Dear BANCC members,

Welcome to the autumn edition of the BANCC newsletter. You will by now have received an email announcement from BANCC Council, informing you that Jayne Mudd has taken the decision to step down as President. In order to discuss and agree the options for progressing the excellent work of the Association, an Extraordinary Meeting of Council was held on 16th October, at which we discussed possibilities for leadership of the organisation.

Following the announcement that I shall be taking up the role of Acting President, it is important to offer you as a member an insight into how we as a slightly reconfigured Council envisage the work of the Association will continue. The situation we found ourselves in was unprecedented, and indeed the constitution was of little help. It would generally be accepted that following the resignation of the President, the President Elect would be asked to take the helm. I am certain that as a membership, we would not ask this of Scott McLean before he has had the opportunity to become fully involved in the work of the Council, and indeed our Past President, Jenny Tagney, is not in a position to continue in the President’s role.

Continues on Page 2
President’s letter continued

I have therefore offered to take on the role of Acting President, a post that will continue to be under review, which is in addition to my current position as Honorary Secretary. This is not a decision that was taken lightly, and will not be possible unless the very strong Council continue to work as a team. What cardiac nurses are exceptionally good at is working as a team and my impression of our Council thus far is that this is no exception. The work of the junior Council members will be more than would normally have been expected of them, but this is an opportunity for professional growth and I feel certain the Council will rise to the challenge.

Work over the course of the next few months is varied and we have a very full agenda. Specifically, we are currently working on the representation of BANCC at the BCS Annual Conference and Exhibition 2010, to be held next year 7-9 June 2010 in Manchester. We were a little disappointed at this year’s conference, at the apparently low attendance by nurses, and are looking to attract more nurses to the event by developing stronger representation at the event. Here are some statistics: Total of 2532 delegates. 75% of delegates were either Consultant Cardiologists or Trainee Cardiologists and 10% were nurses. Of the 10%, 48.3% were BANCC members and the remaining 51.7% were members of other affiliated groups (eg. HRUK, BCIS, BSE, BSH). 80.5% of the 48.3% held joint BANCC-BCS membership and the remaining 19.5% held BANCC only membership.

If you were in attendance this year, we would particularly like to hear about your experiences (email bancc@bcs.com). It is genuinely worthwhile considering joining us at the BCS Annual Conference and Exhibition next year, and in particular for the BANCC Annual General Meeting, the date of which will be confirmed in due course. It may be worthwhile considering, if you have not done so already, joint BANCC/BCS membership, as one of the many benefits is free early bird registration to the Annual Conference.

Continuing on the same theme, watch out for a call for abstracts for next year’s Conference, which should be circulated soon in a separate mailing. The deadline will be around 1st December, so please start thinking about submitting abstracts well ahead of that date.

We will again this year be offering members the opportunity to apply to the BANCC Professional Development Support Fund, for funding to support attendance at study days. The application will be attached with each future edition of the newsletter, with deadlines now extended to twice yearly. We will send out reminders in advance of deadlines, which will now be both in March and September. Do consider applying to the fund. Details on how to apply will be sent in a separate mailing by the end of November. Watch this space!

Your newsletter – your news: You will be aware we will put links for information relating to conferences and study days in the newsletter and on the BANCC web site. If you would like to use your newsletter to advertise local events then please let us know (please email bancc@bcs.com) and we can include details (if appropriate and relevant to members). We are also very keen to hear about local developments and successes, so please do let us know and we can include information and reports in your newsletter.

You will see a report (pg 6) on the recently completed BHF / BANCC Cardiac Course, a distance learning programme developed for and accessible to BANCC Only members. If you are at a stage in your career when you are considering further study, you might like to consider this as an option.

......and finally, if you’re in Manchester next week Friday 6 November, please come and visit our stand at Nurse Clinics 2009. It’s still not too late to register at a reduced rate! (see pg 7).

We always welcome feedback. Do let us have your news and views, and contributions to the newsletter!

