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# **An Evaluation of the Wallasey Heart Centre**

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## **Summary**

### **Introduction**

Coronary heart disease (CHD) is the major cause of illness, disability and death in western countries and the main cause of premature death in the United Kingdom. It is also largely preventable. Thus, developing cardiology services to prevent and treat CHD is an important public health issue, as reflected in the inclusion of CHD as a clinical priority in the NHS Plan and the development of the National Service Framework (NSF) for CHD. The impact of the standards set out in the NSF on primary care workload is potentially very great.

The Wallasey Heart Centre is an intermediate cardiovascular clinic set up as a primary care-based partnership designed to provide accessible, high-quality patient care to an area with a high prevalence of CHD and poor access to existing secondary care services. The service was initiated in October 2000 with funding for three years.

### **Objectives of the study**

The objectives of the study were to:

- explore the perceptions, views and experiences of local GPs in relation to the service provided by the Wallasey Heart Centre;
  - explore the perceptions, views and experiences of local cardiologists in relation to the service provided by the Wallasey Heart Centre;
  - explore the perceptions, views and experiences of the Wallasey Heart Centre staff about the service they provide;
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- explore the perceptions, views and experiences of patients in relation to the service provided by the Wallasey Heart Centre.

### **Study design and methods**

This was an exploratory study designed to evaluate the work of the Wallasey Heart Centre from the perspective of various stakeholders. As such it was a broad ranging investigation which sought to use a variety of approaches. These included:

- focus groups with patients attending the Wallasey Heart Centre;
- semi-structured interviews with GPs who did and did not regularly refer patients to the Wallasey Heart Centre;
- semi-structured interviews with Wallasey Heart Centre staff;
- the collection of anonymised data relating to the numbers of referrals made to the Wallasey Heart Centre and the outcome of those referrals.

### **Main findings and conclusion**

The views and experiences of a variety of stakeholders are presented in this study. It was possible to interview GPs who did and did not regularly refer patients to the Wallasey Heart Centre and staff representatives from each of the different services offered at the Centre. In addition, through the focus groups it was possible to gain access to patients who had experienced each of the different services at the Heart Centre. The quantitative data relating to referrals to the Heart Centre helps to contextualise this qualitative work. However, it was not possible to interview any of the local consultant cardiologists and so their views as relevant 'stakeholders' in the work of the Centre are not represented.

At the time that this evaluation took place, the Wallasey Heart Centre had been operational for just over 18 months and if successful development of the Heart Centre services are to take place then some of the issues highlighted may need to be considered. There was some evidence in this study of the difficulties that can be encountered when introducing new, innovative services that seek to change 'traditional' patterns of working. Local GPs need to be clear about the extent of the services available at the Heart Centre, particularly the role of the GP specialist, with any uncertainty about using this service addressed. In addition, other issues which may warrant consideration are: the lack of an echocardiogram; problems with the premises at which the Heart Centre is located; the possibility of referrals to the Heart Centre being made electronically; and possibly closer links with secondary care services.

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There is evidence in the quantitative data to suggest that the work of the Heart Centre probably has an impact on secondary care services in terms of reducing the number of patients who need to be seen there. The impact of this on the work load of primary health care professionals may need to be considered. Although some reservations were expressed, for example there were some uncertainties articulated by GPs about the role of the GP specialist at the Heart Centre and about managing cardiology patients within a primary care setting, it would appear that GPs, patients and Heart Centre staff thought that the services available should be expanded. There were many positive views about the Heart Centre expressed, and the beliefs that the Heart Centre contributes towards providing high quality care to patients, towards achieving the standards set out in the NSF for CHD and that it can provide a useful support to GPs, were evident. In addition, there were positive comments made about the contribution of the Heart Centre to awareness and knowledge about cardiac disease, prevention and treatment by local healthcare professionals.

From the perspective of the patients, they appreciated being able to access a local cardiology service and were appreciative of the time that Heart Centre staff were able to spend with them and the information and explanations about their illness, care and treatment that they received. Patients attending the exercise and lifestyle and cardiac rehabilitation sessions expressed a desire for longer 'follow up'. A sense of 'ownership' of the Wallasey Heart Centre by local people was evident.

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