Cardiac Rehabilitation National Priority Project

The overall aim of this project, which began in September 2008, continues to be improved access, equity of provision and better uptake to quality CR services for heart attack, angioplasty and CABG patients.

The project sites have worked closely with providers, commissioners, patients and carers in planning services, shaping workforce and multi-disciplinary team approaches.

NHS Improvement cardiac rehabilitation projects have included 16 sites across 12 cardiac networks.

The emphasis varies within each project, however most of the projects involved redesign of services with a view to commissioning integrated services across an area, or advising commissioners of their next steps in service commissioning.

All of the projects worked on inequities, increasing uptake and timely access to services, involvement of patients and carers in informing redesign and improved information.

The project sites:
1. Derbyshire County PCT
2. South West and East London Cardiac and Stroke Networks
3. North Lincolnshire and Goole NHS Trust
4. Dorset Cardiac and Stroke Network
5. NHS North of Tyne, North of England Cardiovascular Network
6. Shropshire and Staffordshire Heart and Stroke Network
7. Surrey Heart and Stroke Network
8. Black Country Cardiovascular Network
9. North West London Cardiac and Stroke Network – PPCI project
10. Peninsula Heart and Stroke Network
11. MyAction Westminster
12. North Yorkshire and York PCT

Approach taken

Working with cardiac networks, individual PCTs and Trusts, project teams were supported by a series of two monthly meetings, to devise solutions and share their learning. Led by the National Improvement Lead and National Clinical Lead for cardiac rehabilitation at NHS Improvement, and supported by the National Clinical Advisor, these meetings proved a very successful method of providing peer support. Learning about wider national issues, such as work around tariff negotiations, combined with other projects, proved invaluable to progressing individual projects.

Project teams shared learning via the NHS Improvement system and on a website.

CR UK would like to say goodbye to Linda Edmunds who left the newsletter editorial team in January 2010 after a year and a half as our BACR representative. Linda continues in her busy roles as consultant nurse in Cardiff as well as BACR Treasurer. We wish her the best of luck and a very big thank you for all her hard work on the newsletter.

We are happy to welcome Paul Smith to the team. Paul is a cardiac rehabilitation specialist nurse in West Wales, and the Clinical Lead for Mid and South West Wales Cardiac Network. He is also the Chair of BACR Membership Services and Communications Committee.

We wish Linda and Paul the best of luck in their new and continuing roles.

Anu Mukherjee, Editor

Inside this issue
- ‘Jordanhill Hearties’ Phase IV
- 2009 ACPICR Standards for Physical Activity and Exercise in the cardiac population
The main outputs of the projects have been:

- redesign of service pathways
- production of detailed service specifications and business case
- one project undertaking full procurement
- new and innovative service models e.g. heart failure rehab in the community
- increase in numbers undertaking rehab
- improved equity of access
- reduced waiting times for CR
- clinical pathway development to ensure uptake of rehab for PPCI patients
- economies of scale by integration with national heart failure, cardiac surgery and PPCI programmes.

Many of the outcomes from the projects meet the QIPP agenda.

These include:

**Quality**

Safety - Centralised referral and patient tracking, standardised protocols and procedures, risk stratification forms, governance standards, skills competency assessment, service specifications.

 Effectiveness - New community and home based programme for IHD, outcome measures, clear management plans, effective use of staff and programmes.

 Experience - Increased patient choice, care provided closer to home, improved patient information.

**Innovation**

Rehab led follow up, drug therapy reviews, local task group acting to co-ordinate all quality initiatives.

**Productivity**

Increased number of patients accessing rehab, reduced hand offs, using and scheduling staff more effectively, rehab led follow up (reduces need for OPD attendance), production of business case for CR.

A major strength of NHS Improvement has been the ability to share expertise and experiences across the different work streams, which has clearly led to greater productivity and quality outcomes benefiting other aspects of NHS service delivery. This has placed CR in the driving seat for steering national initial initiatives such as tariff implementation and commissioning.

