

**Heart Care Partnership  
(UK)**

# **DECEMBER 2009**

## **NEWSLETTER**

HCP UK are grateful for input to the Newsletter, please contact  
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[hcp@bcs.com](mailto:hcp@bcs.com)

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**Affiliated to the British Cardiovascular Society**

## FOREWORD



**Kenneth Timmis Esq. MBE JP LCIE,  
President of Heart Care Partnership UK**

The task before us is immense. Cardiovascular diseases (CVD) are the main causes of death in the modern world. According to the World Health Organisation (WHO) Atlas of Heart Disease and Stroke (WHO2004), some 17 million people die each year from CVD, particularly as a result of myocardial infarction (MI) and stroke in what is described as a “global epidemic”. In the UK almost two fifths of all deaths in 2002 (some 238,000) were caused by CVD. CHD alone accounts for 117,000 deaths per annum (1 in 5 in men and 1 in 6 in women). Although the National Service Framework for Coronary Heart Disease has caused a dramatic fall in the mortality rate there is still a long way to go, though I am hoping that the many hours spent by the CVC members will go some way towards improving the outcome for future patients, both cardiac and vascular.

Our founding clinician, Dr. Jane Flint BSc MD FRCP, continues to press the case for women’s heart health. To this end she has within the BCS Joint Working Group formulated 12 recommendations and has attended the European Heart Network to look at national policies and information gathering. We are fully supportive of her work in this field.

Our commitment to cardiac rehabilitation and the current National Campaign is widely recognised and we are accepted by NICE as a point of patient reference for all cardiovascular matters. We are linked with Thrive, a national charity that makes use of gardening to help with Cardiovascular Rehabilitation. We are also establishing credibility with congenital cardiology BCCA, heart failure BSH, the interventionists BCIS especially regarding primary angioplasty, and the arrhythmia and sudden adult death.

Our work encompasses patients, and their carers, with Congenital Hearts Disease. Currently HCP (UK) Trustees, Paul Willgoss and Suzie Hutchinson, are representing the users’ voice



## ACHIEVEMENTS

### **HCP UK achieves charitable status**

Thank you to BCS for the grant so that our application for charitable status could proceed (registered charity number 1131564). We can now drive forward with our ambitions.

### **STARS Founder and Chief Executive awarded MBE**

Trudie Lobban, Founder and Chief Executive of STARS was awarded the MBE in the Queen's birthday honours list for her work for STARS (Syncope Trust and Reflex Anoxic Seizures) and services to health care.

Trudie has devoted the past sixteen years to running the charity, which was founded in March 1993 after her daughter, Francesca, was diagnosed as having RAS.

John Camm, Professor of Clinical Cardiology at St George's University of London Hospital spoke for many of his medical colleagues when he said

*"It was a wonderful surprise to learn that Trudie Lobban had been awarded the MBE – there is no-one more deserving of this honour. Trudie has worked long and hard for children with the dramatic symptoms of sudden loss of consciousness. Her work has made a huge difference to both these children and their parents. I am very impressed by the energy and dedication that Trudie gives to this and her other charities in the field of heart rhythm disturbances. Her work has improved the quality of life for so many."*

The charity and Trudie's peers are delighted to celebrate her achievement.

**David Geldard Past President HCP UK awarded an MBE for Voluntary Service to People with Coronary Heart Disease.** David and his family were delighted.

Well deserved awards for Trudie and David - congratulations from all members of HCP UK!

## THE NATIONAL SERVICE FRAMEWORK FOR CORONARY HEART DISEASE

### WHAT NEXT?

#### THE PATIENT PERSPECTIVE

In the year 2000AD ten year targets were set for various treatments of the major killer of the day, coronary heart disease. As we approach 2010 most of those targets have been achieved in good time, a tribute to the work of Professor Roger Boyle and his team at the Department of Health and Clinicians throughout the nation. There is still some work to do and I do not doubt that efforts will continue to achieve that. Furthermore there is a need to build upon the achievements of the past ten years.

How then do the patients who have lived through those ten years see the future? At the outset I recognise that further progress relies as much on patient response as on clinical input and I would urge my fellow patients to play their full part in this. Also there is a need to include all forms of cardiovascular disease in the programme.

#### Changes

In order to provide better prevention and better cure three major changes need to take place:

- ♥ A reduction in the incidence of cardiovascular disease in our population.
- ♥ Reduce inequalities in the prevalence and treatment of cardiovascular disease.
- ♥ An improvement in the patient pathway.

