

# Coronary heart disease Survey of patients 2004



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The National Service Framework for Coronary Heart Disease survey of patients was designed, developed and coordinated by the NHS survey advice centre at Picker Institute



### **What is the Healthcare Commission?**

The Healthcare Commission exists to promote improvement in the quality of NHS and independent healthcare across England and Wales. It is a new organisation, which started work on April 1<sup>st</sup> 2004. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

The Healthcare Commission was created under the Health and Social Care (Community Health and Standards) Act 2003. The organisation has a range of new functions and takes over some responsibilities from other Commissions. It:

- replaces the work of the Commission for Health Improvement (CHI), which closed on March 31<sup>st</sup> 2004
- takes over the private and voluntary healthcare functions of the National Care Standards Commission, which also ceased to exist on March 31<sup>st</sup> 2004
- picks up the elements of the Audit Commission's work which relate to efficiency, effectiveness and economy of healthcare

In taking over the functions of CHI, the Healthcare Commission now has responsibility for the programmes of national surveys of patients initiated by CHI.



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# Executive summary

## Introduction

Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and to ensuring that local health services are meeting the needs of patients. A useful way of doing this is by carrying out surveys of patients who have recently used the health service.

The National Service Framework for Coronary Heart Disease survey of patients was carried out as part of a wider piece of work undertaken by the Healthcare Commission to look at how the National Service Framework for Coronary Heart Disease was being implemented. Reviewing progress with implementation of national service frameworks (NSFs) provides an opportunity to take stock of what the NSF has already achieved and to determine what further work or help is needed to ensure that standards are met and there is continuous improvement in the provision of health services for patients.

The Healthcare Commission produced a report, which used the findings from local reviews, together with other evidence, to provide a national assessment of progress. Key sources of information included focus groups involving cardiac patients and family members and this national survey of patients. The full report can be seen on the Healthcare Commission website at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

This survey of patients was designed to help gauge progress with the implementation of the standards set out in the framework, from the perspective of patients. The aim was to obtain an indication of the experience of patients at a national level rather than at individual trust level.

This report outlines the results and key findings from the survey.

## Coronary heart disease and the national service framework

Coronary heart disease is one of the biggest killers in England. More than 110,000 people die every year from the disease and it affects more than 1.4 million people. Coronary heart disease can affect anyone, but people from certain groups and places are more likely to be affected than others.

The National Service Framework for Coronary Heart Disease is a ten year plan, which was published by the Department of Health in 2000. It sets out national standards, key milestones and targets for service providers to improve service quality, tackle variations in care and reduce the number of deaths. The main aim of the framework is to reduce inequalities and to improve the general standard of patient care.

## The survey

The survey took place during January and February 2004. Approximately one third of acute and specialist trusts in England were sampled for the patient survey. Trusts were eligible to take part if they were not specialist acute trusts or were specialist cardiac trusts.

The sampled patients were sent a postal questionnaire and covering letter. Up to two reminder letters were sent to people who had not yet responded.

Questionnaires were sent to 5,185 patients and completed questionnaires were received from 3,784 patients, a response rate of 75%.

## Key findings

A programme of local reviews of progress with implementing the National Service Framework for Coronary Heart Disease, run jointly by the Audit Commission and the Healthcare Commission, was completed in summer 2004. A national report on progress was published by the Healthcare Commission in March 2005.

The report's key findings were that good progress had been made in a number of important areas, such as faster treatment for heart attack patients and reducing waiting times for revascularisation procedures (e.g. coronary artery bypass grafting). This reflected the support given in terms of additional funding, targeted and modernisation initiatives.

There were also a number of areas where progress had been slower, in particular in preventing heart disease, in the treatment and care of people with heart failure and in access to cardiac rehabilitation.

The national service framework (NSF) also identifies a number of fundamental values and guiding principles that are intended to underpin its implementation. These guiding values include expectations surrounding the quality of care patients receive and the quality of information available to them.

The survey of patients provided a picture of the experience of patients who had been admitted to hospital with coronary heart disease and for treatment to manage this condition. It highlighted three areas, where further work was needed to make improvements and to implement the NSF's recommendations. These were: advice patients received when they were discharged, rehabilitation and links between GPs and hospitals.

One of the key elements of the NSF is to reduce the risks of coronary heart disease by providing information about changes to lifestyle, which can help prevent the disease getting worse. Although the situation has improved since the 1999 national survey, a substantial proportion of patients were not receiving advice about changes to diet or exercise and stopping smoking when they were discharged. Only two thirds of smokers reported being offered the chance to attend a specialist stop smoking service.

The majority (86%) of patients were told who they should contact if they were worried about their condition or treatment, but only 43% reported that they were given information about voluntary and support groups for people with heart problems in their local area.

Information regarding diet and exercise that might have helped patients to prevent further coronary problems was not given to substantial numbers of patients on their discharge. Nearly half reported that hospital staff did not talk to them about changes in diet that might help their condition, while more than a third said that they were not told about physical exercise that might help their condition.

Of those patients who were discharged home or to stay with a relative, 20% were regular smokers prior to their hospital admission. Of those, 83% said that hospital staff had talked to them about stopping smoking, but only 41% said that they had been offered the chance to be referred to a clinic or specialist service to help them with this.

It is important that there are services in place to make sure that coronary heart disease patients who are admitted to hospital have access to the help and support they need to make as full a recovery as possible, to reduce risk factors and to maintain good health. Cardiac rehabilitation programmes bring together a number of different elements to support recovery from a heart attack or an operation.

## Executive summary

They are also potentially beneficial to other groups of heart patients, particularly where people are offered a menu-based service, tailored to individual needs. In the survey, almost two thirds of patients reported that they were not able to access a rehabilitation programme, and 60% of these patients had not been offered this service.

While rehabilitation programmes are potentially beneficial for most patients with coronary heart disease, they were taken up by only 29% of all patients, with a further 8% waiting to take part in one soon. In other words, 63% of all patients said that they did not take part in a rehabilitation programme. When asked why they did not take part 60% said that they had not been offered rehabilitation. Eighty-seven per cent of Afro-Caribbean respondents and 79% of Pakistani respondents reported that they had not been offered rehabilitation.

