

Hearty Lives Dundee

Researchers

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Background

Cardiovascular mortality is declining in Scotland,¹ yet the gap between the most and least deprived in the population still persists.² Population-wide anticipatory care interventions can exacerbate health inequalities,³ with the most deprived groups less likely to engage with traditional services, despite being at greatest risk of developing cardiovascular disease

The British Heart Foundation (BHF) is funding NHS Tayside for 3 years to expand existing services and develop innovative ways to engage with individuals at high risk of developing heart disease living in deprived areas of Dundee.

The Hearty Lives Dundee project is a complex intervention with many components. Building upon the existing services of Keep well and Community Heart; the project will comprise of four strands:

i. Cardiovascular risk screening in 40-44 year olds

This strand will involve extending existing Keep Well general practice-based health checks to a younger age cohort of 40-44 year olds. The present service invites patients aged 45-64, living in deprivation categories 6 or 7 to attend their local practice for a cardiovascular health check with a practice nurse or health care assistant.

ii. Opportunistic screening

Building upon the work of the Cardiology Unmet Needs Project (Community Heart as it became known); the team of two specialist cardiac nurses and a data facilitator will offer opportunistic cardiovascular health assessments to adults in community venues located in deprived areas of Dundee. Their aim is to operate in diverse areas such as local gala days, shopping venues, ethnic and religious settings and workplaces; targeting specific occupational groups, low income workers and deprived geographic areas.

iii. Community based cardiology clinic

This clinic will deliver cardiology services in community venues to improve access to traditionally hospital based specialist assessment and intervention for patients who may have undiagnosed or sub optimally managed coronary heart disease. Referrals will come from the Hearty Lives specialist nurses, the hospital based cardiology clinic, general practice and other health professionals.

iv. Community based cardiovascular risk clinic

The cardiovascular risk clinic will offer patients with more complex cardiovascular risk, access to nurse-led assessment, investigation and management plans in a community based setting.

Aims of Study

The broad aims of this evaluation are outlined below:

- Establish local evaluation that focuses on outputs and outcomes and behaviour/views of patients re service use.
- Inform the design of routine data collection for monitoring purposes and core dataset for central evaluation.
- Collect data on partnerships, stakeholder involvement and decision making to guide external process evaluation elements.
- Assess effectiveness of project in engaging with target population.

The evaluation will form the basis of a PhD for Ruth Dryden.

Methods of Working

The evaluation will be in two stages:

1) Lead in:

Development of detailed evaluation protocol:
This will take place in three steps:

Planning

- Meet with stakeholders
- Define interventions
- Devise logic model of project
- Identify key data points to collect
- Create detailed evaluation protocol
- Liaise with British Heart Foundation and external evaluators
- Identify evaluation questions
- Agree outcomes
- Develop data collection protocol
- Seek external peer-review & amend

2) Main Evaluation:

Inclusion of outcome data in IT system

Agreed and feasible intermediate and downstream outcome variables shall be integrated into the IT system where appropriate. Linkages to other potentially usable databases will be explored.

Operationalisation of the evaluation

Time points for brief reports of activity based on the quantitative data will be agreed. These time points will also enable an assessment of data quality and completeness and allow problems to be identified and addressed asap. We expect that the interventions will develop and change over time. New logic models will be constructed as and when required.

Collation of qualitative/process data

Qualitative data collection will focus on a small number of a priori areas but be largely led by the quantitative data in order to explore issues and problems that arise. The qualitative data will therefore, complement the quantitative data and aid interpretation.

Funding

The project is funded by the NHS and the British Heart Foundation