had not looked at it for a while or had only skimmed through the book, but those who were able to comment gave the following responses:

- already doing everything in it, didn't tell me anything new;
- already had all the information that's in it;
- bit frightening looking at some of it;
- missing information about stress and how to deal with it;
- some irrelevant sections, such as alcohol, smoking and weight; and
- found it boring.

3.4 Community services

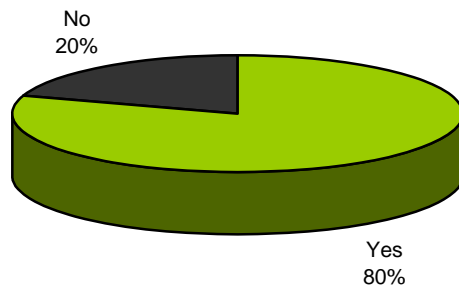
3.4.1 Awareness of services

Respondents were asked about the following community services: Smokeline Telephone Support; Group support to stop smoking; Starting Fresh Pharmacy Service; Live Active (GP) Exercise Referral Scheme; and Hearty Eating Service. As only 18% (10 respondents) of respondents were smokers, these were the only respondents to answer questions on the smoking services.

3.4.2 Awareness of Smokeline Telephone Support

Four-fifths (80%, 8 respondents) of respondents who were smokers were aware of Smokeline Telephone Support.

Figure 10 Have you heard of Smokeline Telephone Support?



base=10

Those who were aware of Smokeline Telephone Support had found out about the service in the following ways:

- doctor;
- card from the doctor;
- phone number on the back of nicotine patch;
- television (3);
- newspapers; and
- notices at medical practice.

3.4.3 Awareness of Group support to stop smoking

Half (50%, 5 respondents) of respondents who were smokers were aware of Group support to stop smoking, as can be seen below:

Figure 11 Have you heard of Group support to stop smoking?



base=10

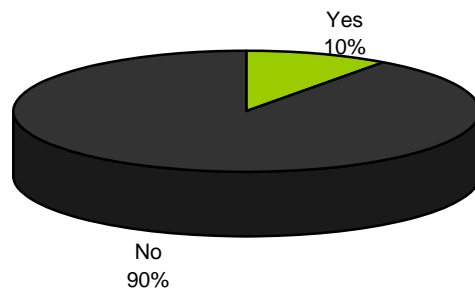
Those who were aware of Group support to stop smoking had heard about it from the following sources:

- advertising (2);
- doctor;
- GP leaflet;
- a packet;
- newspapers; and
- notices at medical practice.

3.4.4 Awareness of Starting Fresh Pharmacy Service

Disappointingly, only 10% (1 respondent) of respondents who were smokers knew of the Starting Fresh Pharmacy Service.

Figure 12 Are you aware of the Starting Fresh Pharmacy Service?



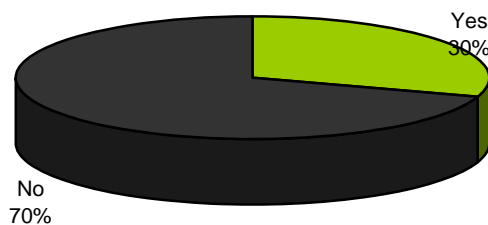
base=10

The one respondent who was aware of the Starting Fresh Pharmacy Service, had heard about it through the doctor.

3.4.5 Awareness of the Live Active (GP) Exercise Referral Scheme

Thirty percent (17 respondents) of respondents were aware of the Live Active (GP) Referral Scheme.

Figure 13 Are you aware of the Live Active (GP) Exercise Referral Scheme?



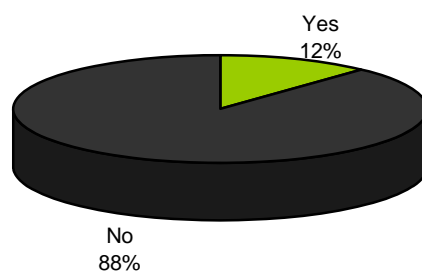
A number of those who had heard of the Live Active (GP) Exercise Referral Scheme, had found out through their practice nurse, in addition to other sources, as follows:

- practice nurse (6);
- advert in medical practice (2);
- doctor (5);
- hospital (3); and
- rehabilitation unit.

3.4.6 Awareness of Hearty Eating Service

Only 12% (7 respondents) of respondents were aware of the Hearty Eating Service.

Figure 14 Are you aware of the Hearty Eating Service?



Those who had heard of the Hearty Eating Service had heard about it from the following sources:

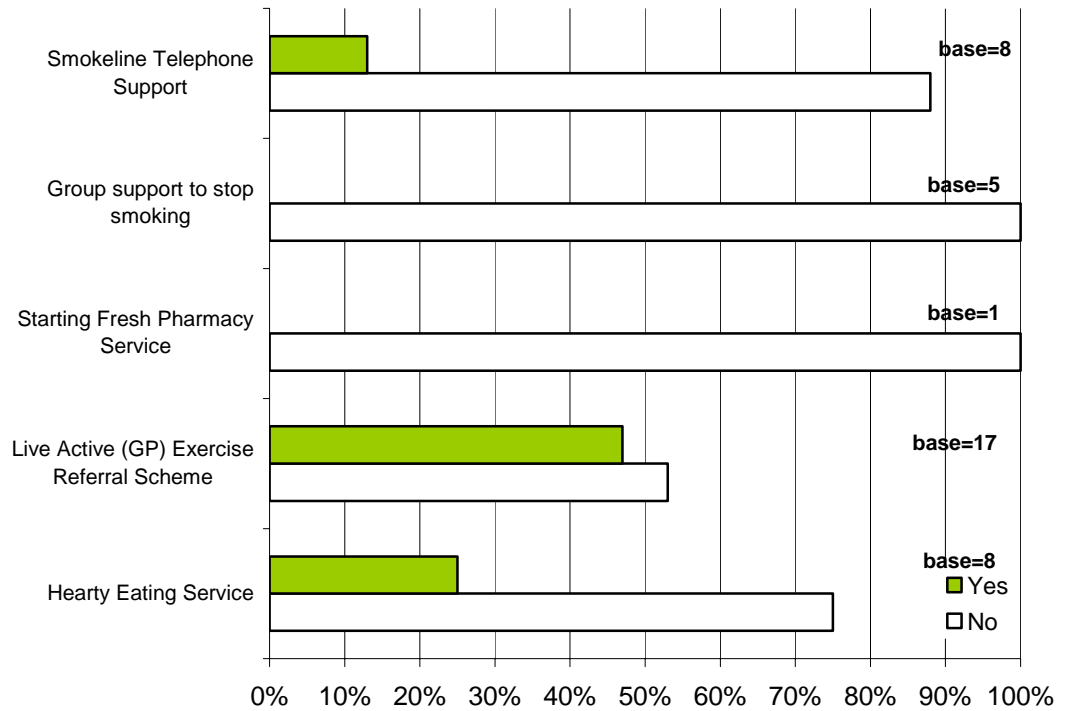
- hospital (2);
- dietician;
- doctor (2);
- read about it;
- rehabilitation programme;
- posters;
- advertisements; and
- medical practice.