A good service and quality of care for patients depends on efficient and effective links between all the organisations involved in the patient's journey such as NHS trusts, primary care trusts (PCTs) and ambulance services. Patients in the survey commented on the lack of communication between hospitals and primary care and the lack of information about medication. Nearly all patients said they thought their GP had been given all the necessary information about their hospital visit. However, only 63% said they were on a regular programme to have their heart checked, either with their GP or at a hospital.

The responses to the survey of patients were also analysed to see if there were any significant variations in the experience of care of different groups of patients. The results showed that the experience of care did vary:

- older patients, women and some ethnic groups responded more negatively and their perception was that they were less likely to receive a high quality of care
- people with poorer health, based on their own assessment, were also less likely to receive good quality of care, but they reported positively about their experience
- patients who have had a heart attack or a surgical procedure were more likely to report receiving good quality care and rehabilitation, and were more likely to be more involved in their care

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### What next

What needs to happen now is for access to cardiac rehabilitation services to be improved by increasing the numbers of places available, by moving services closer to patients and increasing the choices patients can make about the content of rehabilitation programmes.

Hospitals need to make sure they are identifying all patients who might benefit from rehabilitation and referring them on and also need to be making sure that the advice on lifestyle changes – diet, exercise and smoking – is given to all patients before being discharged from hospital.

The survey also supports the findings of the Healthcare Commission's progress report, that hospitals and GPs need to improve communication to make sure that information is being passed on when patients are discharged, so that follow up care can be offered.

The Healthcare Commission has pledged to continue monitoring the progress of coronary heart disease services in England. It will conduct and publish a review of services for treating heart failure and will consult on new annual performance indicators, aimed at areas where progress is still needed. These may include:

- measuring the percentage of populations in GP's practices who receive advice on lifestyle and have undergone a risk assessment for cardiovascular disease which has been recorded
- enhancing heart failure treatment by measuring the percentage of patients receiving the recommended medication
- improving care after a heart attack by measuring the percentage of discharged patients who complete a cardiac rehabilitation programme

All results will be fed back to the trusts providing these services, the patients and public, and to the Government.

## Section 1

# Introduction

Coronary heart disease is one of the biggest killers in England. More than 110,000 people die every year from the disease and it affects more than 1.4 million people.

The National Service Framework for Coronary Heart Disease is a ten year plan, which was published by the Department of Health in March 2000. It sets standards and services that should be available throughout England for the prevention, diagnosis and treatment of coronary heart disease. The main aim is to reduce inequalities and to improve the general standard of patient care. The twelve standards set out in the national service framework (NSF) apply across the whole of the NHS, including primary care and acute trusts.

The standards cover the following:

- reducing heart disease in the population (standards 1 and 2)
- preventing coronary heart disease in high risk patients (standards 3 and 4)
- heart attack and other acute coronary syndromes (standards 5, 6 and 7)
- stable angina (standard 8)
- revascularisation (standards 9 and 10)
- heart failure (standard 11)
- cardiac rehabilitation (standard 12)

The Healthcare Commission produced a report, which used the findings from local reviews, together with other evidence, to provide a national assessment of progress. Key sources of information included focus groups involving cardiac patients and family members and this national survey of patients. The full report can be seen on the Healthcare Commission website at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

The report's key findings were that good progress had been made in a number of important areas, such as faster treatment for heart attack patients and reducing waiting times for revascularisation procedures (e.g. coronary artery bypass grafting), reflecting the support given in terms of additional funding, targeted modernisation initiatives, etc.

There were also a number of areas where progress had been slower, in particular in preventing heart disease, in the treatment and care of people with heart failure, and in access to cardiac rehabilitation.

## 1.1 The survey

The National Service Framework for Coronary Heart Disease survey of patients was designed to assess progress with the implementation of standards set out in the framework from the patient perspective. The aim was to obtain an indication of the experience at a national rather than individual trust level. A national survey of coronary heart disease patients was carried out in 1999. Although many elements of the two surveys are not directly comparable, as they were designed for different purposes, comparisons are made where possible.

The survey was carried out in a sample of acute and specialist trusts in England. It was practical to coordinate the sampling of this survey with two other planned surveys – the Stroke survey of patients, and a cancer survey being organised by the National Audit Office. Consequently, approximately one third of the acute and specialist trusts in England were sampled for the National Service Framework for Coronary Heart Disease survey of patients. The sampled patients were sent a postal questionnaire and covering letter. Up to two reminder letters were sent to non-responders.

Questionnaires were sent to 5,185 patients and completed questionnaires were received from 3,784 patients, representing a response rate of 75%. This compares with an average response rate of 63% for the 2004 national adult inpatient survey.

Of those patients who returned completed questionnaires:

- 64% were men
- 8% were aged 50 years and under, 31% were 51-65 years, 47% were 66-80 years and 14% were aged 81 or over
- 94% were white, 4% Asian or Asian British, 0.8% black or black British and 0.6% were of mixed race, Chinese or other ethnic groups
- 48% of patients rated their own health as good, very good or excellent in the last four weeks, 37% rated it fair, and 16% rated it poor or very poor.

## Section 2

# Results

## 2.1 Patient journey

The majority (63%) of patients were admitted in an emergency (a similar proportion to the 1999 survey), 28% of admissions were planned in advance and 5% were transferred from another hospital. Women, older people and people from more deprived areas were more likely to be admitted as emergencies.

### Emergency admissions

Of those patients who were admitted in an emergency, 46% waited 31 minutes or more from when their symptoms started before they contacted a doctor or ambulance. Nearly half of these gave their main reason for waiting as "I thought it might settle down on its own", while a quarter thought it might be indigestion.

Of those patients who were admitted in an emergency, 77% travelled in an ambulance. In just over half of those cases, a friend or relative called the ambulance. The patient called in 10% of cases and, for a quarter of patients, the GP called the ambulance.

Of those patients where the ambulance was called by a relative or they called it themselves, 59% reported that they were offered advice from ambulance staff on the telephone about what to do before the ambulance arrived. Around a fifth of patients reported that someone from the ambulance service stayed on the phone until the ambulance arrived.

The majority (94%) of patients said they thought the ambulance arrived quickly enough. Three quarters of patients reported that they were given oxygen by the ambulance crew (compared with 40% in 1999), 38% were given nitrates, more than a third were given aspirin, 7% were given pain killers and 4% were given thrombolytics.

