



Exploring and understanding factors which influence patient engagement and attendance at cardiac rehabilitation programmes in NHS Fife: initial findings

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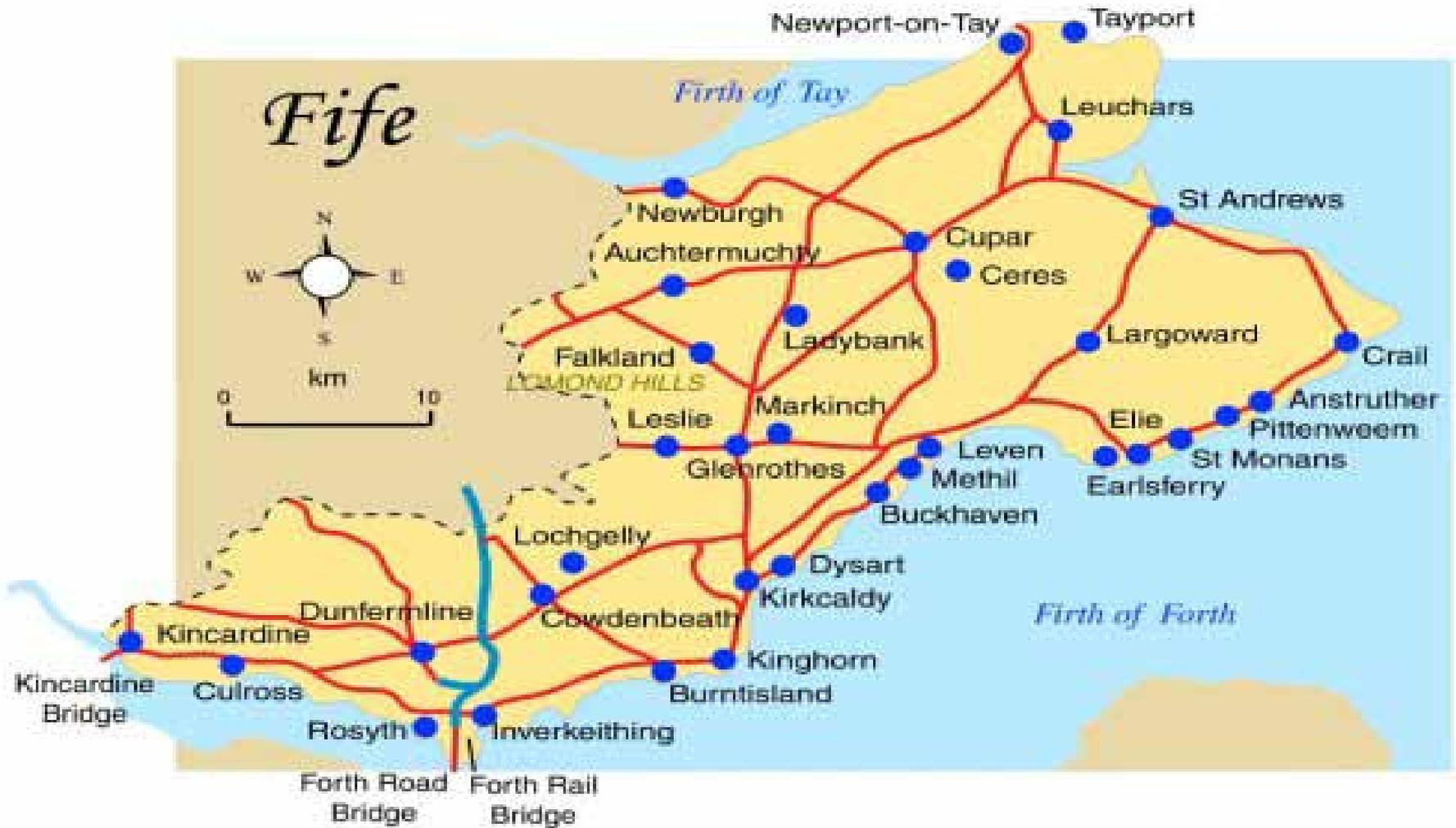
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<http://www.irdes.fr/Enrghi2010>
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Outline of presentation



- Background to PhD
- Study design
- Preliminary findings

Map of Fife



<http://www.geo.ed.ac.uk/scotgaz/councils/region15.html>

Setting the scene



- ▶ What is coronary heart disease (CHD)?
- ▶ CHD is a BIG issue
- ▶ Health inequalities
- ▶ Composition context

PhD progress to date

- Quantitative analyses combining Census and NHS coronary heart disease mortality data
- Areas characterised by industry - (mining, manufacturing, fishing, agriculture)
- CHD mortality poorer in mining areas
- Industrial legacy implication for health outcomes and engagement with health care services – historical dynamics of place important for contemporary health outcomes.