3.4.7 Referral to services

Those respondents who were aware of community services, above, were asked if the practice nurse had referred them to any of these services during their consultation. Those respondents who were not smokers, were only asked about the Live Active (GP) Exercise Referral Scheme and the Hearty Eating Service.

With exception to the Live Active (GP) Exercise Referral Scheme (47% referred, 8 respondents), a small percentage of respondents had been referred to all of the services, as can be seen below:

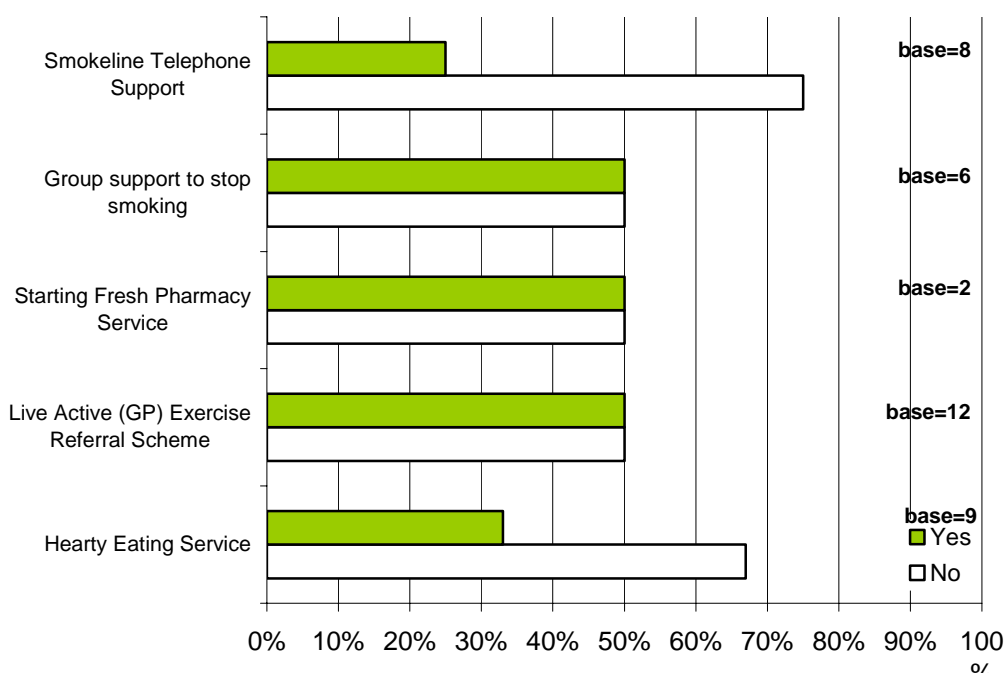
Figure 15 Did you practice nurse refer you to any of these services during your consultation?



Please note that although 13% of smokers (1 respondent) had been referred to Smokeline Telephone Support, this respondent had not actually taken up the support.

Those who had not been referred to any of the above services, but were aware of them, were asked if they would like to have been referred. Again, non-smokers were only asked this question with regard to the Live Active (GP) Exercise Referral Scheme and the Hearty Eating Service. For all services, at least a quarter of respondents who were not referred would like to have been referred.

Figure 16 If no, would you have liked to have been referred to any of these services?



3.5 Live Active (GP) Exercise Referral Scheme

3.5.1 Appointment with exercise counsellor

Eight respondents in total were referred to the Live Active Exercise Referral Scheme. These respondents had attended the following leisure centres/hospitals for their first appointment with the exercise counsellor:

