Thank you

Welcome to this issue of Cardiac Rehab UK and we'd like to thank all of the people that responded to the evaluation questionnaire that was published with the January issue. The Focus groups have now been held and we aim to publish the findings of the evaluation in the September issue of the newsletter. Turn to page 6 of this issue to find out who was the lucky recipient of the M&S vouchers.

We start off this issue with an article from Bernie Downey, BACR President, sharing her views about the changing name of the BACR.

If you'd like to comment on this or any other article that's featured in the newsletter, (for example, if you've had a similar experience locally), we'd like to hear from you. Please write to us at cardiacrehab@bhf.org.uk

Changing names for changing times!

Changing the name of the British Association for Cardiac Rehabilitation (BACR) is now proposed, and this time your Council is recommending a new name for new times!

The origins of cardiac rehabilitation (CR) lay in the need for physical rehabilitation following myocardial infarction and surgery, but our speciality has now evolved into a truly multidisciplinary lifestyle intervention which promotes cardiovascular health to a much broader spectrum of patients. Our aim is not just physical rehabilitation of our patients but to prevent the progression of their underlying disease process and thus reduce both morbidity and mortality from cardiovascular disease (CVD). Achieving cardiovascular health means addressing all aspects of lifestyle – smoking, diet and physical activity – and effectively treating all other CVD risk factors.

The promotion of health and well being is now the focus of the new NHS. For too long many in our speciality have ignored the broader agenda of prevention of CVD and our reluctance to embrace this agenda has incurred a cost. Those who commission cardiac services do not see CR as being a necessary service. Look at the issue of CR in payment by tariffs if you need proof! There is no payment for CR and as a consequence many of our programmes may be threatened because they are not seen as essential to the care of patients. In contrast everyone recognises the need for cardiovascular disease prevention but many do not look to CR to address this broader health agenda.

I believe we need to promote our speciality to address both prevention and rehabilitation of cardiovascular disease. So I favour a change of name to the British Association for Cardiovascular Health (BACH). Changing our name reflects changing times and the words 'cardiovascular health' give a new positive image to our professional work. I want our new name to reflect our Association's evolving role, from traditional rehabilitation to cardiovascular prevention and rehabilitation.

The creation of our Association in 1992 was a great achievement and led to an expansion of our services and rising standards across the country. Today our healthcare system is different, our client population is different and the requirements for our services are also different. Our Association should reflect these changing times by evolving its role. We need to reflect the growing scientific evidence for disease prevention and health promotion which should form the basis of our professional practice. The traditional elements of our service need to be expanded and we need to extend our reach beyond those with established disease, to those at high risk of developing CVD.

The name of an organisation is important and a new name of the British Association for Cardiovascular Health, will promote our vision of cardiovascular health for all.

The decision to change the name will still depend on a vote by all members of the BACR and more information will be available to members soon.

Bernie Downey, BACR President
bernie.downey@mater.n-i.nhs.uk
Emergency life support (ELS) training through the British Heart Foundation’s (BHF) Heartstart UK initiative is provided as part of a cardiac rehabilitation (CR) programme in Wakefield. This is co-ordinated by Annette Wilkes, a BHF Advanced Nurse Lead at Eastern Wakefield PCT. It was introduced in July 2004 following the National Service Framework (NSF) standards for Coronary Heart Disease (CHD) 2000. Chapter seven of the NSF states that resuscitation training should be offered to family members.

ELS training through the Heartstart UK initiative was chosen as it teaches simple skills that are easily learned. Affiliation to Heartstart UK also encourages links with other schemes throughout the UK.

The ELS training offered to patients, compliments the menu of options included in the comprehensive CR service provided in Wakefield. The two-hour training session teaches patients and their carers the essential elements of cardiopulmonary resuscitation (CPR), as well as highlighting the symptoms of a heart attack and its early resuscitation (CPR), as well as highlighting essential elements of cardiopulmonary resuscitation (CPR), as well as highlighting the symptoms of a heart attack and its early management, the recovery position and methods for dealing with choking and severe bleeding.

The cardiac liaison team begin to introduce the training scheme during talks with patients and their families at the first home visit. Understandably the memories of the event are still quite raw and families may live in fear of further incidents. The team are receptive to these sensitivities and for this reason information is given to the families at this stage so that they are aware that this scheme exists.

The subject is approached professionally, with particular consideration to the individual families’ experiences, especially where patients have had a cardiac arrest themselves that has been witnessed by relatives.