### Planned and waiting list admissions

The majority (65%) of patients who had a planned admission reported that they were definitely given enough pre-admission advice and help (such as smoking cessation and healthy diet advice). Twenty-three per cent said they had received this care to some extent and 12% that they had not received it at all.

Nearly two thirds of patients whose admission was planned thought they were admitted as soon as was necessary, but 22% thought they should have been admitted a bit sooner. Thirteen per cent thought that they should have been admitted a lot sooner.

## 2.2 Admission to hospital

On arrival at hospital, more than two thirds of patients reported that they were examined by a nurse practitioner or doctor within 15 minutes. A total of 92% were seen within one hour and 8% had to wait more than an hour. Seventy-two per cent of patients admitted as an emergency were seen within 15 minutes.

Two thirds of patients overall were admitted to a coronary care unit or intensive care/high dependency unit, while 19% were admitted to a general ward. For patients admitted as an emergency case, 49% were admitted to a coronary care unit or intensive care/high dependency unit and 22% to a general ward. However, of those emergency patients who were admitted with a diagnosis of heart attack (acute myocardial infarction), 65% were admitted to a coronary care unit, 12% to an intensive care/high dependency unit, 13% to a general ward and 7% to another type of ward/unit.

## Section 2

### Results

#### 2.3 Care and treatment in hospital

##### Involvement in treatment decisions

When patients were asked if they felt that they were involved as much as they wanted in their treatment and care, 61% said yes, 29% said they were involved to some extent and 10% said that they were not involved. Similarly, 56% of patients reported that family and friends were given an opportunity to be involved, while 24% said that relatives did not have this opportunity.

In general, patients were very positive about the care they received regarding their pain, with 90% stating that staff definitely did everything possible to control their pain (compared with 82% in the 1999 survey).

##### 2.4 Operations and procedures

Two thirds of patients had a coronary angiogram in the last 12 months. Of those who underwent the procedure, 89% felt that staff had given them a complete and understandable explanation of the reason they needed an angiogram and 77% said they had a complete explanation of the risks of the angiogram. Following the angiogram, 78% said they were definitely given an explanation of the results in a way they could understand and 74% said that they were definitely told what would happen next in their treatment in a way they could understand.

Twenty-nine per cent of patients reported that they had an angioplasty in the last 12 months. Of those who underwent the procedure, 82% said the benefits were completely explained to them, 80% said that the risks had been explained to them, and 80% said they completely understood their consent form. However, 50% of patients reported that they were not told about other types of treatment that might achieve the same results. Seventy-eight per cent said they were definitely given an understandable explanation of how the procedure had gone.

Seventeen per cent of patients reported that they had a coronary artery bypass graft in the last 12 months. Of those who underwent the operation, 86% said both the benefits and risks were completely explained to them and 81% said they completely understood their consent form. However, 40% of patients reported that they were not told about other types of treatment that might achieve the same results.

Seventy-seven per cent said they were able to discuss the operation completely with their surgeon prior to surgery, while 72% said they were given a complete explanation of how the operation had gone.

##### 2.5 Leaving hospital

When leaving hospital, the majority (90%) of patients left to go home or stay with a friend or relative, while 8% were transferred to another hospital for a heart operation and 3% were transferred to another hospital or nursing home.

##### Discharge information

Of those patients who went home or stayed with a friend or relative, just over half reported that they were given complete information on when they could resume their normal activities. Also, the majority (86%) of those patients were told who they should contact if they were worried about their condition or treatment. Only 43% reported that they were given information about voluntary and support groups for people who had heart problems in their local area.

Although the situation has improved since the 1999 survey (see table 1), information that might have helped patients to prevent further coronary problems was not given to substantial numbers of patients on their discharge. Nearly half reported that hospital staff did not talk to them about changes in diet that might help their condition and more than a third were not told about physical exercise that might help their condition.

Of those patients who were discharged home or to stay with a relative, 20% were regular smokers prior to their hospital admission. Of those, 83% said that hospital staff had talked to them about stopping smoking, but only 41% said they were offered the chance to be referred to a clinic or specialist service to help them with this.

Table 1. Hospital discharge advice, 1999 and 2004

% patients saying advice was given to them before they left hospital	1999	2004
Physical exercise	42%	66%
Diet	35%	54%
Stop smoking*	-	83%
Who to contact if worried	91%	86%

\*of those who smoked regularly before being admitted

## Section 2

### Results

#### Medicines to take home from hospital

Of the patients who were discharged home or to relatives, 80% were given one or more medicines that they had not been taking before. The information given to patients on some aspects of these medicines was good. Just over three quarters of them said they were given enough information on the purpose of the medicines and 83% reported that they had been given enough information on how to take the medicine. However, less than half said that they were given enough information on the potential side effects of their new medicines.

More than half of patients were already taking Aspirin before they came into hospital. A further third were advised to take Aspirin regularly before they left hospital and 6% said that they were unable to take Aspirin for medical reasons. However one in ten were not advised to take it at all.

When asked whether they were currently taking Aspirin, 83% said they were, 13% said they were not and 4% said they were not taking it for medical reasons.

#### 2.6 Rehabilitation

While rehabilitation programmes were potentially beneficial for most patients with coronary heart disease, they were taken up by only 29% of all patients, with a further 8% waiting to take part in one soon. In other words, 63% of all patients said that they did not take part in a rehabilitation programme.

Patients who had had a heart attack were more likely to participate, or be going to participate, in a rehabilitation programme, than the generality of those surveyed. Almost 70% of coronary artery bypass graft patients had either participated or were going to participate in rehabilitation, compared with 48% of patients receiving angioplasty.

When asked why they did not take part in a programme (responders could give more than one reason), 60% said that they were not offered rehabilitation. Eighty-seven per cent of Afro-Caribbean respondents and 79% of Pakistani respondents reported that they were not offered rehabilitation.

As well as not being offered a place in a programme, patients were able to give other reasons why they had not participated. Less than 10% cited difficulties in travelling to the sessions, inconvenience, concerns about taking part in a mixed sex group, what would happen, not feeling motivated or being back at work as their reason for not attending. The other main reason for non-participation was that the patient did not think it was relevant to them – 17% gave this reason.