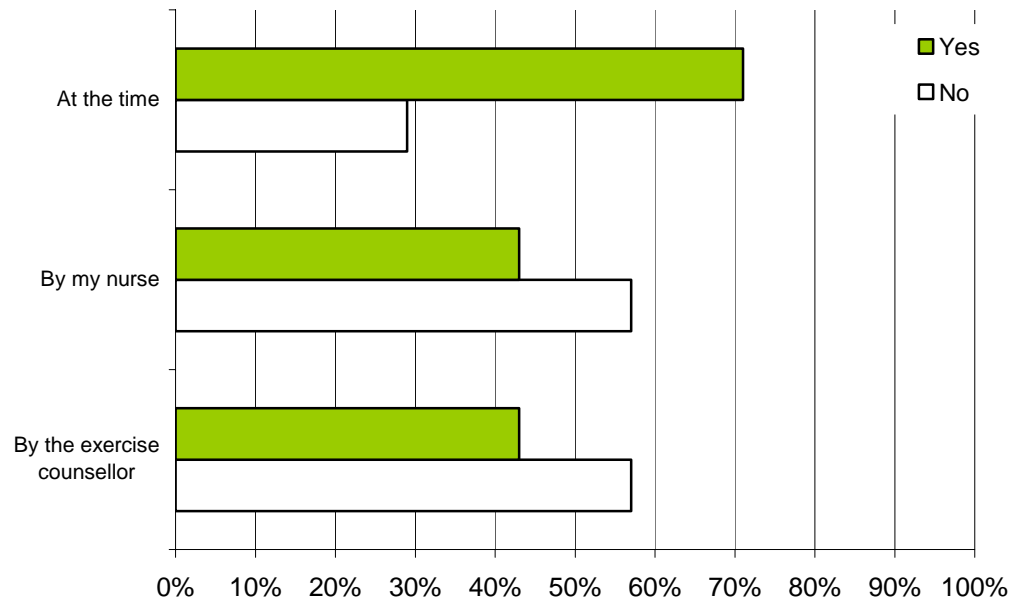
- Allander Sports Centre, Milngavie;
- Barrhead;
- Bellahouston (3);
- Gartnavel Hospital (2); and
- Southern General.

Seven of the eight respondents had a treadmill walking test before their appointment with the exercise counsellor. All seven felt they had received enough information about the test before the appointment. This was as a result of:

- being told timings;
- knowing what to expect;
- being given good information;
- having things explained well; and
- being told about blood clotting and the need to walk a mile every day.

As can be seen below, over 70% (71%, 5 respondents) of respondents who were referred had their results explained to them at the time. Forty-three percent (3 respondents) of respondents had had results explained by their nurse, and forty-three percent (3 respondents) had had their results explained by the exercise counsellor.

Figure 17 Were your results explained to you...?

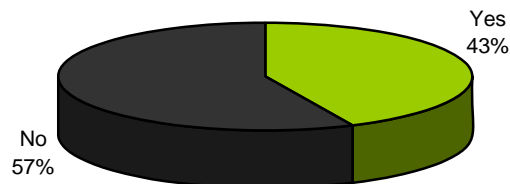


base=7

3.5.2 Follow up sessions

Following the appointment with the exercise counsellor, just over two-fifths (43%, 3 respondents) of respondents attended any follow up sessions with the exercise counsellor.

Figure 18 Did you attend any follow up sessions with the exercise counsellor?



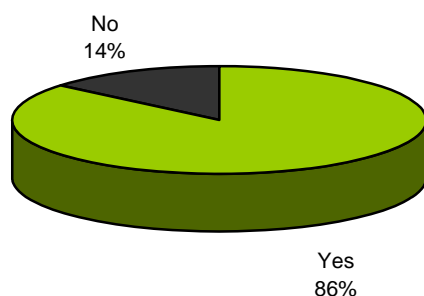
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Only one respondent went on to the Phase IV Cardiac rehabilitation classes available in the leisure centre.

3.5.3 Benefits of the scheme

As a result of the Live Active (GP) Exercise Referral Scheme, 86% (6 respondents) of respondents were of the opinion that they had become more active.

Figure 19 Do you think that the scheme has helped you to become more active?



base=7

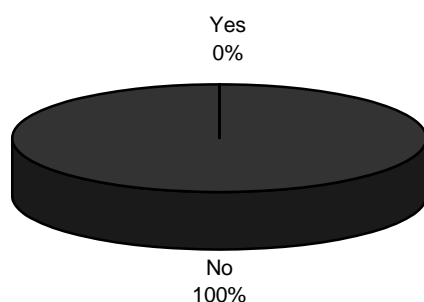
Those who felt they had become more active as a result of the Live Active (GP) Exercise Referral Scheme felt the following aspects of the scheme had helped them:

- exercise classes;
- seeing similar people in the same situation;
- got more time to exercise;
- followed the scheme through, now do a lot of walking and exercise;
- opportunity to use all your muscles;
- taught exercises; and
- doing more exercise than before.

The one respondent who felt they had not become more active stated that they were doing the same level of exercise as they were doing prior to the scheme.

All respondents were of the opinion that they received adequate support, with no-one feeling they would have liked any additional support.

Figure 20 Would you have liked any additional support?



base=7

3.6 Hearty Eating Service

Only one respondent had attended the Hearty Eating classes. This respondent had attended the Hearty Eating classes at Gartnavel, but did not complete the full six to eight weeks of the group meetings. Prior to attending the group classes, she was seen one-to-one by a dietician.

When asked to rate how easy it was to travel to the group, on a scale of one to ten, with one being not at all easy, and ten being very easy, a rating of eight was given. This was due to a neighbour taking her by car.

The respondents felt that the location of the groups meetings were appropriate as they were familiar with the venue.

The Heart Eating Service was said to have benefited the respondent who had attended as she liked the company and the opportunity to talk to people who had similar problems. As a result of the group, this respondent felt that she had made positive changes to her diet, now eating more fruit. She was happy with the support provided and didn't feel the need for any additional support.

The respondent was not sure if she had attended any follow up sessions with the Hearty Eating group but had attended a lecture/talk.

4 Focus group findings

This section discusses the findings from the focus group held with heart patients. The aim of this group was to find out what patients thought of the content and layout of 'My Heart Book' and to find out about awareness and thoughts of local services available to them.

This section examines the following areas:

- medical assistance;
- awareness of services;
- usefulness of the 'My Heart Book';
- content of the 'My Heart Book';
- design/layout of the 'My Heart Book'; and
- website.

4.1 Medical assistance

4.1.1 Practice nurse sessions

The practice nurse was seen as being invaluable; someone who patients could talk to about their problems, to discuss health and their heart condition and get regular health tests done, as well as to access advice and information. Positive feedback was received from all participants.