Cardiac Rehabilitation

- ▶ What is cardiac rehabilitation?
- ▶ Benefits of cardiac rehabilitation
- ▶ 4 phases of cardiac rehabilitation

Phase 1 – in hospital directly following cardiac event

Phase 2 – convalescence at home

Phase 3 – rehabilitation with exercise, advice and information delivered by health care staff in hospital or community settings

Phase 4 - ongoing exercise and maintenance of lifestyle changes

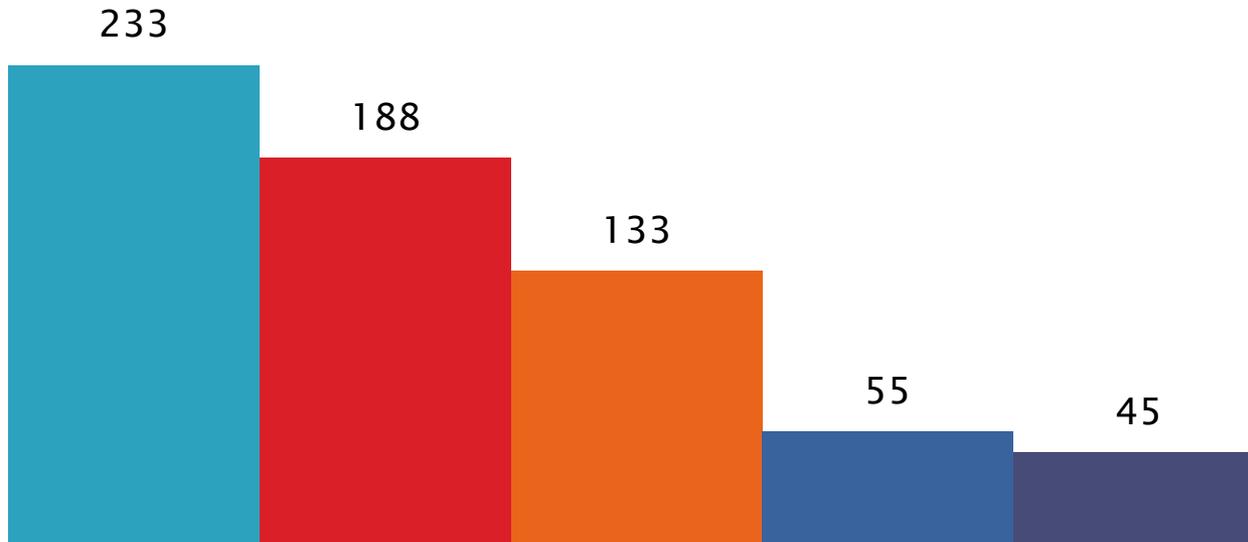
Cardiac Rehabilitation (2)



- ▶ Issues:
- ▶ provision of services – increasing across UK
- ▶ attendance at cardiac rehabilitation – low and decreases throughout the 4 phases
- ▶ poor attendance for women, older people, ethnic minorities and those from deprived areas
- ▶ Few studies investigating reasons for non attendance

Cardiac Rehabilitation in Fife (April 07 – March 08)

- Phase 1 – all
- Phase 3 started
- Phase 3 completed/ongoing attendance
- Phase 3 unable to attend/stopped/self discharge
- Phase 3 unavailable patient data



Study design – current qualitative stage

- ▶ Sampling strategy – attenders & non-attenders; area of residence (industry areas)

Cardiac Rehab	Mining area	Non-mining dep	Non-mining aff
Attender	10	10	10
Non-attender	10	10	10

- ▶ Participants – staff and patients
- ▶ Recruitment

Recruitment and sampling to date:

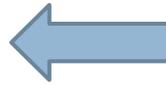
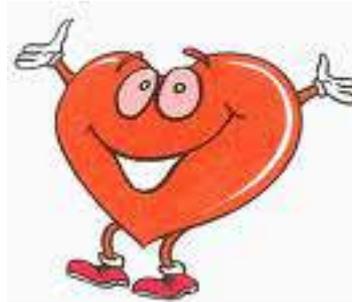
	MINING	NON MINING DEPRIVED	NON MINING AFFLUENT
ATTENDER	7	2	5
NON ATTENDER	10	2	3
CURRENT TOTAL	17	4	8