Of those patients who had taken part or were still taking part in a rehabilitation programme, 30% reported that their program had started within three weeks of discharge. A total of 72% said the programme had started within seven weeks of discharge.

Patients who had attended rehabilitation programmes were asked whether the programmes had included a number of different components. The majority said the programmes included exercise sessions, education about coronary heart disease and heart medicines, and advice and support on diet, alcohol intake, stopping smoking and coping with anxiety. Advice and support on employment matters was less prevalent, with only 59% of those who needed advice, receiving it. Only a quarter of rehabilitation programmes included training in resuscitation for friends and relatives.

Most rehabilitation patients said they were given the right amount of written information, with only 11% saying they had received too little and 3% saying they had received too much.

#### 2.7 Links with GPs

Nearly all patients said they thought their GP was given all the necessary information about their hospital visit. However, only 63% said they were on a regular programme to have their heart checked, either with their GP or at a hospital.

## Section 3

# Conclusions

The survey provided a picture of the experience of care of patients who had been admitted to hospital with coronary heart disease and for treatment to manage this condition.

The results indicated that the recommendations of the National Service Framework for Coronary Heart Disease were being met for some standards. For example, 90% of discharged patients were advised to take aspirin. However, there were a number of areas where the recommendations of the national service framework were not being fully met. In particular:

- a substantial proportion of patients were still reporting that they had not received advice about changes to diet or exercise and stopping smoking when they were discharged
- almost two thirds of patients reported that they had not taken part in a rehabilitation programme, and 60% of these patients were not offered this service
- under two thirds of patients reported being on a regular programme of check ups from either their GP or at the hospital

The survey asked respondents about their involvement in care, particularly in relation to surgical procedures. In general, patients reported high levels of involvement in their care and treatment. However, a substantial proportion of people who received angioplasty or had coronary artery bypass graft operations were not told about other types of treatment which might have the same effect (50% and 40% respectively).

Analysis of variations between different groups of patients revealed differences that are a cause of concern:

- older patients, women and some ethnic groups responded more negatively and perceived themselves to be less likely to receive a high quality of care. For example, access to rehabilitation programmes varied by ethnic group and gender
- people with poorer health, based on their own assessment, perceived themselves to be less likely to receive a good quality of care, and were less likely to report positively about their experience
- patients who had a heart attack or a surgical procedure were more likely to perceive themselves to be receiving good quality care and rehabilitation, and to be more involved in their care

## Next steps

What needs to happen now is for access to cardiac rehabilitation services to be improved by increasing the numbers of places available, by moving services closer to patients and increasing the choices patients can make about the content of rehabilitation programmes.

Hospitals need to make sure they are identifying all patients who might benefit from rehabilitation and referring them on and also need to be making sure that the advice on lifestyle changes – diet, exercise and smoking – is given to all patients before being discharged from hospital.

The survey also supports the findings of the Healthcare Commission's progress report, that hospitals and GPs need to improve communication to make sure that information is being passed on when patients are discharged, so that follow up care can be offered.

The Healthcare Commission has pledged to continue monitoring the progress of coronary heart disease services in England. It will conduct and publish a review of services for treating heart failure and will consult on new annual performance indicators, aimed at areas where progress is still needed. These may include:

- measuring the percentage of populations in GP's practices who receive advice on lifestyle and have undergone a risk assessment for cardiovascular disease which has been recorded
- enhancing heart failure treatment by measuring the percentage of patients receiving the recommended medication
- improving care after a heart attack by measuring the percentage of discharged patients who complete a cardiac rehabilitation programme

All results will be fed back to the trusts providing these services, the patients and public, and to the Government.

# Appendix

## Tables of results

The tables below contain the questions that patients were asked and their responses.

A1. Was your hospital stay planned in advance or an emergency?		
	Valid per cent	Number of responses
Emergency, dialled 999, referred by GP or NHS Direct	63%	2258
Waiting list or planned in advance	28%	983
Transferred from another hospital	5%	171
Something else	4%	146
Base (n)	100%	3558
Missing	0%	1484

Answered by all

B1. Before going into hospital, how long after your symptoms started did you wait before contacting a doctor or ambulance or going to the hospital?		
	Valid per cent	Number of responses
0 to three minutes	7%	158
four to 15 minutes	28%	636
16 to 30 minutes	20%	453
31 minutes to one hour	14%	322
More than one hour	32%	722
Base (n)	100%	2291
Not sure, can't remember	0%	134
Missing	0%	96

Answered by those whose admission was NOT via the waiting list

B2. If you waited 30 minutes or more before calling a doctor or ambulance, what was your main reason for waiting?		
	Valid per cent	Number of responses
I thought it might settle down on its own	58%	586
I thought it might be indigestion	24%	242
It was a weekend or at night	9%	92
Another reason	9%	94
Base (n)	100%	1014
Not sure, can't remember	0%	12
Missing	0%	61

Answered by those whose admission was NOT via the waiting list and who waited more than 30 minutes

B3. Did you travel to the hospital in an ambulance?		
	Valid per cent	Number of responses
Yes	77%	1920
No	23%	571
Base (n)	100%	2491
Missing	0%	63

Answered by all

B4. Who called the ambulance?		
	Valid per cent	Number of responses
I called it myself	10%	201
A friend or relative called it	52%	995
My GP called it	25%	483
NHS Direct called it	5%	93
Other	8%	157
Base (n)	100%	1929
Missing	0%	37

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

## Appendix

### Tables of results

<b>B5. Did the ambulance staff give you (or the person who called the ambulance) any advice on the phone about what to do before the ambulance arrived?</b>		
	Valid per cent	Number of responses
Yes	59%	558
No	41%	381
Base (n)	100%	939
Don't know, can't remember	0%	270
Missing	0%	19

Answered by those whose admission was NOT via the waiting list, who travelled by ambulance, and called it themselves or a relative called it for them

<b>B6. Did someone from the ambulance service stay on the phone until the ambulance arrived?</b>		
	Valid per cent	Number of responses
Yes	19%	195
No	81%	846
Base (n)	100%	1041
Don't know, can't remember	0%	170
Missing	0%	16