Best wishes,

Jan Keenan
Acting President/Honorary Secretary, BANCC
<table>
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<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Period</th>
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| Jan Keenan          | Acting President/Honorary Secretary             | June 2009–Interim Period | Current Role: Consultant Nurse in Cardiac Medicine, John Radcliffe Hospital  
|                     |                                                |          | Areas of special interest: Cardiac nursing                              |
|                     |                                                |          | Areas of special interest: Acute Coronary Syndromes and chest pain management |
| Imelda Sotto        | Treasurer                                       | June 2009–June 2011 | Current Role: Senior Clinical Nurse Specialist, London Chest Hospital        
|                     |                                                |          | Areas of special interest: Heart failure                                 |
| Catriona Jennings   | Junior Secretary                               | June 2009–June 2011 | Current Role: Cardiovascular Specialist Research Nurse, Department of Cardiovascular Medicine, Imperial College London 
|                     |                                                |          | Areas of special interest: Preventive Cardiology, smoking cessation, behaviour change and psycho-social health |
| Andrea Manley       | Junior Treasurer                                | June 2009–June 2011 | Current Role: Clinical Nurse Specialist, Heart Failure Service, London Chest Hospital 
|                     |                                                |          | Areas of special interest: Cardiology                                   |
| **Ordinary Members**|                                               |          |                                                                         |
| Helen Cox           |                                                | June 2009–June 2011 | Current Role: Senior Lecturer in Cardiac and Critical Care Nursing; University of the West of England 
|                     |                                                |          | Areas of special interest: Predominately specialised in cardiac care over the last 20 years, teaching and research interests include cardiac and pre-hospital care, telemedicine and heart failure. Other areas of interest which have developed are managing critically ill patients both in high dependency and general ward settings. |
| Jacqueline Hunt     |                                                | June 2008–June 2010 | Current Role: Community Heart Failure Specialist Nurse, South Downs Health NHS Trust.  
|                     |                                                | (first term) | (Also part time Cardiac Research Nurse at Eastbourne District General Hospital).  
|                     |                                                |          | Areas of special interest: Heart failure with a specific interest in developing the care of cardiac patients on general medical wards and ECG interpretation. |
| Kathy Marshall      |                                                | June 2009–June 2011 | Current Role: Consultant Nurse in Cardiology, University Hospital Lewisham 
|                     |                                                | (first term) | Areas of special interest: Chest pain assessment, acute coronary syndrome, cardiac rehabilitation and prevention |
| Sheena Vernon       |                                                | June 2009–June 2011 | Current Role: Adult Congenital Heart Disease Nurse, Bristol Royal Infirmary       
|                     |                                                | (first term) | Areas of special interest: Adult congenital heart disease                 |
Non voting Members

Jenny Tagney  Past President  June 2009 – June 2010

Current Role: Consultant Nurse in Cardiology, Bristol Royal Infirmary

Susie May

Current Role: British Heart Foundation representative. Nurse Project Manager for the British Heart Foundation.
Areas of special interest: Setting up innovative specialist nurse and allied healthcare professional services across primary and secondary care. The skills, knowledge and education of cardiac nurses.

Department of Health representative to be confirmed

Honorary Member

Professor David R. Thompson

Current Role: Professor of Cardiovascular Nursing, Department of Health Sciences & Department of Cardiovascular Sciences, University of Leicester, Lead for BANCC research network
Areas of Special Interest: Cardiac rehabilitation, quality of life

HOW TO CONTACT BANCC:

All council members can be contacted by email: bancc@bcs.com

For any administrative queries or information requests, please contact:

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Affiliates Coordinator
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London
W1T 5HW

Direct Tel: 020 7380 1918
General Tel: 020 7383 3887
Email: bancc@bcs.com
Firstly I wish to thank BANCC for granting me the opportunity to attend this year’s conference and honoring me with the prize of free attendance. It was much appreciated in these economically stringent times, as once I had booked my train fare from Cardiff to London and sorted out accommodation the purse strings were smarting.

