



Oxfordshire Community Heart Failure Service

Information and Communication Booklet

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Introduction

Welcome to the Oxfordshire Community Heart Failure Service.

This service exists to help and support the people of Oxfordshire (registered with an Oxfordshire GP) who have heart failure, as well as their families and carers.

We hope you find this information booklet useful. Please let us know if there is anything else that you would like included.

Contact details

Office telephone number: 01865 904808

	Name	Contact number
Heart Failure Nurse		
GP		
Cardiologist		

Please be aware that whilst all staff have mobile phones, if they are driving or with patients they will not answer the phone. Please leave a message and they will call you back at the earliest opportunity.

Texting staff is not recommended as if staff are on leave there is no way to forward these communications and you may not be aware that your concern/question has not been seen or acted on. Please call the office number if your concern needs action as we do cross cover and someone in the team will call you back as soon as able.

For non-heart failure related queries, please contact your GP as usual.

Our working hours are Monday – Friday 9 am – 5 pm. Please be aware that telephone messages left after 4.30 pm may not be listened to or actioned until the next working day.

Heart Failure Information

What is Heart Failure?

The term 'heart failure' is rather alarming and does not mean that the heart has completely failed or that it is about to stop. It is simply a medical term used when the heart muscle is not working as efficiently as it should. This may be because the muscle has weakened and is not able to pump strongly, or because the muscle has become stiff and is unable to relax to allow blood in to the pumping chamber. It may also be due to one or more of the heart valves not working properly, or because of an abnormal heart rhythm putting strain on your heart muscle. The heart pumps oxygen and nutrients around the body but the ability to function as an effective pump is reduced in heart failure. It also becomes more difficult for the heart to send waste products back to the kidneys and lungs. This means that fluid can build up in the body resulting in swollen feet, ankles and legs. If fluid builds up in the lungs it can cause shortness of breath.

What causes Heart Failure?

There are many different causes and they include:

- Heart attack/angina (also called ischaemic heart disease)
- High blood pressure
- Heart valve disease
- Infection of the heart muscle
- Cardiomyopathy
- Excessive alcohol consumption
- Abnormalities of the heart rhythm
- Amyloid

Sometimes it is difficult to pinpoint the cause of a person's heart failure.

What are the symptoms of Heart Failure?

Shortness of breath, cough, difficulty in breathing

This is often noticeable when carrying out some form of activity or when taking exercise. However, some people become short of breath on minimal exertion or even at rest. Waking up at night feeling breathless is quite common and many people find that they need to prop themselves up with plenty of pillows because they are unable to tolerate lying flat.

Tiredness & weakness

When the heart is not pumping properly it has difficulty sending blood and oxygen to the muscles. This can result in tiredness on light activity or even at rest.

Swollen feet, ankles, legs and abdomen

The inefficient pumping action of the heart results in the body's inability to get rid of excess fluid. This can lead to swelling of the lower half of the body.

Weight gain

This may occur slowly over a period of time. On the other hand, it can happen very quickly over a day or two and is due to a build-up of excess fluid.

How is Heart Failure treated?

Medications

The symptoms of heart failure can be relieved to a certain extent with medication. Some of the more common medicines that are used to treat heart failure are listed in this booklet. We have also mentioned some of the side effects. Do not be overly concerned about these, as many people do not experience any problems. If you do notice any changes that you feel may be a side effect of your medicines, mention it to your heart failure nurse or GP.

Lifestyle Changes and Self-Management

Another way of managing your heart failure is to make a few lifestyle changes where appropriate. Small changes can really improve the way you feel. You can also monitor your own condition to look for signs of worsening heart failure.