Answered by those whose admission was NOT via the waiting list, who travelled by ambulance, and called it themselves or a relative called it for them

<b>B7. Did the ambulance arrive quickly enough?</b>		
	Valid per cent	Number of responses
Yes	94%	1834
No, it should have been a bit quicker	4%	87
No, it should have been a lot quicker	1%	29
Base (n)	100%	1950
Missing	0%	21

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

<b>B8i. I was given aspirin by a GP or the ambulance crew</b>		
	Valid per cent	Number of responses
Yes	34%	655
No	66%	1267
Base (n)	100%	1922
Missing	0%	45

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

<b>B8ii. I was given painkillers by a GP or the ambulance crew</b>		
	Valid per cent	Number of responses
Yes	7%	142
No	93%	1780
Base (n)	100%	1922
Missing	0%	45

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

<b>B8iii. I was given thrombolytics by a GP or the ambulance crew</b>		
	Valid per cent	Number of responses
Yes	4%	73
No	96%	1849
Base (n)	100%	1922
Missing	0%	45

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

<b>B8iv. I was given oxygen by a GP or the ambulance crew</b>		
	Valid per cent	Number of responses
Yes	74%	1417
No	26%	505
Base (n)	100%	1922
Missing	0%	45

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

## Appendix

### Tables of results

B8v. I was given nitrates by a GP or the ambulance crew		
	Valid per cent	Number of responses
Yes	38%	729
No	62%	1193
Base (n)	100%	1922
Missing	0%	45

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

B8vi. I was given some treatment by the GP or ambulance crew but not sure what it was		
	Valid per cent	Number of responses
Yes	16%	303
No	84%	1619
Base (n)	100%	1922
Missing	0%	45

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

B8vii. I was not given any of these treatments by the GP or ambulance crew		
	Valid per cent	Number of responses
Yes	5%	105
No	95%	1817
Base (n)	100%	1922
Missing	0%	45

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

B8viii. I cannot remember what treatment I was given by the GP or ambulance crew		
	Valid per cent	Number of responses
Yes	7%	139
No	93%	1783
Base (n)	100%	1922
Missing	0%	45

Answered by those whose admission was NOT via the waiting list and who travelled by ambulance

B9. Before being admitted to hospital, were you given enough help or advice preparing for the operation (such as stopping smoking, eating a healthy diet, getting as fit as possible)?		
	Valid per cent	Number of responses
Yes, definitely	65%	708
Yes, to some extent	23%	254
No	12%	127
Base (n)	100%	1089
Missing	0%	124

Answered by those whose admission was via the waiting list or were transferred from another hospital

B10. How do you feel about the length of time you were on the waiting list before your admission to hospital?		
	Valid per cent	Number of responses
I was admitted as soon as I thought was necessary	65%	702
I should have been admitted a bit sooner	22%	242
I should have been admitted a lot sooner	13%	139
Base (n)	100%	1083
Missing	0%	126

Answered by those whose admission was via the waiting list or were transferred from another hospital

## Appendix

### Tables of results

C1. When you arrived at hospital, how long did you wait before being examined by a doctor or nurse practitioner?		
	Valid per cent	Number of responses
0 to three minutes	30%	998
four to 15 minutes	39%	1304
16 to 30 minutes	15%	509
31 minutes to one hour	8%	250
More than one hour	8%	249
Base (n)	100%	3310
Not sure, can't remember	0%	316
Missing	0%	1416

Answered by all

C2. When you were admitted to a bed on a ward, what type of ward was it?		
	Valid per cent	Number of responses
General ward	19%	648
Coronary care unit	59%	1997
ITU, ICU or HDU	7%	245
Other type of ward or unit	14%	478
Base (n)	100%	3368
Don't know, can't remember	0%	196
Missing	0%	1478

Answered by all

D1. Were you involved as much as you wanted to be in decisions about your care and treatment?		
	Valid per cent	Number of responses
Yes, definitely	61%	2234
Yes, to some extent	29%	1049
No	10%	356
Base (n)	100%	3639
Missing	0%	1403

Answered by all

D2. Did hospital staff offer your family and friends the opportunity to be involved in decisions about your care and treatment?		
	Valid per cent	Number of responses
Yes, they were given the opportunity to be involved	56%	1852
No, they were not given the opportunity to be involved	24%	792
Base (n)	80%	2644
There were no family members or friends available	15%	496
I did not want family or friends to be involved in decisions	5%	177
Don't know	0%	273
Missing	0%	1452

Answered by all

D3. Do you think the hospital staff did everything they could to help control your pain?		
	Valid per cent	Number of responses
Yes, definitely	90%	2866
Yes, to some extent	9%	280
No	1%	43
Base (n)	100%	3189
I did not have any pain while I was in hospital	0%	475
Missing	0%	1378

Answered by all

E1. What happened when you left the hospital?		
	Valid per cent	Number of responses
I went home	86%	3161
I went to stay with a relative or friend	4%	154
I was transferred to another hospital for a heart operation	8%	287
I was transferred to another hospital or nursing home	3%	94
Base (n)	100%	3696
Missing	0%	1346

Answered by all

## Appendix

### Tables of results

<b>E2. Before you left hospital, did hospital staff tell you when you could resume your usual activities (such as work, driving a car and sexual activity)?</b>		
	Valid per cent	Number of responses
Yes, completely	53%	1708
Yes, to some extent	23%	729
No	25%	797
Base (n)	100%	3234
Missing	0%	118

Answered by those who went home or to stay with relatives after leaving hospital

<b>E3. Before you left hospital, did hospital staff tell you who to contact if you were worried about your condition or treatment?</b>		
	Valid per cent	Number of responses
Yes, I was told who I should contact	86%	2486
No, I was not told who to contact	14%	403
Base (n)	100%	2889
I did not need this type of information	0%	253
Don't know, can't remember	0%	152
Missing	0%	63

Answered by those who went home or to stay with relatives after leaving hospital

<b>E4. Before you left hospital, did hospital staff talk to you about changes in your diet that might help your condition?</b>		
	Valid per cent	Number of responses
Yes	54%	1690
No	46%	1424
Base (n)	100%	3114
Don't know, can't remember	0%	156
Missing	0%	84