On the first day it was reassuring to see some familiar faces and names and to get a refresher of the ongoing improvements being made in Cardiology in relation to patient care and intervention. In Wales we strive towards the same national goals and treat patients using the same shared evidence despite the unique restrictions of a devolved Welsh Government and a changing Healthcare system that poses its own set of challenges.

At the same time it was heartening to see a number of the same dilemmas and challenges discussed at a national level i.e. trusts attempting to deliver the 18 week pathway, the challenges in providing diagnostics in a timely and efficient manner, as well as Heart failure management and its ongoing challenges as our population ages.

The nationwide aim to provide PPCI as the GOLD standard throughout UK within the next three years was a topic keenly discussed at the conference and of particular interest to me. This poses a huge challenge in Wales, where the business case for provision of this essential advance in the treatment of CHD lies at the feet of the commissioners. Currently the NHS in Wales is going through reformation and the resulting changes will take time to embed. This is inevitably time lost in the advancements of a 24/7 PPCI service.

The topics covered in some of the posters, presentations and stands throughout the conference gave me the opportunity to reflect on the particular aspects of cardiac nursing and identify with the universal challenges we are facing.

These are:
- Ensuring a competent workforce to treat the patient with CHD in the future.
- Ensuring the expertise is placed at the correct part of the patient journey.
- Revising and reviewing how we provide our services i.e. historical follow-up clinics without an evidence base for doing so, provision of cardiac rehabilitation without modernisation to include the rapidity of the patient journey with the invention of PPCI.
- Workforce needed to cope with European Working Time Directive.
- Findings in UK site that if PPCI were to be fully operational it would equate to 1/3 of workload and therefore needs all interventionalists to be part of the rota in a job plan. The pilot sites also demonstrated that planners and commissioners need to be aware that to ensure a fully functioning 24 hr PPCI service then an ITU bed is also required as the case complexity and age range for interventional treatment increases.
- NACR talk on the need for effective commissioning of cardiac rehabilitation.
- The use of GRACE and TIMI to triage and treat ACS patients, categorising them into high risk, intermediate and low risk and then bringing them to CCT for intervention as appropriate.

Since returning to Wales I have shared with my teams the highlights from the conference as discussed above as well as promoting the organisation as a mechanism of communication with cardiac nursing peers across the UK and further.

I hope that in the near future there will be more Welsh cardiac nurses joining the various forums and attending conferences where possible. This will enable the continuous sharing of new approaches, new evidence, knowledge and skills as well as building friendships.

Maureen Edgar
Senior Nurse Cardiology, Cardiothoracic Services
Cardiff and Vale NHS Trust
We are currently recruiting students for the BANCC/BHF Acute cardiac course delivered by the University of Salford. The course has run on two occasions previously and has evaluated extremely well with many of the students gaining promotion to a higher grade within six months of completing the course.

The module is delivered via blended learning. The students are expected to attend the University of Salford in Greater Manchester on three days during the course. The remaining learning is facilitated via online lectures and electronic resources. These resources can be accessed at any time of the day or night. This allows you to plan your learning around your home and working life.

The course covers all aspects of acute cardiac care and can only be accessed by BANCC members working in an acute setting. The course fee is funded by the British Heart Foundation which demonstrates their support for the course content and the teaching team.

If you would like to gain more information about the course or request an application form then contact Dr Ian Jones, course leader via email at i.jones@salford.ac.uk

Dr Ian Jones
Module Leader, Lecturer in Cardiac Nursing - School of Nursing, University of Salford

NICE Guidelines: BANCC Representation

Report on the Stakeholder Meeting for NICE guideline on Stable Angina

I responded to a request from BANCC to represent the organisation with the development of the NICE guideline on stable angina. I attended the registered stakeholder organisation meeting at the NICE offices in Holborn, London on 14th April. I didn’t know what to expect and I was very excited about getting involved with this guideline as I work closely with this group of patients. Registered stakeholders attended this meeting to gather background information including an overview of NICE and the clinical guideline development process, and to discuss and contribute to the development of the scope on stable angina. Included in the audience were consultant cardiologists, specialists from the British pain society, academics, clinical advisors from manufacturers, and other professional and voluntary sector groups.