The main things to consider are:

- ◆ Monitor the amount of fluid in the body by daily weighing
- ◆ Keeping an eye on your fluid intake
- ◆ Stopping smoking
- ◆ Stopping or cutting down on alcohol if advised to do so
- ◆ Reducing weight if necessary
- ◆ Remaining as active as possible
- ◆ Avoiding certain 'over-the-counter' medicines
- ◆ Having a yearly 'flu-jab' and one-off vaccinations

These are all discussed in this booklet. Please ask your heart failure nurse if there is anything that you are not clear about.

When to call for help

Weight stable in the morning	Excellent - keep up the good work
No new or worsening breathlessness	
No new swelling. Feet and legs look normal for you	
Usual activity level	
Sudden weight gain – 2-3kg (4-5lbs) over 2 days without symptom change	Pay attention - use caution Please contact your heart failure nurse or GP
New or worsening breathlessness	
You need more pillows to sleep comfortably because you are breathless	
Troublesome cough	
Increased swelling in legs and ankles	
Abdominal swelling	
Worsening appetite	
New or worsening dizziness	Medical alert - Warning You need to be assessed today Please contact your heart failure nurse or GP Call 111 or 999
Breathlessness waking you at night	
Breathlessness at rest	
Sudden weight gain – 2-3kg (4-5lbs) over 2 days with worsening symptoms	
Coughing frothy sputum	
Loss of consciousness or collapse (Call an ambulance)	
Your medication has been reduced but not by the heart failure team	

Telephone number 01865 904808

Commonly prescribed heart failure medications

Angiotensin-converting enzyme inhibitors (ACE-inhibitors)

The name of these medications usually ends in '*pril*' (ramipril, enalapril, lisinopril)

Why are they used?

ACE-inhibitors dilate (widen) the arteries (blood vessels) around the body so that the heart has less resistance to pump against. This makes each heartbeat more effective, with less workload on the heart. ACE-inhibitors are also used to reduce blood pressure and to protect the functioning of the kidneys. The aim will be to gradually increase the ACE inhibitor to an optimum therapeutic dose, depending on how you tolerate this.

Side-effects

Possible side effects include dizziness or a tickly cough. Please advise your Heart Failure Nurse or GP if you have any concerns

Monitoring

Patients taking this medication will need to have a kidney function blood test 1-2 weeks after starting or increasing the medication, and then 6 monthly thereafter. The blood test and the follow up for the results should be arranged at your GP surgery.

Angiotensin II receptor blockers (ARBs)

The name of these medications usually ends in '*sartan*' (candesartan, losartan, valsartan)

Why are they used?

These are useful in heart failure if ACE-inhibitors (above) are poorly tolerated. The aim will be to gradually increase the ARB to an optimum therapeutic dose, depending on how you tolerate this.

Side effects

Any possible side effects are usually mild but include dizziness, diarrhoea, taste disturbance, muscle pains and headaches.

Monitoring

As above (for ACE-inhibitors)

Sacubitril valsartan (Entresto)

Why is it used?

This medicine can increase life expectancy and help relieve the symptoms of heart failure. It works by widening your blood vessels, increasing blood flow and lowering blood pressure to reduce the strain on your heart. It is not suitable for all people diagnosed with heart failure.

Side effects

Possible side effects include low blood pressure, high potassium levels or kidney problems.

Monitoring

As above (for ACE-inhibitors)

Beta-blockers

The name of these medications usually ends in ‘*olol*’ (bisoprolol, carvedilol, nebivolol)

Why are they used?

Beta-blockers slow down the heart rate and therefore reduce the workload of the heart.

Beta-blockers are also used to lower blood pressure, to reduce the symptoms of angina and to control fast heart beats.

The aim will be to gradually increase the beta-blocker dose to an optimum therapeutic dose, depending on how you tolerate this.

Side-effects

Some people with heart failure notice that they become more short of breath when they first start taking beta-blockers or when the dose is increased. If this happens to you, contact your heart failure nurse or GP for advice.

After starting your beta-blocker, you may initially feel tired and lethargic. This usually improves with time.