Provided bi-monthly

Two Healthy Living Centres were identified to hold the sessions, initially on a monthly basis. However, due to a disappointing low number of CR attendees, the scheme is now run bi monthly. Priority of places is given to CR patients, although the scheme has been extended to other patients attending secondary or primary care heart disease clinics.

Posters are placed in all GP practices, in the hospitals and in public libraries and if places are not filled these are then offered to the general public.

Annette said “The Heartstart UK initiative provided the programme with a start up grant to buy the manikins and provide educational materials. I also have support by the Heartstart UK regional co-ordinators if needed.”

Through the grant, 144 people have been trained to date, including 85 patients, 50 family members and 9 from the general public. Terry Fletcher, a former patient who suffered a heart attack said “The training course was great. It lasted for two hours and was very practical. There was nothing you couldn’t understand and I would recommend it to anyone. It has made me feel much more confident about coping with my illness and the information is excellent for relatives who can learn about the symptoms to watch out for and the basics of what to do in an emergency. Attending the course has been very reassuring and the cardiac nurses are first class.”

The Heartstart UK initiative aims to improve the action taken by people when they are faced with a potential heart attack or other life threatening emergency. If you have a wider knowledge of ELS and have received professional training, the immediate care you’re able to give to someone taken ill can make a significant difference to the situation.

Sarah Marley who was with her father when he had a heart attack and has since done the training said “I was with my dad when he had his heart attack, it was quite scary. Heartstart has provided me with the knowledge and confidence to deal with such a situation should it arise again.”

Annette Wilkes, BHF Advanced Nurse Lead, annette.wilkes@ewpct.nhs.uk

For further information about the Heartstart UK initiative, please contact a Heartstart UK Officer at the BHF on 020 7487 9419.

New appointments at BHF

The British Heart Foundation (BHF) has appointed its first Director of Prevention and Care in charge of sharpening the charity’s increasing focus on helping those living with heart disease.

Dr Mike Knapton, joined BHF in January of this year, and will be responsible for initiating innovative programmes for all people at risk of, or affected by, heart disease. He’ll lead the charity’s efforts to prevent avoidable heart disease, save lives and maximise recovery and quality of life.

Dr Knapton comes to the charity from Cambridge City and South Cambridgeshire Primary Care Trusts, where he was Acting Medical Director. He brings substantial experience as a GP and GP tutor to the role and has also worked in the Department of Cardiology at Addenbrookes Hospital. Dr Knapton will continue to work as a GP one day a week, to maintain frontline contact with patients.

The production of this newsletter was supported by the NHS Heart Improvement Programme
The Coventry and Warwickshire Cardiac Network recently hosted a conference for over 100 patients and carers at the Ricoh Arena, Coventry.

All cardiac rehabilitation staff from across Coventry and Warwickshire were involved, with support from the Patient and Public Involvement (PPI) Forums and the Rugby Heart Support Group. The day was co-ordinated by Jo Holdsworth, Mary Martin and Karen Bibb from the Hospital of St Cross in Rugby.

Dr Peter Glennon from Walsgrave Hospital gave an interesting talk on primary angioplasty and arrhythmia care, prompting several questions from the audience. Gordon McGregor, Exercise Physiologist had the whole room on their feet in an interactive session on the importance of exercise. Rachael Rowe introduced the work of the cardiac network as director, outlining several developments and improvements in care across Coventry and Warwickshire.

Cathy Wickens from Warwick Hospital facilitated an after lunch food tasting session for the audience, explaining the low Glycemic Index (GI) diet with examples from her own kitchen. The work of the Coventry and Warwickshire Ambulance Service and the Warwickshire and Northamptonshire Air Ambulance fascinated many, particularly with recent developments in flying patients to hospital for primary angioplasty in the network. Finally Lucy Aphramor, dietician from Walsgrave ended the day with a presentation on the importance of laughter in recovery.

The day would not be complete without networking. Staff from the George Eliot Hospital, Nuneaton worked with PPI members in generating interest for a patient heart support group in North Warwickshire which will be established in the next few weeks.

The day evaluated positively with requests for a repeat performance next year.

Rachael Rowe, Cardiac Network Director, Coventry and Warwickshire Cardiac Network, rachael.rowe@nhs.net

Secure website for teenagers with heart conditions

The BHF is planning to create a new secure website aimed at teenagers with heart conditions. The website will be aimed at 13 to 17 year olds who suffer from heart disease and will be accessed through the heart website.

