Wales’ First Minister attends cardiac rehabilitation and shares his experience

Following his recent angioplasty and stent insertion, The First Minister of the Welsh Assembly Government was invited to Barry Healthy Heart Group (phase IV group) in the Vale of Glamorgan. He accepted the invitation and has joined in their activities.

First Minister Rhodri Morgan said ‘My own recent heart scare in July has led me to take a look at my own lifestyle and make a few changes, for the better. Since then, I now eat an almost fat free diet, with more fresh fruit and vegetables, more oily fish like mackerel and salmon, and I now take more exercise – a five mile walk including three steep hills, five times a week. These changes have made me feel so much better and led to me losing a stone and a half in weight.

‘Two months on, I’d say I feel ten years younger! Losing weight makes me feel better and fitter as does the fact that all of my main arteries are now working properly instead of just one.’

Colin Burgess, the Barry Healthy Hearts Co-ordinator said: ‘We were particularly pleased that the First Minister responded so positively to our invitation. He stayed for the full hour of the exercise session and was clearly enjoying the experience and learnt of the positive benefits that rehabilitation can offer patients after a heart event.’

This meeting with Barry Healthy Heart Group coincides well with the timing of the current National Campaign for Cardiac Rehabilitation. In Wales, like the other nations of the UK, cardiac rehabilitation (CR) services continue to be threatened because funding is precarious; many programmes currently face uncertainty over their continuation. Many services in Wales were initiated or developed on the back of National Lottery Funding, and recurrent funding services are now determined on a local basis by each of the 22 Local Health Boards across Wales. Because there is no central strategy for the funding of these services each local CR service has to compete for priority amongst commissioning needs within that locality.

As part of the campaign, BHF Wales’ public affairs team have already secured a question via Assembly Member Dr Dai Lloyd AM, to the First Minister asking him about the future of CR services in Wales. In his reply the First Minister acknowledges the value of CR services, and emphasises that the new Cardiac National Service Framework will, for the first time, give CR specific targets.

As you will all know the campaign continues across the UK to ensure that the following five aims are met:

- that every heart patient who is suitable and wishes to take part is offered a rehabilitation programme
- that patients should be offered alternative methods, such as home based rehabilitation, if they prefer not to take part in a group programme or attend hospital as an outpatient
- that efforts be made to ensure that rehabilitation programmes meet the needs of under represented groups, particularly ethnic minorities and women
- that each programme should meet the minimum standards set out by the British Association for Cardiac Rehabilitation
- that this be monitored through the National Audit of Cardiac Rehabilitation.

We need as many people to sign up to the campaign and write to their elected representatives as a matter of urgency – visit bhf.org.uk/cardiacrehab for more information.

Delyth Lloyd, BHF Public Affairs Manager, Wales, lloyd@bhf.org.uk

The New Year sees changes within the editorial team of the newsletter.

The project lead and editor Debs Malin, is leaving the BHF for pastures new. Debs has worked tirelessly on all aspects of the newsletter. Without her making sure that all stages of the process were in place and were completed on time Cardiac Rehab UK would not have been the high quality, professional resource it is today.

The editorial team would like to thank Debs for all her hard work on the newsletter and wish her every success for her future.

Diane Card – BHF Heart Health Co-ordinator and Content manager for Cardiac Rehab UK newsletter

Inside this issue

- BACR Conference 2007
- Erectile dysfunction
- Changes to Phase IV Network
The Mercure Holland House Hotel in Cardiff was an excellent venue choice for a few days of informative presentations, personal and professional networking, and light evening entertainment at the 2007 BACR Conference in September.

The BACR Exercise Professionals Group opened the conference on Thursday afternoon with a variety of speakers presenting on the latest physiological and practical exercise developments associated with cardiac rehabilitation.

The six presentations were delivered to an extremely high standard with interesting topics covered. Educational themes were interspersed with light-hearted banter between Dr Paul Macintyre and Dr John Buckley, which helped to keep an informal atmosphere for all attendees to enjoy.

With a few hours free time after indulging in some cheese and wine provided by The Centre for Exercise and Nutrition Science at Chester University, my colleagues and I decided to explore the local area. We were soon at Cardiff Bay taking in the luxurious scenery of the regenerated docks area and enjoying some delicious food and wine, whilst getting to know one another on a personal level in a non-work setting.

A quick swim in the pool, lounge in the sauna and hearty breakfast the morning after was the perfect start to a Friday of information absorbing and networking.

Thursday had left the mix of health professionals, academics, exercise specialists and local authority staff with high expectations for the rest of the conference and these were instantly met with an inspiring speech from Professor Bob Lewin. Like many of us working in health promotion and rehabilitation, he is “angry” at the lack of government support for exercise despite the overwhelming evidence that proves that it works.