‘Now is not a time for standing still, rather it is time to engage with the quality and productivity agenda. I believe CR is one of the best quality and productivity cases around and that the CR priority projects have the appropriate focus and skills to deliver service redesign, innovative commissioning and improved quality’.

Professor Patrick Doherty, National Clinical Lead, NHS Improvement

**Next steps**

NHS Improvement is jointly leading the development of a CR Commissioning Pack for PCTs with the Strategic Development Unit at the Department of Health. NHS Improvement will take responsibility and lead a national roll-out of the Commissioning Pack from June 2010 which will aim, within the context of quality and productivity, to increase the numbers of patients receiving a quality cardiac rehab service. Recruitment to the national roll-out will be via the cardiac networks in England.

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www.improvement.nhs.uk/heart/cardiacrehabilitation
Update on the Campaign for Cardiac Rehabilitation

Nearly 100 patients and carers descended on Westminster in February to urge their MP to tackle heart and circulatory disease and share our General Election manifesto with them.

It contains a clear call for better Cardiac Rehabilitation. Many also raised the serious need to tackle the services in their local area. On 1 March, to mark the tenth anniversary of the NSF for CHD, we delivered our petition calling for a new heart plan, which addresses key gaps like Cardiac Rehabilitation, to the Prime Minister.

There have been some key successes since the launch of the 2009 NACR.

In December last year, the Secretary of State for Health Andy Burnham, published a five year strategy document for the NHS which included a commitment to ‘improving timely access to good cardiac rehabilitation’. This was underpinned by the NHS Operating Framework for 2010-2011, which committed the Department of Health to developing a set of indicators to improve access to it. The NHS Improvement Team has been asked to develop a pack for commissioners to help them make better cardiac rehabilitation services available for heart patients.

BHF Scotland and our partner Chest Heart & Stroke Scotland (CHSS) have been working together to move the Scottish Campaign for Cardiac Rehabilitation forward. Cabinet Secretary for Health and Wellbeing Nicola Sturgeon MSP attended the Cross Party Group for Heart Disease and Stroke. She restated her support for the objectives of the Scottish Campaign and said she expects them to be achieved by Scottish health boards, in particular ensuring that Scottish data contributes to the National Audit of Cardiac Rehabilitation for the first time. To find out more about the campaign in Scotland contact Ben McKendrick on 0131 555 5891 or mckendrickb@bhf.org.uk

The newly formed Local Health Boards (LHBs) are now up and running in Wales, and one of the first letters their Chairs and Chief Executives received was from the Welsh Campaign for Cardiac Rehabilitation. They have been asked how they will ensure that all patients who are eligible for cardiac rehabilitation are referred on, and that cardiac rehabilitation teams have the support they need to deliver evidence based services in line with cardiac network action plans. To find out more about the campaign in Wales contact Delyth Lloyd on 02920 382406 or lloydld@bhf.org.uk

BHF Northern Ireland, Northern Ireland Chest Heart & Stroke and local campaigners have been concentrating on raising the issue with local politicians. The campaign has successfully led to a large number of Assembly Questions and a No Named Day motion. At the start of National Heart Month, the Minister of Health, in answer to an oral question, stated he was investing in cardiac rehabilitation. But current proposals from the Northern Ireland Executive threaten to cut a further £113.5m from the health budget. BHF Northern Ireland will now campaign for investment in cardiac rehabilitation to be ring fenced. To find out more about the campaign in Northern Ireland contact Jayne Murray on 02890 538301 or murrayj@bhf.org.uk

There have been clear successes for the National Campaign for Cardiac Rehabilitation, but we know there’s still more we can do. The Campaigns Team are committed to ensuring that every patient who is eligible and wishes to take part should be offered cardiac rehabilitation. For more information contact the Campaigns Team on 020 7554 0156 or campaigns@bhf.org.uk

Laura Chu, BHF Advocacy Co-ordinator
‘Jordanhill Hearties’ Phase IV
Cardiac rehabilitation group celebrates its 25th anniversary

Kenny Wilcock (58) “After my heart attack I really appreciated the confidence the classes gave me, just knowing that the physio’s are there is a great support. Years later, and despite now being back playing hockey for Scotland over 55’s, I still really enjoy the class, it’s a great workout and great fun, it’s still an important part of my fitness programme.”

