

**USER INVOLVEMENT STRATEGY
NORTH WEST LONDON CARDIAC NETWORK
April 2007**

Document Type:	Policy/Guideline
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Status:	Original Version 1 Ratified December 2004 Reviewed Version 2: Ratified April 2007
Date ratified by the NWLCN Board:	25 April 2007
Review Date:	April 2009

Background

Cardiac Networks

Since 2014, Cardiac Networks have been established across the whole of England. They aim to bring together different organisations including local PCTs, Trusts, Ambulance services and tertiary centres to improve patient care across the entire patient pathway. By working outside traditional organisational boundaries, Networks can link professionals involved in every aspect of the patient's journey through primary, secondary and tertiary care to ensure the delivery of consistently high quality care.

Increasingly within the NHS, patients and carers are being more actively involved in decision making affecting both individual care and service delivery. The Government has continued to place the issue of user involvement high on the NHS reform agenda.

"Patients are the most important people in the health service. It doesn't always appear that way. Too many people feel talked at, rather than listened to. This has to change" (NHS Plan 2000)

Cardiac Networks are no exception to this. Indeed for Cardiac Networks to operate effectively, it is essential that the voice of the patient is heard and acted upon appropriately.

This document aims to outline NW London's Cardiac Network strategy for engaging active participation from patients, carers, community groups and the public in reviewing clinical care and treatments and in designing and delivering patient focused cardiac services across the sector.

The aim of the strategy is to outline our ongoing plans to implement a partnership agreement with existing groups and organisations already established in NW London. Along with this the network works to develop effective communication channels and continues to build strong relationships with these groups via a variety of methods.

We also aim to ensure that our user involvement forum covers a wide range of individuals and groups. The network seeks out user's ideas via our Heart2Heart group and by undertaking Discovery Interviews to gather relevant views and experiences on what areas of services still need to be changed.

The Network also ensures that patients are adequately supported with correct training and peer support to undertake their role effectively.

Benefits

Effective user participation within the Cardiac Network offers a number of benefits for North West London organisations and the local population:

- Raises awareness of issues and experiences from the patients perspective leading to greater understanding and trust between service providers and the public
- Ensures care is tailored around the actual needs and not perceived needs of the patient
- Ensures that services/care or changes in services/care delivery are designed, with the patient at the centre, to improve the overall patient experience

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- Exposes inequalities in access or treatment and allows joint working for addressing these along with the continued challenge of meeting the needs of the ageing and increasingly diverse population.
- Allows for transparency and openness in decision making and increases accountability of the Cardiac Network to the people within North West London.

Model for User Involvement

Within NW London, there are a number of well established patient groups and PPI forums, (Appendix 1), we have linked with to avoid duplication and to ensure all sections of the community across NW London have a voice in the work of the Network. Through this process, the strategy aims to engage with a number of organisations who represent ethnic minorities and refugees which are of particular importance due to the diverse nature of the population in NW London.

Each Local Implementation Team (LIT) within NW London has patient/carer involvement engaged within their work and the Network, through the Board membership, this ensures a more focused 2-way communication channel is established so that user involvement is actively engaged.

The Network Board and the Patient and Public Involvement lead continue to link directly with Programmes such as the British Heart Foundation “Hearty Voices” and various support groups to get appropriately trained patients/carers representing user views at Board level. Information relating to this role is detailed within Appendix 2.

However, the NW London model does not rely solely on attendance at Board Meetings, (Appendix 3). Instead, it aims to outreach via the Service Improvement Managers, PPI Lead and the Network Director to existing community and organisational groups to actively seek out views, opinions and involvement from patients and carer’s in the shaping of cardiac services across the sector. So far the Network has used questionnaires, patient surveys, patient participation groups, health fairs, exhibitions, workshops and attendance at community events run through the patient forum group Heart2Heart to initiate the correct level of involvement. The outcome of such work is formally tabled and fed back at Network Board Meetings.

The Service Improvement Managers continue to support the use of discovery interviews, digital voices and process mapping of patient pathways. The results of such initiatives can be directly fed back through the appropriate clinical teams/LITs so that any required action can be taken promptly. The Network also asks the Service Improvement Managers to undertake discovery interviews around particular areas of coronary heart disease care e.g. heart failure, to inform specific work areas to be undertaken across the entire Network.