How do we achieve these changes? The National Service Framework for Coronary Heart Disease brought with it Patient Involvement and Patient Empowerment. These are vital ingredients in an Agenda for Change. Actual involvement and empowerment is required, not merely paying lip service to it. Patient representation, wherever and whenever possible, is vital. The patient voice should be heard locally, regionally and nationally at committee level. After all clinicians have the expertise provided by their training but patients have experienced the pain and trauma and this needs to be added to the mix.

## **Let us MAKE change happen**

Together clinicians and patients can improve the system but it must be a joint effort. What then must be done? We have to:

- ♥ MAKE SURE there is a comprehensive rehabilitation system in force locally for all CVD patients.
- ♥ MAKE SURE all eligible patients are offered the service they need.
- ♥ MAKE SURE all patients are prescribed their recommended medication and are taking it.
- ♥ MAKE SURE all patients are following their recommended lifestyle advice.
- ♥ MAKE SURE that patients are advised that their treatment does not guarantee an instant cure.

The success of all these depends both on the clinician and the patient response.

Let me take rehabilitation as an example. The 2009 National Audit of Cardiac Rehabilitation (NACR) found that only 34% of 83,540 heart attack sufferers took part in a cardiac rehabilitation programme. Just 30% of those who underwent an angioplasty procedure and 68% of those who had a coronary artery bypass operations received the essential service. Overall the audit found that only 38% of heart patients attended cardiac rehabilitation. This audit covered England, Wales and Northern Ireland and if my memory serves me correctly there has been little or no improvement in 12 months.

Cardiac rehabilitation gives heart attack patients a 26% greater chance of surviving in the five years following their diagnosis by providing them with the vital skills to manage their condition and significantly improves their quality of life.

The National Service Framework for Coronary Heart Disease in England in 2000 set a target of 85% of cardiac patients to take part in cardiac rehabilitation. We are still far short of that so there is much to do. Clinicians must ask themselves, "Are we offering the service and explaining how vital it is?" Patients must ask, "Are we responding to the services offered and do we fully appreciate that it is in our own interest to do so?"

## NEW APPOINTMENTS

It is with great sadness that we have said goodbye to Anne Jolly as secretary of Heart Care Partnership UK. We all want to thank Anne for all her hard work and support and wish her all the very best for the future.



*Carol Reilly, Heart Care Partnership UK Secretary*

We are pleased to welcome Carol Reilly, Network Manager, Black Country Cardiovascular Network and Trustee of Heart Care Partnership UK since September 2004 into the post.

“Anne will be a hard act to follow. I appreciate everybody’s support and I hope I can continue to do Heart Care Partnership UK proud as secretary working in partnership with Lulu Ho as our Administrator.”

## HOW HEART CARE PARTNERSHIP UK IS EMBRACING STROKE

### House of Commons

Carol Reilly, Trustee and Secretary was invited to the House of Commons to attend the launch of the new report from the Stroke Association, “Getting Better: Improving Stroke Services across the UK”. It brings together twelve case studies of stroke services across the UK covering the whole stroke care pathway. The case studies highlight areas of best practice, issues and challenges for individuals in order to drive forward stroke care. The report can be found on [www.stroke.org.uk](http://www.stroke.org.uk).

The event was well attended, an excellent opportunity to network with Andrew Lansley CBE MP, Shadow Health Secretary and Chair of the All Party Parliamentary Group on Stroke, Ann Keen MP, Parliamentary Under Secretary of State for Health, Members of Parliament from across, the United Kingdom, National Stroke Improvement Programme, Stroke Association, Cardiovascular Networks, Stroke Clinicians, Patients and their Carers.

## **Learning and Caring Together**

**Jane Flint BSc MD FRCP, Trustee and Clinical Lead HCP UK**

### ***How far we have come***

Our Foundation Trust AGM found me presenting our Cardiology Service, proud of our multidisciplinary team partnership with our patients, who were strongly represented at the event, and contributing to our pulse and blood pressure measurement demonstrations and Action Heart Rehabilitation and Prevention programme exhibition, as well as asking me questions from the local LINK organisation. How far we have come over the last six years in embracing within Heart Care Partnership UK different cardiac patient group organisations, utilising the Cardiovascular Network Patient and Carer Partnerships, and reaching into so many national bodies (BCS, RCP, NICE and action groups such as CVC, BHF committees, JBS3 meeting) to influence all aspects of cardiac care pathways.