The content of the site will be decided by the teenagers themselves and focus groups are planned in Scotland and London in June and July of this year at exciting venues! A weekend conference for teenagers (mums and dads are barred) is also planned for October. We hope that from these events we can bring together young people to act as an editorial group for the website keeping it fresh and exciting. The aim of the website is to empower young people with heart disease to help themselves and others with similar conditions to get the most out of life. There will be the opportunity to ask experts a variety of questions in 'real time'. We also hope to have a chat room, lifestyle advice (specific to teenagers with heart disease) sharing stories, and disease specific downloadable fact sheets.

BHF plan to launch the website in March 2007.

Stefanie Lillie, BHF Cardiac Rehab Co-ordinator, lillies@bhf.org.uk

Cardiac Rehab Co-ordinator (CRC)

Diane Card joined the Cardiac Rehabilitation (CR) team in April as one of the BHF CRCs. Diane brings a wealth of experience, including 15 years in CR and cardiology and as Service Improvement and Redesign manager for the Anglia Cardiac Network. She was also co-chair of the regional CR steering group for the Anglia cardiac network and chair of ERSIG, the Eastern Region Special Interest Group. Diane has recently worked with the BHF team, in piloting the patient held diary “My progress record” and was the deputy lead for the East Cambs and Fenland PCT CR project funded by the Big Lottery Fund and BHF.

Cardiac Rehab UK wishes every success to Dr Knapton and Diane in their new roles.
Exercise physiology – the emerging role

A primary care intermediate cardiac clinic on the Wirral, resulted in an opportunity for community based, exercise physiologist led diagnostic exercise tolerance testing (ETT), for coronary heart disease (CHD) screening.

Using a local protocol, exercise physiologists within the unit were able to develop a governance and competency framework, enabling them to undertake the testing without direct supervision.

A recent audit of the service, over three months, showed that out of the 91 patients that attended the clinic, the GPs with special interest in cardiology, were able to proceed as follows:

- 46% had alterations made to their care/medication/referral to secondary care
- 50% of all patients tested were discharged back to their GP, either with suggested changes in medication (13%) or with no further action required (37%)
- one third of all patients tested were referred on to secondary care for either cardiology assessment or cardiac catheterisation.

This demonstrates the clinic’s effectiveness in identifying patients at an early stage of CHD. On reflection, these results may eventually show a reduction in referrals to secondary care as 50% of patients were referred back to primary care. Patients identified with significant risk were directly referred for cardiac catheter studies.

Exercise physiologist led ETT has proven to be both outcome and cost effective by speeding up patient diagnosis and allowing patients with strongly positive results to be fast tracked for further investigation.

For further information please contact, Andrew Fielding, Edward Caldow, or Michael Little at The Wirral Heart Support Centre, on 0151 604 7307.

BHF Excellence Awards

A nurse who instigated and led a cardiac rehabilitation programme tailored specifically to the needs of heart failure patients has been awarded a British Heart Foundation (BHF) Excellence Award.

The service run by Dr Jacky Austin, Consultant Nurse in Heart Failure Services at the busy Nevill Hall Hospital in Abergavenny, South Wales, has led to fewer admissions with fewer days spent in hospital for the patients who have taken part. The patients also reported an improvement in quality of life.

Dr Austin becomes the third person to be awarded a BHF Excellence Award in a scheme launched last year. The awards are open to all nurses and allied health professionals working to improve heart health in any way in the UK.

The closing dates for the next two submissions are 12th May & 27th October 2006.

Please contact Judy O’Sullivan at osullivanj@bhf.org.uk or 020 7725 0654 for further information on how to apply.

BHF calls on food industry to embrace FSA labelling scheme

The Food Standards Agency (FSA) recently announced its voluntary front of pack food labelling scheme for the UK.

Peter Hollins, Director General of the British Heart Foundation (BHF) said:

“We welcome the FSA’s new scheme, which, although watered down, still has the potential to show consumers clearly the health consequences of the food they choose. Backed by a public education campaign, this scheme can lead to a victory for informed consumer choice.

“However, the scheme needs co-operation from retailers and manufacturers to be effective. Unilateral schemes recently announced by some in the industry will confuse consumers and undermine the FSA’s system. The FSA’s scheme will fail if industry does not fall into line.