The Cardiac Network has established mechanisms for linking with expert patient programmes across the sector to gain involvement from a wide range of individuals living with cardiac disease.

Our patient forum “Heart2Heart” which was established in June 2005 pulls together a variety of interested patients and carers to directly work with the NW London Network. We continue to actively recruit via local community events, recruitment postcards and various other forms of appropriate media and literature. The group are currently working on various user projects. An outline of which can be seen in (Appendix 4).

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The Cardiac Network also continues to link with PALS leads from across NW London in order to gain patient feedback that could provide a mechanism for identifying potential user involvement projects for the Network.

Users from across NW London are encouraged to raise any cardiac issues with the Network either via their local groups, or directly with Network Board members or the user representatives on the Network Board. All such issues will be formally tabled for discussion at Network Board Meetings.

Consultation and Sharing

The NW London Cardiac Network User Involvement Strategy will be shared with relevant teams in each organisation within NW London. This will be achieved via the Network Board and the Leads from each LIT.

Payment Policy

In order to reduce barriers for user involvement, the NW London Cardiac Network has developed and implemented a policy on payment. This includes reimbursement of travel and subsistence for participation in user involvement activities.

Training & Support

The NW London Cardiac Network aims to ensure that any user representatives directly sitting on the Network Board receives appropriate training to enable them to fully articulate their views and undertake the role effectively.

The database of users is maintained so that there is access to peer support for individual patients and carers participating within the Network.

At Board level, the Network Director will have lead responsibility for user involvement and will be the champion for user involvement within the Cardiac Network. They will have responsibility for overseeing the implementation of this strategy.

Evaluation

An annual report will be produced detailing the work of the NW London Cardiac Network. Within the report, a description of current user involvement will be detailed along with actual examples of where changes have been made as a direct result of user involvement. Evidence of user involvement in service re-design will also be detailed within the report.

Feedback to users is seen as an essential component of this strategy so that patients and carers can see that the time they have contributed has been of value and has influenced outcomes. In addition to the annual report, it is envisaged that feedback will be provided directly to individuals concerned and via local newsletters and websites to the wider community.

Appendix 1

PPI Groups and Supporting Organisations			
North West London Region:			
Age Concern Harrow – covers see list below	3 rd Floor Premier House 1 Canning Road Wealdstone Harrow Middx HA3 7TS		
NHS Trust / PCT Providers cover: Brent PCT Harrow PCT Royal National Orthopedic Hospital North West London Hospitals NHS Trust			
Key Contacts:			
Cheryl Doherty	PPI Lead for North West London Hospitals	Cheryl.doherty@nwlh.nhs.uk	020 8869 2022
Sue Deacon	Forum Coordinator	Forumsupport.ACHarrow53@cppih.org	
Kim Harris	PPI Lead for Royal National Orthopedic Hospital	Kim.harris@rnoh.nhs.uk	020 8909 5717
Krishna Pillai	Forum Coordinator	Forumsupport.ACHarrow51@cppih.org	
Karen Butler	PPI Lead Harrow PCT	Karen.butler@harrowpct.nhs.uk	020 8966 1031
Jaswant Gohil	Forum Coordinator	forumsupport@ACHarrow54@cppih.org	
Judith Lockhart	PPI Lead Brent PCT		
Rushda Butt	Forum Coordinator	forumsupport@ACHarrow52@cppih.org	
In House Forum Support Organisation – covers see below			
In House West London Park House 111 Uxbridge Road Ealing London W5 5LB Tel: 0845 120 4306			
NHS Trusts / PCT Providers covered:			