The meeting was introduced and chaired by the associate director of NICE, Phil Anderson. He introduced the five panel members, who were to each give a short presentation on their role in the development of the guideline and their area of expertise. Dr Robert Henderson, Consultant Cardiologist and clinical advisor to the guideline development group, presented the consultation draft of the scope. He summarised what had already been documented in the draft scope, including what will be included and what will be excluded in the guideline. Following this we were informed that the panel would now take questions about the scope. It was made clear to the audience that any suggestions made at the meeting could not be formally acted on and stakeholders were advised to post their comments/suggestions via the stakeholders comments form for the angina guideline, which could be accessed via the NICE website. Several questions and comments were put to the panel, but many stakeholder representatives did not comment at the meeting and I assume that they were going to post their comments via the website where they would be formally actioned.

The questions/comments time focused on many different issues. Firstly, this guideline was purely for the management of patients with an established diagnosis of angina and would not include the diagnosis of angina, or tests/investigations used to diagnose angina. It was pointed out that the awaited NICE guideline on chest pain (due to be published February 2010) would cover the diagnosis, including patients attending Rapid Access Chest Pain Clinics (RACPC). Some stakeholders felt that there would be an overlap between the two guidelines. Other topics addressed included ethnic minority groups, and that representatives should be included in the guideline development group; non-invasive tests and investigations to assess functional status; refractory angina and the need for explicit guidelines on the management of this and the need for a chronic pain representative on the guideline group; guidelines for patients needing coronary artery bypass surgery; adherence to medication regimes.
Attending this stakeholder meeting gave me an invaluable insight into how the guideline process is developed, and allowed me to formally contribute my suggestions/comments on behalf of the BANCC. The stakeholder meeting is the start of such a process and we were informed that NICE were currently looking to recruit members for the guideline development group and interested candidates should apply via the NICE website, although it was made clear that a commitment to attend all meetings over an 18 month period, starting on 1st July 2009, was required. The guideline is due to be completed and published in July 2011.

Jenny Deane  
Clinical Nurse Specialist in Cardiology  
Royal Free Hampstead NHS Trust, London

Nurse Clinics 2009

Just a quick reminder that if you are interested in attending the upcoming Nurse Clinics 2009 event, next week Friday 6 November 2009, Manchester Central Convention Complex, you are eligible to register for a reduced 15% rate as long as you are a current and paying member of BANCC!

Quote reference BANCC/15% in the ‘for office use only’ box on the booking form.  
http://www.healthcare-events.co.uk/conf/booking.php?action=home&id=297

For more information please contact Healthcare Events on 020 8541 1399

Download Brochure:  

BANCC have a stand at the event. Please do visit us at Stand No 12! Look forward to seeing you there.

Jenny Tagney  Jan Keenan  
Past President  Acting President/Honorary Secretary

NHS Clinical Knowledge Summaries  
- Suggestions for new CKS topics

Freely available, the NHS Clinical Knowledge Summaries (CKS) (formerly PRODIGY) are a reliable source of evidence-based information and practical ‘know how’ about the common conditions managed in primary care. They are aimed at healthcare professionals working in primary and first-contact care.

CKS provides quick answers to real-life questions that arise in the consultation, linking to detailed answers that clearly outline the evidence on which they are based.

The CKS have asked BANCC for suggestions for new CKS topics from the NHS Evidence specialist collections. As users of the cardiovascular, stroke or vascular collections you may have a topic to suggest. To view a full list of current topics, please go to: http://www.cks.nhs.uk/clinical_topics/full_list

For any further enquiries, please contact:  
Rachael Parslow  
Communications and Project Officer  
e: rachael.parslow@schin.co.uk  
w: http://www.cks.nhs.uk/home  
t: +44(0) 191 243 6192  
f: +44(0) 191 243 6101
The annual European Society of Cardiology (ESC) heart failure conference was hosted this year in Nice, France 30th May to 2nd June 2009. This beautiful setting was a contrast to the hustle and bustle of the busy conference! All the delegates were easily spotted around the town as they looked like little ants scurrying around with their brightly coloured delegate rucksacks on their backs!!!