- *"The practice nurse at our surgery is great, you can ask her about anything."*

4.1.2 Role of the practice nurse

The role of the practice nurse was seen to be performing tests to check your overall health, through blood pressure, cholesterol and blood tests as well as being there to discuss patient's heart conditions and provide information and advice. The participants recognised that the practice nurse could go and discuss information from their appointments with their doctor and if necessary refer patients back to the doctor.

4.1.3 Role of the doctor

The doctors role was seen as a more diagnostic and formal role than that of the practice nurse. Participants saw a doctor's role as being there for consultation on different types of treatment and medication and for information on the development of their condition.

Participants were far more likely to go to their doctor, if they had some kind of problem or query in relation to their heart condition, than they were to go to the practice nurse.

4.2 Awareness of services

4.2.1 Smokeline Telephone Support/Group support to stop smoking/Starting Fresh Pharmacy Service

There was only one participant who smoked in the group, therefore, only a brief amount of time was spent discussing the services available to smokers.

Awareness of smoking services

The participant was aware of the Smokeline Telephone Support and of the Starting Fresh Pharmacy Service. The participant's awareness of the Smokeline Telephone Support was as a result of finding a card within her nicotine patches box.

The participant was not entirely sure how she had heard of the Starting Fresh Pharmacy Service; she believed it was possibly from an advert at the doctor's surgery. The one service that the participant had not heard of was the Group support to stop smoking and this was something that she was interested in finding out about.

- *"I really do want to try and stop smoking, nothing's helped me so far. That [Group support to stop smoking] sounds interesting. I'd like to give it a go."*

Usage of smoking services

The participant who smoked had used both Smokeline Telephone Support and the Starting Fresh Pharmacy Service.

Opinion of smoking services

The participant, who had used both services, said that she had only called the Smokeline Telephone Support once and personally did not think it was particularly useful. Having tried the Starting Fresh Pharmacy Service, the participant said that the patches had irritated her skin and made her asthma worse, so she had stopped using them. Neither of the services had been particularly useful to the participant and she felt that additional support was required, as she did want to quit smoking, but was finding it extremely hard to do so.

Additional support required/improvements

The participant, who had used both the Smokeline Telephone Support and the Starting Fresh Pharmacy Service had not heard of the Group support to stop smoking and felt that this could be something that would be useful to her. She was finding it very difficult to quit and would like to quit, she thought that a group support network might assist her with this as the patches were not a successful method of quitting for her.

4.2.2 Live Active (GP) exercise referral scheme

Awareness of Live Active (GP) exercise referral scheme

Five out of the six participants had heard of the Live Active (GP) exercise referral scheme and most had heard about it either from the practice nurse or from the cardiac rehabilitation programme.

Usage of Live Active (GP) exercise referral scheme

Three of the participants had been referred to the exercise referral scheme, having been referred by the practice nurse/GP. One of the participants, although having been referred, subsequently was not allowed onto the scheme due to a problem with her hip.

Opinion of Live Active (GP exercise referral scheme)

Participants' views of the service were very positive, they had all enjoyed the experience and felt that it had benefited their health and made them think about becoming more active and how to incorporate exercise into everyday life. The only negative comment raised was the length of time it took for one of the participants to get onto the scheme, after being referred, it was said to have taken 6 weeks to get

started, which he felt was too long. The scheme was described as 'first class' and very helpful.

Additional support required/improvements

Improvements suggested were ensuring that patients who are referred to the Live Active (GP) exercise referral scheme should be put on it straight away and should not have to wait too long to get started after referral. It was also suggested that subsidised/free gym services should be offered for all those who continue to attend the gym once the course had finished. One of the participants was under 65 and had to pay normal price for the gym once the scheme had finished. The participant felt that this could potentially deter people from continuing with exercise, which would ruin the good work achieved by the scheme.

- *"After your year's up you have to pay to keep going. That must put a lot of people off. Being my age [under 65] you have to pay the full price and it's not cheap by any means."*

4.2.3 Hearty Eating Service

Awareness of the Hearty Eating Service

Only two patients had heard of the Hearty Eating Service and were not particularly aware of what the service provided. It was mentioned that some participants had been to see a dietician at the hospital during the Cardiac rehabilitation and felt that they had all the information they needed from this appointment and also from the 'My Heart Book'.

Some of the participants had been given advice on eating habits from their doctor, and felt this was adequate.

Usage of the Hearty Eating Service

None of the participants had used the Hearty Eating Service.

4.2.4 Additional support or information required

It was requested that subsidised or free gym access was provided following the Live Active (GP) Exercise Referral Scheme and cheaper gym prices to encourage heart patients to keep attending the gym after the programme.

4.2.5 Promotion of services

Promotion of the services was felt to be further required. Services such as the Hearty Eating Service were least recognised. It was suggested that services should be advertised, with details in the back of the 'My Heart Book' and the book ought to be updated when new services were available. In order to catch those who don't have a copy of the 'My Heart Book', or those who haven't read it, services should also be advertised within GP surgeries. Putting leaflets/posters in libraries and in the doctor's waiting room was suggested. It was suggested by some that services such as the Hearty Eating Service should be better advertised and promoted by health care staff.

- *"The doctor and the nurse should be telling us about these services. You're more likely to pay attention if they advise the service and tell you the benefits, than if you just read about it."*

4.3 Usefulness of the ‘My Heart Book’

4.3.1 How much the ‘My Heart Book’ had been used

The ‘My Heart Book’ was spoken about very positively. One participant described it as her ‘Bible’ for her heart. Participants had used the book to varying levels; some had read the book once and used it as a reference book whilst others looked at the book regularly, recording their health test results while at the practice nurse’s appointment and using it for advice. One participant had just looked at it briefly and had a read when he first received the book; all other participants had read the relevant parts of the book and refer back to it for information and advice as required. Three of the participants had used the book to note down test results/appointment dates and information pertinent to them.

