

**COUNTY DURHAM HEALTH  
SCRUTINY SUB-COMMITTEE**



# **HEART ATTACK!**

**AN ATTACK ON HEART DISEASE IN  
COUNTY DURHAM**



**An investigation into Coronary Heart Disease and Stroke Services**

## **SUMMARY REPORT AND RECOMMENDATIONS**

**March 2006**

**“As I see it, every day, you do one of two things:  
build health or produce disease in yourself”**

*Adelle Davis*

## **INTRODUCTION FROM COUNCILLOR JOHN PRIESTLEY, CHAIRMAN OF THE HEALTH SCRUTINY SUB-COMMITTEE**



Nearly 1,800 people die each year in our County because of heart disease. It is the most common cause of death nationally and accounts for over 40% of all deaths. In County Durham, however, more people die earlier and more people are likely to suffer long-term illness because of heart disease than in most other parts of the country.

This investigation by the Health Scrutiny Sub-Committee was undertaken to see how we might be able to reduce the numbers of people in County Durham affected by this disease. The new role of Local Government to scrutinise health issues provides a real opportunity to work more closely together with the health service and the public to make a real difference. We have received a great deal of information in this investigation. Indeed there has been so much that we have prepared this summary report based on the detailed evidence we received.

We are suggesting some simple steps which we can all take to improve our health and improve the chances of not suffering heart problems. Some of these issues are echoed in the Government's new White Paper on Health. The main themes in our summary report are:-

- The importance of providing clear factual information so that people can make an informed choice.
- A list of actions to take and things to avoid.
- Some recommendations about treatment including the importance of having a specialist stroke service in our hospitals in County Durham.

We hope to use the local authorities' contacts with the public to reinforce the message which many organisations have been stressing for some time about healthy lifestyles. We also think that the public sector in County Durham can set an example as employers.

This is a topic in which we all have a direct interest. We hope that our report assists in positive improvements. We will be revisiting our recommendations in about six months' time.

I would like to thank all the parties who have provided evidence to us. Particular thanks go to the Acute Hospital Trust for their assistance in providing information and facilitating our visits. My sincere thanks also to all the Members of the Working Group.

## EXECUTIVE SUMMARY

The main issues raised by this Scrutiny investigation are:-

- **Heart Disease is the biggest preventable cause of death in this country.**
- **In County Durham more people have heart problems compared to many other areas of the country, including other parts of the North East region.**
- **Death rates are reducing nationally and locally but this is still a major health issue.**
- **The increase in obesity, the numbers of people who do not take regular exercise, and the ageing population in the County, underlines the importance of heightening awareness about this issue.**
- **Simple information should be provided to residents in County Durham explaining the nature of the disease and how it can be prevented.**
- **Local authorities should use their contacts with residents to assist in publicity.**
- **Stroke is the biggest cause of disability in this country.**
- **The hospitals within County Durham operated by the County Durham and Darlington Acute Hospitals Trust do not currently comply with the National Service Framework for Older People which requires each general hospital caring for people with stroke to have a specialist stroke service.**
- **A specialist stroke service should be available in County Durham hospitals.**
- **The Northumbria Health Care Trust is regarded as an example of good practice by the Department of Health in relation to stroke services. Their approach is commended as a possible model for Durham.**
- **The availability of automated external defibrillators should be encouraged and the public sector should take the lead in this.**
- **Integrated support for stroke patients is important and should be improved.**

## CONTENTS

SECTION	CONTENT	PAGE
1	<b>Introduction:</b>  Reasons for choosing the topic and terms of reference	5
2	<b>Definitions</b>	6
3	<b>Summary Of Evidence</b>	7
	North East Public Health Observatory	7
	County Durham and Darlington Acute Hospitals Trust	10
	Visits to Hospitals	12
	Durham Coronary Support Group	12
	‘Mending Hearts’ – Public Health Intelligence Service	13
	National Audit Office – Faster access to better stroke care	13
	Northumbria University – Stroke Services in the Northumbria Health Care Trust	15
	North East Stroke Association	15
	Automated External Defibrillators	16
4.	<b>Overview and Findings</b>	17
5.	<b>Recommendations</b>	20
6.	<b>Attendance Lists</b>	26
	<b>A full list of the members of this Working Group appears on the final page of this report.</b>	27

## A REVIEW OF CORONARY HEART DISEASE AND STROKE SERVICES IN COUNTY DURHAM

MARCH 2006

### **SECTION 1**

#### **INTRODUCTION AND REASONS FOR CHOOSING THIS TOPIC**

1. In County Durham, there are many major health issues. Following a workshop session involving input from Patient Forums, it was decided that an investigation of coronary heart disease and stroke services in County Durham should be undertaken.
2. The Department of Health indicates that coronary heart disease is a preventable disease that kills more than 110,000 people in England each year. More than 1.4m people suffer from angina and 275,000 have a heart attack annually. Coronary heart disease is the biggest killer in the country. In addition, the incidence of coronary heart disease and strokes in County Durham is more prevalent than in many other areas of the country. The increase in obesity in the County is a worrying long-term issue. Not enough people take regular exercise. Looking to the future, there will be a significantly larger proportion of older people resident in the County. All these issues underline the importance of highlighting heart disease as an area for health improvement in County Durham.
3. The Government is committed to reducing the death rate from coronary heart disease and stroke and related diseases for those under 75 by at least 40% by 2010 (to 83.8 deaths per 100,000 population). One of the aims of this project is to consider how this can be pursued locally.
4. The assumption at the start of the project was that coronary heart disease and strokes were all part of a similar condition. It soon became clear, however, that whilst the conditions had similar origins, their treatment and their impact were quite different. However, the approach to prevention, which was an important theme for the Health Scrutiny Sub-Committee, was very similar.