Bob’s presentation set the tone for the remainder of the conference and also raised awareness of The National Campaign for Cardiac Rehabilitation, which we should all get involved in.

A variety of subject areas including women and heart disease, behaviour change with diabetes, and social deprivation and cardiovascular risk assessment, were explored via the presentations on the day.

Following freshening up and a quick change of attire, delegates were then ready to let their hair down and enjoy the evening entertainment. The harp playing and complimentary wine helped to get people in the mood to meet new people whilst they enjoyed a delightful three course meal.

Next up was a Ceidleigh, an ideal participation activity open to all levels of ability. The dance floor was filled within minutes as the delegates performed the moves directed by the caller. They should bring this dancing to the nightclubs as it involves everyone regardless of dance ability, allows you to briefly meet lots of people, and is extremely fun!

Some people assumed that the evening entertainment had come to a close following the Ceidleigh and retired to bed early, but there was an after party, with not only dancing delegates but also a superb singer, tremendous trumpet player and pleasurable pianist. The calories consumed at the meal were well and truly burned by the end of the evening.

Another day of information gathering with enlightening presentations, and then it was onto the train and back to London.

I would definitely recommend the BACR Conference and hope that I can attend next year. The information gained, networking prospects, opportunities to socialise with work colleagues outside of work, and evening entertainment make this an event not to be missed.

Marc Malone, Community Exercise Coordinator, Camden Active Health Team, marc.malone@camden.gov.uk

Thank you to Kate Wilmer for the use of photo’s.

Marc Malone won a free place at the 2007 conference, courtesy of the BACR, for submitting an article to this Newsletter. Find out on page 7 who the lucky winner is for 2008.
Cardiac rehabilitation classes in conjunction with University Hospital Birmingham

I have been running Tai Chi cardiac rehabilitation (CR) classes in Selly Oak since January 2007, following a six months evaluation period. We are now running this as a pilot program and have been measuring progress every three months via a questionnaire and the use of the Dartmouth Coop score. To date all those attending have shown improvements in all areas of the questionnaire; details will be published at the end of the 12 month pilot period.

All those attending are referred from the hospital following their 12 week CR or as an alternative for those unable to do standard gym work. Patients are referred by Adrian Lucas, Cardiac Lead Nurse and overseen by Kate Gee, CHD Nurse Consultant.

The class has had an average attendance of 10 to 15 since its start and has retained a core group. One of which, Sue has shown very significant improvement. In addition to general fitness and health, Sue has also improved her balance and relaxation. When first attending she used two walking sticks and was noticeably anxious, within four weeks she was down to one basic walking stick and now uses nothing and is much calmer and happier. In addition to this she used to come by taxi and now comes by public transport (bus) as her confidence has improved as well as her fitness.

The class has been structured to keep it both interesting and challenging. We use a combination of more active Chi Kung (breathing exercises) and simplified Yang style tai chi moves. Over the weeks those attending learn a short tai chi set so they are able to practice at home on a daily basis. As part of a training programme that we have been asked to develop for health professionals, we are currently producing an instructional DVD which will be available in the future. Further information about the training programme can be found on page 7.

The old adage that prevention is better than cure is coming to the fore in the NHS along with offering complimentary therapies. The NHS now even has a Directory for Complimentary and Alternative Practitioners which is freely available to all GP’s and hospitals online. All registered practitioners are vetted and can be referred to via the NHS. My ultimate aim is to offer Tai Chi and Chi-Kung in all hospitals. This would give choices to those not able to do more vigorous exercise and could eventually reduce the prescribing bill for pain killers, anti-depressants etc. The vetting process for the instructors would also give peace of mind to the patients.

Tai Chi was originally developed as a martial art but has become more and more used for health. It is widely practiced through the parks of the world and has been the focus of much medical research worldwide. Tai Chi has been and continues to be used in a number of areas of rehabilitation, these include falls prevention, chronic obstructive pulmonary disease (COPD) and CR. The improvements have been shown to be increased cardiovascular function, improved blood-pressure (both low and high), improved lymph drainage and circulation, increased range of mobility and kinaesthetic awareness plus much much more. All this not just through anecdotal evidence but real medical research carried out worldwide! Below is just one abstract found on the PUBMED site.

