

## Case study

### MINAP

#### **MINAP - Myocardial Ischaemia National Audit Project**

MINAP was initially established to allow hospitals to demonstrate their performance against standards for heart attacks in the National Service Framework for Coronary Heart Disease published in 2000. Those standards include the time it takes from the onset of heart attack symptoms until appropriate treatment is received; and the use of secondary prevention medication on hospital discharge to reduce the risk of another heart attack.

MINAP's scope has subsequently been extended to allow hospitals and ambulance services to assess the management of all acute coronary syndromes.

MINAP has demonstrated that in 2008, 82% of patients in England received clot-busting treatment (thrombolysis) for heart attacks within 30 minutes of arrival at hospital, compared with **44%** in 2002.

The MINAP public report was first published in 2001 and was the first national audit to produce a report for patients and the public showing how hospitals performed against the national standards for heart attack. MINAP has **100%** participation rate from hospitals in England and Wales.

The MINAP steering group oversees the direction of the project and includes representation from all relevant stakeholders, including the Royal College of Physicians (RCP), The British Heart Foundation (BHF) and Cardiac Networks. It also includes two patient representatives from the MINAP Patient/Carer group. Professor Roger Boyle CBE, National Director for Heart Disease and Stroke, and Professor Peter Weissberg, Medical Director of the BHF, are among the members.

Professor Boyle comments on MINAP:

*"The Project is almost certainly the largest and most comprehensive database anywhere in the world. The data continues to show year on year progressive improvement in processes and outcomes."*

One patient/carer member (Iain Thomas) underlines the improvements:

*"If MINAP were a new drug it would be hailed as a life-saver. That's exactly what it is doing, helping to save the lives of heart attack patients by encouraging hospitals and ambulance trusts to improve performances."*

#### **Patient/carer group**

The MINAP steering group identified the need to involve patients in the publication of the first MINAP Public Report, to ensure that the content and format would meet the requirements of patients and the public. The MINAP patient /carer group consists of two patients, a carer, members of the MINAP team, a

representative from a hospital Patient Liaison Service, a BHF representative and the RCP Public Relations manager.

Cardiac Networks (CN) are established groups that are attached to most local hospitals with very active patients. The BHF have a close link with Cardiac Networks and the three patient/carer representatives of MINAP were found in this way. They all continue to be closely involved with and support the work of both the Cardiac Networks and the BHF. Both patients are well informed with a plethora of experience dating back several years, and are still involved in grass root PPI contact and activities. It has been a successful team, both due to the knowledge and experience of the patients involved and also because they have been accepted as equal partners. The patient/carer group are able to consider issues prior to full meetings so the patients are able to attend prepared.

The patient representatives on the MINAP steering group have an important role to ensure that patients have an input into the strategic direction of MINAP and especially in the future development of Patient Reported Outcome Measures.

MINAP delivers regional roadshows to promote the use of the data to improve patient care and the patient representatives participate, encouraging involvement from another perspective.

### **Effectiveness**

- The patients bring a patient centred focus to the Board meetings.
- Patients are able to ask questions and make comment about sensitive issues and clinical shortcoming that others might be hesitant to tackle.
- Patients ask the questions that matter to patients.
- The three representatives have experience and up-to-date grassroots contacts.
- Patients are also able to extend praise and congratulations for jobs well done, where colleagues may be over reticent.

Funding for MINAP passed from the Healthcare Commission to the Healthcare Quality Improvement Partnership (HQIP) from April 1st, 2008.

MINAP was based in the Clinical Effectiveness and Evaluation Unit of the Royal College of Physicians (RCP) but relocated in 2006 to the National Institute for Clinical Outcomes Research at University College, London. It continues close collaboration with the RCP.

For more information please follow this link;

<http://www.rcplondon.ac.uk/CLINICAL-STANDARDS/ORGANISATION/PARTNERSHIP/Pages/MINAP-.aspx>

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