- *“I just refer to it as and when I need it.”*
- *“I take it to all my appointments with me, and keep a note of all my results and appointment dates. It keeps me right.”*

4.3.2 Relevance of the ‘My Heart Book’

The book was considered as being extremely useful in breaking down the jargon and terminology used by doctors during diagnosis. It was found that on diagnosis of individual conditions, not all the terminology and jargon was clearly explained and that once they had received the ‘My Heart Book’ they felt that such terminology was well explained for medication and conditions.

- *“The book [My Heart Book] helps to break down all the jargon used while you’re in hospital.”*

It was felt to be completely relevant, explaining issues and problems that they had experienced/are experiencing.

4.3.3 Benefits gained from having the ‘My Heart Book’

Participants felt that they had gained much useful information from the ‘My Heart Book’. This included information and advice on the improvements that could be made to lifestyle, information about medication and conditions and also a place for health test results to be recorded (for those who wanted to), to see how their condition/health was developing.

The ‘My Heart Book’ helped one participant to remember when all her hospital/doctor/nurse appointments were, as she could keep a record of when all her appointments were made for.

- *“I think it’s very helpful as it is – I wouldn’t remember needing to go to for my flu jab or that, even though the doctor reminds you, but I have it all written down in my book.”*

4.4 Content of the ‘My Heart Book’

4.4.1 Amount of information in the ‘My Heart Book’

The amount of information was seen to be just right. Participants thought that the amount of information included was enough, as it did not overwhelm you with information and it was easy to understand.

-
- *“When I first looked at it, I thought ‘god that’s an awful big book’, but when I looked through it and the way it’s presented in little sections, it’s fine, it’s really good.”*

4.4.2 How the ‘My Heart Book’ is written

The book was thought to be well structured with relevant sections made clear and easy to read. Participants believed that it was written in such a way that everybody could understand, without being patronising to patients. The structure and language was thought to make the book easier to understand and navigate.

4.4.3 Most useful/not useful elements of the ‘My Heart Book’

This was a question that participants felt was difficult to answer due to the fact that individuals had different circumstances and conditions and therefore for each person the useful and least useful parts of the ‘My Heart Book’ would be very different, it was subjective.

The ‘My Records’ section was thought to be most useful by two of the participants, whilst the section ‘My Medicines’ was seen to be very useful. Others praised the diet and exercise sections.

- *“The sections for recording your blood pressure, cholesterol and weight chart as well, they’re really helpful.”*

Participants were of the opinion that there were no sections that were not useful.

- *“I never found anything wrong with the book – if you were looking for us to suggest changes to NHS, I can tell you from my point of view, they’re not required, it’s an excellent book.”*

4.4.4 Amount of information in each section

The amount of information in each section was seen to be adequate, not too much information that it overwhelmed the patient but enough to answer most questions.

4.4.5 Missing information

The only piece of information that it was felt should have been added, suggested by one participant, was that if an individual felt that they weren’t feeling quite right, they ought not to push themselves to carry things out, like the cleaning, or exercise or meeting friends for coffee. It was suggested that this was mentioned, as it was felt to be important to ‘listen to your body’. As well as giving information on how to get more active and more involved, it was suggested to give information on how to relax and to say ‘no’ and take the pressure off yourself.

It was suggested that information should be given on the different community services available to those with heart conditions, like the Live Active (GP) Exercise Referral Scheme; there should be adverts for these services in the relevant sections, to raise awareness of the services.

4.5 Design/layout of the ‘My Heart Book’

4.5.1 Design of the ‘My Heart Book’

The book was thought to be very well designed and structured. All participants felt that the book was made accessible and easy to understand, due to the way it was designed.

4.5.2 Colours

The colours were thought to be good at attracting attention to the most important points and helped to brighten up the book, making it look more interesting.

4.5.3 Size/style of text

Participants felt that the size and style of the text was appropriate and it was commented that for the older recipients of the book, the larger font size was important as it made it easier to read, something that they had experienced problems with a lot of leaflets, etc.

- *"I often find it difficult to read these leaflets and other information I get given. The size of the text in here [My Heart Book] is much better."*

4.5.4 Cartoon character

There were not many comments given on the cartoon character. The cartoon was seen by a couple of participants as being unnecessary. However, the rest of the participants felt that it lightened the mood of the book and that it was required in the circumstances.

4.5.5 Loose leaf format

Participants all agreed that the loose leaf format was excellent and suitable, as it was easy to flick through the book and find relevant sections. Two of the participants who used the book regularly thought that the loose leaf format was most appropriate as it could be added to and also the plastic sections at the back and front of the folder were seen to be useful to keep any spare notes in, or leaflets that were picked up.

4.6. Website

4.6.1 Usefulness of a supporting website

Participants were asked whether or not they thought it would be a good idea to have a website to support the 'My Heart Book'. There were mixed views on this as some participants had no computer or Internet access and were not familiar with the Internet, therefore, they felt that this would be of no use to them, but recognised that it may be of use to younger heart patients.

- *"I don't use a computer...maybe for the younger ones, but at 77 I'm afraid it just won't go in the brain at all!"*

It was suggested that a website may be useful, not only for the patients who have access to the Internet but also to patients' friends and family, who were concerned and wanted to find out a bit more about heart disease. Some of the participants' families had found useful information on the Internet on various heart conditions.

- *"It's quite good, cause my son used the Internet to find out about my condition as he didn't really understand it and he said the information was really good."*

4.6.2 Potential users

The focus group participants felt that such a website would be used mainly by a younger age group and their concerned friends and family members. It was felt that this could be advantageous to have a website to refer friends and family of the patient to, as they could then easily access the same information and it would assist with their understanding.

4.6.3 Website access

Participants were asked where they would be most likely to access the website. A couple said it could be accessed at home, though they thought that for the target group only a small number of people would be likely to have a computer at home. Other participants also mentioned the library and possibly in GP surgeries as.

4.6.4 Content of the website

When participants were asked about the content of the website, it was felt that it should be very similar to that of the 'My Heart Book'. It was felt that if the website had similar style and information to the book, it would be very helpful.