In 1985 Glasgow and the West of Scotland had some of the highest rates of CHD in the world. There was no organised rehabilitation for people who had experienced a cardiac event. Two physiotherapists, Mary Newton (PhD) and Morag Thow (PhD, MBE), approached Dr John McArthur (Consultant Cardiologist) of the Western Infirmary and a pilot ‘Phase III 12 week exercise programme’ began at Gartnavel General Hospital. This pilot proved very successful and the 12 patients then requested a community maintenance exercise group. The ‘first ever’ phase IV community based programme in Scotland was established – The Jordanhill Hearties! Our programme became the model that all Glasgow hospitals caring for cardiac patients adopted for patients and families across the city.

Sylvia Johnston “My husband was the first person on the list when the class started 25 years ago. I am still having my weekly dose of exercise, fun, friendship, advice and support.”

The Jordanhill Hearties continue to go from strength to strength, adapting to new accommodation and challenges. They are one of the biggest Phase IV cardiac rehab groups in Glasgow, helping to keep on average 60 people active every week. The Jordanhill Hearties have a satellite group at Killemont Parish Church Halls in Bearsden providing two further exercise sessions every week. The committee and members organise social activities and fund raising events, always with an active theme.

George McLean (Chairperson) “I had my heart event in 1990. The classes have been extremely beneficial in both fitness and in the many kindred spirits. I can’t imagine not attending.”

Iain Laidlaw (Treasurer) “I would go so far as to say that the rehab class saves lives and I thank the day that Morag and her team started.”

David Hunter (53) “After having a bypass the classes mean everything, to build your confidence and give you support to keep you going.”

Glasgow now has one of the largest and most comprehensive cardiac rehabilitation programmes in the UK, and the Jordanhill Phase IV cardiac rehab group are most definitely at the heart of it!

Keri Graham
Lead Physio, Jordanhill Hearties
Keri.Graham@ggc.scot.nhs.uk

Harry McGregor (45) “After having a heart attack the classes are so important for your ongoing fitness, the support of the physio’s is great and gives you so much confidence.”

Over the years many physiotherapists and student physios have gained valuable experience in class leadership and inspiration from the wonderful people involved in the group. Due to the ongoing support from Dr. Morag Thow (Senior Lecturer, Glasgow Caledonian University), the Jordanhill Hearties have been involved in numerous research projects building an ongoing body of evidence for this specific client group.
Cardiac Tai Chi

In September 2009 Maidstone Hospital commenced its first ever Cardiac Rehabilitation Tai Chi programme. A gap had been identified to meet the needs of patients unable to attend mainstream rehabilitation classes due to physical incapacity. A recommended Tai Chi instructor was approached and a series of meetings between him and the cardiac rehabilitation nurse specialist followed. Both visited each other’s programmes to gain knowledge, and it was agreed that Qigong heart exercises would be used.

Developed by Daoist monks in the 13th century, and originally used as a martial art, it is now used in healing and meditation. Tai chi involves gentle and controlled movements which increase flexibility, co-ordination and balance.

Patients were selected on the basis of being unable to attend mainstream classes due to either physical incapacity or having other co-morbidities. Six patients attended the eight week programme, one hour of tai chi per week and one hour of health education per week.

Objective and subjective results demonstrated a reduction in anxiety and depression levels, reduction in weight and waist circumference, an increase in O2 saturations and an increase in perceptions of health. The course was funded via the Cardiac Rehab Trust Fund and a further course commencing January 2010 was funded by the local Cardiac Support Group. It remains to be seen if sustainable funding will be found.

Loraine Wicker
Cardiac Nurse Specialist, Maidstone Hospital
lwicker@nhs.net

2009 ACPICR Standards for Physical Activity and Exercise in the cardiac population

The Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR) have recently published their updated evidence based standards for physical activity and exercise in the cardiac population.