PUBMED abstract; Tai Chi as an adjunct to cardiac rehabilitation exercise training

Heart disease is a chronic condition needing lifetime secondary prevention measures to decrease morbidity and mortality, and to improve quality of life. CR exercise training, one aspect of cardiac recovery, traditionally includes some form of aerobic fitness and, more recently, muscle strength training to improve exercise tolerance. Tai chi, widely practiced in China for centuries, is a popular form of exercise among older Chinese persons associated with enhanced well-being and health among traditional Chinese practitioners. Recent research has reported improvement in cardio respiratory function, balance and postural stability, fall prevention, and stress reduction. A review of the literature suggests potential benefits from tai chi exercise performed as an adjunct to CR exercise training. Tai chi is cost effective and facilitates a lifestyle of health related behaviour practice.

Department of Physiological Nursing, School of Nursing, University of California San Francisco, USA

This example highlights the need to a more inclusive approach to phase III and IV CR. Many patients can not or would not attend a gym format exercise program and so are excluded from continued support in this essential area. Tai Chi deals with both the physical and psychological conditions and is not limited by age or level of fitness.

For more details on the tai chi program used and the on-going development of the program please contact Mark Peters of Balanced Approach on 0121 445 0093 or mark.peters@balancedapproach.co.uk

Mark Peters
mark.peters@balancedapproach.co.uk
Why do so few men seek help for erectile dysfunction?

Erectile dysfunction (ED) is defined as a continuous or repetitive inability to achieve or maintain an erection sufficient for satisfying sexual activity (World Health Organisation, 1999). It is the most commonly recognised sexual disorder affecting more than 30 per cent of men aged 40 to 70 years (Lauman, 1999). Its prevalence is expected to double by 2025 (Aytac et al., 1999). The incidence of ED is particularly high in men post-myocardial infarction (post-MI): Estimates range from 50 to 70 per cent with much of the sexual dysfunction predating the coronary event (Drory et al., 1998; Schover & Jensen, 1988).

Sexual function is an important determinant of a person's quality of life and left untreated, sexual dysfunction can adversely affect mood, well-being and interpersonal functioning (DeBusk et al., 2000). Furthermore, some researchers have proposed that ED may function as a marker for occult cardiovascular disease (Johannes et al., 2000; Feldman et al., 1994). Consequently, it is important that men with ED seek medical help for such difficulties. Not least to improve their well-being but also to enable prompt investigations for other cardiac risk factors to take place, in order that preventative medicine can be instigated.

Unfortunately, men are notoriously bad at seeking help for a vast array of problems and seek help much less often than women (O'Brien, Hunt & Hart, 2005; Addis & Mahalik, 2003). In relation to ED, less than 30 per cent of men with this problem seek any sort of professional input (Shabsigh et al., 2004). Because of this, men's chances of early detection, treatment and prevention of disease are attenuated (O'Brien et al., 2005). Clearly, this has major implications for the male population in terms of mortality and morbidity related to ED and cardiovascular disease. It also however provides an opportunity to reduce such statistics if ways of encouraging more men to seek help can be identified. To do this we need to understand the process through which men go in deciding whether or not to seek help for ED.

There has been considerable research into the prevalence, aetiology and treatment of ED, but very little has looked at the help-seeking behaviour related to this disorder. Even less has looked at this phenomenon in cardiac populations specifically. Whilst we may be able to speculate that embarrassment, masculine ideologies and older age may be important factors in men's decisions to seek help or not for ED, there is a need for rigorous research to confirm or disprove such ideas.

A qualitative study entitled 'Understanding the help-seeking behaviour of Cardiac Patients: An exploratory study' is about to be undertaken in Hull and East Riding of Yorkshire. Up to 15 men at least 12 weeks post-MI will be recruited via the East Riding and Hull Cardiac Rehabilitation Service. Men recruited into the study will complete a short questionnaire and will take part in a one-to-one semi-structured interview with a male researcher. The interview aims to allow the men to talk freely and openly about their experiences of ED with few restrictions on what topics they cover specifically. Of particular interest to the researcher however will be the factors which men consider important in helping them decide whether to seek help for ED or not. The interviews will be audio taped to allow full transcription and all transcripts will then be analysed according to the principles of Interpretative Phenomenological Analysis. The results of the study will be written-up for publication and peer review from late 2008.

For further information on this study please contact a.d.orchard@psy.hull.ac.uk.

We are keen to hear from anyone with suggestions or comments on the study.

Mr Adam D Orchard, Trainee Clinical Psychologist, University of Hull
a.d.orchard@psy.hull.ac.uk

Dr Dorothy J Frizelle, Clinical Psychologist, University of Hull

Anita Trotman-Beasty, East Riding & Hull Cardiac Rehabilitation Service Manager
Cardiac Rehab classes developed in Kent

West Kent PCT fitness instructor Elaine Roles has had a busy and successful year. Working with her colleague, cardiac rehabilitation (CR) co-ordinator Dawn Newman-Cooper, they have established two new specialised CR classes for the Asian community in Gravesend.