Participants felt that a question and answer section would be a good idea, for patients to be able to post a question and get a reply, either in a discussion board format or by email. It seemed that as long as all the information from the 'My Heart Book' was included, the participants would be quite happy.

5 Conclusions & recommendations

5.1 Conclusions

Based on the objectives set at the start of this piece of research, the following conclusions have been drawn.

5.1.1 Practice nurse clinics

Appointments with the practice nurse varied in length, from five minutes up to 30 minutes. Overall, survey respondents felt that the amount of time they had spent with the practice nurse was about right. Information about the patient's heart/medical condition, medication, and about improving their lifestyle was all felt to have been well explained. Although a small number of survey respondents stated that they were not given any information, generally, these respondents didn't feel the need for such information. However, one patient would have like to have been information, instead of having to search for this themselves.

Focus group participants described the practice nurse as invaluable and gave positive feedback. On the negative side, at the practice nurse clinics, practice nurses have not been giving all heart patients a copy of the 'My Heart Book'. Only 56% of survey respondents had received a copy through the practice nurse. Nearly three-quarters of survey patients who had been given a copy of the 'My Heart Book' stated that the practice nurse had explained the information in the book to them.

In section 4.1.3 however it becomes obvious that community based support programmes for health related behaviour change were not well advertised to patients at these clinics.

5.1.2 Hospital cardiac rehabilitation programme

Under half of survey respondents had attended a hospital cardiac rehabilitation programme, with this being less common for those living in Depcats six and seven. Of those who had attended such a programme, over half had done so since attending the CHD programme.

5.1.3 Community Services

Of those survey respondents who were smokers, four fifths were aware of Smoking Telephone Support, half were aware of Group support to stop smoking, and only 10% were aware of the Starting Fresh Pharmacy Service. Survey respondents had heard about these services through: the doctor; nicotine patch packet; television newspapers; and notices at medical practices; and GP leaflet. The one participant in the focus group, who was a smoker, was interested in the sound of the Group support to stop smoking and felt that additional help was necessary in order to help people like herself stop smoking.

Under two thirds of survey respondents were aware of the Live Active (GP) Referral Scheme. Survey respondents found out about the scheme through: the practice nurse; an advert in the medical practice; the GP; the hospital; and the rehabilitation unit. Focus group participants, who had been referred to the Live Active (GP) Referral Scheme were very positive. The scheme was felt to have benefited their health and encouraged them to think more about exercise. The waiting time to get onto the scheme was, however, criticised, along with the cost associated with continuing the gym programme following the end of the programme.

Twelve percent of survey respondents were aware of the Hearty Eating Service. Those who were aware of it, had heard about it through: the hospital; the dietician; the doctor; reading; the rehabilitation programme; posters; advertisements; and the medical practice.

In total, only a small number of survey respondents had been referred to any of these services by their practice nurse. However, for all services, at least a quarter of respondents who weren't referred would have liked to have been so.

5.1.4 'My Heart Book'

Survey respondents rated the 'My Heart Book' between five and 10, with the majority rating it either eight or nine. Focus group participants also rated the 'My Heart Book' highly, and found it to be highly relevant, speaking of it positively throughout the focus group discussion

The amount of information contained with the 'My Heart Book' was felt to be just right, by focus group participants. The book was said to be well structured and written in a straightforward manner. The design of the book, in terms of colours, size/style of the text, and the loose leaf format, were all praised.

Focus group participants were of the opinion that all aspects of the 'My Heart Book' were useful, with different people in different circumstance likely to use different sections of the book. Overall, the best aspects of the 'My Heart Book' were felt, by both focus group participants and survey respondents, to be: appointments and records section; information on exercise and diet; explanation of medication; general explanations of heart conditions and information on what to do if you have a heart attack, information about smoking; and the simplicity of the book.

Most survey respondents were unable to provide any comment on the worst aspects as they felt all sections were useful. Focus group participants were of the opinion that there were no sections that were not useful. Those survey respondents who did make comment felt that the worst aspects of the 'My Heart Book' were as follows: nothing new in it, already doing everything it suggests; already have all the information in the book; some of it is a bit frightening; some irrelevant information; and found it boring.

It was felt that there should be information within the 'My Heart Book' about stress and how to deal with it, and also about what to do on days when you're not feeling quite right, i.e. that you shouldn't push yourself and learn to say 'no'.

5.1.5 Accompanying website

The idea of a website to accompany the 'My Heart Book' was felt to be a good idea by most focus group participants. Some participants, although they could not see themselves using such a website, were of the opinion that it may be useful for younger patients and for patients' friends and family. It was hoped that such a website would contain similar information to the 'My Heart Book' itself and also a question and answer section. Some would access such a website at home, but others thought that having access at the library or GP surgery would be useful.

5.2 Recommendations

This final section provides guidance as to how possible future developments in service provision and the 'My Heart Book' could be made:

- Practice nurse clinics:
 - ensure a consistent level of information is given to each patient;

-
- encourage practice nurses to give all heart patients a copy of the 'My Heart Book'; and
 - encourage practice nurses to tell patients about community services available to them, and to refer patients where appropriate.
 - Community services:
 - try to reduce waiting times to get onto programmes where necessary;
 - increase motivation to continue use of services following the end of the programme, e.g. reduce price of using the gym following the end of the year long Live Active (GP) Exercise Referral Scheme; and
 - promote services through leaflets in GP surgeries and information at the back of the 'My Heart Book'.
 - 'My Heart Book':
 - add information about stress and how to deal with it, and a section on days when you don't feel quite right;
 - create a website to go alongside the 'My Heart Book' which covers the same information but also incorporate a question and answer section; and
 - make this website available in libraries and in GP surgeries.