The conference attracts all professionals from around the globe who share a passion for improving the management of heart failure [HF]. The daily agenda was packed from 8.30 am to 19.30 with 7-9 simultaneous streams. Delegates had the challenge of selecting lectures ranging from phosphorylation of the ryanodine receptor to heart failure with preserved ejection fraction to telehealth home monitoring – what a range!!!!

Here is a “taster” of some of the sessions:
Transition from hypertension to heart failure; this session provided a re-cap of the patho-physiological changes associated with hypertension and the development of heart failure. It was disappointing to hear that hypertension is so badly managed despite the vast evidence base demonstrating clearly the benefit of pharmacological and non pharmacological intervention. The key message was regulating the rennin angiotensin-aldosterone system [RAAS] was fundamental in its management.

Depression and heart failure; the presence of depression ranges from 9% to 60% in heart failure patients, and over a third of patient will have true clinical depression rather than symptoms of feeling “low in mood”. This variance supports the view that depression is poorly detected and measured in clinical practice. Asking patients the simple question of “Are you depressed?” was recommended as an effective measure. Solutions ranged from stress management, cognitive behavioural therapy [CBT], medication belief and adherence, pharmacological strategies and the option group or individual therapy.

Heart failure and co morbidity – COPD; an interesting session outlined the practical challenges of managing this co-morbidity. Key points were:- 1 in 5 COPD patients have heart failure, such patients frequently have poor echo windows due to altered lung pathology. Caution was advocated in the use of high dose diuretics due to effects on the acid base. During periods of de-compensated HF, the FEV1/FVC reduces significantly and patients may benefit from increasing in their respiratory therapies.

Remote monitoring; this session generated lots of discussion following the key speakers address. It seemed that the term “remote monitoring” is used to describe a variety of systems or services. For example a practitioner from the USA, who works as part of the Kaiser Permanente private health care provider, uses remote monitoring for the up-titration and monitoring of patients with no “in person” intervention. They manage about 400-600 patients and felt they offered a very personalised service. In Israel, the practitioners described a service of remote telephone monitoring to review and titrate therapy along with the use of pre packed medication, and the use of a multi-disciplinary acute response team. The key message from the first speaker, and also my personal view, is that Tele health /remote monitoring is an exciting new medium in health care. We are able to record/collate a vast array of patient data, BUT we need to be more select and this data should not be recorded “just because we can”! We always need to be mindful that we are monitoring a person not numbers!

Palliative care and HF; it appeared that, compared to other countries, within the UK we are making progress in palliative care. The chair of the session asked the audience to “raise their hands” if their HF patients had access to palliative care services. Even though the “show of hands” was small; all of these were from the UK!!

Word of Caution: Just remember that conference speakers are not always experts! At one particular lecture the information given was inaccurate and truly questioned the vetting process of the speakers! You have been warned!!!! However, the conference is highly recommended, and is next hosted in Berlin, Germany between 29th May to 1st June 2010. For more information, please go to http://www.escardio.org/congresses/HF2010/Pages/welcome.aspx

SEE YOU THERE!! ☺

Wendy Churchouse  
Heart Failure Clinical Lecturer  
Education for Health
In recent years there have been many studies which have investigated the views and attitudes of nurses regarding having family members present during cardiopulmonary resuscitation (CPR) attempts. While it seems that nurses are generally positive about having family members witness the attempted resuscitation of a loved one, this outlook is not shared across the profession (Fulbrook et al 2005; Axelsson et al 2008).

Some nurses object and question this practice because their experiences of family members being present during the resuscitation of a loved one have been emotionally difficult and highly unsatisfactory. Though such anecdotal accounts appear infrequent, it seems appropriate and important to begin documenting and exploring the nature of these challenging experiences. This information will be valuable in helping the profession identify the features of such experiences and lessons that may be learned for the future.