These standards have been developed over the past 18 months by a working party who have reviewed the evidence for best practice, with the aim of standardising the quality and approach taken by exercise professionals, and to act as a reference guide for the delivery of safe and effective exercise for all eligible cardiac patients. ACPICR standards have been recommended for cardiac rehabilitation exercise in the BACR Standards and Core Components for Cardiac Rehabilitation (2007) document.

The ACPICR works in true collaboration with fellow colleagues, offering ACPICR membership to all professionals who are involved with the exercise component of cardiac rehabilitation; rehabilitation nurses, exercise scientists, and British Association of Cardiac Rehabilitation (BACR) exercise instructors. In order to ensure the standards are relevant to all BACR recognised exercise professionals, the working party had widespread membership; ACPICR committee, cardiac rehabilitation physiotherapists, British Association of Sports and Exercise Scientists (BASES) and BACR Phase 4 Graduate Network. The standards document has been peer reviewed by several people from the exercise professions as well as the BACR Exercise Professionals Group (EPG) committee.

Previous versions of the standards covered the phase III (outpatient) cardiac rehabilitation exercise sessions, whereas this edition has been expanded to cover all four phases of the rehabilitation pathway, as well as the more complex patient groups; heart failure, transplant and implanted cardioverter defibrillator, and ventricular assist devices.

These standards include:

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Members of the ACPICR automatically receive a glossy copy of the standards along with the associated competencies and peer review documents. The standards may be accessed by the ACPICR website: www.acpicr.com

If you wish to become an ACPICR member or wish to purchase any of our publications, please contact our membership secretary Helen Barritt helen.barritt@uhsm.nhs.uk If you have any questions regarding the new standards document then please email Heather Probert on H.Probert@rbht.nhs.uk
Cardiac rehabilitation exercise DVD

The benefits of regular exercise are well documented, but about 50% of people who begin a fitness programme drop out within the first six months.

Other factors influence maintenance such as age, seasonal variance, transport and gender. The development of an exercise DVD is a new approach to the long term management of CHD, providing patients a more flexible way to maintain a lifelong active lifestyle.

Research has shown that exercise videos are effective in teaching people to exercise correctly, in motivating people to exercise and in improving frequency of exercise. Memory for exercises declines with age, with older adults having a significantly worse memory for exercises when compared to younger adults, with an increased number of performance errors. Providing an exercise video supports the learning of exercises and provides continual visual and verbal cueing for patients to develop the correct exercise.

An exercise DVD has been produced as a collaboration between Gloucestershire Hospitals NHSFT and University of Gloucestershire, with funding provided by the local Gloucestershire Rotary Clubs. This DVD provides a home based exercise option for individuals with CHD.

It includes a short interview with Sir Ranulph Fiennes about his recovery following a heart attack and bypass operation. There are also interviews with the four patient volunteers who star in the DVD.

This DVD would be ideal for someone undertaking a cardiac rehabilitation programme or who has done in the past. The exercise session has been designed with use of limited equipment so it can be easily undertaken in the home.

There is a general warm-up and cool down section with three level options in the main exercise component. Exercises are demonstrated by patient volunteers, and technique points are given during the workout. There is also a standalone exercise programme for individuals that require chair based activities. The exercise regime is based on guidance set by the BACR.

This DVD can be used as a regular exercise programme, or in addition to attendance at a Phase IV rehabilitation class or walking programme.

It is available for organisations to purchase from the team above and will also be available to patients via the South West Ennovations website www.ennovations.co.uk at a cost of £8.50 + P&P.

Eve Scarle and Julia Harrison
escarle@glos.ac.uk
julia.harrison@glos.nhs.uk

L-R Dr Lindsay, Consultant Cardiologist, Julia Harrison, CR Nurse Specialist, Sir Ranulph Fiennes, Eve Scarle, Physiotherapist and Lecturer, Michael Rouse, Rotary Club and Martin Greaves, Rotary Club

4 ‘starring’ patients, and Eve Scarle.
Top marks for cardiac conference

An Aberystwyth Cardiac Conference, which was the first of its kind in Wales and the UK, has been given top marks by the patients, family members and healthcare staff who attended.