Sample target – 60 patients

Total patients interviewed to date = 29 (march – June 2010)

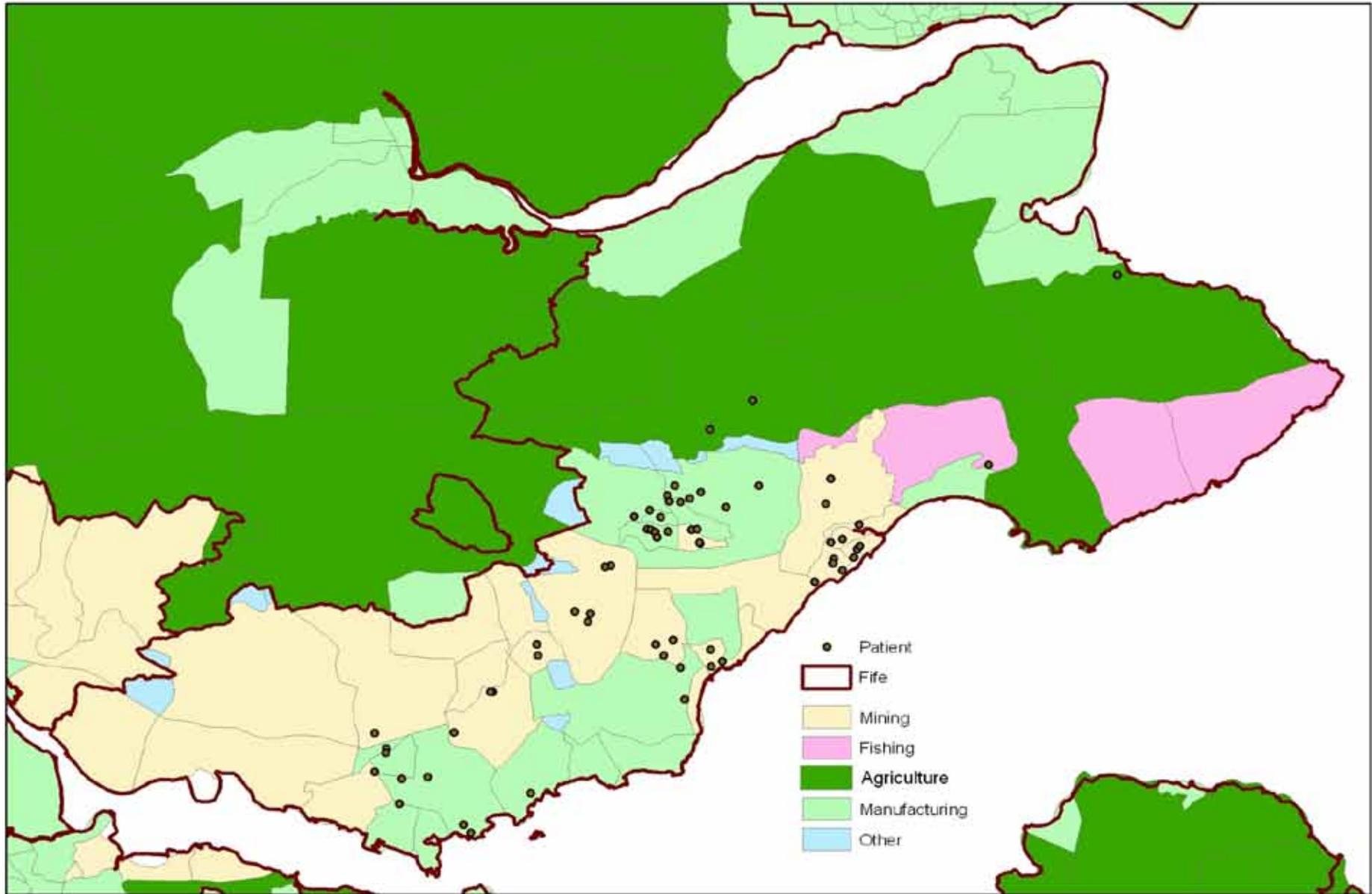
Total patients recruited (dec 2009 – June 2010) = 88 patients

Total staff interviews - 8



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Industry areas in Fife and patient locations (n = 65).