In a very small number of people, beta-blockers can cause a wheeze or difficulty in breathing. If this occurs, you must contact your doctor immediately. Do not stop taking the tablets unless instructed by your doctor.

If you have diabetes, beta-blockers may affect the amount of insulin you require. Please note that they may also hide the signs of a “hypo” (low blood sugar) so it is important that you keep strict control of your blood sugar level.

You may experience tingling or “pins and needles” in your fingers and toes, especially in colder weather. Wrapping up warm will help to prevent this problem.

You may have vivid dreams.

Beta-blockers cause a small proportion of men to become impotent (unable to have an erection). If this has become a problem for you since starting your tablets, do discuss it with your heart failure nurse or GP.

Monitoring

Patients taking this medication will need to have a blood pressure and heart rate check 1-2 weeks after starting or increasing the medication. This can be arranged at your GP surgery.

Diuretics (water tablets)

There are many different types of diuretics and it is possible that you may be prescribed more than one.

Common diuretics include: furosemide, bumetanide, spironolactone*, eplerenone*, metolazone and bendroflumethiazide.

Why are they used?

Diuretics can be of great benefit as they help to remove excess fluid from the body, thereby providing relief for shortness of breath.

Side-effects

If your blood pressure drops a little too low, you may feel light-headed or dizzy.

Occasionally the tablets may remove too much fluid from the body. If this happens, you may feel very dry and thirsty. If you are experiencing problems, please continue to take the medication but inform your heart failure nurse or GP.

Occasionally diuretics can cause a body salt called potassium to become low. In these instances, potassium replacement medication is prescribed for short term use.

* **Spironolactone and eplerenone** also come under a group of medicines known as aldosterone antagonists. Spironolactone may be useful for people with moderate to severe heart failure who have symptoms that are not relieved by other medicines.

Patients taking these medications will need to have regular blood tests to check their kidney function. The blood test and the follow up for the results can be arranged at your GP surgery. The frequency of the blood test should be as follows. This is a guide so please check with your surgery:

1 week following commencement
Then monthly for 3 months
Then 3 monthly for 6 months
Then 6 monthly while you are on the medication

Advice with diuretics if you experience diarrhoea and vomiting

Stop diuretics during episode of diarrhoea and vomiting

Restart after 24 hours if no diarrhoea and vomiting

If weight rises or does not return to normal once medications restarted – discuss with GP/community heart failure nurse.

Ivabradine

Why is it used

Ivabradine slows the heart rate down and therefore reduces the workload of the heart; however, it does not lower blood pressure. This medication is used in combination with standard treatments for heart failure, including beta-blockers. Or it can be used when beta-blockers are unsuitable or cause unacceptable side effects.

Side effects

The most common side effect is a transitory visual disturbance often noticed as a brief moment of increased brightness.

Monitoring

Patients taking this medication will need to have their heart rate checked 1-2 weeks after starting or increasing the medication. This can be arranged at your GP surgery

Digoxin

Why is it used?

Many people with heart failure have a condition known as atrial fibrillation - this is where the heart beats irregularly. Digoxin is commonly prescribed to treat this condition. Digoxin slows the heart rate down thereby helping it to beat more efficiently. It is also useful for people with severe heart failure.

Side-effects

The main side effects are usually from too much digoxin and include feeling sick, diarrhoea, loss of appetite, headache, confusion, drowsiness and disturbance of vision. You must tell your heart failure nurse or GP if you experience any of these symptoms so that a blood test can be arranged. This will check the amount of digoxin in your blood and the dose will be altered as necessary.

Oramorph

Why is it used?

Oramorph is often used to reduce shortness of breath and to help you feel more settled, relaxed and comfortable. This may be if you are getting breathlessness at rest or on minimal exertion. It can be prescribed to aid you getting a good night's sleep and also during the day to help you relax. Sometimes oramorph is used to help you feel relaxed during a more acute episode of breathlessness or if you cannot get comfortable due to your heart failure symptoms.