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Ealing PCT Ealing Hospital NHS Trust Hammersmith and Fulham PCT Hammersmith Hospitals NHS Trust West Middlesex University Hospital Hillingdon PCT Hillingdon Hospital NHS Trust Hounslow PCT			
Key Contacts:			
Claire Stevens	Team Manager	forumSupport.Inhouse1@cpih.org	
Bob Hardy-King	Forum Support Worker	forumSupport.Inhouse2@cpih.org	07843 075610
		Hounslow PCT PPI Forum Chair – Mr Melvin Collins West Middlesex Hospital PPI Forum Co-Chair – Mrs Jean Doherty Co-Chair – Mr John Hunt	
Miren Irazusta	Forum Support Worker	forumSupport.Inhouse3@cpih.org	07738 170 157
		Ealing PCT PPI Forum Acting Chair – Ms Pat Seers Ealing Hospitals PPI Forum Chair – Sikandar Minhas	
May Manaois	Forum Support Worker	forumSupport.Inhouse4@cpih.org	07843 075 612
		Hillingdon PCT PPI Forum Chair – Ms Judith Lever Hillingdon Hospitals PPI Forum Chair – Lesley Pepler	
Stella Rafferty	Forum Support Worker	forumSupport.Inhouse5@cpih.org	07843 075 613
		Hammersmith & Fulham PCT PPI Forum Chair – Ms Maria Marasco Hammersmith Hospitals PPI Forum Chair – Lynette Royle	
Voluntary Action Westminster covers – see list below:			
37 Chapel Street London NW1 5DP Tel: 020 7535 1216			
NHS Trust / PCT Providers covered:			
Kensington & Chelsea PCT			

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Royal Marsden NHS Trust Royal Brompton & Harefield NHS Trust St Mary's NHS Trust Westminster PCT Chelsea & Westminster Healthcare NHS Trust			
Key Contacts:			
Aneesa Chaudhry	Forum Coordinator	aneesa@kcsc.demon.co.uk	020 7361 0728
		Kensington & Chelsea PCT Chair – Lydia Jackson	
Aneesa Chaudhry	Forum Coordinator	aneesa@kcsc.demon.co.uk	020 7361 0728
		Chelsea & Westminster Healthcare NHS Trust Chair – Robin Tuck	
Jill Mulelly	Forum Coordinator	jmulelly@vawcvs.org	020 7535 0495
		Royal Marsden NHS Trust Chair – Ray Thompson	
Jill Mulelly	Forum Coordinator	jmulelly@vawcvs.org	020 7535 0495
		Royal Brompton & Harefield NHS Trust Chair – Josephine Ocloo	
Emily Bigland	Forum Coordinator	ebigland@vawcvs.org	020 7535 0497
		St Mary's NHS Trust Chair – Roy Oliver	
Emily Bigland	Forum Coordinator	ebigland@vawcvs.org	020 7535 0497
		Westminster PCT Chair – Tera Younger / Britta Lock	
Heart Support Groups (NW London)			
Chair - Iqbal Mansoor			020 8204 8399
		Heart of Gold Support Group Brent	
Chair – John Taylor		Johntyalor-tuliptree@supanet.com	020 8864 1858
		67 Briar Crescent Northolt London UB5 4ND	
Chair – Ray Carly			020 8843 0723
		Heart Link Ealing	
Chair – Steve Hamilton		Stevehamilton1959@hotmail.com	07979 867 585
		Upbeat Support Group Hounslow / West Middlesex Universtiy Hospital	
Chair – Roy Oliver			07825 504 308
		St Mary's Support Group	

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	Westminster	
Chair – David Potter		01923 243
	Re-beat Heart Support Group Harefield	672
Chair – Steve Syre		01452 555
	The Hamsters Harefield	895
Chair – Les Gotts		020 8909
	Pulse Finders Harrow	2410

Appendix 2

North West London Cardiac Network (NWLCN)

JOB DESCRIPTION

Title:	Patient/Carer Chair of the NWLCN Heart 2 Heart User Forum
Reports to:	Network Director, North West London Cardiac Network
Term of Appointment:	1 year fixed term but may be extended by mutual agreement

Background Information

Within NW London, cardiac services are provided across 11 hospital sites with specialist cardiac services, (tertiary services) being delivered on 4 hospital sites as follows:

Hillingdon Hospital NHS Trust
Ealing Hospital NHS Trust
North West London NHS Trust (Central Middlesex & Northwick Park Hospitals)
West Middlesex University Hospital NHS Trust
St Mary's NHS Trust (tertiary site)
Hammersmith Hospitals NHS Trust (Charing Cross Hospital & Hammersmith Hospital – tertiary site)
Royal Brompton & Harefield NHS Trust (tertiary sites)

There are also 8 Primary Care Trusts within North West London: Hillingdon PCT, Ealing PCT, Hammersmith & Fulham PCT, Hounslow PCT, Westminster PCT, Kensington & Chelsea PCT, Brent PCT and Harrow PCT.

