

## Reports show management of CHD has improved

Susan Mayor *London*

The NHS in England has significantly improved the management of coronary heart disease (CHD) but has made less progress in preventing the disease, independent reviews of four geographical areas say.

The reviews assessed how far the NHS in each of the four areas—Croydon in south London, Plymouth in Devon, west Suffolk, and Hambleton and Richmondshire in Yorkshire—had progressed towards implementing the standards set out in the national service framework for coronary heart disease, published in March 2000 (*BMJ* 2000;320:665). The framework set out 12 standards for preventing, diagnosing, and treating coronary heart disease, to be met by 2010.

Researchers from two independent bodies, the Commission for Health Improvement and the Audit Commission, assessed progress by visiting the four areas to evaluate relevant services. They also reviewed a range of information from different sources collected by the

relevant hospital and general practice authorities, including routine data such as hospital admissions and waiting times, and surveys of patients.

Results of the reviews showed that the greatest progress related to clinical care of patients with CHD. They showed a reduction in average waiting times and improved access to specialist coronary care services, in particular to angioplasty and coronary artery bypass grafts. In Croydon, waiting times for both these procedures had fallen, and the specialist heart hospital in the area, St George's Hospital, was on track to meet the March 2005 national target of having no one waiting more than three months.

Substantial new investment in CHD services in Hambleton and Richmondshire had resulted in South Tees Hospitals NHS Trust having one of the shortest waiting times for heart surgery in England. Waiting times for coronary artery bypass grafts and angioplasty had also fallen in Plymouth and West Suffolk, although they were still longer than the national average.

The time for administration of thrombolytics to patients with a myocardial infarction had also decreased. Mayday Hospital (Croydon) had performed better than the national average, with more than 85% of patients treated within 20 minutes of reaching hospital. All patients suitable for



*Documenting life at a renal centre*

Photographer Gina Glover, winner of the 2003 Novartis and Daily Telegraph Visions of Science Photographic Awards, has spent more than four months documenting life at the renal centre at Northwick Park Hospital, London. Her pictures, including this of Mathrubutham Vaidyanathan sporting an upturned cardboard disposable bedpan, are to decorate the previously blank walls of the unit.

"There is nothing pleasant about any long term disabling illness, and particularly one like kidney disease," says Ms Glover. "A stoical attitude to illness may be desirable from the point of view of the people around the patient, but putting on a bright face is difficult to maintain day in day out."

The images, many of them portraits of patients, were all created with the patients' involvement.

Lynn Eaton *London*

thrombolytics admitted to Friarage Hospital (Hambleton and Richmondshire) received them within 30 minutes of arrival. West Suffolk Hospital was more likely to give these drugs within 30 minutes of a patient arriving at

hospital than the national average, while Derriford Hospital (Plymouth) had not yet achieved this target. □

The four review reports can be accessed at [www.chi.nhs.uk](http://www.chi.nhs.uk)

## Palliative care at home to get further funds if it saves money

Katherine Burke *London*

The health secretary, John Reid, has promised further funds to help double the number of cancer patients allowed to die at home—if NHS pilots prove claims, as they are expected to, that such a move would save money and comply with patients' wishes.

Speaking at the launch of Marie Curie Cancer Care's campaign, "Supporting the choice to die at home," Mr Reid said the charity's research confirms his prejudices that most people would prefer to die in familiar surroundings but that he needs hard evidence before he can confirm extra funding.

"We're committed to ensur-

ing that palliative care is available to all who want it," he said.

Marie Curie Cancer Care says that giving a further 37 000 cancer patients the necessary support to die at home would reap net savings of £100m (\$187m; €150m) every year by freeing up hospital beds.

The figures come from an opinion paper written by health economist Professor David Taylor, who has calculated that every £1 spent on home palliative cancer care releases a further £2 from hospital funds.

As part of his paper, Professor Taylor, from the University of London's School of Pharma-

cy, calls for primary care trusts to audit quality of death as a method of reducing health inequalities. Primary care trusts should win extra funding if they improve "end of life" services and manage to show more respect for the care preferences of terminally ill patients.

Marie Curie Cancer Care is concerned that many terminally ill people don't get to die at home because their carers—including family and health professionals—feel ill equipped to cope with the stresses involved. Its survey of 2000 adults published earlier this week shows that 64% of people would prefer to die at home if they had a terminal illness. But official figures show that only 22% of those with terminal cancer—and less than one in five of the population as a whole—die at home (Office for National Statistics, England and Wales, 2001).

"GPs and district nurses have less experience of people dying in their homes than they would have done a generation ago. They feel deskilled," explained Dr Teresa Tate, the charity's medical director and a palliative care consultant at Barts and the London NHS Trust.

Under a £6m pilot programme, the NHS will test various models of at-home care for terminally ill people, evaluating any cost savings. The government is currently seeking bidders to manage the pilots, which will include social services staff and voluntary sector partners.

● In an online survey on [bmj.com](http://bmj.com) last year, 74% of 1533 respondents said they would prefer to die at home (19% expressed no preference; 5% would choose a hospice and 2% a hospital). [http://bmj.com/misc/good\\_death.shtml](http://bmj.com/misc/good_death.shtml) □