Appendices

Appendix 1	Survey questionnaire
Appendix 2	Focus group topic guide

Appendix 1 Survey questionnaire

Graspp Patients Survey
Contract number: 2280

**COLLECT RESPONDENT DETAILS:
 EXPLAIN THAT THERE IS A ONE IN TEN CHANCE THAT A SUPERVISOR MAY PHONE TO CONFIRM
 THE ACCURACY OF THE INTERVIEW.**

Respondent Name	
Respondent Address	
Full Post Code this <u>must</u> be given	
Telephone Number	
email address	
<p>CLOSE INTERVIEW BY READING OUT STATEMENT: "Thank you very much for your help. Can I assure you once again that the information you have given will be treated as absolutely confidential and will only be used for the purposes of this evaluation on behalf of Greater Glasgow NHS Board."</p> <p>INTERVIEWER DECLARATION: I declare that this interview was carried out according to instructions, within the Market Research Society's Code of Conduct, and that the respondent was not previously known to me.</p>	
Interviewer Name	
Signature	
Date	
Back-checked by	
Date	

INTRODUCTION:
 [READ OUT] "Good morning/afternoon/evening, my name is _____ from FMR Research. I am undertaking a survey on behalf of Greater Glasgow NHS Board to assist in the evaluation of the practice nurse clinics for patients with heart disease – also called the GRASPP programme. This will help ensure that GGNHSB/Primary Care Trust provide a service that meets the needs of patients. Could you please spare me 15-20 minutes to give me your views? All your answers will be held in the strictest confidence."

SECTION 1 PRACTICE NURSE CLINIC

1. At your first appointment with the practice nurse, was the time spent with the nurse...?

Too long ₁

About right ₂

Too short ₃

Do you remember roughly how long the appointment was? _____

2a. Do you feel the information you received on the following was well explained?

	Yes	No
Information about my heart/medical condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂ (Go to qu 2b)

About medication	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂ (Go to qu 2b)
------------------	---------------------------------------	---

About how I can improve my lifestyle and reduce the risk of having a (or another) heart attack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂ (Go to qu 2b)
--	---------------------------------------	---

2b. If answered no to any part of question 2a, what information do you feel could have been explained better?

3a. Have you attended a hospital cardiac rehabilitation programme?

Yes ₁ (Go to question 4b)

No ₂ (Go to question 5a)

3b. If yes, when did you attend rehabilitation?

Before the Coronary Heart Disease programme ₁

Since attending the Coronary Heart Disease programme ₂

SECTION 2 MY HEART BOOK

4a. Did the practice nurse offer you a “My Heart Book”?

- Yes ₁ (Go to question 4b)
No ₂ (Go to section 3)
Don't remember ₃ (Go to section 3)

4b. If yes, did the nurse explain discuss the information in the “My Heart Book” with you?

- Yes ₁
No ₂

4c. On a scale of one to ten, where one is not useful at all, and ten is very useful, how would you rate the “My Heart Book”?

1 2 3 4 5 6 7 8 9 10
Not useful at all Very useful

4d. What were the best aspects of the “My Heart Book”?

4e. What were the worst aspects of the “My Heart Book”?

SECTION 3 RELATING TO SERVICES

9. a) Have you heard of the following community services? **READ OUT**

b) If yes, how did you find out about them?

c) Did your practice nurse refer you to any of these services during your consultation?

d) If no, would you have liked to have been referred to any of these services? Please tick which one(s).

	a) Heard of		b) If yes, how?	c) Did PN refer?		d) Would you have like to be referred/?
	Yes	No		Yes	No	
Smokeline Telephone Support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Group support to stop smoking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	<input type="checkbox"/> ₁ ASK BOX 1	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Starting Fresh Pharmacy Service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	<input type="checkbox"/> ₁ ASK BOX 2	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Live Active (GP) exercise referral scheme	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	<input type="checkbox"/> ₁ ASK BOX 3	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hearty Eating Service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	<input type="checkbox"/> ₁ ASK BOX 4	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

**If answered no to ALL above
GO TO SECTION 4 – Profile questions**

**If answered no to ALL above, ask part d
then GO TO SECTION 4 – Profile questions**

2 STARTING FRESH PHARMACY SUPPORT

2a. Did you attend the full twelve weeks of the pharmacy service?

Yes ₁

No ₂

2b. Using the one to ten scale, where one is not at all useful, and ten is very useful, how would you rate the support of the pharmacist?

1 2 3 4 5 6 7 8 9 10
Not useful at all Very useful

2c. Were you given a “Starting Fresh” support pack?

Yes ₁ (Go to question 2d)

No ₂ (Go to question 2e)

Can't remember ₃ (Go to question 2e)

2d. If yes, using the one to ten scale, where one is not at all useful, and ten is very useful, how useful was the information in the support pack?

1 2 3 4 5 6 7 8 9 10
Not useful at all Very useful

2e. Have you ever used the “Starting Fresh” telephone helpline?

Yes ₁ (Go to question 2f)

No ₂ (Go to question 2g)

2f. If yes, on a scale of one to ten, where one is not useful at all, and ten is very useful, how would you rate the helpline?

1 2 3 4 5 6 7 8 9 10
Not useful at all Very useful

2g. Did you feel you benefited from the pharmacy service?

Yes ₁

No ₂

2h. If yes, what did you like about it?

2i. If no, what would you have preferred?

2j. How could the pharmacy service be improved?

IF REFERRED TO MORE THAN ONE SERVICE, INTERVIEWER TO ASK OTHER APPROPRIATE SET OF QUESTIONS, OTHERWISE GO TO SECTION 4 PROFILE QUESTIONS.

3. LIVE ACTIVE EXERCISE REFERRAL (GP EX REF SCHEME)

3a. What leisure centre did you attend for your first appointment with the exercise counsellor?

3b. Did you have a treadmill walking test before your appointment with the exercise counsellor?

Yes ₁ (Go to question 3c) No ₂ (Go to question 3f)

3c. If yes, did you feel that you received enough information about the test before your appointment?