The NW London Cardiac Network was established during 2004 and it aims to bring managers and clinicians together from all of the above organisations as well as individuals from other agencies and organisations e.g. ambulance services. The aim is to ensure organisations and agencies work as one to improve the care for cardiac patients across all of North West London and that future services are planned in a coherent and integrated manner.

Job Purpose:

To act as Chair of the NW London Cardiac Network's Heart2Heart User Forum, working in conjunction with the Cardiac Network patient lead to ensure that representation on the Heart2Heart User Forum appropriately represents the NW London population from a gender, age, ethnicity and geographical perspective.

As Chair, the role will involve promoting patient/carers involvement in all aspects of cardiac care and ensuring effective relationships are in place with local patient support groups and PPI forums.

The post holder will be expected to develop and oversee delivery of an agreed work plan for Heart2Heart focusing on key areas identified by the Network Board and local patients. They will also play an important role in advising on and developing information, training and support

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materials for use by local cardiac patients and in supporting local educational and health promotion initiatives across NW London.

The Chair will be required to represent patients and carers views on the Network Board and will be required to assist the Network Board to develop mechanisms in line with the National approach to public/patient involvement, to access the opinion of local cardiac patients and enable effective communication between the Network and local patient or community groups. As part of this process, the Chair will report regularly to the Network Board detailing patient views and ideas and will support local users to raise issues with the Board so as to influence the work programme and strategic direction of cardiac care across the Network.

The position is unpaid but expenses will be paid for any travel/subsistence costs incurred.

Key Relationships:

The patient/carer representative will work closely and be supported with:

- Local Cardiac patients and PPI/Heart Support Group Patient Leads
- Network Chair
- Network Director
- Network Clinical Lead
- Network Patient Lead
- PPI/PAL leads across all NW London organisations

Experience:

You will either be a current/former cardiac patient or a current/former carer of a cardiac patient. No previous experience as a patient/carer representative is required as local training can be provided to support the individual in this role.

Most importantly, you will be someone who has a genuine interest in how cardiac services are provided and also have the time to devote to pursuing this interest.

You must also be either a resident of NW London or a cardiac service user of one of the NW London organisations.

Qualities:

- Be able to demonstrate an understanding of and commitment to user involvement in cardiac services
- Have a willingness and ability to learn about different aspects of healthcare and to gain an understanding of the local health services as a whole including hospitals, primary care trusts and ambulance trusts.
- Have the ability to listen to different view points and articulate views and conclusions at meetings with clinicians and managers about local needs based on facts
- Have the ability to keep asking questions until you have adequate information/understanding about the issue being discussed.
- Be able to demonstrate tact and sensitivity on difficult issues with key stakeholders
- Understand and respect that you will need to maintain confidentiality about some of the information you receive.
- Have the ability to prioritise tasks and to organise/direct self and others
- Have time to attend meetings/groups and to read healthcare information

What is Involved:

- Attendance and participation in meetings including the Network Board and some national events
- Visiting healthcare organisations
- Working with the Network Patient Lead to attend/organise various health fairs/health promotion events for cardiac patients.
- Attending training sessions
- Talking to patients and patient groups to actively seek out views and opinions
- Talking to health care professionals, managers and other groups
- Reading about services provided within NWL
- Keeping up to date with national and local initiatives about patient/carer involvement

Time Commitment:

Approximately 3 hours per month for meetings. In the region of 20 hours per month may be required for reading, preparatory work, visits and talking to other patients/groups. Meetings would be agreed as far as possible in advance for convenience.

Job Description Updated March 2007

Appendix 3 Action Plan

Aim	Action	Lead	Timescale	Progress
Establish PPI baseline assessment	Identify existing Groups within NWL. Establish the types of the community each represent.	Network Director	October 2004	Complete
Create a structure and clear lines of accountability and responsibility for PPI work within the Network	Identify PPI lead within the Board	Network Director	October 2004	Complete
Produce a strategy and action plan for involving and consulting service users, carers and the public	Agree draft strategy and action plan to submit for wider consultation	Network Director	November 2004	Draft complete
Draft Strategy to be sent for circulation and consultation via the Local LITs and Network Board.	Strategy to be presented at Network Board Meeting and circulated to local LITs via Leads	Network Director	November 2004	Complete
Develop payment policy for PPI	Identify resources & budget to reimburse e.g. travel expenses, subsistence etc and develop payment policy in tandem with Finance Director	Network Director	January 2005	Complete
Develop a process for partnership working between existing PPI groups and the Network. This includes establishment of ongoing dialogue with culturally diverse communities within NWL.	Meet with the leads for each group & agree appropriate mechanism for gaining partnership working with each group	Network Director & Programme Manager	December 2004	Leads for each group identified. Ongoing communication between groups continues throughout 2007
Establish links with expert patient programmes across the sector and BHF "Hearty Voices" to recruit appropriately trained users onto the Network Board	Develop job description for such a role and actively recruit trained individuals via these programmes to represent user views on the Network Board. Establish mechanism for this individual to link with users working within each of the LITs	Network Director	November 2004	Complete