#### **TERMS OF REFERENCE**

5. The terms of reference for this project were agreed as follows:-

***To review the incidence of coronary heart disease and strokes in County Durham from the point of view of patients and to consider any recommendations for improvements in relation to:-***

- ***Prevention***
- ***Treatment and***
- ***Support.***

## **SECTION 2**

### **DEFINITIONS**

#### **WHAT IS CORONARY HEART DISEASE?**

6. In simple terms coronary heart disease is a narrowing of the arteries that supply blood and oxygen to the heart due to a build-up of fatty deposits – cholesterol and cell waste (a process called atherosclerosis). If allowed to build up over time, this blocks the blood supply to the heart and hence the oxygen supply causing a heart attack.

#### **The Key Symptoms Of Heart Disease**

7. Victims may be suffering from heart disease and not felt at all unwell. However there are some signs to watch out for including tiredness, breathlessness or palpitations and swelling of the ankles and legs. Chest pains may arise because there is not enough blood flowing through the coronary arteries. If the obstruction is severe, dizziness and fainting can occur.

#### **WHAT IS A STROKE?**

8. A stroke is a type of brain injury. Most commonly, a stroke is caused when blood flowing to the brain is blocked by a clot or when blood vessels have become too narrow. Strokes of this kind, which account for around 85% of all strokes, are called ischaemic. In a haemorrhagic stroke, the blood vessel bursts. In both cases, the disruption of the blood supply to the brain causes brain cells to die.
9. Strokes range in severity from getting better within 24 hours (known as a transient ischaemic attack or a 'mini stroke') to a stroke which may cause severe brain damage or death. A mini stroke is a strong warning sign that unless preventative measures are taken, a further and perhaps major stroke is likely to occur soon. The impact will vary depending on which part of the brain is affected, how many brain cells have died, how many cells that have been damaged can recover, and if other parts of the brain can take over from the areas that died.

#### **The Key Symptoms Of Stroke**

10. Sudden onset of one or more of:
  - Weakness or numbness in the face, arm or leg, especially on one side of the body
  - Difficulty in speaking or understanding
  - Loss of balance or co-ordination such as difficulty walking

## THE RISK FACTORS FOR HEART DISEASE AND STROKE

11. The following are the recognised risk factors for heart disease and stroke:-

### Risk Factors Which Can Be Prevented

- High blood pressure
- High blood cholesterol
- Smoking
- Unhealthy diet
- High alcohol consumption
- Lack of exercise
- Poverty

### Factors Over Which There is Usually No Control

- Family history
- Diabetes
- Ethnicity (people of African or Caribbean ethnicity are at higher risk)
- Atrial fibrillation (irregular heart rhythm)
- Previous stroke or mini stroke
- Advancing age

## **SECTION 3**

### SUMMARY OF THE EVIDENCE CONSIDERED

#### THE IMPORTANCE TO PEOPLE IN COUNTY DURHAM – INFORMATION FROM THE NORTH EAST PUBLIC HEALTH OBSERVATORY

12. On the 29<sup>th</sup> July 2005, Dr. David Chappel, Assistant Director in the North East Public Health Observatory, gave a presentation about the impact of coronary heart disease and stroke in County Durham.
13. Government policy was to reduce mortality from chronic heart disease and stroke. There are targets which are set around preventing coronary heart disease in the general population, improving primary care services to

prevent coronary heart disease in high risk groups and improving access to emergency care and secondary care. There is a National Service Framework relating to coronary heart disease. Also, Standard 5 in the National Standard Framework for Older People deals specifically with strokes.

14. In County Durham, the number of deaths due to coronary heart disease and stroke in 2003 was as follows:-

Coronary Heart Disease	1210
Stroke	564
<b>TOTAL</b>	<b>1774</b>

15. For prevention and treatment, there were three main areas:-
- i. Primary prevention – aims to prevent disease.
  - ii. Secondary prevention – aims to halt the progression or reoccurrence of the disease once it is established and promote the quality of life of someone who already has the disease.
  - iii. Treatment - either medical therapy or surgery.
16. Looking at the comparison between County Durham and the North East of England for coronary heart disease, it was clear that the rate in County Durham relating to all ages was higher than the North East and significantly higher than England. For strokes, however, there is no significant difference in stroke mortality between County Durham and the North East. However, County Durham does have significantly more mortality rates than England. The trend, however, in relation to coronary heart disease mortality for all ages is decreasing over time in line with national trends.
17. In County Durham and the North East, males and females were more likely to be admitted for coronary heart disease on an emergency basis compared to England as a whole. County Durham has a lower proportion of males and females admitted for coronary heart disease as planned admissions in comparison to the north-east and England.
18. David also explained the impact of smoking prevalence across the County. The prevalence of smoking was highest in Easington and lowest in Durham. The overall incidence of heart disease was the highest in Easington and the lowest in Durham. Looking at multiple deprivation, again there was a correlation between deprivation and the incidence of the death rate from coronary heart disease. The highest rate was in Easington and the lowest in Teesdale. However, as far as strokes are concerned, there was not the same marked incidence of death rate. Indeed, Durham had a higher stroke rate than Easington.