Answered by those who went home or to stay with relatives after leaving hospital

<b>E5. Before you left hospital, did hospital staff talk to you about physical exercise (e.g. walking) that might help prevent heart problems?</b>		
	Valid per cent	Number of responses
Yes	66%	2059
No	34%	1077
Base (n)	100%	3136
Don't know, can't remember	0%	131
Missing	0%	87

Answered by those who went home or to stay with relatives after leaving hospital

<b>E6. At the time you were admitted to hospital, did you smoke cigarettes, a cigar or a pipe regularly?</b>		
	Valid per cent	Number of responses
Yes	20%	656
No	80%	2644
Base (n)	100%	3300
Missing	0%	61

Answered by those who went home or to stay with relatives after leaving hospital

<b>E7. Before you left hospital, did hospital staff talk to you about stopping smoking?</b>		
	Valid per cent	Number of responses
Yes	83%	538
No	17%	107
Base (n)	100%	645
Don't know, can't remember	0%	12
Missing	0%	11

Answered by those who went home or to stay with relatives after leaving hospital, and who said they had smoked regularly before being admitted

## Appendix

### Tables of results

<b>E8. Did hospital staff offer you the chance to be referred to a clinic or specialist service to help you stop smoking?</b>		
	Valid per cent	Number of responses
Yes	41%	251
No	59%	355
Base (n)	100%	606
Don't know, can't remember	0%	41
Missing	0%	27

Answered by those who went home or to stay with relatives after leaving hospital, and who said they had smoked regularly before being admitted

<b>E9. Did hospital staff give you information about voluntary and support groups for people who have heart problems in your local area?</b>		
	Valid per cent	Number of responses
Yes	43%	1255
No	57%	1696
Base (n)	100%	2951
Not sure, can't remember	0%	289
Missing	0%	114

Answered by those who went home or to stay with relatives after leaving hospital

<b>F1. When you were discharged from hospital, were you given any medicines to take that you had not been taking before you were admitted to hospital?</b>		
	Valid per cent	Number of responses
Yes	80%	2628
No	20%	655
Base (n)	100%	3283
Not sure, can't remember	0%	45
Missing	0%	37

Answered by those who went home or to stay with relatives after leaving hospital

<b>F2. Before you left hospital, were you given enough information about the purpose of the medicine(s)?</b>		
	Valid per cent	Number of responses
Yes, enough information	76%	1956
Some, but not enough information	18%	454
No information at all, but I wanted some	6%	167
Base (n)	100%	2577
I did not want any information	0%	30
Missing	0%	29

Answered by those who went home or to stay with relatives after leaving hospital, and who were given a new medication

<b>F3. Before you left hospital, were you given enough information about how to use the medicine(s) (e.g. when to take it, how long to take it for, whether to take it with food)?</b>		
	Valid per cent	Number of responses
Yes, enough information	83%	2138
Some, but not enough information	12%	321
No information at all, but I wanted some	5%	118
Base (n)	100%	2577
I did not want any information	0%	22
Missing	0%	38

Answered by those who went home or to stay with relatives after leaving hospital, and who were given a new medication

<b>F4. Before you left hospital, were you given enough information about any side effects the medicine(s) might have?</b>		
	Valid per cent	Number of responses
Yes, enough information	49%	1143
Some, but not enough information	21%	505
No information at all, but I wanted some	30%	707
Base (n)	100%	2355
I did not want any information	0%	178
Missing	0%	102

Answered by those who went home or to stay with relatives after leaving hospital, and who were given a new medication

## Appendix

### Tables of results

#### F5. Before you left hospital, were you advised to take aspirin daily?

	Valid per cent	Number of responses
I was already taking aspirin daily before I was admitted	52%	1665
Yes	33%	1040
No	10%	303
I am not able to take aspirin for medical reasons	6%	176
Base (n)	100%	3184
Not sure, can't remember	0%	22
Missing	0%	152

Answered by those who went home or to stay with relatives after leaving hospital

#### F6. Are you currently taking aspirin daily?

	Valid per cent	Number of responses
Yes	83%	2719
No	13%	426
I am not able to take aspirin for medical reasons	4%	124
Base (n)	100%	3269
Missing	0%	96

Answered by those who went home or to stay with relatives after leaving hospital

#### G1. After you left hospital, did you take part in a heart rehabilitation programme?

	Valid per cent	Number of responses
Yes, I am taking part in one at present	16%	577
Yes, I have taken part but it is now finished	13%	460
I am waiting to take part in one soon	8%	300
No, I did not take part in a heart rehabilitation programme	63%	2239
Base (n)	100%	3576
Missing	0%	1466

Answered by all

#### G2. How long after you were discharged from hospital did you begin your heart rehabilitation programme?

	Valid per cent	Number of responses
Within one week	6%	64
Between one and three weeks after discharge	24%	240
Between four and seven weeks after discharge	42%	424
Between eight and 11 weeks after discharge	19%	194
More than 11 weeks after discharge	8%	79
Base (n)	100%	1001
Can't remember	0%	39
Missing	0%	28

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

#### G3. Does your heart rehabilitation programme include exercise sessions?

	Valid per cent	Number of responses
Yes, I am having them	83%	835
Yes, I do not have them	11%	112
No, I was not offered them	6%	64
Base (n)	100%	1011
Don't know, not sure	0%	31
Missing	0%	32

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

#### G4. Does your heart rehabilitation programme include advice about diet?

	Valid per cent	Number of responses
Yes	88%	908
No	12%	122
Base (n)	100%	1030
Don't know, not sure	0%	29
Missing	0%	18

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

## Appendix

### Tables of results

G5. Does your heart rehabilitation programme include advice about alcohol intake?		
	Valid per cent	Number of responses
Yes	90%	807
No	10%	94
Base (n)	100%	901
Don't know, not sure	0%	36
I never drink alcohol	0%	107
Missing	0%	38

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

G6. Does your heart rehabilitation programme include help to stop smoking?		
	Valid per cent	Number of responses
Yes	77%	329
No	23%	97
Base (n)	100%	426
Don't know, not sure	0%	30
I do not smoke	0%	574
Missing	0%	58