“Food retailers and manufacturers are running out of excuses for not giving consumers what they want. We call on them to embrace this system. If they truly believe in informed consumer choice, this is the time to prove it.

“If they let us all down, and refuse to adopt this scheme, it will be a sign that the industry can’t be trusted to self-regulate. In that case, the BHF will not be afraid to push for legislation, to prompt retailers to put consumer health first.”

If you’d like more information about this press release, contact the BHF press office on 020 7487 7172.
In May 2002, three sites were awarded funding from 59 applications to carry out action research projects. The British Heart Foundation (BHF) were particularly interested in initiatives that would promote the uptake of physical activity as part of a cardiac rehabilitation programme and for it to be an enduring lifestyle change. This was a new approach for the BHF and we are delighted to announce that at the end of the three years of funding the findings from the studies are almost ready to share.

What is action research?
As with traditional research, action research can have purely academic outcomes. However, the primary purpose of action research is as a practical tool. It is driven by the requirement to resolve and investigate dissatisfaction with the existing circumstances. It is very focused on improving practice within a particular setting through a cyclical process involving:
- problem assessment and identification
- problem clarification
- identifying and planning solutions
- implementing innovation
- evaluating and monitoring.

As action research is concerned with the pursuit of ‘local level’ problems, the findings may only be relevant in certain circumstances and may not always be capable of wider generalisation. However, the representatives from the three successful sites, Battersea, Bridgend and Paisley, recently presented their findings at the BHF Head Office, where it was felt that a number of significant outcomes could be replicated in other areas.

Amongst those present were the BHF Medical Director, Professor Peter Weissberg and the Director of Prevention and Care, Dr Mike Knapton. Also present were representatives from the Department of Health Vascular team and the NHS Heart Improvement Programme.

Each site will be publishing some of their findings in future issues of Cardiac Rehab UK. For further details please email cardiacrehab@bhf.org.uk
Stephanie Dilnot, BHF Cardiac Rehab Co-ordinator, dilnots@bhf.org.uk

The BHF applauds Blair’s free vote decision on smoke free work places

In February MPs in England voted in favour of the smoking ban in public workplaces.

This follows in the footsteps of Ireland who imposed the ban in 2004, and Scotland who went smoke free in March this year.

Peter Hollins, Director General of the British Heart Foundation, said: “This is a victory for democracy and, hopefully, for the heart health of the country.

“A full ban is the single most important measure that, at a stroke, will lead to significant improvement in English public health and help the Government reach its goal of reducing health inequalities.”

If you’d like more information about this press release, contact the BHF press office on 020 7487 7172.

Resuscitation Guidelines 2005 – Implementation

Guidelines 2005 were published electronically in the UK, Europe and the United States on 28th November. These were published in the Resuscitation and Circulation journals, and printed copies have been available since December 2005, from the Resuscitation Council (UK).

Several of the treatment recommendations in Guidelines 2005 represent significant changes in the way resuscitation is delivered. The Council acknowledges it will take time for courses and training materials to be updated and for this change in practice to be disseminated to healthcare professionals and laypeople by resuscitation trainers. As this transition is made, there will inevitably be some variation in practice between individuals and healthcare organisations.

The revised Resuscitation Guidelines 2005 can be accessed from www.resus.org.uk/pages/guide.htm

Heartstart UK courses

The changes in the guidelines have considerable implications for Heartstart UK and new teaching materials are being developed. This takes time and money! Until the new materials are ready, Heartstart UK schemes and schools should continue to use the current Heartstart UK course and materials. There is nothing wrong with what you are teaching!

The timetable for implementing the new guidelines and course is available from heartstart@bhf.org.uk

Heartstart UK schemes and schools will be expected to introduce the new guidelines as soon as is practical from June 2006 and by the end of 2006 at the latest. You will want to plan updates for your instructors accordingly.

Colin Elding, BHF Heartstart UK Manager, eldingc@bhf.org.uk
The NHS is once again going through another re-organisation with the recent publication of the White Paper, ‘Our health, our care, our say: a new direction for community services’. This White Paper will change the way in which care is provided to all patients outside hospital, such as easier access to services, shifting care into the community, promoting independence and well being and reducing hospitalisation. These changes are not new to cardiac rehabilitation (CR). Many services have already redesigned the patient pathway to encompass a range of options that best suit the patients’ circumstances, including community based CR, home support programmes and patient owned care plans.