The event was organised by Hywel Dda Health Board’s Cardiac Rehabilitation Team to champion rehabilitation services for cardiac patients which have been particularly successful in Wales. It included workshops and guest speakers, with a focus on the importance of public and patient involvement and partnership working.

Attended by almost 140 delegates, it was hailed a huge success with high praise for the workshops and 100 per cent of attendees saying they would attend a similar event in the future.

Cardiac Rehabilitation Team Leader in Ceredigion Denise Lewis said:

“We were really pleased with attendance on the day, and especially with the feedback, which was fantastic.

“I must also thank our local cardiac patients as some of the monies raised on their sponsored walk last year, helped fund the event. Donations were also made by

Aberystwyth University, Nationwide Building Society, Aberystwyth Round Table, Aberystwyth Licensees and Cherylee Carter, Cardiac Rehabilitation Nurse, who took part in a sponsored parachute jump. This meant we were able to offer patients free attendance at the event, ensuring access to the widest possible audience.”

A collection of £250 was also made at the event in aid of Cardiac Risk in the Young (CRY) – the only national charity which provides research, cardiac screening and bereavement support to families who have suffered the loss of a young person from a sudden cardiac event.

Denise Lewis
Denise.Lewis@wales.nhs.uk

Wheels in motion for cardiac rehabilitation exercise classes

Hereford Hospitals NHS Trust

The Cardiac Rehabilitation and Heart Function Teams at Hereford Hospitals NHS Trust have been successful in an application to Herefordshire Access to Services Partnership for monies to help support and develop cardiac rehabilitation in Herefordshire.

Previously, in 2006, the team opened an exercise session in Ross for cardiac rehabilitation patients, as uptake from that area was historically low. The funding came as part of a BHF prime pumped project. The numbers increased five-fold and it has remained a popular viable service.

The team now wishes to take their service further into Herefordshire, to access areas which are more difficult to reach and to encourage older people and women to attend. It is anticipated that a session in Ledbury will start in 2010 with a further session in Kington being explored.

The team wish to thank The Lister Group VW garage in Worcester for supplying a vehicle and Jim Doran of Coventry based Hand Controls, who supplied the lift, which will enable the team to easily transport the exercise equipment across the county. The cardiac rehabilitation and heart function team also won an ‘environmental’ competition within the Trust which resulted in the purchase of a wheeled trolley.

L-R Members of the CR Team; Trish East, Anne Marie Scott and Kath Lipscomb, and from the Heart Function Team; Brenda O’Connor and Joanne Randall

Anne-Marie Scott
Clinical Nurse Specialist, Cardiac Rehabilitation
Anne-Marie.Scott@hhtr.nhs.uk
Inherited heart conditions

M111A and M111B are produced in association with Cardiac Risk in the Young (CRY) for patients and their families. The booklets cover inherited heart rhythm disturbances and sudden death. Each booklet addresses issues around diagnosis, genetic inheritance patterns, treatment, and offer information about everyday life with a condition.

Cardiomyopathy: M111C, M111D and M111E are produced in association with the Cardiomyopathy Association for patients and their families. The booklets cover Hypertrophic (HCM), Dilated (DCM) and Arrhythmogenic right ventricular (ARVC) cardiomyopathies. Each booklet addresses issues around diagnosis, genetic inheritance patterns, treatment and offer information on everyday life for people with a specific form of cardiomyopathy.

Information for patients and carers following primary PCI

Patients treated with primary percutaneous coronary intervention (PCI), have a shorter hospital stay often characterised by transfers across clinical settings. An unintended consequence of this is the reduction in time available for healthcare professionals to provide the patient and family with health education and psychological support. The rapid treatment and short hospital stay may also contribute towards patients and their families developing misconceptions about heart attacks. They believe the problem has been fixed, and if the long term nature of the problem is not appreciated by the patients and their families, then the impact of advice about behaviour modification may be reduced.