Preliminary findings

- Patients
- Higher numbers admitted from areas of mining
- More males than females
- Age ranges vary but significant minority <65 years

Themes emerging...



- Causes of heart attacks – contradictions
- Life with ill health
- Area influences
- Barriers to CR engagement –communication
- Barriers to CR engagement – understanding

Causes - contradictions

- I mean put it this way, I've done it since I was 15, for 50 odd year. It wasn't the done thing if ye didnae smoke or drink. I used tae smoke 100 fags a day, no bother' I've no' clue to that one. I've lived the same way all my days for 67 years so you say to yoursel' what caused it? I don't know. There's nae use saying it was this or that or the next thing. I've been eating the same, doing the same sort of thing all my life so it's a question I couldnae answer.' (male, 67, non attender).
- 'I'm totally perplexed about that, I don't know. Cause if I hadn't been sort of careful in my diet, exercised all my life done exercise. I can't give you an answer cause I don't know. I'm totally perplexed about that. I suppose and what some people say is it's in the genes and all that. Well, maybe it is and that's maybe an easy way out to say that.' (male, 81, attender).

Life with ill health

- ' well it runs it the family anyway. My dad had his first one at 34 and he had another one 18 year after that and then another one 10 years after that...I thought I'd hae cancer quicker, you know with the smoking because I was getting breathless and stuff..' (male, 50, non attender)
- '..I'm expecting tae die at 63 with kidney failure cause of the rickets and that's all. So that one sneaked in. I thought b*****d! I did. That's it. I am no' going tae die in very old age anyway and that's one thing I have accepted so when I got the heart attack I thought, leave me alone!' (male, 48, attender).

Area influences

- 'Well, this is definitely an unhealthy place to stay' (male, 48, attender, deprived area).
- 'In this area, in the cul-de-sac. No! Cause most of them are old age pensioners...I'd say about 60% are healthy, cause a lot of them are on drugs' (male, 56, non attender, deprived area).
- ' I think there are problems and there's a lot of drug abuse in the area which causes problems but by and large I would say that people look to be reasonably healthy... I don't think there's any great illness problem, maybe at one time cause it was a mining village and 90% of the people that lived here worked in the pits. I think at that time there was obviously problems with their breathing and all the rest of it but I wouldn't say that now' (male, 62, attender, deprived area)

Barriers to CR engagement – communication

- .. It was 7 weeks before I actually seen anybody.. (male, 50, non-attender).
- “Actually, I had a phone call for it but they actually phoned me the day I was going in to do the treadmill test so we’ll leave it the noo Mr **** and that was 3 weeks ago. I actually forgot about the physiotherapy. I said I’d be daeing tae much, going for the treadmill so I left it alone” (male, 56, non attender).

Barriers to CR engagement - understanding

- “ Pass. No idea. What I’m led to believe is that they just put you through physiotherapy, build you back up again. But me personally, I think if you dae too much, you put stress back on your heart again. I think that’s how my wife doesn’t let me dae too much. She’ll let me walk but only so far. She’ll let me carry wee bags, but heavy bags, no. If it’s too heavy she won’t let me carry it, she’ll bring them in. That’s what I think anyway. If you dae too much you’re going to put stress back on your heart and that could cause another heart attack” (male, 56, non attender).

‘...I went to the first one and got knackered oot within minutes of doing the exercises and there was folk, well, most of the other ones were all about 60 or 65 and they were all plodding along, nae bother and I’m standing there knackered. It was a bit embarrassing mare than anything else.’ (male, 50, non-attender).

Tentative conclusions or initial thoughts



- Patient needs across different areas may not fit with CR model NHS Fife.
- Different patient groups may have different needs, not sociologically understood by behaviourally focused programmes.
- 'the social world is accumulated history' (Bourdieu, 1986, p241) and the social and historical structure can be heavy indeed, undermining individual and collective capacities and capabilities.

Thank you for listening

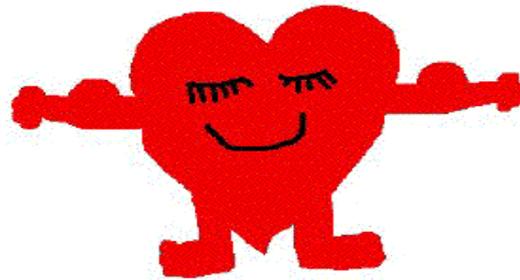


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