



### *Introduction*

The PIPA study recruited patients from May 2013 to Sep 2014 at Bristol Royal Infirmary, Leeds General Hospital, University Hospitals of Wales (Cardiff) and Morriston Hospital (Swansea). Patients were invited to take part in the study if they attended hospital with a suspected heart attack and needed an emergency coronary angiogram.

Our study had two aims:

- (1) to find out whether it is feasible to create a database of patients who had a suspected heart attack by bringing together information collected routinely during patients' hospital care (during their admission and for any further related hospital admissions or visits).
- (2) to find out how cardiovascular magnetic resonance (CMR) changes treatment and investigate whether we could identify those changes in treatment from the routinely collected data.

CMR is a non-invasive test that can be used to assess damage to the heart and help guide treatment in people who have had a suspected heart attack. CMR is expensive (around £300 per scan) so it is important to know whether it benefits patients or the NHS.

We tried to:

- identify all patients eligible for the research at four hospitals,
- obtain their consent to participate,
- collect information from the hospital where they were treated (including whether they had CMR or not),
- combine the information from the hospital with other information collected routinely during patients' hospital care (admissions and outpatient clinics) over the following year.

### *Aim 1 results*

We successfully obtained consent from over 1,600 eligible patients to join the study (about 68% of all eligible patients identified during the recruitment period).

We were also successful in linking many sources of routinely collected data for these patients, but some hospitals were unable to provide some of the information we needed. Information like medications prescribed at discharge, blood and other test results and some imaging results were particularly difficult to obtain.

### *Aim 2 results*

A group of experts discussed and agreed ways CMR can influence treatment. We could identify the majority of changes to patients' treatments from the data collected about participants' care in the year after their heart attack.

### *Conclusion*

It is not currently feasible to establish a national database to collate information about patient care after a suspected heart attack. This is because we were unable to bring together all the information needed for the database from the hospitals taking part.

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