### ***Sources of inspiration***

Sources of inspiration for me have always included Humanities' studies, supportive literature in its widest sense, poetry written by and/or used by patients and their carers. I was very moved to be asked to talk in August to my local HUGS (Hearts Undergoing Group Support), of which I am Honorary President, about the ups and downs of my career. The expectation that I would be retiring soon (reflected in the more frequent asking after my health!) I felt

somewhat silenced when I talked about examples of challenges met across my special interest areas, so often shared and championed also by our patients over the last few years – patient empowerment, Cardiovascular Network care pathways, cardiac rehabilitation and prevention, nuclear imaging of the heart, women’s heart health and other areas of inequalities. I met an inspirational Carer with cardiac nursing background, Sirkka Thomas, at a NHS Improvement Cardiac Rehabilitation National Priority Project day; she has developed a unique Carers’ only group, HEARTSHARE, and is pointing out the current consultation on a Green Paper – ‘Shaping the future of care together’ during early November.

### ***Sharing experience with others***

Sirkka recognised my wider caring experience, but I have also discovered a diverse mentoring role has evolved for me, ranging from my volunteering as a TAMBA Twinline listener (being a moderately experienced parent of twins!), to pioneering mentoring of junior consultants within my Acute Trust, being a regular member of a psychiatric carers’ forum panel in a neighbouring Trust, and supporting Stroke and Cancer patient support initiatives. Our post-Darzi NHS quite rightly demands more evidence of audit-related outcomes in return for investment. Patients and carers must be encouraged to contribute to the debate on patient outcome measures, and in the third national Network Audit of Cardiac Rehabilitation Development supporting NACR use we shall invite Network Patient and Carer Partnerships to comment on appropriate goals. HCP UK’s consultation guide in evolution would also make an ideal standard for use in audit.

### ***Direction of travel***

Our last and current Presidents of HCP UK, David Geldard and Ken Timmis, have become as knowledgeable about cardiac rehabilitation as many professionals, and more adroit than

many at expressing dissatisfaction with the current lack of routine inclusion of this vital service within all cardiac care pathways and audits. They may even insist a positive attitude is shown by physicians in appraisal. They have undoubtedly inspired me to take my renewed, more robust stance with cardiologist colleagues about their responsibilities in this regard, and with our key charities as they review priorities for funding. I am pleased that my local Dudley Multidisciplinary Clinical Education Centre Council Charity has taken support of innovative patient projects and learning to heart. I should like to take the opportunity to announce that one of our local Cardiology Trust Funds will support learning and development bursaries for local HUGS and Action Heart patients/ carers in remembrance of my cardiac transplant expert patient Brian Edwards, who supported me at the outset of steering HCP UK into being. I sincerely hope that other colleagues might follow the model.

## **BRITISH CARDIOVASCULAR SOCIETY, ANNUAL SCIENTIFIC MEETING**

**1<sup>st</sup> – 3<sup>rd</sup> JUNE 2009 EXCEL DOCKLANDS LONDON**



*Ken and his wife Margaret at the  
BCS 2009 Conference Dinner*

Some of the Heart Care Partnership (UK) Trustees attended this busy conference. There were good exhibition stands and a wide selection of sessions. Ken Timmis attended the sessions which HCPUK were party to, chaired the Arrhythmia Alliance session prior to the Trustees meeting, and did a lot of networking.

As HCP UK Trustees we believe we should endeavour to support conferences in order to raise our profile, especially when we join with other BCS affiliates for some of the sessions.



**Help Save Lives**

## **Surviving Cardiac Arrest Conference and National Lifesaver Defibrillator Awards, Royal College of Physicians, Saturday 24<sup>th</sup> October 2009**

Over 100 people attended the SADS UK ‘Surviving Cardiac Arrest Conference’, including nurses, doctors, first aid trainers, ambulance service personnel and charity members. The conference debated SADS (Sudden Arrhythmic Death Syndrome) and how to prevent it; discussing how technology has refined to make Automated External Defibrillators (AEDs) easy to use by the layperson to help save a life.

The aims of SADS UK is to prevent premature death by raising awareness of **‘The Warning Signs’** which was highlighted at the conference and the charity would be pleased for assistance to disseminate these important signs.