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Support the wide scale use of discovery interviews across NWL Acute Trusts & agree mechanism for feeding back outcomes and required actions to the Network Board.	Identify a lead within the service improvement team to lead on Discovery Interviews. Ensure training is available for all staff. Agree a process for feeding back outcomes and required action to the Network Board.	Programme Manager	January 2005	Discovery Interview lead identified- several project managers trained and a London DI cluster group established in 06
Agree process for receiving feedback via PALS teams across the sector	Establish links with PALS leads and agree appropriate individual mechanism for receiving feedback from service users	PPI Lead	Initial contact June 2005	Ongoing communication continues
Establish a lead to co-ordinate the PPI agenda for the Network across the whole of NWL.	Develop a job description for the role, identify funding, recruit to the post through open competition.	TBC	April 2005	Complete
Develop a system for ensuring users can effectively raise issues for the Network Board to discuss and consider.	Establish a formal link for raising patient issues between the leads of all user groups and both the Network Director and the user rep on the Network Board. Agree process for feeding back outcome of such discussions. Develop a PPI "postcard" to raise awareness about the Network & to support active recruitment onto the "Heart2Heart" forum.	Network Director	November 2004	Complete
Develop plans for communicating PPI involvement in the NWL Network	Identify options for communication which will include a combination of the following: Annual Report Network Newsletter or website PCT/Trust newsletters Seminars workshops Attendance at patient forums/community groups	Network Director / Programme Manager	February 2005	H2H newsletter developed along with ongoing presentations to heart support groups to aid recruitment and promote the H2H group work

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Undertake annual survey to assess effectiveness of existing PPI arrangements & to allow users a further opportunity to raise issues with the Network.	Develop survey & agree appropriate mechanism for gaining a wide view of opinion from organisations and user groups.	TBC	July 2007	Feedback letter sent out to H2H patients in October 06- Moderate feedback received – New survey to be developed over the coming year
Develop appropriate reporting mechanisms to capture and share good practice	Agree process for Service Improvement team to highlight areas of good practice which the Network can disseminate.	Network Director/ Programme Manager	February 2005	Ongoing
Continue to develop formal linkages with various charitable and community organisations	Identify organisations not previously linked with -New community groups, Asian networks/mosques/temples and charitable organisations.	PPI Lead	March 07	
Identification of mutual working projects with existing PPI forums, support groups and LINKS	Make contact with various groups and discuss possible joint projects that would fit in with current H2H project plan	PPI Lead	March/April 07	
Full establishment of London Discovery Interview Cluster group and support mechanism	Develop an ongoing training and support programme for clinical and non-clinical NHS staff within NWL. Discovery Interview training and tape verification will be offered and undertaken.	PPI Lead and London Cluster	Ongoing	
Development of particular projects from the H2H project plan (Appendix 3)	Continued roll out of patient information packs across NWL and possible development of Pre surgery packs. Development of a buddy system across NWL. Establishment of a health awareness patient group that attend health fairs & events to promote healthy living & continued recruitment to H2H	PPI Lead & H2H group	2007-08	Project plan complete

Appendix 4

**Heart2Heart Future Project Plan
15/02/2007**

1) Buddy System

Project Aims & Objectives

To implement a patient led buddy system adapted from 'Project Beat Scheme' that started in Bradford in April 2004 to Develop a support practice that groups together patients of similar symptoms & experiences to share information and Support.