Following a Department of Health request as part of the roll out of primary PCI across England, NHS Improvement is chairing a working group tasked to develop national guidelines for patient and carer information following primary angioplasty. This guidance is initially directed at staff working in acute care and cardiac networks to help them prepare and inform patients and carers throughout the primary PCI pathway by developing information specific to their needs.

The group have met twice and development of the draft guidelines is in progress with publication planned in the foreseeable future.

Carol Marley, National Improvement Lead - Heart NHS Improvement
carol.marley@improvement.nhs.uk
Occupational therapy in cardiac rehabilitation

At last year’s BACR conference, Janette Bowen, an Occupational Therapist with Hywel Dda Health Board in Carmarthenshire, won joint first prize for her poster presentation. With her aim of highlighting the role and benefits of Occupational Therapists in cardiac care, Janette is eager to find out how many other OT’s are currently working in cardiac rehabilitation services. She is interested in compiling contact details and setting up a database facility.

If you would like to be part of this, or would like further information, contact Janette on janette.bowen@carmarthen.wales.nhs.uk

Arrhythmia Watch

This is an independent website and educational resource on cardiac rhythm management for healthcare professionals, linked to the British Journal of Cardiology. It carries constantly updated news and views on all aspects of care for people with rhythm disturbances, including explanations about devices, commentary of landmark clinical trials, congresses and symposia reports, journal club and archive, online correspondence, e-learning, and diary of meetings worldwide. At the moment it includes a link to the draft NICE recommendations for the management of people with heart failure – this includes new recommendations for rehabilitation for this group which are open for comment. Why not have a look? www.arwatch.co.uk

Look what’s happening in South East Wales!

Yellowbelt4Healthcare has been developed for NHS Wales by the National Leadership and Innovation Agency for Healthcare. The aim of the training is to teach service improvement skills using a structured, data driven approach to problem solving. The training is fully supported by the South East Wales Cardiac Network, who has encouraged the cardiac teams to tackle problems common to all cardiac rehabilitation centres. The staff participating in the Yellowbelt4Healthcare training are based in South East Wales, working in Cardiff and Vale NHS Trust, Aneurin Bevan HB and Cwm Taf LHB.

We often come across problems that we endure time and time again because there is no obvious solution. The training has provided us with the opportunity to work for the first time as a team across South East Wales. We realise, following discussions, that we all have similar problems.

The problems being tackled are:

• The effects of leave on the patient experience. Lack of cover for sickness or maternity leave can sometimes lead to patient waiting lists and class cancellations. Staff at Aneurin Bevan LHB and Cardiff and Vale University LHB are in the process of collecting audit data to support this problem and look at different ways of working to improve the patient experience.

• The effects of fragmented multidisciplinary cover can affect communication within the cardiac rehabilitation team and increase waiting times for patients along the CR pathway. The staff at North Cwm Taff LHB are changing their working practices to tackle these problems.

• Improving the referral processes for patients following a Myocardial Infarction (MI) to Phase III Cardiac Rehabilitation. Staff at Aneurin Bevan LHB are investigating a discrepancy between National Public Health Service data on post MI referrals and the number actually received by the team in Caerphilly.

Yellowbelt4Healthcare provides us with the opportunity to tackle these problems using a DMAIC approach (Define, Measure, Analyse, Improve, Control). Once the team has defined their problem, the next step is process mapping. This encourages the team to explore the processes of work and ensures the team has a common understanding of the process they are looking at. Baseline data is then collected and analysed. The teams are currently at this stage and the future plan is to Improve and Control. We are looking at generating possible solutions, implementing best options, evidencing the improvement and sustaining the changes made.

At the heart of our projects is the aim to provide patient centred care, in a safe, effective, timely and efficient manner.

Watch this space, we will keep you informed of our progress!