SADS UK believes that the ‘Early Recognition’ link in the Chain of Survival should include the warning signs of Heart Attack (MI), Stroke, and also “The Warning Signs” for Inherited Cardiac Rhythm Disorders that can cause a cardiac arrest. SADS UK would like to see ALS and BLS courses including a discussion of “The Warning Signs” and follow-up protocols.

SADS UK has asked International Liaison Committee On Resuscitation (ILCOR) to include ‘The Warning Signs’ in the new resuscitation guidelines to be updated internationally in 2010.

**“The Warning Signs”** for inherited cardiac rhythm disorders are:

- Family history of unexpected sudden death during physical activity or during an apparent seizure, or any other unexplained sudden death of an otherwise healthy young person.
- Fainting (syncope) or appearance of seizure during physical activity.
- Fainting (syncope) or appearance of seizure resulting from emotional excitement, emotional distress or startle.

- Consistent or unusual chest pain and/or abnormal shortness of breath during exercise and dizziness.

The charity highlights **'The Warning Signs'** and are asking their charity members, first aid trainers and other professionals to highlight these important signs to prompt people affected to seek medical advice.

## **SADS UK National Lifesaver Defibrillator Awards**



*Demetrios Geniris, Service Team Leader,  
Heathrow Airport receives award for  
lifesaving from Professor Douglas  
Chamberlain CBE.*

The Surviving Cardiac Arrest conference was followed by SADS UK's National Defibrillator Lifesaver Awards Dinner held in the Council Chamber at the Royal College of Physicians

Professor Douglas Chamberlain CBE, eminent cardiologist and leading light in the world of emergency care presented awards to 3 lifesavers, together with an ardent SADS UK member who had donated an AED to all the schools in her area.

SADS UK is seeking nominations for people who have saved lives using resuscitation skills for the October 2010 awards dinner. Please contact SADS UK for a nomination form.

Contact, Sarah French, Tel: 01277 811215, email: [info@sadsuk.org](mailto:info@sadsuk.org) SADS UK Suite 6, Churchill House, Horndon Park, West Horndon, Essex CM13 3XD

## A GOOD DEATH, TIME TO THINK

*A Good Death* was launched after national research revealed that those who are dying, their families or carers, may not be receiving the end of life care and support they want, because they are not discussing death or dying.

The research, carried out by ICM, reveals that the north east is the least comfortable region in the UK when it comes to discussing death. It also highlights that north easterners are the least likely to want to know if they are dying and almost two-thirds of us haven't discussed end of life care plans.

*A Good Death* aims to remedy this situation by encouraging people to think and talk about death and dying so that NHS North East and its partners can ensure the right services and support are available at the right time.

The charter has been developed as part of the regional *Better health, fairer health* strategy which aims to make the north east the healthiest region in England within a generation.

Professor Stephen Singleton, regional director of public health said: "Everyone should have the right to experience a good death and family members, partners or other carers deserve support and compassion at this time. North easterners can help make this happen by filling in this questionnaire and telling us what they think." **Issued by Gardiner Richardson on behalf of NHS North East**

The consultation has been funded by Dying Matters, a national coalition set up to raise public awareness to support the implementation of the national End of Life Care Strategy and change attitudes and behaviour towards death, dying and bereavement. Dying Matters is led by the National Council for Palliative Care, the umbrella charity that promotes palliative care for all those who need it working across all sectors, and is supported by the Department of Health.

Eve Richardson, chief executive, National Council for Palliative Care, said: “We simply don’t talk about it despite the fact that we all die. We want to change this. The Dying Matters Coalition is engaging thousands of organisations to support conversations on dying, death and bereavement to make a good death a normal part of life. If we talk about it early with our friends and relatives, express our wishes and plan for it this can be achieved.”

Feedback will inform the charter and help NHS North East plan work around end of life care. The findings are expected to be available in late January 2010.

**For further information contact Matt Forster on 0191 261 4250 or e-mail [mattf@gardiner-richardson.com](mailto:mattf@gardiner-richardson.com)**

## **EVELINA CHILDREN’S HEART ORGANISATION**

ECHO Tean Club is carrying out vital work supporting young people as they grow up with their heart condition, empowering them and building their confidence through social events, activity breaks, newsletters and collaborative activities with other similar groups.

