



# Get Up & Go



1<sup>st</sup> issue – February 2005

Newsletter of the Angus Cardiac Group

## From the Chair.

I would like to take this opportunity, in this, the first issue of the Group's newsletter, to welcome you all back to another year of activities. I also extend a warm welcome to any new members, especially those who have joined through the Phase 4 exercise classes. These classes, in which our group is an active partner, have been a huge success, and are the result of a lot of hard work by a dedicated team.

Throughout the year we continued with our own exercise classes, and we were able to engage a selection of speakers on a wide variety of subjects. We also held our usual fund raising events, coffee mornings, table sale and a very successful sponsored walk. The visit from our friends in other CHD support groups was another highlight which could become a regular event. The year culminated in a most successful Christmas lunch. I am extremely grateful to have the services of Karen, Zanna and Kathleen on the committee, and the programme we are preparing now should lead to an interesting year. But this is your group and your attendance at meetings and other events is required to continue to make the group successful.

Yours, Malcolm McDonald



The Angus Cardiac Group make regular donations to local and national good causes. Pictured at the annual Christmas dinner were Dr Alan Begg, receiving £200 on behalf of SHARP (Scottish Heart and Arterial Risk Prevention) from Malcolm McDonald, Peter Ellis receiving £200 on behalf of Children with Heart Disorders from Kathleen Hutchison, and Karen Fletcher who was presented with ten carrying cases for weighing scales purchased last year for Angus Community Nurses. Tom Brighton is also pictured at back right.

## Angus Cardiac Group – Summary of Questionnaires

Questionnaires were circulated to members and potential members of the Angus Cardiac Group (ACG) in order to gather information in how ACG presents and delivers its services and activities.

34 questionnaires were returned from 18 male and 16 female respondents. The majority would like to see exercise sessions, speakers discussing medical aspects and items of general interest on the ACG programme. Many commented on how much they enjoyed the Christmas Lunch.

The newsletter was seen as a vehicle for advertising the programme of meetings and events, for reporting of the groups activities and also for updating on medical matters. Although most would like a quarterly newsletter, the editorial team aim is initially to produce a bi-annual newsletter due to time constraints.

The majority of those who completed the questionnaire felt that a Thursday evening meeting @ 7 - 9pm was convenient although it was recognised that rotating venues could be an option for the future. It was also felt that a £5 Annual Membership was reasonable.

## Phases of Cardiac Rehabilitation

"Heard people talking about the Phases of Cardiac Rehab and wondered what they were on about? Wonder no more!

- PHASE 1 - inpatient care (when you are in hospital)
- PHASE 2 - early post discharge (up to 4-6 weeks after you are discharged from hospital)
- PHASE 3 - exercise training (traditionally hospital based with an educational component) which lasts up to 12 weeks.
- PHASE 4 - long term follow-up (until recently this did not incorporate supervised exercise in Angus but this has changed in the last year).

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## Angus Long Term Exercise Programme for people with Coronary Heart Disease



The Angus long-term exercise (Phase 4) programme for people with coronary heart disease is now up and running at three Leisure Centres - Saltire in Arbroath (since Oct. 04), Montrose (since July 04), Forfar Lochside (since April 04).

Classes are run on:-

Monday	9am	Saltire in Arbroath
Friday	11.30am	Forfar Leisure Centre
Friday	5.30pm	Montrose Leisure Centre



Each exercise class lasts for approx 1 hour with tea and coffee available after each session to enable participants to have a chat and make new friends. Currently at the Forfar class only, a short relaxation session follows on from the exercises.

You are welcome to attend any of the sessions but only 1 per day is advised. Just let the instructor know which ones you would like to attend.

Classes are supervised by British Association of Cardiac Rehabilitation (BACR) Phase 4 Instructors - Alison Aitken at Forfar and Kathleen Hutchison at Montrose. Jennifer McArtney, a physiotherapist from Ninewells specialising in cardiac rehabilitation, is leading the Arbroath class until further Angus Council exercise instructors can become qualified.

