

# **The Heart of the Matter**

## **Salford Heart Care**

### **Introduction**

Post-operative care of heart disease patients presents a number of challenges. Recovery requires time, dedication and compassion – factors which are difficult for the health sector to provide. Meaningful recovery improves patients' quality of life and health, as well as reducing demands on further medical care.

How can a supportive peer group be galvanised to encourage and foster recovery in heart patients? What is the most effective and sustainable way to bring about high quality care based on volunteering, relationships and community?

### **Origins of the project**

Salford Heart Care (SHC) is an organisation run and led by volunteers, which supports people with heart disease and heart-related problems, as well as their carers and families. The group, which currently has a membership of around 400, was born after Salford resident Bernard Hamilton suffered several heart attacks over a number of years. While hospital treatment addressed the physical effects of Hamilton's heart problems, it offered no rehabilitation, care or advice – so in 1987 he launched a support group.

The cost of premature death, lost productivity, hospital treatment and prescriptions to the UK as a result of heart disease is estimated at £19 billion. Heart and circulatory diseases, including strokes, account for more than 161,000 deaths annually – more than a quarter of all deaths.

SHC focuses on an area of real need: in Salford, early deaths from heart disease and stroke are 40% higher than the national average. Life expectancy for men in Salford is nine years lower than the national average of 80 years. For women it's 11 years lower than the average of 88 years.

It's been established that cardiac rehabilitation that includes education, psychological support and exercise can reduce the risk of a further heart attack by almost a third.

SHC's annual operating costs average £55,000 with an annual income of approximately £50,000. Grants, membership subscriptions, a new local lottery and other fundraising make up the balance.

A 2008 Lottery grant helped establish an Eccles office, and SHC is now a company limited by guarantee and registered charity with its own Community Interest Company, Wellbeing in Action (not trading) and six trustees.

### **Partnership working**

The Public Health Services Contract with Salford City Council historically funded activities and long-term support for patients with cardiac-related conditions and provides partial

support for the centres at Eccles, Irlam and Cadishead, Walkden and Langworthy. However, this has now come to an end.

## Approach and delivery

SHC operates weekly or fortnightly sessions from six centres in Greater Manchester. The group offers practical help and encouragement after hospital care ends, which is typically just six to eight weeks following a heart attack.

SHC's services have expanded to include physical, educational and social activities, for instance tai chi, weight management, group trips and relaxation techniques. Empathy and the value of lived experience are pivotal to SHC's approach. Several volunteers and trustees have personal experience of heart disease.

One of the pivotal features of SHC is that it is driven and delivered by volunteers. The team overseeing the organisation firmly believe that this is one of its main strengths, and why it has a clear appeal to patients.

## Success and outcomes

A 2013 evaluation by the Community Health & Social Care Directorate of Salford City Council concluded SHC's service is "an important part of the rehabilitation pathway" and that "no equivalent service is provided anywhere else in Greater Manchester". However, its funding has subsequently been withdrawn.

The report notes: "In the evaluation there was a consensus that the organisation's work has resulted in people feeling more confident to self-care. Several of the participants highlighted that their health had improved as a result of the prevention activities offered. A very obvious benefit has been improved mental wellbeing – isolation, friendship, support, confidence building were highlighted by virtually all."

## Future plans and obstacles

Persuading those who have suffered heart attacks to attend an SHC session can be challenging. Volunteers regularly attend the heart attack rehabilitation clinics at Salford Royal Infirmary and Total Fitness to explain what the charity does and invite patients to attend a session. However only around 10% of clinic attendees do so.

In addition to its current structure, Salford Heart Care has considered both direct and franchise models. The first was 'A branch on your doorstep'. Salford NHS PCT requested 20 additional centres in 2007 to reduce travel times. New branches were opened and at its peak, 10 centres were providing fortnightly sessions. However, largely due to apathy from prospective members and the lack of suitable premises, four of these centres closed.

## Conclusion

SHC goes beyond the reach of conventional health services, supporting patients with heart disease to live longer, healthier lives. Through a range of activities and support sessions, patients are empowered to self-care, reducing isolation and boosting wellbeing.

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