19. For primary prevention, David drew attention to the importance of reducing the proportion of smokers and suggested that the Scrutiny Group should consider the proportion of smokers who access smoking cessation services and successfully quit. This would require working closely with the Smoke Free North East campaign. The Health Scrutiny Committee was already involved in this process.
20. David also suggested that it was important to consider whether local authorities and health organisations encouraged health improvement in all possible ways such as improving the healthy content of school meals, introducing healthy workplaces, accessible open spaces and affordable leisure facilities. There was also a requirement to address poverty and inequality.
21. In terms of primary care, the effective identification of individuals at risk of coronary heart disease and strokes was important as was establishing the proportion of individuals at risk who are prescribed statins. (Statins are drugs which lower cholesterol levels and now some can be purchased over the counter at chemists).
22. The North East Public Health Observatory also provided information which indicated for each District area the hospital which patients would attend for specific treatments which is set out in the detailed report. The total hospital admissions for the year 2003/4 for County Durham were 6,436 made up as follows:-

Ischaemic Heart Disease	3,492
Myocardial infarction (heart attack)	1,134
Strokes	810

### **Revascularisation**

23. Revascularisation surgery is a relatively common procedure usually performed on people over fifty. This is a term for procedures to improve the blood supply, which includes artery bypass surgery and inserting a catheter (a fine hollow tube) to widen narrowed arteries. The benefits of revascularisation operations on older people are immense. The North East Public Health Observatory has drawn attention to the variable progress in the region towards achieving the national targets on revascularisation surgery and the disparity between revascularisation provision and need in the most socially deprived groups in the population.

#### ***SUMMARY OF MAIN ISSUES IDENTIFIED BY THE OBSERVATORY***

##### ***Prevention***

24. *The importance of:*
- *Smoking cessation services.*
  - *Health improvement.*
  - *Reduction in poverty and inequality.*

- *Identification of individuals at risk.*

### **Treatment**

25. *Compliance with the National Service Framework (NSF) for Coronary Heart Disease and the NSF for Older People in relation to stroke services – these are national standards and Scrutiny needs to assess how services in Durham measure up. This covers a wide range of issues. Some specific areas are listed below.*
- *The proportion of individuals at risk prescribed statins.*
  - *Access to revascularisation.*
  - *'Call to needle times' in different areas.*
  - *Stroke services and accessibility – whether a specialist service is available for County Durham residents.*
  - *Discharge arrangements.*
  - *Communication to stroke patients and families following discharge.*
  - *Support for patients and carers.*
  - *Effectiveness of joint working.*

**INFORMATION FROM THE COUNTY DURHAM AND  
DARLINGTON ACUTE HOSPITALS TRUST –  
LAURA ROBSON, EXECUTIVE DIRECTOR OF NURSING.**

26. Laura Robson provided information about hospital care for patients with coronary heart disease and stroke in the Acute Trust Hospitals at Darlington Memorial Hospital, the Bishop Auckland General Hospital and the University Hospital, North Durham. The Trust also provided on-going care and rehabilitation facilities at Shotley Bridge, Chester-le-Street, the Durham Community Hospital and the Lady Eden Unit at Bishop Auckland.
27. She explained that the Acute Trust worked closely with the Primary Care Trusts in the County. All Primary Care Trusts had heart failure nurses and prevention programmes. They had an important public health message to promote which involved heightening awareness of the risk factors. The major advances in management of coronary heart disease and stroke have been through the use of aspirin and statins.
28. Members of the Working Group followed the “patient path” which would be taken by a patient admitted as an emergency at each of the hospitals through to admission to the various wards.

### **National Service Framework for Older People**

29. In 2001 the Department of Health produced a comprehensive strategy to ensure fair, high-quality, integrated health and social care services for older people. This was set out in a National Service Framework which is part of the Government's agenda to drive up standards in the National Health Service. This sets out eight Standards to be achieved. One Standard relates to stroke. Its aim is to reduce the incidence of stroke in the population and ensure that those who have had stroke have prompt access to integrated stroke care services. The Standard is set out below.

**“The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate.**

**People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service and, subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation”.**

30. The Framework indicates there is strong evidence that people who have a stroke are more likely to survive and to recover more function if admitted promptly to a hospital based stroke unit, with treatment and care provided by a specialist co-ordinated stroke team within an integrated stroke service. Stroke units may also reduce the number of inpatient days spent in hospital.
31. In relation to Milestones, every general hospital which cares for people with stroke were required to have a specialised stroke service by April 2004. Also by that date, every General Practice was required to identify and treat patients at risk of a stroke.