You can contact Karen Fletcher on 07740937644 or email her on [karen.fletcher@tpct.scot.nhs.uk](mailto:karen.fletcher@tpct.scot.nhs.uk) if you would like further information about the programme.



*Some participants of the Saltire exercise class getting into the festive spirit!!*



### Pharmaceutical input for CHD

A key part of treatment for patients with Coronary Heart Disease is based on drugs. Modern medicine and treatment has developed to a stage where patients can be asked to take several different medicines, and the reasons for taking them, along with side effects and what happens if they aren't taken can make the whole thing very confusing.

Fortunately help is at hand, and your local pharmacist can explain all these things. Pharmacists are accessible scientists in the High Street, and are a key part of the integrated health service in Scotland. Pharmacists have always been involved in the supply of drugs, but over the past few years their role has changed dramatically. In Scotland the way pharmacists work within the NHS will move in the coming months much more to looking after the pharmaceutical care needs of patients rather than just supplying medicines and advice. This will involve a variety of extended roles such as medication review, taking over the prescribing and management of repeat medications for "stable" patients, whose medicines stay the same from month to month, and being able to prescribe for certain patients for minor illness and ailments.

Your pharmacist is a highly trained scientist who has undertaken a four year degree course, followed by a year of vocational training before qualifying. This is built on throughout their career by keeping up to date and developing through Continuing Professional Development schemes. Your pharmacist understands how your drugs work, how they modify your condition and what the risks and benefits are. When was the last time you spoke to your pharmacist

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# Managed Clinical Network

The CHD and Stroke Strategy for Scotland (Scottish Executive 2002) identified Managed Clinical Networks (MCN's) as a mechanism to deliver cardiac services throughout Scotland.

MCN's have been described as linked groups of health professionals from health care, working in a co-ordinated manner to ensure high quality clinical services throughout Scotland. However, patient and public involvement is recognised as making an important and valuable contribution to MCN's. In Tayside the core MCN Team for CHD is Karen Smith as Lead Clinician and Mandy Andrew as Network Manager. An advisory group oversees smaller working groups, which meet to discuss specific issues - Cardiac Rehabilitation, Acute Cardiac Care, Primary Prevention, Heart Failure, Education and IT.

If you would like further information on any aspects of the CHD MCN you can contact Mandy Andrew, MCN Manager on 01382 496782 or you can email her on [mandy.andrew@tpct.scot.nhs.uk](mailto:mandy.andrew@tpct.scot.nhs.uk).

## HEARTS Patient Information Website Project

### What's the project about?

The Big Lottery have provided funding for three years to develop and implement a website to provide information for patients, carers, relatives and friends of patients with Cardiovascular Disease, in particular Coronary Heart Disease (CHD) and Stroke. The website will provide information for the whole of Tayside, be available to health professionals and the general public and will include topics such as risk factors, prevention, treatments, rehabilitation and support.

The project is being led by Mandy Andrew, CHD Managed Clinical Network Manager, and the day to day running of the project is being undertaken by a small team comprising Mhairi Gilmour (Project Manager/Project Worker) and Allan McCulloch (IT Developer), who both came into post in August 2004.

The project will involve collaboration between patient groups, carer groups, support groups and professionals involved in the care of CHD and Stroke patients to decide what information should be included on the website and how the website should look and ensure that the website is easy to access and easy to use.

### What has been done to date?

One key piece of work that has been carried out in the first six months of the project is the hosting of Stakeholders Events. These were events where involved patients, carers and professionals came together to establish what the first set of priorities for the website should be. It was emphasised that the overall structure and content of the website must make it easy and interesting for people to use it. In addition, the website must be easy to access for people who do not have computers at home - one idea was to have sessions in local GP surgeries or outpatient clinics where patients or carers could use the website and print off information leaflets. The website must also be able to provide information in a variety of formats e.g. video clips, sound clips or drawings, to help as many people as possible use it.