It will be the role of CR practitioners to understand the opportunities and the challenges that may arise from the re-organisation of services and to continue to represent CR so that patients suffering from heart disease will continue to get the best possible care.

Stephanie Dilnot, BHF Cardiac Rehab Co-ordinator, dilnots@bhf.org.uk

An independent qualitative review of the Heart Information Series (HIS) has recently been undertaken. A wide range of health professionals, patients, carers and their families were involved in focus group discussions at various locations across the UK. Findings showed that generally they are highly regarded with over 85% of patients and carers rating the overall value of the booklets as ‘good’ or ‘very good’. However, some recommendations were made in the review and a working group has been set up to look at the recommendations. Some changes to the series will be carried out over the next few months, following approval from the Plain English Campaign.

Julia England, BHF Project Manager, Education Department, englandj@bhf.org.uk

Great opportunities are now available to patient/carer groups as the Patient Network team has re-launched its grants scheme. The new ‘Help a Heart Grant’ offers up to £1,500 to fund projects that help people affected by heart disease. Any patients or carers who have an idea can order a copy of the newly revamped application form by calling the BHF orderline on 0870 600 6566 quoting Stock code G248 0206. For more information about the grant, please call the BHF Patient Network Officer on 020 7725 0690 or email helpaheartgrant@bhf.org.uk

The winner of the £20 Marks and Spencer gift vouchers was Julie Allen.

To order any of the above or any other BHF publication, make a note of the stock code(s) and either call the order line on 0870 600 6566, email orderline@bhf.org.uk or visit the BHF website at bhf.org.uk/publications
The patient’s story – case studies needed

The BHF communications team are keen to hear from patients and families who have been affected by heart disease and who have been helped by the work of the British Heart Foundation.

If you know someone who may be happy to share their story please contact Sally Gray in the BHF press office on 020 7487 7172 or email grays@bhf.org.uk

BACR Annual Travel Award

BACR are very pleased to announce the official launch of their “Annual Travel Award Scheme” (referred to as the Travel Scholarship Fund in Issue 4, January 2006). This is open to any member of the BACR to apply for a contribution towards the costs of either attending a course, conference or area of special interest/expertise in the field of cardiac rehabilitation. There are to be two separate awards available, up to the figure of £1,000 each for the successful applicants.

The closing date for applications is 30th June 2006.

For information on how to apply, please email Carol Over, BACR Treasurer at carol.over@nch.nhs.uk

BHF Heart Week 2006

In June, the BHF is asking people to support its largest fundraising campaign, Help a Heart Week, to help save and improve the lives of the millions of men, women and children affected by heart disease.

By supporting Help a Heart Week, which will take place from 3rd to 11th June, you will be helping the BHF fund life saving research, research which could lead to the next life saving medical breakthrough.

There are lots of ways to get involved. For more information about Help a Heart Week and the ways you can help, visit bhf.org.uk/helpaheart, email helpaheart@bhf.org.uk or call 020 7487 9485.

Heart disease prevention

The Joint British Societies’ (JBS) guidelines on prevention of cardiovascular disease in clinical practice were published in December 2005. These were prepared by the British Cardiac Society, British Hypertension Society, Diabetes UK, HEART UK, Primary Care Cardiovascular Society and The Stroke Association. Heart.2005; 91:v1-v52.

For further details visit http://heart.bmjournals.com/cgi/reprint/91/suppl_5/v1

Heart failure special interest group – progress

A heart failure special interest group has now been established for all health professionals involved in the care of patients with heart failure. The response has been overwhelming and the first meeting held at the Hatter Institute had representatives from all over the UK.

There are currently 150 professionals involved in the care of patients with heart failure who have expressed interest in this group and are now members. If you wish to join please contact Lulu Ho at bacr@bcs.com

Feedback from January

Calling Occupational Therapists by Stephanie Slater

We hope to provide feedback from Stephanie in the next edition.

Cardiomyopathy and cardiac rehabilitation by Linda Barratt

In light of the growing acceptance and evidence of heart failure patients to cardiac rehabilitation (CR), what are the views and evidence towards acceptance of patients with Cardiomyopathy to CR?

The common responses were that most centres don’t exclude patients with Cardiomyopathy from CR classes, but those who are included must undergo an individual risk assessment. The programme intensity is prescribed in accordance with the risk assessment and individual symptoms. Patients who are accepted must be medically stable and the rehabilitation plan should be agreed by the cardiologist.