Aim	Action	Lead	Timescales
Gauge general interest about the implementation of the Buddy System across the NWL	Approach & Discuss with General Managers and Rehabilitation Teams of all NWL Hospitals to consider the implementation of the Buddy System	MOB	April / May 07
Consider & Select Appropriate location for Buddy System Pilot to be located	As above	JG/MOB	April / May 07
Develop a working system to link up with all rehabilitation nurses across NWL to introduce Patients to Buddy System	Formal contact to all NWL rehabilitation nurses to ascertain if they are interested in participating. If agreement to participate is positive educate nurses further about Buddy System.	JG	Aug 07
Recruit Patients to buddy scheme	Draw up posters & flyers which will be distributed in Outpatient dept's, GP Surgery's, Libraries Undertake visiting heart support groups and general distribution by H2H group. Also draw up buddy role description and person specification	JG + SH	Jun 07
To recruit an interview panel for buddy process	Email all project managers for suggestions about possible candidates that would be interested- Send invitation email out to all contacts from the NWL contacts base and PPI leads from other networks	JG	June 07
Train newly recruited patients	Patients entered into Expert Patient Programme training, Hearty Voices & CBR Checked. Further training may also be required in health & safety, exercise, diet & stop smoking services	JG	Aug / Sept 07
Develop safeguards	Develop a protocol for matching clients to buddies	JG	Aug 07
Develop Peer support	Contact other buddy systems within the UK and develop a contact base in order for buddy's to share experiences and ideas.	JG	Aug 07
Establish Buddy System from information gained from above processes	Start introduction of patients to buddy's via rehab nurses	JG	Sep 07

Evaluate the impact at 3 & 6 months into pilot	Send questionnaires to patients and buddies to evaluate thoughts so far.	JG	Dec 07
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2) Patient Packs

Project Aims & Objectives

To roll out patient information packs across North West London within 2 years. Patient packs aim to inform/educate patients and their carers of their current condition, future treatment and support groups. Collectively the aim is to better support patients/carers when they leave hospital and enter into rehabilitation.

Aim	Action	Lead	Timescales
Agree generic contents for rehab packs	Wait for review of packs to be finished and assess points detailed	West Middlesex Hospital review team	Feb 07
Approach remaining hospitals within NWL to assess feasibility of running pilot for packs	Meet with the General Managers or Ward Manager to agree involvement with project. Draw up generic ward guidelines in line with the PALS team and Ward Managers – agree terms to be stated and training.	JG & SH	May 07
Look at tailoring packs for pre-surgery	Undertake a pilot run of pre-surgery packs at West Middlesex Hospital to assess feasibility – liaise with Pre surgery team & BHF to discuss patient info required.	JG & SH	Dec 07
Collate baseline data from pilot run by St. Mary's starting from March 1 st to 1 st June 2007	Work with St. Mary's General Manager to review success of packs to gather feedback from patients and clinicians	JG & GM	Jul 07

3) Digital Voices

Project Aims & Objectives

To further develop the use of digital voices for the North West London Cardiac Networks website and beyond to offer further insight of other patients experiences to patients about to under-go / who are undergoing / have been through treatment as a method of extended support creating an indirect Patient to Patient support (P2P) group.

Aim	Action	Lead	Timescales
To capture more patients stories through Digital Voices	Generate increased publicity through emailed flyers to PPI Leads and Rehabilitation Nurses. Continued promotion through Heart to Heart newsletter and word of mouth.	JG	Ongoing throughout 07
Case specify the recorded experiences and categorise each story on the website to ease patients time in finding an associated experience	Approach existing patients who have recorded their experiences and ask if they would be willing to listen to new stories and by advising them on short listed headings utilise specific words from the patient stories to direct them towards the correct website headings / sections	JG	Ongoing throughout 07
Develop a section on the NWLCN website specifically about Digital Voices- what they are about and how patients benefit from hearing and undertaking them	Evolve present NWLCN patients section on website with patient focussed involvement- Possible survey	JG & SH	Nov 07

4) World Heart Day

Project Aims & Objectives

To Organise World Heart Day on the 30th September 2007 following the success of last years World Heart Day

Aim	Action	Lead	Timescales
Organise the location and date of World Heart Day 2007	Consult Heart2Heart group regarding favourable locations considering ease of access, size, layout and cost. Discuss suitable date	JG & H2H	Mar 07
Develop theme for event	Link in with Heart2Heart group for ideas.	JG & H2H	Mar 07
Set budget for event	Liaise with MOB and discuss network teams involvement	JG & MOB	May 07