Dawn said: “This has been a really exciting and promising development to help previously hard to reach groups of people use specialist CR services, and both Elaine and I are delighted about this success.”

Now 50, Elaine has been teaching fitness for 20 years, and working with cardiac patients for six. “It’s incredibly rewarding work that really transforms people’s lives.

I had a lady come to me two months ago who could only walk for five minutes – now she can walk for 40.

“People come to us with heart problems, but one of the big issues for these clients is psychological. They’re afraid to lift a suitcase – in fact do any physical activity. We show them that exercise is always beneficial, and there’s always room for improvement. The oldest person I work with is 86, and people’s health and self confidence is always greatly improved by what they learn with us,” she said.

In 2006 there were just six classes a week, and one leisure centre, offering a gym-based programme in the Dartford, Gravesham and Swanley area. Now there are 13 classes and four leisure centres involved in the same parts of West Kent. Hundreds of people are benefiting from exercise based CR in the area at any one time.

Now Elaine will be co-ordinating a new home based CR programme which the PCT is running as a pilot scheme.

2007 started well for her, when her work with cardiac patients was recognised. The Register of Exercise Professionals presented her with the Exceptional Achievement Award at their conference in London in February.

Elaine said: “It was an honour to receive the award from my fellow professionals, and developing the network and the new classes has been really enjoyable and rewarding for me as well as the patients.”

Dawn Newman-Cooper, dawn.newmancooper@nhs.net

Some people may benefit from a heart attack?

Post-traumatic growth (PTG) is defined as a positive reaction to trauma where the traumatic event can act as a ‘springboard’ for psychological growth.

Arguably, experiencing a heart attack, which carries with it a distinct threat to life, can be considered traumatic. But what is meant by ‘post-traumatic growth’?

Generally, it is described within the research literature as a shift in functioning to a more advanced level than that what existed prior to the traumatic event; not just an effective form of coping, but a positive change.

One particular component of PTG has been shown to be enhanced relationships. Within the cardiac literature, this has been widely researched and is generally described as ‘social support’. It is now well accepted and understood that increasing patients’ perceptions of social support can result in better outcomes and again, arguably, this is one of the many benefits that cardiac rehabilitation (CR) can provide.

Research also suggests that, perceiving benefits from a myocardial infarction (MI) can have long-term physical and psychological consequences. Similarly, PTG has been shown to improve health outcomes in other populations, including cancer. Therefore, we are currently in the process of determining amount and level of perceived PTG in a cardiac (post-MI) population, utilising a standardised PTG measurement tool. The relationship between measured PTG and perceived social support will also be explored, in addition to other associative factors of PTG such as age, perceived severity of MI, time since MI, and personality type.

So how and why might this be relevant to health professionals working within and to provide CR services? Essentially, if we have a better understanding of PTG post-MI, there may be opportunity to utilise this knowledge within provision of CR to increase likelihood of growth possibilities. Ultimately, this could potentiate psychosocial outcomes for patients.

If you would like to know more about this research project and/or have any helpful comments or criticisms, please feel free to contact Emma Toland via email e.toland@2005.hull.ac.uk

Ms Emma Toland, University of Hull
Dr. Dorothy J. Frizelle, University of Hull
Ms Anita Trotman-Beasty, East Riding and Hull Cardiac Rehabilitation Service
Nicola Gilchrist, Physiotherapy, Hull Royal Infirmary

e.toland@2005.hull.ac.uk

The production of this newsletter was supported by the NHS Heart Improvement Programme
National Campaign update

This progress in Wales is firmly in step with what’s being achieved across the rest of the UK. At the time of going to press, a parliamentary rally was being put together designed to demonstrate the strength of feeling amongst heart patients, carers and health professionals on the varying availability of cardiac rehabilitation (CR). This event was set up to support a wider range of information sharing with decision makers, with campaign documents and press releases being sent to all MPs through the autumn. It is the campaign’s aim to ensure that as many influential figures in health policy are made aware of the haphazard availability of CR, and given the information to campaign for improvements both at the national and the local level.

MP backing for the campaign continued apace over the summer, with many politicians backing a parliamentary motion in support of CR, after receiving emails and letters from concerned campaigners. In particular, the well known and respected Liverpool MP Peter Kilfoyle has proven a strong parliamentary figurehead for the campaign, using his personal knowledge of the benefits of CR received following his heart attack in 2006.