Side-effects

Side effects vary as with all medications but they can include nausea and vomiting, constipation, low blood pressure, drowsiness, reduced breathing rate. These side effects do not necessarily mean the medication should be stopped but may require additional medication such as an anti-sickness medication or a different morphine preparation.

Taking oramorph can affect your ability to drive and therefore it is recommended that you do not drive until you have taken the drug a few times and can assess the effect it has on you. You should not drive if you think this medicine affects your

ability to drive safely, for example if it makes you feel sleepy, dizzy, unable to concentrate or make decisions, or if you have blurred or double vision.

From March 2015 a new 'drug driving' law came into force, which made it an offence to drive with certain drugs or prescription medicines above specified limits in your body. The list includes morphine, which means **it may be an offence to drive while you are taking this medicine**. There are very low limits for illegal drugs, but higher limits for prescribed medicines. This should mean that most people taking oramorph as prescribed will not be breaking the law, provided they are not driving dangerously.

Please ensure you are aware of the complete law and its implications to you.

Monitoring

We would expect to review patients initially after 1 or 2 weeks after starting oramorph and also if other aspects of their condition warrants, then blood tests for renal function would be checked.

The dose prescribed is quite small and we would not expect patients to become dependent upon it.

PLEASE ALWAYS CHECK WITH YOUR GP, YOUR HEART FAILURE NURSE OR YOUR PHARMACIST BEFORE TAKING ANY MEDICINES THAT ARE NOT PRESCRIBED.

Lifestyle changes and self-management

Monitoring your daily weight

It is important to weigh yourself every day after you have been to the toilet and before you get dressed and have breakfast. **If, over a period of 3 days, you notice a persistent weight gain that results in an increase of around 4lbs / 2 kgs or more**, please speak to your heart failure nurse or GP, as this may be a sign that your body is retaining excess fluid. This in turn can cause you to become short of breath, or more short of breath than usual.



Daily weight chart

Date	Weight	Date	Weight

To obtain new weight charts please call the heart failure office on 01865 904808

Date	Weight	Date	Weight

What to do if you are breathless

You may feel frightened when you become breathless, so it is important to try to control your breathing.

Practice the following exercise regularly and use when you become breathless



- Get comfortable, close your eyes and focus on your breathing
- Place one hand on your tummy, just above your belly button
- Breathe in and out through your nose, if you are able to do so. If not, breathe through your mouth
- If you are breathing through your mouth, then purse your lips – like blowing out a candle
- As you bring in gently, feel your tummy rise under your hand. Your upper chest and shoulders should remain relaxed
- Breathe out and feel your tummy fall beneath your hand

Other options to try

- Cool your face using a hand-held or standing fan or use cool water (with a damp cloth).
- Distract yourself if you become anxious. This works by taking the focus away from your breathing. Try counting backwards from 100, or trying to remember people's birthdays in each calendar month
- Visualise a relaxing scene - your favourite place, the garden or the beach
- Relax your shoulders as these can tense up when you are breathless and wastes energy and oxygen.
- Support your arms and shoulders by resting forward on your forearms
- Lean forward slightly, maybe over the back of an upright chair
- If you are in bed, then sit yourself upright using pillows for support

If you remain breathless, please refer to the advice on page 6.

Fluid intake



As previously mentioned, excess fluid can accumulate in the body in heart failure, and diuretics are given to treat this. In order to get the best relief from your symptoms it is important that you limit how much fluid you take in (from hot and cold drinks and also foods with high fluid content, for example soup or ice-cream). Your doctor may have asked you to restrict your fluid intake, if not, you should still generally limit yourself to a maximum of 1.5 – 2 litres within 24 hours.

Alcohol



Your doctor may have advised you to stop drinking alcohol completely, in which case you should follow their advice. If you have not been told to stop completely and you wish to drink alcohol, you can do so as long as you stay within the recommended guidelines (below). It is important that you observe the daily as well as weekly guidelines and remember that alcohol counts towards your daily fluid intake.