### **National Service Framework for Coronary Heart Disease**

32. There was a National Service Framework for Coronary Heart Disease. This had twelve standards. Four of the standards concentrated on prevention issues pursued by Primary Care Trusts. There were a number of benchmarks about hospital treatment. One issue was the benchmark in relation to the percentage of patients having thrombolytic treatment within sixty minutes of calling for help where the performance at the University Hospital of North Durham did not match the national average and perhaps needed to be considered. A regional facility known as “The Coast to Coast Cardiac Network” considered good practice.

**VISITS MADE BY THE WORKING GROUP:-****University Hospital, North Durham and Bishop Auckland General Hospital**

33. With Laura Robson's assistance, a number of Members of the Working Group visited the University Hospital, North Durham and Bishop Auckland General Hospital to view at first hand the hospital services provides for those with coronary heart disease and stroke conditions.
34. The Working Group was very grateful for all the assistance they were given in both hospitals. There was an opportunity to speak with staff and patients in an informal setting. Patients were particularly complimentary about the treatment they were receiving. There was also the opportunity to understand the information which was provided to patients. There was a difference in focus between the University Hospital and Bishop Auckland General Hospital in relation to stroke patients. At Bishop Auckland there were more specific arrangements for stroke patients in particular.
35. Overall, it appeared that Bishop Auckland Hospital had more specialism in relation to stroke services. New clinical trials in relation to thrombolysis were underway under the supervision of Dr. Mehrzad. These trials were regarded very highly by members of the working group. One member of the Working Group in particular had direct experience of the benefits of this treatment for a relative.
36. It was noted that neither of the hospitals (nor the Darlington Memorial Hospital) had yet achieved the NSF standard in relation to a specialist stroke service. It was explained that an action plan was being pursued to address this.

**DURHAM CORONARY SUPPORT GROUP**

37. Information was provided by the Durham Coronary Support Group. This was a voluntary organisation which provided support of various kinds to heart patients based mainly on the University Hospital North Durham. This was a very impressive arrangement which has great benefits for patients.
38. The group currently has about 250 active members and the overall membership now runs to over 1,000. The founder members realised the importance of providing a "lay person's support" for heart patients. They provided reassurance and understandable information to assist patients and help them to cope with the "fear of the unknown".
39. Whilst this group covered a large area of County Durham, it is important that support should be available across the County.

**'MENDING HEARTS' – PUBLIC HEALTH INTELLIGENCE SERVICE –  
COUNTY DURHAM AND TEES VALLEY, SEPTEMBER 2005**

40. This report draws attention to inequality in the incidence and treatment of coronary heart disease in County Durham and Tees Valley. The report explains that admission rates are higher in deprived areas, such as Easington, but provision of care is lower compared to more affluent areas. The report also indicates that some deaths can be avoided had patients or bystanders recognised the symptoms earlier. Patient education as well as bystander response could be just as important for survival as ambulance response times or admission to hospital. This Scrutiny investigation has not concentrated particularly on the inequity highlighted by this report but does draw attention to early recognition of symptoms and issues about stroke services.

**NATIONAL AUDIT OFFICE – REDUCING BRAIN DAMAGE:  
FASTER ACCESS TO BETTER STROKE CARE**

41. The National Audit Office produced this report in November 2005. This concentrated particularly on cost-effectiveness and identified that stroke care cost the National Health Service around £2.8 billion pounds per year in direct costs and costs the wider economy some £1.8 billion pounds in lost productivity and disability. Additionally, the annual informal costs of home and nursing care were around £2.4 billion. The total cost, therefore, could be of the order of £7 billion each year.
42. The Audit Office identified scope to prevent more strokes and drastically improve treatment care and outcomes. Rapid access to specialised treatment, including brain scanning, was highlighted. They pointed out that public awareness of stroke remains very low as is awareness of the need for an emergency response if stroke is suspected.
43. The key findings of the report were:-
- The Department of Health has encouraged improvements in stroke services but has not given it as high a priority as other conditions.
  - An emergency response to stroke with efficient and effective acute care is generally lacking.
  - Following discharge, patients need improved access to rehabilitation and support services.
  - More emphasis is needed on primary and secondary prevention measures.

44. The main recommendations were:-

- More should be done to raise awareness of the fact that lifestyle changes can prevent strokes as well as heart disease and, in particular, that high blood pressure is a key risk factor for stroke.
- All Primary Care Trusts should ensure that:-
  - They provide access to an out-patient stroke and mini stroke service.
  - Arrangements are in place between GPs and secondary care to ensure outpatients are referred efficiently and effectively.
  - Rapid response to stroke - The National Audit Office suspects that strokes should be treated as a medical emergency in the same way as suspected heart attack. The Department of Health should work to raise public awareness of the signs of stroke and the fact that stroke is a medical emergency that required a 999 response. This should be integrated with the provision of information and guidance to GPs, Accident and Emergency Department and staff and Ambulance staff to prepare for increase demand and expectations of a more informed public.
  - Improve acute care – brain scanning, thrombolysis and acute stroke units.
  - Greater uptake of thrombolysis would improve stroke outcomes. The Department of Health should, in conjunction with the National Institute for Health and Clinical excellence, appraise the costs and benefits of different approaches and provide guidance on how to deliver thrombolysis in practice.
  - The Department of Health should explicitly address the issue of improving emergency brain scanning capacity which is a key requirement for all acute stroke treatment including thrombolysis.
  - Primary Care Trusts should ensure that acute stroke services are delivered through acute stroke units. As a minimum, all stroke patients should have a stroke care plan and access to specialist staff. The Department should make available best practice guidance on the provision of an acute stroke unit to reduce regional variations.
  - There should be better co-ordination between Health and Social Care to reduce the disabling impact of stroke on people's lives following discharge from hospital.