We have now received thousands of signatures to the campaign petition, with many of those backing the campaign also writing to their MP and local health decision maker. This has given the British Heart Foundation the evidence base on which to take up the issue of CR directly with senior health spokespeople in each of the major political parties in England. Not only did the
BHF run fringe meetings at the Labour, Conservative and Liberal Democrat party conferences, attended by Health Minister Ann Keen MP and her shadow ministers in the other parties; but we also brought up the issue of CR directly with the Minster at a follow up meeting in London.

We are confident that we are making the voice of patients and carers heard loud and clear, but we need pressure to be maintained if we are to effectively influence local health decision making. For this reason, we would urge you to circulate petitions amongst your family and friends, take up campaign messages with MPs and PCTs, and keep checking the BHF’s website bhf.org.uk/cardiacrehab for further campaigning actions.

New BHF campaign gets heavy on childhood obesity

This month the BHF launches its new Food4Thought campaign for the third time. This important campaign aims to tackle the growing levels of childhood obesity by encouraging children to think about the food they eat and make healthier food choices.

Last year’s campaign evaluation showed that the issue of healthy eating rose above drugs and passive smoking to become the number one concern among year seven children and almost two thirds of children claimed to be eating less fast food since seeing the campaign.

This year, we’re continuing to drive this important message home. In an exciting new move, the Food4Thought campaign uses mainly digital advertising to better reach our primary target audience – the children themselves. This is supported by a cutting edge website with interactive games and activities.

Our highly popular teaching resources are again being produced and the burger-box used last year has been replaced by a giant wallet which will be used to educate school children not just about healthy eating, but also the marketing tricks which are used to make junk food more appealing. This is being supported by a national PR campaign and calls on the Government to further restrict the marketing of junk food products to children.

For more information, contact Lisa-Maree David on 0207 487 7103 or email davidlm@bhf.org.uk

Tai Chi training

I have been teaching hospital and PCT staff a combination of tai chi, neuro-linguistic programming and Alexander techniques to be used for rehabilitation in both the hospital and community setting for a number of years. As the tai chi classes we’ve been running for phase IV patients have been extremely successful (see article on page 3) I have been asked to run an open training course specifically for cardiac rehabilitation.

The program will be offered in South Birmingham but can be offered on site if numbers can support it.

The program will include Tai Chi Chi-kung exercises, which are more active, followed by a specially compiled short tai chi form to be learnt, by the patients, over a period of time.

Staff will attend four days initially followed by two days three months later and the final two days three months after that. Annual continuing professional development days will also be available.

The cost is expected to be £85 per person per day (to include lunch).

Outline dates are:
Monday 21 to Thursday 24 January 2008.
(1st follow-up 15 and 16 April 2008 and 2nd follow-up 8 and 9 July 2008)
Monday 18 to Thursday 21 February 2008.
(Follow up dates tba)
These can be adjusted based on the interest and commitments of those wishing to attend.

To book and for more details please contact Mark Peters on 0121 445 0093 or mark.peters@balancedapproach.co.uk

Research opportunities in cardiovascular health at Buckinghamshire New University

Buckinghamshire New University currently has three research bursaries (value £7,500 per annum, full-time with full fee waiver) available in aspects of cardiovascular health. These include:

- the contribution of cardiac rehabilitation (CR) to erectile dysfunction (MPhil, part-time or full-time, with the prospect of continuing to a PhD)
- use of a major dataset on cardiovascular variables to examine the outcomes of advice provided by a private medical company (PhD, full or part-time)
- development of existing work on CR in heart failure concentrating on novel biomarkers (MPhil or PhD, full or part-time).

Anyone interested in the above or engaging in other aspects of cardiovascular health research either full or part-time, please contact Professor David Brodie (david.brodie@bucks.ac.uk) in the first instance for further information.

Prize draw winner

The winner of this years prize draw is, Julie Dennett. Julie has won a free place at the 2008 BACR Conference. For your chance to win next year, just send us your article and if it’s published your name will be entered into the draw. For Terms and Conditions, please write to cardiacrehabuk@bhf.org.uk.
At the time of writing there were 180 programmes sending data electronically and 298 programmes have the software and are intending to implement it.

How is the Audit data being used?

We had a massive amount of press coverage for the first audit report. Several national papers, Sky News and around 50 local papers and 20 local radio stations covered the story.

In the autumn the data was presented at all three main political parties' conferences to a large audience of MPs and party workers, who concluded each of the meetings by overwhelmingly supporting the proposal put to them that we need to spend more money on cardiac rehabilitation (CR).