Suzanne Indge
Clinical CR Nurse Specialist
Suzanne.Indge@wales.nhs.uk

The production of this newsletter was supported by the NHS Heart Improvement Programme - Part of NHS Improvement www.improvement.nhs.uk
How to ensure your cardiac rehabilitation programme meets BACR standards
The aim of this one day course is to explore the latest trends for all components of cardiac rehabilitation including service delivery. Reflection on practise will be encouraged allowing practitioners to assess how their service maps to current national guidelines including BACR Standards.

Reducing the Risk of Cardiovascular Disease and Managing Weight: A Dietary and Behavioural Approach
This practical one day course aims to explore the assessment and prescription of dietary and weight management advice for the CVD group.

The course focuses on assessing dietary intake, converting dietary evidence into practical and usable strategies for helping patients and their families to make appropriate changes to their diet to reduce their risk and help with weight management.

Psychological Issues for Health Professionals working in Cardiac Rehabilitation
An evidence and practice-based two day course is designed to help multidisciplinary team members increase their confidence in identifying psychological issues, and to explore ways of incorporating psychological principles within cardiac rehabilitation programmes.

This course is designed for cardiac rehabilitation professionals who already have experience of working in cardiac rehabilitation settings.

Exercise and Physical Activity courses
A Practical Approach to Physical Activity and Exercise in the Management of Cardiovascular Disease (PART I)
This two day course explores the principles of exercise and physical activity in cardiovascular disease prevention and rehabilitation, and applies these principles to design and delivery, using an evidence-based approach.

It has a practical emphasis and aims to assist healthcare professionals with useful tips and suggestions regarding physical activity and exercise advice, exercise prescription, planning and delivery that can be implemented in future service developments.

Advanced Application to Physical Activity and Exercise in the Management of Cardiovascular Disease (PART II)
This two day course aims to encourage all professionals involved in the delivery of exercise to cardiac patients who wish to expand their knowledge to include the more complex patients groups and provides an excellent follow on from the Part I course.

Clinical reasoning skills will be encouraged through facilitated workshops to enable practitioners to interpret and adapt evidence in order to manage patients whose status falls outside the recommended guidelines. The implications and practicalities of different modes of exercise, such as water based and resistance training, will also be explored.

Assessment, Prescription and Delivery of Physical Activity and Exercise in Heart Failure
This course focuses on heart failure pathology and relates exercise physiology, medications and devices to the principles of exercise training in this population group.

The day will include a case study approach to discuss physical activity and exercise management and prescription.

A Practical Course in Assessing Functional Capacity in Clinical Populations
This practical study day aims to increase the knowledge and skills in implementing a number of functional capacity tests used in population groups such as cardiac and respiratory patients (e.g. Incremental Shuttle Walk Test, 6-Minute Walk Test, Chester Step Test, Cycle Ergometry) as well as practically apply the results to exercise prescription.

Practical Skills in Delivering Effective Group Exercise in Cardiac Rehabilitation
This practical study day aims to develop practical exercise delivery skills and competences for delivery of group based cardiac rehabilitation.

HR, METS and RPE – Monitoring Intensity Effectively
This course is aimed at all health and exercise professionals working in cardiac rehabilitation to effective monitoring of exercise intensity.

An evidence based approach is used in a day that mainly involves practical workshops of exercise assessment and prescription.
Physical Activity and Exercise Advice in Heart Failure
This one day course is open to heart failure and cardiology nurses who wish to develop their knowledge of physical activity and exercise advice in heart failure, and will relate exercise physiology to the principles of exercise training in this population group. The day will include a case study approach to discuss physical activity and exercise management, and includes practical teaching techniques. Applicants should have prior knowledge of heart failure pathology. This course is not aimed at professionals who have the relevant qualifications to prescribe exercise to the cardiac population.