Counsellors with a remit to cardiac rehabilitation by Catherine Millard

There has been no response as yet from readers.

The production of this newsletter was supported by the NHS Heart Improvement Programme
Hello I’m Corinna Petre, the National Audit Project Organiser, I’d like to introduce you to some of the people working on the NACR. Following on from previous articles, the NACR team will now be updating you in each issue of the newsletter on progress. Roz Thompson and I run the office at York the hub of the project. All enquiries and questions should come to us first so that we can pass them on to the most appropriate people. In every issue of this newsletter we’ll be reporting (at the time of writing) how many cardiac rehabilitation (CR) programmes have received the software and starter pack (193) and how many have linked up and are sending data (65). Our aim is to have all 380+ UK programmes on line by the end of 2007. Although we are ahead of our planned target for people committing to join we are somewhat behind with our projection of the number who are ‘live’ and sending data. Ringing around has revealed two main difficulties, a lack of confidence with computers and audits, and slow or awkward local IT departments. If you’re affected by either of these, please contact us as help of many kinds is only a phone call away. Remember, you’re never alone when you join the NACR! You can phone Ros on 01904 321326 or email her at mrt4@york.ac.uk. If you are completely new to all of this, have a look at www.cardiacrehabilitation.org.uk/dataset where you can download further information about the project including a frequently asked question (FAQ) file.

**NACR to be a ‘core standard’ for NHS trusts**

The Healthcare Commission (HCC) are suggesting, that use of the NACR should be one of the measures of quality for cardiac services in its annual ‘health check’ of English NHS Trusts. If this is adopted as a measure it means that trusts that don’t use the NACR will be downgraded in the system of inspection that has replaced ‘traffic lights’. We’ll keep you informed. The HCC is already involved through membership of the National Steering Group for the NACR and will be using figures supplied by us to measure the improvement in the provision of CR that they called for in 2005.

**Online real-time reports and benchmarking**

Simon Coulton and his soon to be appointed data assistant are responsible for data management and analysis. Already a number of benchmarks and reports have been developed and implemented. At the click of their mouse users can get a breakdown of attendance to their programme by diagnosis, gender and age, between any two dates they specify, nicely presented for printing. By the time you read this it will also produce a Word document that can be emailed to others or cut and pasted into your own reports. Users can also see the benchmarking pages that show how they compare on a number of factors with all of the other programmes sending data. Users please contact Simon at sc21@york.ac.uk with any suggestions about improvements you’d like to see or questions regarding the analysis or benchmarking.

**BHF cardiac rehabilitation co-ordinators (CRCs) and local meetings**

The BHF CRCs have been organising or attending sessions to raise awareness of the NACR right around the UK and have more events planned for the year ahead. If you would like to talk to your local CRC about organising a meeting please contact Shirley Hall at halls@bhf.org.uk

**A world’s first for Wales**

It looks likely that Wales will become the first country in the world to have a 100% real time audit of CR. So far almost 50% of Welsh programmes are collecting data and the All Wales Benchmarking Club held their inaugural meeting in March.

**Support from the cardiac networks**

The NACR and its potential to improve the provision of CR services has so impressed Prof Roger Boyle and Ade Pennington of the Heart Improvement Team that they have asked Margaret Leid and Lee Panter from Cheshire and Merseyside Cardiac Network to lead on aiding the rollout within the cardiac networks. Lee and Margaret have devised and put into practice an excellent day’s workshop for getting sign-up across a region. If you work in a network and would like to know more, or would like to organise a similar meeting through your network, contact Lee at lee.panter@warrington-pct.nhs.uk
Tackling the challenges of cardiac rehabilitation using the menu based Flexi Heart Plan

The Flexi Heart Plan programme was developed to tackle inequalities of access, empower patients and encourage uptake amongst those previously excluded from cardiac rehabilitation. This menu based, needs driven service offers choice, flexibility and rapid access to specialist rehabilitation advice and service.

In October 2004, Harrow PCT successfully secured funding from the Big Lottery Fund to develop the programme.

A comprehensive multidisciplinary educational programme has provided a range of local health care professionals with the skills to offer appropriate lifestyle advice and secondary prevention management. The addition of cardiac rehabilitation to the coronary heart disease (CHD) and heart templates in general practice, acts as a prompt to GPs and practice staff to refer patients to our services. The programme has been launched and promoted at various forums and a directory of our services has been distributed to all our practices. Frequent educational updates are also offered.