By the time you read this the data will also have been presented to a rally of patients at the House of Commons; the cross party parliamentary group interested in cardiac matters and in private meetings with the health teams from the two major parties. Campaigns like this take time, often several years to gather steam and this work will continue and escalate over the next couple of years.

It's YOUR numbers that count

We can talk about lack of resources but almost every other part of the NHS can do the same. It is only when we can show that people are dying from the lack of CR and WHERE they are dying, (by health authority or health board) that our message will stand out. This is what we intend to do with the data in the next annual report due in the first quarter of 2008.

But, before we make such claims we need to have accurate numbers, to do that it is essential that 100% of CR programmes report their activity if only on the paper survey. In the first report some areas that had done a lot, but were not in NACR and had not completed the annual paper survey, had to issue press releases of their own because their work had gone unreported. This is one of the reasons why the new BACR Minimum Standards for Cardiac Rehabilitation is to be taking part in the NACR.

It is only when we can show people the amount of good we are doing for the country, which is that every year 50,000 people are making real health improvements and living longer and happier lives, will be taken seriously as a service.

Using NACR a programme can PROVE and quantify what aspects of the local population's health behaviour they are improving and how much more they could achieve if they were not held back. NACR demonstrates that CR actually works, should be part of the care for almost every cardiac patient and that, at present, very few of those in need get our help. The major challenge for healthcare in the coming century is going to be helping people become better at managing their chronic illnesses. We need to demonstrate that we have an essential role in doing this. So to those of you who are hesitating over starting with NACR, please start now so that we can begin to speak with real authority about our contribution to the nations of the UK and where local and national gaps in service exist. Please phone Nerina on 01904 321326, or email neo500@york.ac.uk for further information and starter packs.

Changes at York

The NACR team at York has been through a few changes this year. Simon has moved to the University of Kent to gain a more senior academic post, Jo has moved on to other work here and Roz has retired. Corinna has been left to hold the fort, at times almost single handed. In October, Nerina joined us to run the enquiries desk and other appointments are being made in the next couple of months so that, hopefully, by the time you read this we'll be back up to strength.

Contact us

Find out more at www.cardiacrehabilitation.org.uk/dataset. To sign up contact Nerina Onion on 01904 321326 (neo500@york.ac.uk)

NACR Team
New and innovative post of cardiac active lifestyle advisor

A ten week community physical activity, education and self-help programme has been developed to provide the East Riding of Yorkshire cardiac surgical and angioplasty patients with rehabilitation facilities which they previously did not have access to.

This programme is known as the HEART Link Programme and has been set up and co-ordinated by the new Cardiac Active Lifestyle Advisor (CALA) recruited and managed by the East Riding & Hull Cardiac Rehabilitation Service. This post was developed through funding received from the BHF/Big Lottery Fund and provides an opportunity for continued health conditioning which patients can access in a community environment nearer to their home. This also provides for developing expert patients locally.

The CALA role involves assessing the patient’s needs and readiness to become active and signposts on to the most appropriate physical activity option. The CALA also provides home-based activities for those who cannot or don’t wish to attend the HEART Link Programme and ongoing advice and encouragement for long term behaviour change as strongly promoted by the BACR (2000).

The HEART Link Programme offers a menu of physical activities and health promoting services which encourage dietary education and help to cope with emotional stress. All HEART Link programmes are available twice a week for approximately ten weeks. The physical activity/exercise programme is delivered by trained BACR Exercise Instructors, where the funding for training has so far been awarded from charitable funds. The programme is also encouraging people to attend who normally would not, such as the elderly, women, travellers and ethnic minorities, and is delivered within environments that are usually alien to most people from these groups, such as local Leisure Centres. The service is now opening up new opportunities for leisure services to develop further, with venues becoming self funding. This provides a two-fold benefit, as the programmes are using facilities in underused, off peak times, and encouraging a whole new client base for attracting physical activity within the community. The cardiac rehabilitation service has developed robust communications and referral links and has an excellent working partnership with other professionals and agencies.

The East Riding Council Leisure Services are providing venues free of charge for the programme, so they can be facilitated nearer to where the patients live. The Council is also providing concessionary rates to patients wishing to attend, making the programme more accessible and at an affordable rate. A small cost of £2.65 per session to the patient gives them ownership and an incentive to attend. The funding created from attendance is now being reinvested for additional training and equipment, so therefore becoming self-generating.

To date, the cost of a programme has not caused many problems for the patients as it is less than the car park charge at the hospital. The funding created from attendance is now being reinvested for additional training and equipment, so therefore becoming self-generating. For those patients not suitable or unable to attend, a home programme or walking activities and guidelines are provided by the CALA and/or the cardiac rehab multidisciplinary team free of charge.