New alcohol advice, drawn up by the Chief Medical Officer, was issued in January 2018

- Maximum safe level of alcohol is 14 units a week – 14 units is equivalent to a bottle and a half of wine or five pints of export-type lager (5% abv) over the course of a week.
- The advice is the same for men and women.

- If you do drink as much as 14 units per week, it is best to spread this evenly over three days or more.

Activity levels / cardiac rehabilitation

Moderate exercise is beneficial and if carried out regularly can contribute to a feeling of wellbeing. Going for a walk every day is useful as it is a safe and convenient form of exercise; your heart failure nurse can provide further information regarding exercise limits. In general, you should always be able to talk whilst exercising and you must always **STOP** if you experience undue shortness of breath or chest pain.



Cardiac rehabilitation

The research and evidence tell us that cardiac rehabilitation leads to improvements in your exercise tolerance and quality of life. This can include: being able to walk further with less breathlessness, improve energy levels, strength and stamina and help to make day to day activities such as shopping, walking upstairs and even getting dressed easier.

It is easy to be frightened by your symptoms, but after you have completed your course of cardiac rehabilitation, you should be able to manage this better and have more control and confidence over your symptoms.

Cardiac rehabilitation courses

The cardiac rehabilitation courses on offer in Oxfordshire include:

- An 8 week supervised individually designed physical activity programme which is adapted for your own needs.
- Information and support on heart failure and coping with your condition
- A friend or family member can attend the information session with you.
- A friendly social supportive atmosphere.

You will have the support of trained health professionals such as nurses and exercise physiologists who will advise you how to carefully increase your activities and cope with your symptoms. These health professionals have close links to your lead health professional i.e. Community heart failure nurse, Consultant cardiologist and GP.

Cardiac rehabilitation is about supporting you to manage your condition. It is not a cure, but it will help you feel better and more in control. Following the exercise sessions we provide information sessions on the following topics: healthy eating, salt and fluids, medications, symptom management, thoughts and feelings, referral to psychological service and physical activity. Your community heart failure nurse normally visits the sessions once a month to review you.

This will take place after your activity programme. A member of your family or a friend can attend the information sessions with you.

Where does cardiac rehabilitation take place?

- Horton Hospital in Banbury, Mondays 1-3 pm
- White Horse Leisure Centre, Abingdon, Tuesdays 2-4 pm
- Windrush Leisure Centre, Witney, Wednesdays 2-4 pm
- The Leys Leisure Centre, Blackbird Leys, Thursdays 2-4 pm

After your course has ended you will be advised on what physical activity programmes are available to you whether this is gym, supervised class or home based.

How can I start cardiac rehabilitation?

Speak to your community heart failure nurse. They will be able to talk to you about the cardiac rehabilitation programme and refer you to your nearest course.

Heart failure cardiac rehabilitation is safe, enjoyable, social and good for you.

Smoking

If you smoke and you have heart failure, you have probably been advised to stop. Smoking causes many health problems and it reduces the amount of oxygen that can be carried by the blood, thereby adding to the impact of heart failure. Your heart failure nurse will be pleased to help and support you if you are trying to quit. Free specialist advice and support is available from the smoking cessation advisor at your GP practice. There is a local helpline on **01865-238036**. We can also provide some booklets that you may find helpful.



Losing weight

Being overweight can put extra strain on the heart so losing any excess weight may help to reduce breathlessness and fatigue. You may be able to get professional advice and support for sensible weight loss through your practice nurse or local pharmacist.



Over the counter (OTC) medicines



Some medicines that can be bought over the counter may make heart failure worse and should be avoided. These include the group of drugs known as non-steroidal anti-inflammatory drugs, which are used to relieve pain, stiffness and inflammation. You may know them more commonly as **ibuprofen** and they come under various names such as **arthrofen, brufen, ebufac, ibufac, ibugel, ibuleve, inoven, motrin and nurofen**.