BACR Phase IV Exercise Instructor Training (20 REPS CPD points)
For REPS level 3 exercise instructors only
Level 4 Qualification recognised by SkillsActive and the Register of Exercise Professionals Specialist training, for exercise professionals who want to prescribe and deliver exercise programmes as part of the overall long-term management of individuals with heart disease. This is an assessed course and therefore has strict qualification and experience entry criteria.

All the above courses will fulfil compulsory CPD requirements and a certificate of attendance will be issued.

Please contact the BACR Education Office for application forms or details on hosting any of the above courses;
enquiries@bacrphaseiv.co.uk
Tel: 01252 720640
www.bacrphaseiv.co.uk

Courses and conferences
Imperial College London
Preventive Cardiology: Cardiovascular Health and Disease Prevention
International Centre for Circulatory Health National Heart and Lung Institute, Imperial College London

Imperial College London is pleased to announce the opening for applications to the next intake for the Certificate of Advanced Study and Masters Degree course in ‘Preventive Cardiology: Cardiovascular Health and Disease Prevention’. This programme is open to hospital and primary care physicians, nurses, dieticians, physiotherapists, physical activity specialists, psychologists, occupational therapists, pharmacists and any other health professionals with an interest in cardiovascular disease prevention. The scientific foundation of our programme is lifestyle change through behavioural approaches, together with weight management, medical management of blood pressure, blood lipids and blood glucose and use of cardioprotective drug therapy.

All MSc and CAS students take a core compulsory module entitled Preventative Cardiology Theory and Practice, which includes six themes. These themes are then explored in greater detail in specialist optional modules, three of which are taken by CAS students and three by MSc students. MSc students are also required to take the remaining core compulsory modules:
• Reflective clinical practice (clinical placements)
• Research methods
• Research project

We also offer the option of completing stand alone modules as short courses. All courses include both a taught and practical component, supported by our online interactive virtual learning environment.

If you have any questions please contact Jenni Jones (Programme Lead) on J.Jones@imperial.ac.uk
Courses and conferences

BACR Annual Conference 2010
7 - 8 October 2010, Crowne Plaza, Liverpool

Hard to reach or easy to miss? Improving access to our services
This year’s conference offers:

- Keynote lectures from national experts on improving access to cardiac rehabilitation.
- Professor Roger Boyle (the Heart Czar) updating us on the 10th anniversary review of the NSF.
- Interactive case presentations in a ‘Meet the Experts’ session.
- Innovative examples of service delivery and practice.

Call for abstracts
Tell us about your projects / research / case studies for presentation at the conference.

Would you like the chance to win £500 to support your team’s work? In addition to our general call for abstracts, we would like to introduce the British Journal of Cardiology Prize for Innovation in Cardiac Rehabilitation

We want examples of innovative practice or research about reaching out to those communities that are often missing from cardiac rehabilitation.

For more details about how to register for the conference or how to submit an abstract, please consult the BACR website at www.bcs.com or email bacr@bcs.com

Annual All Wales Cardiac Rehabilitation Conference 2010
12 May 2010, Caernarvon, North Wales

Challenging the Present...Influencing the Future

Delegate Fee £30
Contact: calonlan@iechydgwynedd.org

BACR Travel Award 2010

Applications are open for the BACR Travel Award 2010.
The purpose of the award is to provide up to £2,000 towards the cost of travel to attend an innovative course/conference or to visit a centre of special interest/expertise in order to develop the applicant’s knowledge in the field of cardiac rehabilitation.

For further information and conditions of the award, please go to www.bcs.com/bacr and click on the ‘Travel Award’ tab.

Closing date: 31 August 2010

HEART UK 24TH Annual Conference in association with SHARP (Scottish Heart and Arterial Risk Prevention)
Wednesday 7 – Friday 9 July 2010

‘HDL - can good cholesterol do better?’

For more information:
www.heartuk.org.uk
Tel: 01543 503 322
Email: wheldonevents@btconnect.com

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Cardiac Rehab UK is a free newsletter aimed at health professionals either working in or with an interest in cardiac rehabilitation.

To subscribe, submit an article or contact the editorial team, email cardiacrehabuk@bhf.org.uk

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