Since the beginning of the programme:

- 80 per cent of cardiac revascularisation patients have been given a programme of rehabilitation which they previously would not have had access to.
- 54 per cent of the patients have continued beyond the ten week programme and become regular users of the exercise/physical activity centre.
- 11 per cent have joined other physical activity facilities/centres
- 17 per cent have taken up other forms of exercise for example: dance, local walking to health programmes and swimming groups/sessions.
- 18 per cent had to stop due to other co-morbidities, eg, severe muscular skeletal problems and other surgical interventions.

The HEART Link programme fully adheres to the guidelines as set by the British Association for Cardiac Rehabilitation (BACR) and the British Cardiovascular Society, and is beginning to be recognised as a programme of choice for hospital consultants and local general practitioners to refer their patients to.

Anita Trotman-Beasty, ER & Hull Cardiac Rehabilitation Service Manager, anita.trotman-beasty@erypt.nhs.uk
Training opportunities

An introduction to exercise for health professionals working with cardiac patients

This two day course aims to explore the physiological mechanisms underpinning the exercise component of cardiac rehabilitation and apply these principles to design and delivery, using an evidence based approach. It has a practical emphasis and aims to assist health professionals with useful tips and suggestions that can be implemented in future service developments.

Please contact the individual venues below for application forms and more details:

University Hospital of Wales, Cardiff, 19 & 20 January 2008
Contact: Elaine Woodiwiss Tel: 07817 161901 / elainewoodiwiss@googlemail.com

University College Hospital, London, 21 & 22 February 2008
Contact: Lesley Gilbert Tel: 020 7380 9756 / 9951 / lesley.gilbert@uclh.org.uk

Macclesfield, Cheshire, spring 2008 (date tbc)
Contact: Matthew Cunningham Tel: 01625 661020 / matthew.cunningham@echoshire-tr.nwest.nhs.uk

Alton, Hampshire, 4 & 5 April 2008
Contact: Dr Julia Evans Tel: 01420 544794 / Fax: 01420 544825 / julia@cardiac-rehab.co.uk

Cramlington, nr Newcastle, 14 & 15 November 2008
Contact: Coral Hanson Tel: 01670 717421 / Fax 01670 590648 / chanson@blythvalley.gov

Cost: £250 to BACR members / £280 to non-BACR members (includes BACR membership)

If you are interested in hosting a “BACR introduction to exercise” course contact jennifer.jones@brunel.ac.uk

An introduction to psychological issues for health professionals working in cardiac rehabilitation

Following the success of the pilot course, we are now offering a two day introductory course which aims to raise awareness and increase sensitivity to psychological issues in cardiac rehabilitation (CR). It is an evidence and practice based course designed to help multidisciplinary team members increase their confidence in identifying psychological issues, and to explore ways of incorporating psychological principles within CR programmes.

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

Cost: £250 to BACR members / £280 to non-BACR members

If you are interested in hosting this course please email enquiries@bacrphaseiv.co.uk

BACR Phase IV Exercise Instructor Training

This course provides 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 course has developed strong links between exercise professionals and clinical professionals within the field of cardiac rehabilitation (CR) to enable a high standard of care for the individual with heart disease. It is a highly respected course within the fitness industry and is recognised by the Register of Exercise Professionals (REPs).

The course combines five days of course attendance with practical experience gained through visiting a local clinically supervised CR programme. There is comprehensive course material and students are required to pass both a written paper and a case study viva in order to gain this well recognised qualification for exercise professionals.

Courses are run all over the UK. For all course dates and venues please visit www.bacrphaseiv.co.uk, email enquiries@bacrphaseiv.co.uk or call 01252 720640.
Exercise Prescription: New Insights and Management of the Complex Patient

This two day course is suitable for all professionals involved in the delivery of the exercise component of cardiac rehabilitation (CR). The exercise implications and practicalities of the more complex patient groups will be explored and for patients whose status falls outside the recommended guidelines, practitioners will be facilitated to interpret and adapt the evidence in order to manage these individuals.

Any professional involved in delivering the exercise component of CR is invited to attend the above the courses.

If you are interested in hosting this course please contact enquiries@bacrphaseiv.co.uk

Exciting changes to the BACR Phase IV network

There are some big changes happening to the network from April 2008.