ECHO is committed to developing more structured relationships with Schools in order to develop events and activities that support both fundraising and raising awareness of congenital heart disease. They are looking for a volunteer, ideally a member of ECHO, to lead and coordinate their efforts. This will include developing a programme of events and activities and co-ordinating the means by which they engage with schools. This is a critically important programme for ECHO and it an important part of our future strategy. If you have the enthusiasm, some spare time and a good knowledge of how to engage well with schools they would love to hear from you. **Please contact: Grant Taylor Trustee 07958 690184 [grant@echo-evelina.org.uk](mailto:grant@echo-evelina.org.uk)**

# ARRHYTHMIA ALLIANCE, THE HEART RHYTHM CHARITY

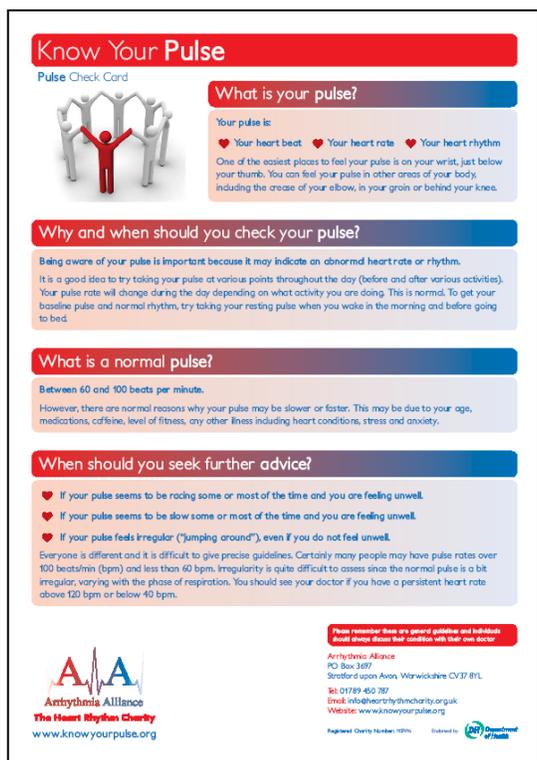
## Arrhythmia Alliance, The Heart Rhythm Charity

### HEART RHYTHM CONGRESS (HRC) 2009

In October 2009, Arrhythmia Alliance and HRUK held its fourth annual Heart Rhythm Congress at The Hilton Birmingham Metropole Hotel. With over 3000 delegates HRC is now largest cardiology meeting in the UK.

HRC 2009 was proud to host an educational opportunity to all those who attended, offering a wide range of symposia, debates, patient group discussions, and was well supported by industry exhibitors.

Arrhythmia Alliance (A-A), Atrial Fibrillation Association (AFA) and Syncope Trust and Reflex Anoxic Seizures (STARS) held their annual Patients' Day providing an unprecedented opportunity for patients and carers to meet and liaise directly with medical professionals. In addition there was chance for patients to pose relevant questions and gain a greater insight into developing technologies and techniques regarding their condition; information which is not otherwise readily available or accessible.



**Know Your Pulse**  
Pulse Check Card

**What is your pulse?**

Your pulse is:

- ♥ Your heart beat
- ♥ Your heart rate
- ♥ Your heart rhythm

One of the easiest places to feel your pulse is on your wrist, just below your thumb. You can feel your pulse in other areas of your body, including the crease of your elbow, in your groin or behind your knee.

**Why and when should you check your pulse?**

Being aware of your pulse is important because it may indicate an abnormal heart rate or rhythm. It is a good idea to try taking your pulse at various points throughout the day (before and after various activities). Your pulse rate will change during the day depending on what activity you are doing. This is normal. To get your baseline pulse and normal rhythm, try taking your resting pulse when you wake in the morning and before going to bed.

**What is a normal pulse?**

Between 60 and 100 beats per minute.

However, there are normal reasons why your pulse may be slower or faster. This may be due to your age, medications, caffeine, level of fitness, any other illness including heart conditions, stress and anxiety.

**When should you seek further advice?**

- ♥ If your pulse seems to be racing some or most of the time and you are feeling unwell.
- ♥ If your pulse seems to be slow some or most of the time and you are feeling unwell.
- ♥ If your pulse feels irregular ("jumping around"), even if you do not feel unwell.