Some herbal remedies including **St John's Wort** should be avoided as they can interfere with prescribed medications.

Be cautious about taking **cold and flu remedies** as these often contain compounds that should be avoided.

Driving

Group 1: (Private cars)

Generally, you may drive if you have heart failure, as long as you are not having symptoms that may distract your attention. You do not need to inform the DVLA about your heart failure, but it is wise to let your insurance company know.



Group 2: LGV (Large Goods Vehicles); PCV (Passenger Carrying Vehicles); C1 (Medium Goods); D1 (Minibus).

You can drive if your ejection fraction is at least 40%, but you must notify the DVLA. If you are symptomatic then your license may be refused or revoked.

Travel

There is no reason why you cannot travel or go on holiday abroad, but it may be best to avoid high altitudes as well as hot and humid places. If your heart failure is severe, long haul flights can cause problems, so if you are planning a holiday ask for advice from your GP or heart failure nurse. Some insurance companies are reluctant to insure people with certain medical conditions. The British Heart Foundation has a list of travel insurance companies that are sympathetic to people with heart conditions. The website address is <https://www.bhf.org.uk/information-support/support/practical-support/travel-insurance> or telephone the Heart Helpline on 0300 330 3311. Pumping Marvellous produce an information booklet called 'Travelling with Heart Failure'. The website address is: <https://pumpingmarvellous.org/wp-content/uploads/2014/03/Travelling-with-heart-failure.pdf>



What to do during a heatwave

General advice includes:

- to stay in the coolest areas of your house,
- wear loose clothing,
- limit your trips outside,
- try not to go out between the hours of 11.00 and 15.00,
- consider having an extra glass of fluid,
- avoid tea, coffee and alcohol.



You may feel as though you are a little more breathless than usual and your ankles are more puffy at the end of the day – if this reduces overnight in the cool this is OK, if it remains increased with a persistent weight gain you may need a review.

If the heatwave is more than a few days you may need to reduce your diuretic therapy and have your kidney function reviewed, please discuss this with your GP or nurse as appropriate.

Useful website for more information is

<http://www.nhs.uk/Livewell/Summerhealth/Pages/Heatwaveredalert.aspx>

Vaccinations

Please liaise with your GP surgery about:

- Yearly flu jab
- One off pneumonia jab
- One off shingles jab



Sexual activity

Many people with heart disease avoid sexual intercourse because they believe it is dangerous – there are certainly lots of myths and misconceptions about this. As far as heart failure is concerned it is difficult to be specific as everybody is different and the things that affect one person with heart failure may not necessarily affect the next person. Some people with heart failure lose interest in sex and this can be distressing. For those whose condition is severe, they may find that they cannot tolerate sexual intercourse at all because it causes them to become very short of breath. If you have any worries or difficulties, do mention them to your heart failure nurse or GP.



Useful websites and telephone numbers

British Heart Foundation

The British Heart Foundation is the largest independent charity committed to the fight against heart disease. The Heart Helpline telephone number is 0300 330 3311. They can also be emailed on hearthelpline@bhf.org.uk. Website: www.bhf.org.uk

www.bhf.org.uk/heart-health/how-your-heart-works/know-your-heart.aspx

An interactive learning tool to help you learn more about your heart and explain what you can do to help keep your heart healthy.

Pumping Marvellous

A charity started by a heart failure patient to support others and also the heart failure medical and nursing teams. Offer booklets, advice, videos.