If you are a nurse who might be interested in volunteering and discussing your own experiences of family witnessed resuscitation, please contact me. Those expressing a wish to be involved will be sent information about the aims of this project and a consent form via email. No activity will take place until a completed consent form is returned. All responses will be kept confidential and anonymous.

References:


Dr John Albarran
Reader in Cardiovascular Critical Care Nursing
University of the West of England, Bristol

NHS Evidence update for 2009 on Heart Failure

(http://www.library.nhs.uk/cardiovascular/viewResource.aspx?resid=325170) presents the latest high quality evidence available on heart failure in a single web publication. This includes:
High quality systematic reviews selected by detailed searches of a range of databases including Medline, CINAHL, Cochrane, EMBASE, DARE, EED.

Expert commentary from:
Professor Jonathan Mant, University of Cambridge
Professor David Thompson, University of Leicester
Dr Andrew Clark, University of Hull and Castle Hill Hospital, Hull
Ms Jillian Riley, Imperial College and Royal Brompton Hospital, London
Professor Tom Quinn, University of Surrey (Clinical Lead, NHS Evidence -cardiovascular)

Key documents: Guidelines, audit, statistics, prescribing information, improvement and commissioning guides
**Links to key websites** including NHS Choices, BHF, BSH and Heart Failure Matters. Our specialist collections provide high quality evidence to healthcare professionals working in the NHS to improve the quality of patient care. NHS Evidence, [http://www.evidence.nhs.uk/](http://www.evidence.nhs.uk/), launched in April 2009 is the major evidence based information resource for the NHS and part of the National Institute for Health and Clinical Excellence.

Bookmark our homepage at [http://www.library.nhs.uk/cardiovascular/](http://www.library.nhs.uk/cardiovascular/) to keep up to date. We also have a mailing list for those who wish to receive regular updates about material added to our site. Sign up for this at: [https://www.jiscmail.ac.uk/cgi-bin/webadmin?SUBED1=cvdsI&A=1](https://www.jiscmail.ac.uk/cgi-bin/webadmin?SUBED1=cvdsI&A=1).

**Feedback on this update:** Please contact j.crawford@surrey.ac.uk

Jean Crawford  
Project Manager  
NHS Evidence - cardiovascular, stroke, vascular specialist collections  
Division of Health & Social Care  
Duke of Kent Building  
Guildford, Surrey GU2 7TE  
01483 682 515  
[http://www.library.nhs.uk/specialistcollections/](http://www.library.nhs.uk/specialistcollections/)

**Miscellaneous Items**

- **Cardiac Catheter Lab Course, London Southbank University**

  The BHF have helped in the creation of a course at London South Bank University aimed at multi-skilling the cardiac cath lab workforce.

  The BHF will be supporting 25 students on the next intake in February 2010.

  **The aims of the course are:**
  
  - To enable students to acquire the knowledge and skills to undertake the range of non-medical clinical activities performed during elective and emergency cardiac angiography procedures.
  
  - To enable the cardiac catheter laboratory practitioners to acquire the necessary practice competencies within a Trust protocol led framework.
  
  - To enable students to negotiate effectively with patients and other health care practitioners, in order to meet the needs of patients undergoing elective or emergency cardiac angiography procedures.
  
  - To develop the students ability to contribute to the delivery of a safe and effective cardiac catheter laboratory service.

  Some of the many reasons that BHF has invested time and money into the development and roll out of this course is to help reduce downtime in cath labs, help reduce waiting times for procedures and improve overall treatment and diagnostic procedures for the patient.