Everyone is different and it is difficult to give precise guidelines. Certainly many people may have pulse rates over 100 beats/min (bpm) and less than 60 bpm. Irregularity is quite difficult to assess since the normal pulse is a bit irregular, varying with the phase of respiration. You should see your doctor if you have a persistent heart rate above 120 bpm or below 40 bpm.

Please remember: these are general guidelines and individuals should always discuss their condition with their own doctor.

Arrhythmia Alliance  
PO Box 3897  
Stroford upon Avon, Warwickshire CV37 8TL  
Tel: 01789 462 787  
Email: info@hearthythmcharity.org.uk  
Website: www.knowyourpulse.org

Registered Charity Number: 107016. Endorsed by 

  
Arrhythmia Alliance  
The Heart Rhythm Charity  
www.knowyourpulse.org

The Know Your Pulse campaign launched in 2009 immediately made a strong impact. With over 1100 events across the UK, from the Orkney Islands to the Channel Islands, this year's Arrhythmia Awareness Week 8th – 14th June has proved the most successful event in the charity's history. Internationally, more than 250 events took place across the globe, with the distribution of more than 350,000 Pulse Check Cards. Following the success of the 2009 initiative, A-A has decided to continue the Know Your Pulse campaign in 2010.

The primary aim of this initiative is to raise public and medical awareness of the pulse as a means of identifying potential cardiac arrhythmias. The long term goal is to ensure pulse checks become routine.

A-A is promoting the campaign through Regional Meetings, Cardiac Network and PCT sessions, parliamentary and public events.

Arrhythmia Awareness Week in June 2010 will provide the primary vehicle to advertise the campaign on a national scale. We are pleased to announce that next year AAW will be held from the 7<sup>th</sup>-13<sup>th</sup> June, with a parliamentary launch at the House of Commons, on Monday 7<sup>th</sup> June.

During the week, supporter activity will centre around regional pulse check sessions where professionals educate members of the public on this simple health check procedure. A-A will use the week to gather evidence on the number of pulse checks performed, the number of arrhythmias detected, the number of referrals made and the benefits of manual pulse checks.

The Arrhythmia Alliance is counting on your continued support to promote greater understanding, diagnosis, treatment and quality of life for individuals with cardiac arrhythmias.

**Recommended activities for members:**

- Distribute Pulse Check Cards and educational information to GP surgeries, libraries, medical centres, community centres and the general public.
- Medical professionals can hold sessions offering pulse checks to members of the public and collate results on the number of arrhythmias detected and the number of referrals made.
- Host awareness displays and/or events.
- Fundraise with a coffee morning, raffle, sponsored event, cake sale, quiz, ball or dinner.

For more information on the Know Your Pulse campaign visit [www.knowyourpulse.org](http://www.knowyourpulse.org) or contact [joanna@heartrhythmcharity.org.uk](mailto:joanna@heartrhythmcharity.org.uk) / 01789 451823

## GUCH

### **It's like a punchline to a half heard joke – How far did you say?**

It's a line I've heard from friends, paralympians have questioned my sanity, and my cardiologist looked a little worried.

Since July I've been walking or running to try and meet a simple target – to complete 1000km in a year. Why, because its a nice round number and is nicely at the point where its enough of a challenge to make me question if I can do it but achievable.

At a deeper level I'm doing it because of the work the Children's Heart Federation are doing on getting kids with heart conditions to be allowed to be participate in sport at school, I know the feeling of exclusion when standing on the touchline picking up rubbish while everyone else has fun playing football. Now, I'm never going to be a Beckham or Seb Coe but I can show that even as a slightly overweight adult with a heart condition I can go out there and enjoy exercise...

So far I've walked or run over 400km, including the Great North Run, climbing Snowdon, and getting a place on the 4<sup>th</sup> Plinth in Trafalgar Square. What's to come

– my first Marathon, Edinburgh in May, and another 600km of plodding, jogging, running and walking... And I hope to get to wear the heart again!



*Paul Willgoss on 4<sup>th</sup> Plinth in Trafalgar Square*

To read about my exploits - <http://walkingforheartkids.blogspot.com/>

## NATIONAL CAMPAIGN FOR CARDIAC REHABILITATION

The BHF is still keen to promote the National Campaign for Cardiac Rehabilitation.

