Patient satisfaction of the Angina Plan in a rapid access chest pain clinic

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Abstract

The aim of this study was to understand patients' satisfaction with the Angina Plan (AP). Comments from the satisfaction questionnaire help us to understand why patients were satisfied with the AP.

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Introduction

The Angina Plan (AP), a brief cognitive behavioural intervention delivered in primary care, has been reported to improve the psychological, symptomatic and functional status of patients newly diagnosed with angina.[1] The AP is designed to be used after the patient has received a diagnosis of angina. Currently, the Coronary Heart Disease (CHD) National Service Framework (NSF) target aims for all patients suspected of angina who are referred by their GP to a rapid access chest pain clinic (RACPC) to be seen within two weeks.[2] Therefore the RACPC is an appropriate context in which to deliver the AP. It has the potential to equip patients better for health promotion advice in primary care.

The NSF for CHD, which was published in 2000, states that Primary Care Trusts (PCTs) should commission models of care to recruit all patients with a primary diagnosis of CHD to a cardiac rehabilitation programme.[2]

Currently, there is no target for cardiac rehabilitation to be offered to patients newly diagnosed with angina. It is the role of general practitioners to offer comprehensive advice and appropriate treatment to reduce risks to all people with established CHD. This should include advice about how to stop smoking and information about other modifiable risk factors, with personalised advice about how they can be reduced. However, if patients have incongruent beliefs about angina then 'peripheral processing' of the information they receive in primary care may occur and may reduce the likelihood of changing their behaviour. Likewise, people who are motivated to receive information are likely to process information better.[3]

A randomised controlled trial showed that the AP can reduce misconceptions and motivate patients to set individualised goals for health behaviour change.[1] However, it did not report patients' satisfaction. Attractiveness of the source of information is also an important factor in processing information.[3] The aim of this study was to understand patients' satisfaction with the AP and the reasons why they are satisfied.

Method

The Coronary Heart Disease Collaborative (CHDC) awarded a grant to pilot the use of the AP in RACPC. Up until the start of the pilot study, patients were given verbal information and British Heart Foundation leaflets were available in the clinic. Twenty-five patients completed the AP, which includes a standard measure of misconception, in 2004. Six declined the Plan, one because he was moving from the area. Patients who were diagnosed as having CHD with stable angina were offered the AP. They attended a one-hour session with a trained facilitator to explain the AP, set goals, measure blood pressure, body mass index (BMI), activity, anxiety, depression, misconceptions and smoking status and to collect information on diet. The facilitator telephoned the patient at one, four and eight weeks to help motivate the patient and to assess goals. At 12 weeks, the patient was invited back for a final assessment and asked to return a satisfaction questionnaire. Twenty-four patients were given a satisfaction questionnaire.

Results

Twenty-one patients (84%) returned the satisfaction questionnaire. All patients found the AP helpful. Eighty-five per cent of patients felt that their knowledge of angina had improved a lot, 10% thought it had improved a bit and 5% reported that their knowledge of angina had not improved. Seventy-five per cent reported feeling more confident since using the AP, 25% reported feeling a little more confident. Sixty per cent found it a lot easier to relax after using the AP, 30% found it a little easier to relax.

All patients reported at least one positive behavioural, psychological or physiological outcome. Eighty-three per cent had misconceptions about angina at the start. At the end 50% of patients still had some misconceptions but 63% had reduced their misconceptions. Twelve per cent reported being active at the start and 88% reported being active at the end. Fifty-two per

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Table 1. Themes from patients' satisfaction comments

Theme	Comment
Educational	• It's a useful aide-memoire • It puts old wives' tales to bed • I know what to do if I have an attack • I know how to relax but the tape told me things I was not aware of • The concerns of myself and my wife were all answered • The most useful part was the advice on exercise and diet. • Knowing how to relax was useful • Understanding that exercise is important was useful • The tape was a great help with breathing exercises • Learning how to relax was useful • I understand that my quality of life can remain and be improved. I feel great at this moment • An education
Confidence building	• It made me more confident • I do more exercise, less afraid to be physical • Providing an understanding of the aetiology helped my confidence • I have been confident to ask any questions • It gave me peace of mind
Motivational (for lifestyle change)	• I'm more conscious of healthy eating, diet, exercise, relaxation, etc • Keeping you on task, making you think about keeping yourself well was good • It's made me think more about what I am eating. I also try to make sure I do some exercise daily • I pay more attention to diet and exercise • I now have a clear understanding of the condition and sensible targets to aim for
Easy to understand	• Information no problem • I found it easy to understand

cent had not achieved their blood pressure targets at the start whereas at the end, this figure had fallen to 14%.

Comments on the evaluation questionnaire fitted into four themes: educational, easy to understand, confidence building, and motivational (table 1).

Discussion

There was a high uptake of the AP, which suggests a need for such an intervention in newly diagnosed angina patients. All patients found it helpful and the outcome measures support the evaluation. The AP could be a useful intervention to prime patients for the information they receive in primary care. It would be interesting to follow up outcomes at one year and to test whether patients who receive the AP are more likely to understand and process health promotion advice better.

Key messages

- It is important to measure patients' satisfaction with psychological therapy and to understand the reasons why patients are satisfied
- Patients showed high satisfaction with the Angina Plan
- Patients found the Angina Plan easy to understand, confidence-building, educational and motivational (for lifestyle change)

The most striking aspect of this evaluation for the staff was the patients' unmet need for information. Efforts are now being made to address information needs across the Cardiac Network in which this study is based.

The results are in line with the national patient survey, which showed that patients in England still want more information than what is currently offered.[4] This intervention helped increase patients' confidence. One person commented that she felt more confident to ask questions as a result of the intervention. Addressing educational needs could help the healthcare professional-patient relationships to become more egalitarian, supporting the shift to strengthen the patient's position in health care and the development of patients into autonomous co-decision makers.

A small number of patients have benefited from this pilot, which addressed educational needs and supported patients to make lifestyle changes. (The facilitators carried out the study in addition to their daily responsibilities.) Patients are now offered this intervention in a group format to increase its impact. The results demonstrate that further investments are needed in improving the quality of information given to CHD patients.

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Conflict of interest

None declared.

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