- Voluntary and community organisations can provide effective long-term support for people who have suffered a stroke.

**REPORT FROM NORTHUMBRIA UNIVERSITY – STROKE SERVICES PROVIDED BY NORTHUMBRIA HEALTH CARE TRUST**

45. Northumbria University were asked to provide an example of good practice in relation to stroke services. They produced a detailed report which is part of the evidence of this project.
46. Some research was undertaken to look at the stroke service provided by the Northumbria Health Care Trust which has achieved beacon status in this area. This Trust provides services covering a wide geographical area from Northumberland to North Tyneside. In discussions with key staff, it was pointed out that there is compelling evidence that specialist stroke services save lives and can improve the quality of life for stroke patients.
47. Stroke services are provided at three District General Hospital sites. To ensure that equal care is provided to all patients within the Trust area, Stroke Northumbria was set up. This is a multi-disciplinary approach to the care of stroke patients by both the National Health Service, local authorities and the independent sector. This emphasises a “whole-team” approach to care, specialist training for staff and a structured approach to the provision of patient information and patient involvement. In particular, a Stroke Information Strategy has been introduced. The importance of raising awareness about strokes has been identified as an important issue to pursue.

**STROKE ASSOCIATION, NORTH EAST REGION**

48. The Stroke Association is a national charity working exclusively for people who have had strokes and their families. There is a regional headquarters at Team Valley, Gateshead, which covers Northumberland, Tyneside, Durham and Tees Valley.
49. The Stroke Association provides a voice for those affected by stroke. They also provide assistance to independent stroke clubs which provide the opportunity for people who have had a stroke to meet informally. There are ten stroke clubs in County Durham based at:-
  - Consett
  - Stanley
  - Chester-le-Street
  - Crook
  - Bishop Auckland
  - Newton Aycliffe
  - Pity Me
  - Easington Colliery
  - Seaham
  - Spennymoor

50. There is a family support scheme which applies in the Easington area of County Durham financed by the Easington Primary Care Trust. There are no other similar schemes within County Durham.

**AUTOMATED EXTERNAL DEFIBRILLATORS –  
INFORMATION FROM THE BRITISH HEART FOUNDATION**

51. The majority of deaths due to heart disease (around two thirds) occur suddenly outside hospital and complicate the early stages of the . The cause in most cases is ventricular fibrillation, a lethal yet readily treatable abnormality of electrical activation of the heart. Only one treatment has been shown to be effective, and that is defibrillation by an electrical countershock from a defibrillator. The crucial determinant of success, however, is the time interval between the onset of the heart attack and the delivery of the countershock; survival falls by approximately 7-10% for every minute after collapse.
52. In the past, the use of defibrillators was confined to personnel who had been trained in Electro Cardiograph interpretation, which meant for practical purposes doctors, nurses and paramedics. The use of defibrillators by lay personnel (so called 'first responder defibrillation' or 'public access defibrillation') seeks to extend further the availability of this life saving treatment, the most important cause of premature death in the UK.
53. With the Automated External Defibrillator (AED) the process of interpretation and preparation for administration of the defibrillatory shock are automated. Little is required of the operator other than to recognise that cardiac arrest may have occurred and attach two adhesive electrodes to the chest wall of the casualty.
54. The operator is guided step by step through a programmed protocol by written instructions on a screen and audible voice prompts. The automated defibrillator records and analyses the heart's electrical activity and if the electronic algorithm detects a rhythm likely to respond to a shock, it will charge itself to a pre-set level and indicate to the operator how it should be delivered. The modern automated defibrillators are very sensitive and in practically no circumstances will they permit the delivery of any electrical counter-shock to someone who does not require one. All current models incorporate sophisticated recording facilities for later playback and analysis for audit or training purposes.
55. A recent advance in automated defibrillator technology has been the introduction of the first responder defibrillator. This is a compact, lightweight AED with simplicity of operation the key feature. It is designed for long periods of storage between use and is particularly suited to the needs of first aiders and trained lay persons. There are already many reports of their successful use by members of the voluntary aid societies or cabin crew on aircraft. The UK government through the 'defibrillators in public places initiative' is seeking to extend the availability of such devices in busy public places like airports, railway stations and shopping complexes. They have embarked on an ambitious programme to train lay

persons working at the sites. Initial training in the use of AED takes approximately 4 hours and retraining will be carried out approximately every six months.