Assess H2H group workload	Speak to H2H group and decided level of involvement – draw up a breakdown of roles and responsibilities	Shared	Mar 07
Gain sponsorship for the event.	Approach various health aware companies	JG & H2H	May 07
Secure relevant Stalls and Speakers in relation to the theme of the day (if applicable).	Approach health organisations, charities, pharmaceutical companies, Alternative Health Therapists,	Shared	Jun 07
Raise Publicity for event.	Draw up Flyers and Posters and distribute in Outpatients Departments, GP Surgery's, Local Libraries, Community Centres, Mosques and related health centres. Contact local radio stations and newspapers and relevant Publications.	Shared	Jul / Aug 07
Hold Event	World Heart Day 07	Shared	Sep 07
Post-evaluation of event	Record attendance numbers, correlate data through health tests (if applicable).	Shared	Oct 07

NB. Situations may vary in relation to theme undertaken for event e.g. exhibition or fun - run, etc.

5) Patient Literature

Project Aims & Objectives

To include patients in the development of patient related health literature

Aim	Action	Lead	Timescales
To continue & develop an accepted and agreed range of patient literature.	Discuss and evaluate with the H2H group on outlined literature – Patient Surveys - H2H support cards – Multi Lingual Relaxation CD - CD ROM of patient packs - Look at patient info for visually impaired and deaf - Develop a CVD for women awareness leaflet - Uniformity with Heart Health information. Produce quarterly H2H newsletter	JG & H2H	March 07 (Discussion) Chosen project Apr/May 07
Decide on workload for 2007	Meet with H2H group and discuss order in which projects should be approached – After decision to which project shall be first individual project plan for project will be drawn up by JG	JG & H2H	March 07

6) Patient Led Health Promotion

Project Aims & Objectives

To establish patient led awareness and promotion campaigns linking in with any events being hosted in NWL

Aim	Action	Lead	Timescales
Establish a patient led promotion group	Speak to existing patients within the H2H group that would be interested in undertaking health promotion in various forms and to categorise into groups.	Shared	Mar 07
Expand communication contacts	Link with all health editors for local newspapers/magazines, relevant local & national radio stations. Also liaise with all communication & press managers of NW hospitals to utilise the hospital newsletter for recruitment to H2H and health campaigns	JG&SH	Mar 07
Diarise all relevant events occurring during 2007	Contact all communication leads within NWL to ascertain dates of health events taking place within NWL.	JG	Mar 07
Compile relevant packs for the action group to take to events	Pull together a standard box pack which groups can take to events which would include - PPI Posters - NWLCN area posters - Healthy living brochures in various languages - Stop smoking leaflets for women - H2H recruitment cards - H2H Newsletter - South Asian DVD on healthy eating - Appropriate BHF DVD's	JG	Mar / Apr 07
Establish reordering process	Develop a reordering form which patients can fax or email to Kathryn to reorder any leaflets, DVD's, Posters, etc.	JG	Mar / Apr 07

7) Patient Led Health Promotion – Outreach Work

Project Aims & Objectives

Developing a community wide patient led awareness and promotional campaigns from recruitment to engaging BME groups

Aim	Action	Lead	Timescales
Specify target for Outreach Strategy	Decide with H2H group exact purpose of efforts – Recruitment/health promotion/engaging with BME communities to avoid social segregation	JG & H2H	Jun 07
Target BME Communities	Look at joining forces with Dr Syed Abidi (health promotion specialist) to coordinate with the British Ethnic Health awareness foundation about engaging communities	Shared	Jun 07

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Ongoing Recruitment	Contact all support groups and PPI leads and Links to arrange presentations and talks about H2H	JG & SH	Jun 07
General Health promotion	Approach other health organisations and PCT/Hospitals and consider joint working projects on awareness for Women and Men.	JG	Jun 07
Develop an outreach strategy	Establish contact with 10 community or special interest groups offering presentations to members on the responsibilities of the H2H group- Look at starting with two boroughs first for example Hillingdon and Ealing-	JG & H2H	Aug 07
Establish appropriate contacts	Make contact with the PCT and PAL leads in each area in order to coordinate further	JG	Aug 07

Appendix 3:
Heart2Heart Project Plan 2007