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

G7. Does your heart rehabilitation programme include advice and support on work or employment?		
	Valid per cent	Number of responses
Yes	59%	260
No	41%	178
Base (n)	100%	438
Don't know, not sure	0%	108
I do not need this kind of advice	0%	476
Missing	0%	51

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

G8. Does your heart rehabilitation programme include help in coping with anxiety about your illness?		
	Valid per cent	Number of responses
Yes	84%	678
No	16%	129
Base (n)	100%	807
Don't know, not sure	0%	106
I do not need this kind of advice	0%	129
Missing	0%	33

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

G9. Does your heart rehabilitation programme include education about coronary heart disease?		
	Valid per cent	Number of responses
Yes	89%	852
No	11%	106
Base (n)	100%	958
Don't know, not sure	0%	89
Missing	0%	27

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

G10. Have you been given a heart manual?		
	Valid per cent	Number of responses
Yes	66%	920
No	34%	477
Base (n)	100%	1397
Don't know, not sure	0%	159
Missing	0%	33

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

## Appendix

### Tables of results

G11. How much written information have you been given?		
	Valid per cent	Number of responses
Too little	11%	113
The right amount	86%	900
Too much	3%	34
Base (n)	100%	1047
Missing	0%	50

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

G12. Does your heart rehabilitation programme include information and education about heart medicines?		
	Valid per cent	Number of responses
Yes	82%	742
No	18%	162
Base (n)	100%	904
Don't know, not sure	0%	139
Missing	0%	37

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

G13. Does your heart rehabilitation programme include training in resuscitation for relatives or friends (i.e. training in what to do if someone has a heart attack)?		
	Valid per cent	Number of responses
Yes	25%	215
No	75%	653
Base (n)	100%	868
Don't know, not sure	0%	171
Missing	0%	41

Answered by those who had taken part in a rehabilitation programme, or were currently doing so

G14i. I did not take part in a rehabilitation programme because I was not offered it		
	Valid per cent	Number of responses
Yes	60%	1224
No	40%	810
Base (n)	100%	2034
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

G14ii. I did not take part in a rehabilitation programme because it was too difficult to travel to the sessions		
	Valid per cent	Number of responses
Yes	9%	178
No	91%	1856
Base (n)	100%	2034
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

G14iii. I did not take part in a rehabilitation programme because it was inconvenient to get to the sessions		
	Valid per cent	Number of responses
Yes	6%	112
No	94%	1922
Base (n)	100%	2034
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

## Appendix

### Tables of results

<b>G14iv. I did not take part in a rehabilitation programme because I was worried about being in a mixed sex group</b>		
	Valid per cent	Number of responses
Yes	1%	14
No	99%	2020
Base (n)	100%	2034
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

<b>G14v. I did not take part in a rehabilitation programme because I was worried about what would happen</b>		
	Valid per cent	Number of responses
Yes	1%	29
No	99%	2005
Base (n)	100%	2034
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

<b>G14vi. I did not take part in a rehabilitation programme because I did not feel motivated</b>		
	Valid per cent	Number of responses
Yes	6%	117
No	94%	1917
Base (n)	100%	2034
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

<b>G14vii. I did not take part in a rehabilitation programme because it did not seem relevant to me</b>		
	Valid per cent	Number of responses
Yes	17%	340
No	83%	1694
Base (n)	100%	2034
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

<b>G14viii. I did not take part in a rehabilitation programme because I was back at work</b>		
	Valid per cent	Number of responses
Yes	4%	85
No	96%	1949
Base (n)	100%	2034
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

<b>G14ix. I did not take part in a rehabilitation programme for some other reason</b>		
	Valid per cent	Number of responses
Yes	18%	377
No	82%	1699
Base (n)	100%	2076
Missing	0%	272

Answered by those who did NOT take part in a rehabilitation programme

## Appendix

### Tables of results

H1. As far as you know, was your GP given all the necessary information about your hospital visit?		
	Valid per cent	Number of responses
Yes	94%	2851
No	6%	172
Base (n)	100%	3023
Don't know	0%	666
Missing	0%	1353

Answered by all

H2. Are you on a programme so that your heart can be checked regularly?		
	Valid per cent	Number of responses
Yes, I am on a regular program with my GP	41%	1218
I am on a regular program at the hospital	22%	634
No	37%	1095
Base (n)	100%	2947
Not sure, don't know	0%	463
Missing	0%	1632

Answered by all

J1. Have you had a coronary angiogram in the last 12 months?		
	Valid per cent	Number of responses
Yes	66%	2356
No	34%	1188
Base (n)	100%	3544
Not sure	0%	90
Missing	0%	1408

Answered by all

J2. Did a member of staff explain the reason for the angiogram in a way you could understand?		
	Valid per cent	Number of responses
Yes, completely	89%	2070
Yes, to some extent	9%	221
No	2%	43
Base (n)	100%	2334
Missing	0%	35

Answered by those who had an angiogram in the last 12 months

J3. Did a member of staff explain the risks of the angiogram in a way you could understand?		
	Valid per cent	Number of responses
Yes, completely	77%	1784
Yes, to some extent	14%	334
No	9%	211
Base (n)	100%	2329
Missing	0%	44

Answered by those who had an angiogram in the last 12 months

J4. After your angiogram did a member of staff explain the results in a way you could understand?		
	Valid per cent	Number of responses
Yes, definitely	78%	1767
Yes, to some extent	17%	393
No	4%	81
I was never told the results	1%	19
Base (n)	100%	2260
Not sure, can't remember	0%	22
I was told the results would be given at a later date	0%	30
Missing	0%	59

Answered by those who had an angiogram in the last 12 months

## Appendix

### Tables of results

J5. After your angiogram did a member of staff explain what would happen next in your treatment in a way you could understand?		
	Valid per cent	Number of responses
Yes, definitely	74%	1636
Yes, to some extent	16%	366
No	10%	219
Base (n)	100%	2221
Not sure, can't remember	0%	63
Missing	0%	82

Answered by those who had an angiogram in the last 12 months

K1. Have you had a coronary angioplasty in the last 12 months?		
	Valid per cent	Number of responses
Yes	29%	957
No	71%	2306
Base (n)	100%	3263
Not sure	0%	76
Missing	0%	1703