## **SECTION 4**

### **OVERVIEW AND FINDINGS**

#### **INCREASING UNDERSTANDING**

56. This investigation has increased understanding of this important issue. The incidence of heart disease in County Durham is higher than in many other areas of the County. This makes action to prevent and reduce the risk of heart disease a key issue in improving the well-being of people in County Durham. In speaking to clinical experts and lay people the crucial themes are very similar. Whilst there are some issues to consider in relation to treatment the overriding aim must be to heighten awareness, encourage everyone to pursue a healthier lifestyle, and seek to avoid the well known risks.
57. Most people do not appreciate or understand the causes of heart problems. However there is a vast amount of information available and there seems to be a general consensus about those who are most at risk and what we can all do to minimise the risks to us. Lack of exercise affects a significant number of people in County Durham. Obesity is an increasing issue. Also, in line with national trends, there are increased numbers of older people. All this suggests that it is timely to provide information to residents about heart issues.
58. In terms of information there are some basic points to make.

#### **The main symptoms and the risks**

##### ***High Blood Pressure***

*One in three people in the UK has high blood pressure. This amounts to 16 million people. One in three of those i.e. over 5 million do not know about their condition. Only 10% of those affected control their blood pressure to target levels.*

*High blood pressure is the leading known cause of death and disability in the UK responsible for more than half of all strokes and heart disease. It is known as the silent killer because it usually has no signs or symptoms. The Blood Pressure Association "Know your Numbers" Campaign encourages everyone to get their blood pressure regularly checked. They also have an on-line lifestyle quiz which helps to assess everyone's risk of heart problems.*

### **High Cholesterol**

*The underlying cause of heart disease is the furring up of arteries with a sticky fatty material. Most people with high cholesterol are more likely to develop the furring of arteries. The amount of cholesterol in someone's blood is determined partly by their genes and partly by their diet and lifestyle. Cholesterol can be checked with a very simple test.*

*The benefit of soya milk and soya products as a protection from heart disease was raised. The British Heart Foundation has recognised the benefits of soya in lowering cholesterol levels. The Food Standards Agency does point out that some people are allergic to soya.*

### **Health and Lifestyle Issues**

*Not having a good diet, not managing your weight and not taking regular exercise enhances the risk of heart disease. Those people who have diabetes, those who smoke and who drink too heavily also have an increased risk.*

*Exercise has been said to be one of the 'best buys' in health. In County Durham, not enough people are involved in regular exercise. Similarly, smoking is a significant contributory factor to heart disease and strokes. Whilst significant progress is being made in County Durham, the reduction in the number of residents smoking is a crucial area of reducing heart problems.*

### **Some views about Treatment and Diet**

61. In carrying out research we have come across some quotations which perhaps are worthy of recording in this report.

*"The Food Industry is still very hostile to dietary change as a means of lowering cholesterol" - Professor Paul Durrington, Manchester School of Medicine.*

*"We cannot depend on drugs alone to solve this problem - we have to emphasise the lifestyle" - Professor Sidney Smith, former President of the American Heart Association.*

*"Statins" are a group of drugs that lower the level of total cholesterol. This can be a life-saving drug which is usually prescribed by doctors but can be available over the counter. It has been suggested however that statins could have a negative effect in that if people think that they can take a pill they can be freer with their diet. The best advice is to take action through lifestyle to prevent the risks. Those with more than one of the risks are particularly vulnerable.*

## Findings

62. There has been a great deal of information available for this investigation. Rather than consider all the detailed issues which have arisen in this investigation, the role of Scrutiny is perhaps best delivered in looking at the broad principles. This facilitates consideration of how local authorities can assist the Health Service most effectively in achieving health improvement in relation to coronary heart disease in County Durham.
63. On this basis, this investigation has established the following:-
- Heart disease is the biggest preventable cause of death in this country.
  - In County Durham more people have heart problems compared to many other areas of the country, including other parts of the North East region.
  - Death rates are reducing nationally and locally but coronary heart disease is still a major health issue in County Durham.
  - The message from many organisations is that most people do not appreciate, or understand, the causes of heart problems.
  - There is a great deal of information available about those people who are most at risk and what we can all do to minimise the risks.
  - High blood pressure, high cholesterol, lack of exercise, smoking, drinking alcohol too heavily, diabetes and not having a good diet are all key factors in increasing the risk of heart disease.
  - Local Authorities could use their contacts with residents to raise awareness and publicise the importance of prevention.
  - A specialist hospital stroke service can provide significant benefits for patients.
  - The Acute Trust and the Primary Care Trusts should be encouraged to establish a specialist stroke service in County Durham general hospitals in accordance with the National Service Framework for Older People.
  - There are also benefits in developing a more integrated approach to stroke services as demonstrated by the Stroke Northumberland initiative.
  - It may be beneficial to consider a similar approach in County Durham.
  - The speed at which treatment can be delivered to people who have a heart attack is crucial.

- The new type of defibrillator is easy to use and can save lives.
- Awareness about the use of the new defibrillators should be heightened and local authorities should consider this in particular.
- Integrated support for stroke patients is very important and the Health Service and Local Authorities are encouraged to work closely with the voluntary sector to seek to improve this key area.