The participants felt there were several key pieces of information that should be on the first version of the website. Having access to basic information such as "What is a stroke?" or "What is CHD?" was felt to be important, as not everyone knows what it means to suffer from these conditions. In addition, providing information for carers was emphasised as being crucial to ensure that this group of people get as much support and help for the often stressful and demanding role they play. It was also felt it was important that the website contain positive messages about what can be achieved following a heart attack or a stroke.

### What are the next steps?

The next part of the project will involve developing the first version of the website, taking into account all the priorities identified during the Stakeholders Events. Following this, the project team will be asking patients, carers and health professionals to comment before "going live" with the website at the end of March 2005. In addition to this, we will be holding more events throughout Angus, Perth & Kinross and Dundee to determine what the next priorities for the website are.

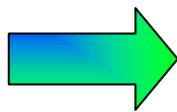
If you are interested in attending any of these events, or finding out more about the project please contact Mhairi Gilmour by e-mail on [mhairi.gilmour@thb.scot.nhs.uk](mailto:mhairi.gilmour@thb.scot.nhs.uk) or by calling 07747 564644.

# Lifestyle

Give it up!!!!!!



Bring it on!!!!



## Garlic Chicken Casserole

Serves 4

Preparation time: 10 minutes      Cooking time: 50 minutes

### Ingredients

- 2 tbsp cooking oil (preferably one high in monounsaturated - i.e. olive oil, rapeseed oil)
- 8 boneless chicken thighs, skinned
- 8-10 garlic cloves, peeled
- 2 tbsp sherry vinegar
- 150mls (1/4 pint) dry white wine
- 250mls (9fl oz) chicken stock
- 1 tbsp honey (or to taste)
- 1 tbsp half-fat crème fraiche (optional)
- 1 tbsp freshly chopped flat-leaf parsley

To Serve: Steamed broccoli and jacket potatoes

Preheat oven to 180°C/350°F/Gas Mark 4

Heat the cooking oil in a flameproof casserole dish, add the chicken and cook for 8-10 minutes, turning occasionally, until brown all over. Set aside. Cook the garlic cloves until softened and golden. Add the sherry vinegar, white wine and chicken stock, then add the chicken and it's juices. Place the casserole, covered, in the oven, and cook for thirty minutes. With a slotted spoon, remove the chicken and keep warm. Tip the remaining contents of the casserole into a food processor or blender and puree until smooth. Return the mixture to the casserole, bring to the boil and bubble rapidly until reduced and slightly thickened. Stir in honey to taste; for a special finish, add a tablespoon of half-fat crème fraiche. Pour the sauce over the chicken, sprinkle with parsley. Serve with hot vegetables

## Fruit Fool

Serves 4

Preparation time: 10 minutes

Cooking time: 10 minutes

### Ingredients

- 450g (1lb) prepared fruits, such as rhubarb, apricots, peaches or plums, cut into small chunks
- 4 tbsp orange juice
- 55g (2oz) Demerara sugar, or to taste
- grated zest of one orange
- 1 tbsp elder-flower cordial (optional)
- 300mls (1/2 pint) ready made low-fat custard
- 125mls (1/4 pint) low-fat Greek yoghurt

To serve: orange zest and wafer biscuit.

Put the fruit into a saucepan and add the orange juice, Demerara sugar, orange zest and elderflower cordial, if using. Bring just to the boil, cover and simmer gently, stirring occasionally, until the fruit is soft. Allow the mixture to cool.

Pour the mixture into a food processor or blender, add the custard and process. Add the yoghurt and process until smooth.

Pour the mixture into chilled glasses and keep in the refrigerator until required.

Decorate with orange zest and wafer biscuit.

You can find further info on Healthier Eating at:

[www.tesco.com/clubcard/healthyliving](http://www.tesco.com/clubcard/healthyliving)  
[www.sainsburys.co.uk/healthyeating](http://www.sainsburys.co.uk/healthyeating)  
[www.shopping.net/lifestyle](http://www.shopping.net/lifestyle) (sommerfield)

Useful Website addresses:

Chest, Heart & Stroke Scotland: [www.chss.org.uk](http://www.chss.org.uk)  
British Heart Foundation: [www.bhf.org.uk](http://www.bhf.org.uk)