Firstly the name will change to ‘BACR Exercise Instructor Network’, this is to reflect the change in instructor roles where many are working across phases and dealing with a wide range of cardiovascular diseases. The other major change is that ALL currently qualified (including those who have successfully revalidated) BACR Phase IV instructors will automatically be a member of the network and there will be no charge involved. We will be working more closely with Phase IV Training and receiving administration support enabling our network to concentrate on developing a yearly programme of workshops throughout the country. Other aims along with the training aspect will be:

- to contribute to the development of a framework of competencies and skills for exercise professionals in cardiac rehabilitation and prevention.
- All committee members will be voted into office at an AGM, which will be held every year alongside the spring EPG study day. Next year’s study day will be April 18 2008 at the Birmingham NEC. The following positions will be open for any current qualified Phase IV Instructors to apply for and vote on:
  - Chair
  - PR Officer
  - Treasurer
  - EPG Liaison
  - Training Co-ordinator (to be the 6th Area Co-ordinator)
  - Five Area Co-ordinators (to be overseen by Training Co-ordinator)
  - Secretary
  - Local contacts

We want to capture as many people in the process as possible and would welcome some new faces to join the committee and take the Network forward. We will be looking at a voting process that will help us achieve this aim.

If you are interested in any of the above mentioned roles, please email me and I will send you the roles and requirements for any particular position.

If you would like a copy of the proposal, terms of reference or would like to make any comments on the network please feel free to contact me on gloria_salmon@hotmail.com

I look forward to your input, ideas and support in helping change our network.

Gloria Salmon
Chair BACR Phase IV Network
gloria_salmon@hotmail.com
Events and conferences

Assessing, prescribing and delivering physical activity and exercise for the heart failure patient Manchester Royal Infirmary January 27 2008
This one day study day is aimed at physiotherapists and other exercise professionals involved in the assessment and prescription of physical activity and exercise to heart failure patients. Physiological mechanisms relating to heart failure will be explored and principles in exercise prescription applied to enable adaptations in respect to co-morbidity and cardio-assistive devices, using an evidence based approach.
Contact samantha.breen@cmmc.nhs.uk
Tel: 0161 276 4636

CVD Risk Assessment, Education for Health, Warwick 28 February 2008
This interactive one day short course is designed to provide you with an introduction to CVD risk assessment in line with current evidence based guidelines.
Contact Nina Rawstrone
n.rawstrone@educationforhealth.org.uk

Cardiovascular Risk, University of Warwick 10 to 13 March 2008
The University of Warwick is organising its 8th annual training course. The course historically is of interest to GPs (particularly with a specialist interest in cardiovascular risk & lipids management or diabetes) and specialist nurses (eg, cardiac liaison nurses and diabetic specialist nurses).
Optional accreditation at Masters-level
Further details: Dr Steve Hicks,
s.j.hicks@warwick.ac.uk; Tel: 02476 523540
www2.warwick.ac.uk/fac/sci/bio/shortcourses/calendar/

Physical Activity and Exercise Advice for the Heart Failure Patient
This one day study day is aimed at nursing professionals with experience of heart failure patients to increase the awareness of the impact of physical activity and exercise in this patient group. The day has both a case study and a practical emphasis and aims to assist health professionals with useful tips and suggestions regarding physical activity and exercise advice for all NYHA status patients, whether seen in the traditional cardiac rehabilitation setting or in their own homes.
January 26 2008, Manchester Royal Infirmary
Contact samantha.breen@cmmc.nhs.uk / Tel: 0161 276 4636
March 14 2008, Belfast City Hospital
Contact maria.mooney@belfasttrust.hscni.net / Tel: 028 9026 3826

BACR Exercise Professionals Spring Study Day 2008, NEC Birmingham
Friday 18 April 2008
‘Physical Activity and Cardiovascular Risk Reduction’

Topics to include:
- Managing Obesity: Structured exercise versus cumulative activity
- How to estimate cardiovascular risk
- 1 x vigorous versus 5 x moderate - the debate?
- How much walking is required to enhance cardiovascular health and improve aerobic fitness?

For further information email Vivienne Stockley at enquiries@bacrphaseiv.co.uk / Tel: 01252 720640 / www.phaseiv.co.uk

Study days on cardiovascular disease, University of Glasgow Dates in January to May
The University of Glasgow, in conjunction with the British Heart Foundation, are holding a news series of Cardiac Study Days from 31 January 2008. Topics for the study days include Assessing Cardiovascular Risk; Advanced Hypertension Management; Angina & Acute Coronary Syndromes; Lipid Management; and Introduction to Heart Failure.
Contact Susan Kennedy for further information at s.kennedy@clinmed.gla.ac.uk

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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

Deadlines for submissions
Issue 12, September 2008, 30 June 08
Access the Newsletter online
The current issue and back copies are available to download from bhf.org.uk/publications
The current issue is also available via the BACR website www.bcs.com

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