  **The closing date for applications is 13 November 2009.** For further information, please go to BANCC News: [http://www.bcs.com/pages/news_full.asp?NewsID=19408001](http://www.bcs.com/pages/news_full.asp?NewsID=19408001) OR contact: Keith Carpenter, London Southbank University, Tel: 020 7815 8051, Email: carpenkr@lsbu.ac.uk
• **CHD Prevention Online – The University of York**

Course starts in January 2010. If you would like to develop your knowledge and skills in CHD prevention but find it difficult to take time out of the workplace, this online course could be for you. This is a 14 week case study focused course, based on the BHF strategy on CHD prevention.

For more information, please visit [http://www.york.ac.uk/healthsciences/cardiac/index.htm](http://www.york.ac.uk/healthsciences/cardiac/index.htm), or contact Ros Brownlow on 01904 321398 or email rm26@york.ac.uk

• **Seeking benchmarking data and evidence**

Can anyone assist in reviewing and comparing national/international practice as follows?:
- Nursing staffing levels and competencies for Pacing within the tertiary centre looking at the aging demographic and the complexity of the devices being implanted currently.
- Nurse led consent progress within areas where the nurse is consenting but not actually carrying out the procedure (ICD/CRT insertions, Cardioversion, angiography, angioplasty).
- RACP services (looking to expand services to include an element of acute as well as the non acute GP chest pain referrals…new referrals to cardiology pool)
- Staffing levels in tertiary coronary care units, have proposed changes using the RCN critical care standards and HURST models of benchmarking.
- Protocol led (nurse) discharge for post intervention (trying to cut out need for SHO in relation to EWTD)
- Perhexiline clinics need to revamp existing model as outdated and inefficient.

If you have any ideas or are aware of any nursing managers who have done some work within the above areas, please contact:

Maureen Edgar
Senior Nurse Cardiology
Cardiothoracic Directorate, Cardiff and Vale NHS Trust
Email: maureen.edgar@cardiffandvale.wales.nhs.uk
Tel: 029 20742660

• **BCS & Mayo Clinic Cardiology Review Course 2010**

A limited number of day tickets are now available for the Cardiology Review Course 2010, which will run from 8 to 12 March 2010 at the RCP, London. The course has been developed to match the current Cardiology Curriculum, so may be of interest for Specialist Nurses in Cardiology. The faculty will be a mix of the leading figures in Cardiovascular medicine from the UK and USA.

To view the 2010 Programme Overview and for online registration please go to [http://www.bcs.com/pages/page_about.asp?pageID=525](http://www.bcs.com/pages/page_about.asp?pageID=525)

• **Trudie Lobban**

Congratulations to Trudie Lobban, Founder and Chief Executive of STARS, on being awarded an MBE in the Queen’s birthday honours list earlier this summer for her work with STARS and services to healthcare.
Forthcoming events/courses

- **Nurse Led Clinics 2009, 6 November 2009, Manchester Central Convention Complex**
  For further information, please go to the conference website. BANCC members are eligible to a 15% discount by quoting the code ‘BANCC/15%’ when booking online. [http://www.healthcare-events.co.uk/conf/booking.php?action=home&id=229](http://www.healthcare-events.co.uk/conf/booking.php?action=home&id=229)

- **Nursing in Practice Awards 2009, 17 November 2009, NEC Birmingham**
  For further information, please go to [http://www.nursinginpractice.com/](http://www.nursinginpractice.com/)

- **BCCA Annual Scientific Meeting 2009, 18 - 19 November 2009, St George’s Hall, Liverpool**
  For further information, please go to the BCCA conference website [http://www.bcca.co.uk](http://www.bcca.co.uk)

- **The Second Cardiff Symposium on Clinical Cardiovascular Genetics, 23 - 24 November 2009, Mercure Holland House Hotel, Cardiff**
  For further information, please contact Angela Burgess, Education Officer, The Wales Gene Park, Cardiff University, Email: burgessam@cardiff.ac.uk or Tel: 029 2068 7658

- **Association for Nurse Prescribing 11th Annual Conference "Ensuring Safe Prescribing Practice" - London, 26 November 2009**
  For further information, please go to the ANP website [http://anp.org.uk/](http://anp.org.uk/)

  For further information, please email cco@onetel.com or clinical.education@talktalk.net