Answered by all

K2. Before your angioplasty, did a member of staff explain the benefits of the procedure in a way you could understand?		
	Valid per cent	Number of responses
Yes, completely	82%	793
Yes, to some extent	14%	136
Base (n)	97%	929
No	3%	33
Missing	0%	16

Answered by those who had an angioplasty in the last 12 months

K3. Before your angioplasty, did a member of staff explain the risks of the procedure in a way you could understand?		
	Valid per cent	Number of responses
Yes, completely	80%	766
Yes, to some extent	14%	136
No	6%	59
Base (n)	100%	961
Missing	0%	17

Answered by those who had an angioplasty in the last 12 months

K4. Before your angioplasty, did someone tell you about other types of treatment that might achieve the same results?		
	Valid per cent	Number of responses
Yes, definitely	27%	255
Yes, to some extent	16%	151
No	50%	469
I was told there were no other suitable types of treatment	6%	60
Base (n)	100%	935
Missing	0%	38

Answered by those who had an angioplasty in the last 12 months

K5. If you signed a consent form for your angioplasty, could you understand it?		
	Valid per cent	Number of responses
Yes, completely	80%	719
Yes, to some extent	18%	163
No	2%	20
Base (n)	100%	902
I do not remember signing a consent form	0%	47
I did not sign a consent form	0%	8
Missing	0%	22

Answered by those who had an angioplasty in the last 12 months

## Appendix

### Tables of results

<b>K6. After your angioplasty, did a member of staff explain how the procedure had gone in a way you could understand?</b>		
	Valid per cent	Number of responses
Yes, definitely	78%	733
Yes, to some extent	17%	165
No	5%	45
Base (n)	100%	943
Not sure, can't remember	0%	19
Missing	0%	15

Answered by those who had an angioplasty in the last 12 months

<b>L1. Have you had a bypass operation the last 12 months?</b>		
	Valid per cent	Number of responses
Yes	17%	559
No	83%	2674
Base (n)	100%	3233
Not sure	0%	5
Missing	0%	1804

Answered by all

<b>L2. Before your bypass operation, did a member of staff explain the benefits of the operation in a way you could understand?</b>		
	Valid per cent	Number of responses
Yes, completely	86%	473
Yes, to some extent	10%	57
No	3%	18
Base (n)	100%	548
Missing	0%	20

Answered by those who had a coronary artery bypass graft in the last 12 months

<b>L3. Before your bypass operation, did a member of staff explain the risks of the operation in a way you could understand?</b>		
	Valid per cent	Number of responses
Yes, completely	86%	467
Yes, to some extent	11%	58
No	4%	20
Base (n)	100%	545
Missing	0%	22

Answered by those who had a coronary artery bypass graft in the last 12 months

<b>L4. Before your bypass operation, did someone tell you about other types of treatment that might achieve the same results?</b>		
	Valid per cent	Number of responses
Yes, definitely	15%	82
Yes, to some extent	8%	45
No	40%	211
I was told there were no other suitable types of treatment	36%	193
Base (n)	100%	531
Missing	0%	36

Answered by those who had a coronary artery bypass graft in the last 12 months

<b>L5. Before your bypass operation, were you able to discuss your operation with the doctor who was going to operate?</b>		
	Valid per cent	Number of responses
Yes, completely	77%	421
Yes, to some extent	15%	83
No	8%	44
Base (n)	100%	548
Missing	0%	20

Answered by those who had a coronary artery bypass graft in the last 12 months

## Appendix

### Tables of results

L6. If you signed a consent form for your bypass operation, could you understand it?		
	Valid per cent	Number of responses
Yes, completely	81%	433
Yes, to some extent	17%	90
No	1%	5
Base (n)	99%	528
I did not sign a consent form	1%	4
I do not remember signing a consent form	0%	13
Missing	0%	0

Answered by those who had a coronary artery bypass graft in the last 12 months

L7. After your bypass operation, did a member of staff explain how the operation had gone in a way you could understand?		
	Valid per cent	Number of responses
Yes, completely	72%	373
Yes, to some extent	18%	93
No	10%	49
Base (n)	100%	515
Not sure, can't remember	0%	30
Missing	0%	0

Answered by those who had a coronary artery bypass graft in the last 12 months

M1. Are you male or female?		
	Valid per cent	Number of responses
Male	65%	2408
Female	35%	1317
3	0%	0
4	0%	0
Base (n)	100%	3725
Missing	0%	1317

Answered by all

M4. Overall, how would you rate your health during the past fourweeks?		
	Valid per cent	Number of responses
Excellent	5%	178
Very good	15%	559
Good	27%	1006
Fair	37%	1336
Poor	13%	458
Very poor	3%	122
Base (n)	100%	3659
Missing	0%	1383

Answered by all

M5. How old were you when you left full time education?		
	Valid per cent	Number of responses
16 years or less	81%	2874
17 or 18 years	9%	335
19 years or over	10%	344
Still in full time education	0%	7
Base (n)	100%	3560
Missing	0%	1482

Answered by all

## Appendix

### Tables of results

M6. To which of these ethnic groups would you say you belong?		
	Valid per cent	Number of responses
British	90%	3272
Irish	2%	76
Any other white background	2%	90
White and black Caribbean	0%	5
White and black African	0%	0
White and Asian	0%	4
Any other mixed background	0%	2
Indian	2%	55
Pakistani	2%	64
Bangladeshi	0%	7
Any other Asian background	1%	26
Caribbean	0%	18
African	0%	9
Any other black background	0%	3
Chinese	0%	4
Any other ethnic group	0%	6
Base (n)	100%	3641
Missing	0%	1401

Answered by all

## Appendix

### References and Acknowledgements

#### References

1. Department of Health, National Service Framework for Coronary Heart Disease, 2000.
2. Department of Environment, Transport and Regions, Index of Multiple Deprivation 2000. Super output area level IMD scores were used.
3. Commission for Health Improvement, *Unpacking the patient's perspective: variations in NHS patient experience in England*, 2004.  
<http://www.healthcarecommission.org.uk/assetRoot/04/00/34/96/04003496.pdf>
4. The method for scoring questions and deriving theme scores is the same as that used for deriving performance indicators. Further details are available at <http://ratings2004.healthcarecommission.org.uk/downloads/1281c.pdf>

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