- There is a Parliamentary lobby planned for 3rd February 2010, but with more effort from patients focussed on raising CR issues with their individual local MP's before then.
- The Health Improvement Programme (Heart) is convening a meeting of all Network Directors and their CR rehabilitation clinical leads on 30th November 2009, and the outcomes from this could be very significant indeed.
- There is a groundswell of opinion that more research should be undertaken, particularly in regard to CR and PPCI and heart failure.
- There is some movement on the likelihood of a Commissioning Guide on Cardiac Rehabilitation being produced for PCT's, with involvement from the Care Quality Commission.
- There is also a developing concept of rehabilitation not standing alone, but being an integral function alongside prevention and care.
- We must not forget sexual activity as an issue of special concern for male and female heart patients. This is an area of anxiety and worry for many of our patients, but was rarely mentioned in the past. We all have a responsibility to take soundings and become more familiar with these problems and the needs of heart patients, to encourage research and, at the very least, to review the NICE clinical guideline 48, issued May 2007, " Secondary prevention in primary and secondary care for patients following a myocardial infarction", page 7, "Sexual activity".

It caused ructions in my GP's surgery when I started probing them about their policy, costings etc, but it made them sit up, especially as I had the NICE document in my pocket. There was a similar response when I raised it at the World Class Cardiac Services Conference at the end of September, but it was only after I had delivered my address that I discovered that a PDE5 inhibitor is a technical term for viagra. Still, I'm learning and it's a project with a bit of fun attached to it.

## FORTHCOMING EVENTS

**Nomination Form**

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Details of person you are nominating**

Their Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Please return this form along with your testimony of no more than 750 words to:

Sarah French,  
SADS UK  
Suite 6  
Churchill House  
Horndon Pl  
West Horndon  
Essex  
CM13 3XD

Tel: 01277 230642  
email: [info@sadsuk.org](mailto:info@sadsuk.org)

Sponsored by

**National Conference  
Defibrillator  
Lifesaver Awards**

Cardiac arrest can affect anyone,  
even children



The speedy use of a defibrillator  
along with CPR can save a life.

SADS UK holds The Annual National Lifesaver Defibrillator Awards to acknowledge people who have taken lifesaving action.

**Nominate a Lifesaver today**

Sponsored by

The next SADS UK Conference is being held at the Lifeconnections Congress on **Saturday April 17<sup>th</sup> 2010**.

Please contact Anne Jolly, SADS UK, Tel: 01277 811215 or email: [info@sadsuk.org](mailto:info@sadsuk.org) for further info.

## ABSEIL FOR CHARITY

ECHO are holding a charity abseil down Guy's Tower on **Saturday 15th May 2010**. This will be the last year ever that Guy's Tower will be "abseilable" as the Trust is refurbishing the exterior of the building starting in 2011, so this will be your last chance to play Superman or Wonder woman and raise money for ECHO at the same time. If you'd like to have a go, and are confident you can raise £200 or more sponsorship, please reserve your place as soon as possible by emailing **Jessica Cattermole** on [admin@echo-evelina.org.uk](mailto:admin@echo-evelina.org.uk).

## British Cardiovascular Society Conference

7<sup>th</sup> – 9<sup>th</sup> June 2010

Manchester Central

[www.bcs.com](http://www.bcs.com)

## ARRHYTHMIA AWARENESS WEEK (AAAW)

7<sup>th</sup> – 13<sup>th</sup> June 2010

## Heart Rhythm Congress

3<sup>rd</sup> – 6<sup>th</sup> October 2010

Hilton Birmingham Metropole

[www.hearhythmcongress.com](http://www.hearhythmcongress.com)





## **APPLICATION TO BECOME A MEMBER OF THE HEART CARE PARTNERSHIP UK**

### **AFFILIATED TO THE BRITISH CARDIOVASCULAR SOCIETY**

**Please return to: Lulu Ho, HCP (UK), 9 Fitzroy Square, London, W1T 5HW**

REPRESENTATIVE NAME:

ADDRESS:

TELEPHONE NO:

EMAIL ADDRESS:

A BRIEF OVERVIEW OF YOUR ORGANISATION'S WORK:

MEMBERS OF THE HEART CARE PARTNERSHIP WILL RECEIVE INFORMATION ON MEETINGS, TRAINING COURSES AND EDUCATION AND INFORMATION SERVICES

- Please tick this box if you are happy for your information to be given to the British Cardiovascular Society for use when sending information on cardiac and stroke related issues

**MEMBERSHIP OF THE HEART CARE PARTNERSHIP UK IS  
FREE TO USERS**