- **Vascular health checks – Vascular Management, 26 - 27 November 2009, Imperial College London**
  For further information, please contact Stephanie O’Mahony, Email: cpd@imperial.ac.uk or Tel: 020 7594 6882

- **4th UK Stroke Forum Conference 2009, 1 - 3 December 2009, SECC Glasgow**
  For further information, please go to the conference website [http://www.ukstrokeforum.org/](http://www.ukstrokeforum.org/)

- **Venuos Thromboembolism (VTE): Reducing The Risk, 2 December 2009, London**
  For further information, please go to the conference website. BANCC members are eligible to a 15% discount by quoting the code ‘BCS03/VTED/15%’ when booking online. [http://www.healthcare-events.co.uk/conf/booking.php?action=home&id=337](http://www.healthcare-events.co.uk/conf/booking.php?action=home&id=337)

- **10th Annual Spring Meeting on Cardiovascular Nursing, 12 – 13 March 2010, Geneva, Switzerland**
  For further information, please go to the ESC website [http://www.escardio.org/congresses/cardio-nursing-2010/Pages/welcome.aspx](http://www.escardio.org/congresses/cardio-nursing-2010/Pages/welcome.aspx)

- **BCS Annual Conference and Exhibition 2010, 7 – 9 June 2010, Manchester Central**

- **ESC Congress 2010, 28 August – 1 September 2010, Stockholm, Sweden**
  For further information, please go to the ESC website [http://www.escardio.org/CONGRESSES/ESC-2010/Pages/welcome.aspx](http://www.escardio.org/CONGRESSES/ESC-2010/Pages/welcome.aspx)
# Website Links

## Internal website links:

- British Cardiovascular Society (BCS)  
- British Association for Nursing in Cardiovascular Care (BANCC)  

## External website links:

- British Heart Foundation  
- Department of Health  
- Chief Nursing Officer bulletin  
- NHS  
  [http://www.nhs.uk/Pages/homepage.aspx](http://www.nhs.uk/Pages/homepage.aspx)
- Royal College of Nursing Cardiovascular Nurses' Network  
  [http://www2.rcn.org.uk/cvnetwork](http://www2.rcn.org.uk/cvnetwork)
- National Institute for Health and Clinical Excellence  
- Medicines and Healthcare products Regulatory Agency  
  [http://www.mhra.gov.uk/Aboutus/index.htm](http://www.mhra.gov.uk/Aboutus/index.htm)
- Heart Online  
  [http://heart.bmj.com/](http://heart.bmj.com/)
- British Journal of Cardiac Nursing  
  [http://www.cardiac-nursing.co.uk/](http://www.cardiac-nursing.co.uk/)
- European Journal of Cardiovascular Nursing  
- British Journal of Primary Care Nursing  
- European Society of Cardiology  
- Council on Cardiovascular Nursing and Allied Professions  
  [http://www.escardio.org/communities/councils/CCNAP/Pages/welcome.aspx](http://www.escardio.org/communities/councils/CCNAP/Pages/welcome.aspx)
- Arrhythmia Alliance  
  [http://heartrhythmcharity.org.uk/](http://heartrhythmcharity.org.uk/)
- Cardio & Vascular Coalition  
- Cardiac Risk In The Young  
- National Library for Health  
- Cardiovascular Diseases Specialist Library  
- Stroke Specialist Library  
  [http://www.library.nhs.uk/stroke/](http://www.library.nhs.uk/stroke/)
- Vascular Specialist Library  
  [http://www.library.nhs.uk/vascular/](http://www.library.nhs.uk/vascular/)
- Her at Heart  
- Society for Cardiothoracic Surgery in Great Britain and Ireland – Nurses Page  
  [http://www.scts.org/sections/nurses/index.html](http://www.scts.org/sections/nurses/index.html)
- Coronary Prevention Group  
- Irish Cardiovascular Nurses Association  
  [http://www.incanursing.ie/](http://www.incanursing.ie/)

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