Yes ₁ No ₂

3d. Why do you say that?

3e. Were your results explained to you? TICK ALL THAT APPLY

At the time Yes ₁ No ₂

By my nurse Yes ₁ No ₂

By the exercise counsellor Yes ₁ No ₂

3f. Did you attend any follow up sessions with the exercise counsellor?

Yes ₁ No ₂

3g. Do you feel that the scheme has helped you to become more active?

Yes ₁ (Go to question 3h) No ₂ (Go to question 3i)

3h. If yes, what aspects of the scheme helped you?

3i. If not, why not?

3j. Would you have liked any additional support?

Yes ₁ (Go to question 3k) No ₂ (Go to question 3l)

3k. If yes, what kind of additional support would you like to have had? (DO NOT PROMPT BUT CODE BELOW)

More contact with counsellor ₁

Different activities ₂

More help from leisure centre staff ₃

More information about activities ₄

Other ₅ _____

3l. Did you go on the Phase IV Cardiac rehab classes in the leisure centre?

Yes ₁

No ₂

Not aware of them/not sure ₃

IF REFERRED TO MORE THAN ONE SERVICE, INTERVIEWER TO ASK OTHER APPROPRIATE SET OF QUESTIONS, OTHERWISE GO TO SECTION 4 PROFILE QUESTIONS.

4. HEARTY EATING CLASSES

4a. Where did you attend your “Hearty Eating” classes?

4b. On a scale of one to ten, where one is not at all easy, and ten is very easy, how would you rate the ease of travel to the group ?

1 2 3 4 5 6 7 8 9 10
Not at all easy Very easy

4c. Did you attend the full 6-8 weeks of the hearty eating group meeting?

Yes ₁ No ₂

4d. Did you think the venue was appropriate?

Yes ₁ No ₂

4e. Why do you say that?

4f. Do you feel you benefitted from the group format?

Yes ₁ (Go to question 4g) No ₂ (Go to question 4h)

4g. If yes, what did you like about it?

4h. If no, what would you have preferred?

4i. Do you feel the group has helped you make positive changes in your diet?

Yes ₁ (Go to question 4j) No ₂ (Go to question 4k)

4j. If yes, what changes have you made?

4k. Were you seen one-to-one by a dietician before attending the group?

Yes ₁ (Go to question 4n) No ₂ (Go to question 4l)

4l. If no, would you have preferred to have been seen by a dietician before attending the group?

Yes ₁ No ₂

4m. Why do you say that?

4n. Did you attend any follow up sessions with the “Hearty Eating” group?

Yes ₁ No ₂

4o. Would you have liked any additional support?

Yes ₁ (Go to question 4p) No ₂ (Go to question 5)

4p. If yes, what kind of support would you have liked?

IF REFERRED TO MORE THAN ONE SERVICE, INTERVIEWER TO ASK OTHER APPROPRIATE SET OF QUESTIONS, OTHERWISE GO TO SECTION 4 PROFILE QUESTIONS.

SECTION 4 PROFILE QUESTIONS

Gender Male ₁
 Female ₂

Age 16-24 ₁
 25-34 ₂
 35-44 ₃
 45-54 ₄
 55-64 ₅
 65+ ₆

Status Angina patient ₁
 Heart Attack patient ₂
 Other ₃

Ethnicity White Scottish ₁
 White Irish ₂
 White Other British ₃
 White Other Background ₄
 Mixed background ₅
 Chinese ₆
 Indian ₇
 Pakistani ₈
 Bangladeshi ₉
 Other Asian ₁₀
 Black Caribbean ₁₁
 Black African ₁₂
 Other Black ₁₃
 Other ₁₄

Any other comments?

THANK AND CLOSE

Patient Information from database (for dp purposes only):

First appointment with practice nurse for angina/heart disease

- Within last 3 months _1
- 3-6 months _2
- 6-12 months _3
- Over one year ago _4

Appendix 2 – Focus group topic guide

Introductions, ground rules and background

Session with practice nurse

- How did you find the session/s with the practice nurse?
- With regards to your heart condition, what do see the nurse's role as being? What do you see the doctor's role as being?

Awareness of services

*Smokeline telephone support
Group support to stop smoking
scheme
Hearty eating service*

*Starting fresh pharmacy service
Live active (GP exercise referral
scheme)*

(Go through services one by one)

- Have you heard of this service?
- If so, was this through the practice nurse? If not, how did you become aware?
- Have you used the service?
- What is your opinion of this service/the idea of such a service?
- Would you like any additional support within these services?
- Would you like any additional support or information outwith these services?
- How should services be promoted?

Usefulness of 'My Heart Book'

- Where did you get your 'My Heart Book' from?
- Have you used the 'My Heart Book'? If yes, how much?
- How relevant do you feel it is to you?
- How have you benefited from having the 'My Heart Book'?
- Has it helped to clarify questions you had? If yes, what kind of questions?

Content of 'My Heart Book'

Hand out copies of 'My Heart Book' to participants

- What do you think about the amount of information contained within the 'My Heart Book'? Is there too much/too little/just right?
- What do you think of how it is written? Did you find it easy enough to read or not?
- Which parts of the 'My Heart Book' did you find most useful/not useful? Why?
- Was there enough/too much information in each section?
- Is there any information missing from the 'My Heart Book' that you would like to see in it?

Design/layout of 'My Heart Book'

- What do you think about the design of the 'My Heart Book'?
 - Colours used?
 - Size/style of text?
 - Cartoon character?
 - Loose leaf format (ring binder)

Website

- Do you think it would be a good idea to have a website to support the 'My Heart Book'? Why?
- Who would use this? You and/or your family?
- Where would you want to access this? At home, at the hospital, etc.?
- What would you like to see on such a website?

Concluding comments

- Is there anything else that could be done to improve the 'My Heart Book' to meet your needs?
- Are there any other comments you'd like to make?

Thank and Close