## **SECTION 5**

### **RECOMMENDATIONS**

64. In the light of the evidence received in this investigation, the Members of this Working Group propose the following recommendations to seek to improve health in County Durham. These recommendations are intended for a wide audience but in particular they will be sent to Primary Care Trusts, the Acute Trust, the new Esk, Wear and Tees Valley Trust, Patient Forums, the County Council, District Councils and local MPs.

#### ***Information***

**Recommendation 1 – Local authorities and Primary Care Trusts should increase publicity about the causes of heart problems and its prevention, including emphasising the benefits of:-**

- **a healthy diet**
- **a healthier lifestyle including regular exercise (if possible, forty minutes brisk walking every day).**
- **not smoking or stopping smoking**

A great deal of information is available from each PCT in the County and from many national bodies. It might be helpful if some simple information was available in County Durham in a common form. Information along the lines of the attached sheet about a lifestyle to avoid heart disease could perhaps be promoted locally. This is based on recommendations from the Food Standards Agency which is echoed by a number of other national bodies.

This could be publicised by Local Authorities and be available as part of the provision of their Services.

The Food Standards Agency on its website also has some helpful information about food myths. They also provide information about what to eat when dining out. This is a useful source of basic good advice. There is also encouragement to try to read the information on food labels although this is not as easy as it perhaps might be.

**Recommendation 2 – Based on this increased publicity those people in County Durham who may be at increased risk of heart disease should be strongly encouraged:**

- a. **to have their blood pressure regularly checked by their G.P. and**
- b. **to find out their cholesterol level and know what the figures mean.**

High blood pressure is the leading known cause of death and disability which usually has no signs or symptoms. It is estimated that over 5 million people in the UK do not know they have high blood pressure. Blood pressure can be established by a simple check. This approach is in line with views in the 2006 Health White Paper “Our Health, Our Care, Our Say: A New Direction for Community Services”. This suggests that to assist people in taking charge of their own health a new “Life Check” is to be developed. Some organisations suggest that everyone should have their blood pressure regularly checked which is clearly an ideal. This recommendation in the report is intended to provide a practical way forward at the moment.

The Primary Care Trusts in Durham are promoting “Health at Work”, an initiative to emphasise the importance of the health and well-being agenda in the workforce. The public sector could perhaps take a lead in relation to heart disease for their own staff. It may be appropriate, for example, to encourage all public sector employers in County Durham to offer to check the blood pressure of all their employees when they reach, say, 50 years of age, if resources can be made available.

High cholesterol levels are another important factor in identifying those at risk. Again, it may be possible for public sector employers, as part of “Health at Work”, to set an example and to offer to check cholesterol levels of all their employees when they reach, say, 50 years of age.

Members of the working group suggested that a day might be identified for the County Council and all seven District Councils to take a lead in offering to check blood pressure and cholesterol levels of their workforce.

### ***Treatment Issues***

**Recommendation 3 - The Primary Care Trusts and the Acute Trust are encouraged to secure the introduction of a specialist stroke service at the University Hospital North Durham and Bishop Auckland General Hospital in accordance with the National Service Framework for Older People as soon as possible.**

In particular the funding currently set aside by the Acute Trust for increased staffing should be preserved if the current advertising process is not successful. It is appreciated that recruitment of specialist staff is key

but the benefits of a specialist service in North Tyneside illustrates that a similar service in Durham should be achievable.

A liaison group to consider best practice about stroke care could perhaps be set up in a similar way to the Coast to Coast Cardiac Network for Coronary Heart Disease.

**Recommendation 4 - A similar approach to Stroke Northumberland should be considered in Durham as an opportunity to provide an integrated service for stroke patients.**

This would include a clear communication strategy within hospitals for stroke patients but also a co-ordinated approach following discharge including closer working between the new Adult Service and the Health Service.

**Recommendation 5 – Major employers in the County, such as local authorities, should seriously consider whether an automated external defibrillator should be purchased for buildings where there are large numbers of staff.**

Defibrillators now are relatively inexpensive and easy to operate. Many leisure centres now have this equipment and the Government is encouraging their introduction in busy public places. There is a balance to be struck between seeking medical advice which should always be done and the benefits of this lifesaving equipment. Training issues obviously are important to the introduction of defibrillators. However, the speed of action in dealing with a heart attack is crucial to the chances of surviving a cardiac arrest.

### ***Support Issues***

**Recommendation 6 - Support groups for both coronary heart disease and stroke patients are key factors in improvements for patients. These organisations should be encouraged and promoted.**

Closer working with the Regional Stroke Association is encouraged across the County to spread the benefits currently gained in Easington. The County Council's Adult Service is encouraged to work closely with these bodies to improve support, particularly for stroke patients.

The Durham Coronary Support Group is an excellent example of a voluntary self-help group which is delivering substantial benefits to its members. Its work could perhaps be publicised further by the public sector.

## **National Audit Office Recommendations**

**Recommendation 7 – All Primary Care Trusts in the County should consider an Action Plan to deliver the National Audit Office main recommendations in their report Reducing Brain Damage: Faster Access to Better Stroke Care.**

The recommendations in the National Audit Office are timely. Some of the issues raised are echoed in this report but the Audit Office have provided detailed recommendations which require consideration at a local level.