Website: www.pumpingmarvellous.org

Cardiomyopathy UK

Cardiomyopathy UK is a charity offering support and information. You can get help from a cardiomyopathy support nurse on 0800 018 1024 (lines open 8.30 am – 4.30 pm). Website: www.cardiomyopathy.org

National Institute for Clinical Evidence (NICE)

NICE is an executive non-departmental body of the Department of Health. They publish information for people with heart failure, carers, the public and healthcare professionals. Once you have logged onto the site look out for the section on heart failure. www.nice.org.uk

DVLA

Information about driving requirements and medical conditions. Website: www.dvla.co.uk

Claim for help with health costs

For help with health costs such as NHS prescriptions, NHS dental charges, travel costs to receive NHS treatment under the care of a consultant. You may be able to get help if you are receiving a Government benefit or credit, are pregnant, retired or on a low income. Telephone: 0845 850 1166,

Website: <https://www.nhs.uk/NHSEngland/Healthcosts/Documents/2016/HC1-April-2016.pdf>

Age UK

Support with carers support, advice, exercise, coming home from hospital, dementia, bereavement. Website: www.ageuk.org.uk/oxfordshire Telephone number: 0345 450 1276

Talking Space

For support with long term conditions, anxiety, depression. Website: www.oxfordhealth.nhs.uk/talkingspaceplus Telephone number: 01865 901222

Citizens Advice

Online and face to face free advice to help you find a way forward, whatever the problem. Website: www.citizensadvice.org.uk

Macmillan Charity

Support for everyone, specialising in end of life care not only for cancer patients.
Website: www.macmillan.org.uk Telephone number: 0808 8080000

The Samaritans

Charity offering support for people 'round the clock'. Website:
www.samaritans.org Telephone number: 116 123

HealthTalk

Information about various medical conditions from the patient's perspective.
Select the section on heart failure to watch videos from patients discussing their experiences of living with heart failure. Website: <http://www.healthtalk.org/>

Carers Oxfordshire

Carers Oxfordshire is a free service which offers information, advice and support to someone aged 18 and over, who is looking after someone aged 18 and over, living in Oxfordshire, who could not manage without this help.

- 0345 050 7666
- <http://www.carersoxfordshire.org.uk/cms/>
- carersoxfordshire@oxfordshire.gov.uk

Reading and West Berkshire Carers Service

- 0118 3247333
- ask@berkshirecarershub.org
- <http://berkshirecarershub.org/>

Carers Trust Thames (North Bucks and Milton Keynes)

- 01908 260444

Crossroads Care Oxfordshire

Crossroads Care is a registered charity and leading provider of home care services.

Telephone number: 01865 260280

Email: care@oxfordshirecrossroads.org.uk

Website: <http://www.oxfordshirecrossroads.org.uk>

Care Plan

Date: _____

Plan: _____

Review: _____

Care Plan

Date: _____

Plan: _____

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Care Plan

Date: _____

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Review: _____

The heart failure team is always grateful for donations received from patients, families and members of the public and we would use these gifts to buy equipment for the team and to support specialist staff training.

Donations can be made directly through the website <https://www.oxfordhealth.charity/> - please specify in the 'comments' that you wish the money to go to the Community Nursing Fund.

If you would rather write a cheque this should be made payable to Oxford Health Charity and a letter sent with the cheque should state that it is for the Community Nursing Fund. All cheques need to be sent to the below address:

Oxford Health Charity
c/o Kingston Smith
4 Victoria Square
St Albans
AL1 3TF

The heart failure team is also part of and supported by the British Heart Foundation if you would like to donate to the national service development please contact the British Heart Foundation on **02075 540000** or visit **www.bhf.org.uk**

Complaints procedure

If you are unhappy about your care, the care of a relative or about any aspect of our services, you should initially try to speak to a member of staff who is with you at the time or a member of the care team. They may be able to resolve your concerns straight away. However, if you are unable to resolve your concerns by talking to a member of staff, please contact the Patient Advice & Liaison Service (PALS), which provides support and advice to patients, their families and friends. Give PALS a call on: 0800 328 7971. You can also send an e-mail: PALS@oxfordhealth.nhs.uk

Updated August 2019