### **Review**

**Recommendation 8 – A review of progress made in relation to these recommendations should take place approximately six months after the report is published.**

*Members of the Health Scrutiny Sub-Committee might seek to take a lead in publicising the importance of issues such as regular blood pressure checks and cholesterol checks together with a healthy lifestyle.*

## A MENU FOR LIFE IN COUNTY DURHAM

### How to maintain a Healthy Heart



The Food Standards Agency recommends that we...

#### EAT MORE 😊

**Starchy food (rice and bread)**

**Fruit and vegetables- 5 portions a day**

**Fish**

**Wholemeal cereals, bread and flour**

**Jacket Potatoes**

**Consider soya milk and soya products which are cholesterol free**

#### EAT LESS 😊

**Salt (Remember there may be additional salt in processed food and takeaways)**

**Sugar**

**Fatty meats e.g. Pork, lamb & duck. Trim fat from meat and skin from Chicken. Grill meat to separate the fat.**

**Saturated fat (Full fat milk, lard, butter, pies, Sausages and Cheese)**

#### OTHER RECOMMENDATIONS...

- ›Don't Smoke‹
- ›Use olive oil and sunflower oil rather than butter or lard‹
- ›Don't skip breakfast‹
- ›Find and reach your ideal weight‹
- ›Drink MORE water‹
- ›Drink alcohol only in moderation‹
- ›Be more active – ideally, 40 minutes brisk walking everyday‹
- ›Know your cholesterol level and blood pressure‹



›LAUGH MORE‹

# HEART DISEASE



**Heart Disease IS preventable**

**About 1,800 People die each year in County Durham as a result of Heart Disease**

**Nowadays, it is one of the most likely causes of death**

Heart disease is caused by a narrowing of arteries due to the build-up of fatty deposits. It can cause a heart attack blocking blood supply to the heart or a stroke blocking the supply to the brain.

The key symptoms of heart disease are tiredness, breathlessness or palpitations and swelling of the ankles or legs.

The key symptoms of strokes are sudden numbness in the face, arm or leg especially on one side, difficulty in speaking, loss of balance.

**The Information on the reverse of this sheet provides advice about how you can prevent heart disease**

## **SECTION 6**

### **ATTENDANCE LISTS**

#### **29<sup>th</sup> July 2005: PRESENTATION BY DR. DAVID CHAPPEL, NORTH EAST PUBLIC HEALTH OBSERVATORY**

Councillors:

Agnew	Gray	Lethbridge	Simmons
Armstrong	Iveson M.	Porter	Smith
Chaplow	Iveson S.	Priestley	Taylor-Gooby
Crosby			

#### **25<sup>TH</sup> AUGUST 2005: PRESENTATION BY LAURA ROBSON, UNIVERSITY HOSPITAL, NORTH DURHAM**

Councillors:-

Agnew	Crosby	Lethbridge	Simmons
Armstrong	Gray	Porter	Smith
Chaplow	Iveson	Priestley	Taylor-Gooby

Laura Robson, Acute Trust  
John Arthurs, Acute Trust

#### **3<sup>RD</sup> OCTOBER 2005: VISIT TO UNIVERSITY HOSPITAL NORTH DURHAM**

Councillors:-

Agnew	Campbell	Cordon	Simmons
Armstrong	Carr	Hunter	

#### **8<sup>TH</sup> NOVEMBER 2005: VISIT TO BISHOP AUCKLAND GENERAL HOSPITAL**

Councillors:-

Agnew	Crosby	Harker	Porter
Carroll	Gray	Pitts	Stansfield
Chaplow			

M. Weerasinghe (representing the Acute Trust Patient Forum).

#### **17th JANUARY 2006 DISCUSSION ABOUT MAIN ISSUES.**

Councillors:-

Priestley	Crosby	Gray	Lethbridge
J. Armstrong	Carr	Simmons	Trippett
G. Armstrong	Harker	Smith	Hunter
Agnew	Harrison		

M. Weerasinghe (representing the Acute Trust Patient Forum).

**MEMBERS OF THE WORKING GROUP****Chairman:** Councillor Priestley**Councillors:**

Agnew: I.	Derwentside District Council
Armstrong: G.	Chester-le-Street District Council
Armstrong: J	Durham County Council
Campbell: P	Easington District Council
Carr: R	Durham County Council
Carroll: T	Durham County Council
Chaplow: J	Durham County Council
Cordon: J.	Durham County Council
Crosby: V.	Sedgefield District Council
Gray: A.	Sedgefield District Council
Harker: P.	Wear Valley District Council
Harrison: R.	Chester-le-Street District Council
Hunter: E.	Durham County Council
Lethbridge: J.	Durham County Council
Pitts: S.	City of Durham Council
Porter: G.	Durham County Council
Simmons: M.	Durham County Council
Smith: M.	City of Durham Council
Stansfield: K.	Teesdale District Council
Taylor-Gooby: D.	Easington District Council
Trippett: P.	Durham County Council

<b>CO-OPTED MEMBERS</b>	
Iveson: Councillor M.	Representing Parish Councils
Weerasinghe: M.	Representing the Acute Trust Patient Forum

<p>We can provide this report in different formats and languages on request. Please contact: The Scrutiny Team, 0191 383 3673</p>
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