The referral pathway

Referrals are accepted from secondary and tertiary care, local GP’s, practice nurses, district nurses, health visitors and self referral.

Patients are:
- invited to attend an initial individual needs assessment session with a CHD specialist nurse
- given a personalised heart manual, facilitated by a mentor/case manager to maintain regular contact by means of telephone, one to ones and home visits depending on need.

Those who are unable or unwilling to attend assessment are offered either a home visit or telephone consultation.

Post assessment patients choose from a menu of interventions (listed below) that they and the professional team feel will best meet their needs and encourage and maintain a healthier lifestyle. The sessions are interactive and family and friends are actively encouraged to attend. The evolving needs of the patients are catered for by the mentor at all stages of recovery.

Harrow has a diverse Asian population with a high incidence of diabetes, hypertension and CHD. Consequently, we are looking to expand and enhance our culturally sensitive programme to include cookery classes, single sex exercise classes and are constantly striving to meet the needs of our local population.

We also cater for a large elderly population and wish to enhance our home service and enable those with mobility problems to attend group sessions by developing volunteer transport networks.

The programme is constantly evolving in response to feedback from patients and carers and has developed rapidly, capturing many more disadvantaged patients who were previously excluded. The community base enables patients to gain confidence away from secondary care and become empowered to maintain a healthy lifestyle.

Dee Hannah, Harrow PCT

For more information about the service please contact Mohammad Aldhoun at mohammed.aldhoun@harrowpct.nhs.uk or Kirra Moser at kirra.moser@harrowpct.nhs.uk

1 The Plan was developed jointly between Harrow and Brent PCT’s, the North West London Hospital Trust and supported by the former North West London CHD Collaborative in 2003. The recommendations of the National Service Framework for CHD and elderly people, the Scottish Intercollegiate Guideline 57 and the British Association for Cardiac Rehabilitation (BACR) were encompassed.

Survey of BACR phase IV schemes in the UK

This was the first survey of phase IV exercise schemes in the UK and was carried out by the BACR phase IV training group and Glasgow Caledonian University. There was a 63% response from 800 questionnaires sent out across the UK in 2005.

Results showed that:
- there are very few phase IV instructors from ethnic minority groups
- most of the referrals were directly from phase III, with the majority of leaders taking two classes per week with 20 participants in the class
- there are over 12,000 people attending phase IV exercise classes in the UK each week
- these classes are predominantly held within the community in leisure centres
- there is a wide variety of classes using gyms and studio type premises
- nearly all leaders use Rate of Perceived Exertion (RPE) to monitor clients in their classes
- there’s a variety of funding sources with leisure services providing the largest support
- the BACR phase IV training course provides the instructors with a high level of confidence to take CHD groups.

This survey has for the first time, provided a view of phase IV provision over the whole of the UK. It will form a useful basis for future audit and development of phase IV exercise provision.

Sally Hinton, Dr Morag Thow and Danny Rafferty

For further information please contact, Dr Morag Thow, Glasgow Caledonian University, m.thow@gcal.ac.uk
Training opportunities

An introduction to exercise for health professionals working in cardiac rehabilitation

This 2-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:

St. James Hospital, Dublin, 26th and 27th May 2006
Contact: Tony Spain Tel: (+353 1) 4162503 #203 / tspain@stjames.ie

London, UCH, 15th and 16th June 2006
Contact: Lesley Gilbert Tel: 020 7380 9756 / 9951 / lesley.gilbert@uclh.org.uk

Nottingham City Hospital, 24th and 25th June 2006
Contact: Helen Marsh Tel: 0115 840 5873 / hmarsh@ncht.trent.nhs.uk

Glasgow, 21st and 22nd September 2006
Contact: Deborah Stein / deborah.stein@luht.scot.nhs.uk

Halton General Hospital, Runcorn, Cheshire, 12th and 13th October 2006
Contact: Carol Over Tel: 01928 753050 / Fax: 01928 753868 / carol.over@nch.nhs.uk
Cost: £220 to BACR members / £250 to non-BACR members

For further information or if you are interested in hosting a ‘BACR introduction to exercise course’ contact jennifer.jones@brunel.ac.uk

BACR phase IV exercise instructor training

This training module is aimed at exercise professionals to equip them with the requisite knowledge and skills to prescribe and deliver safe and effective exercise for individuals with coronary heart disease (CHD). This training module continues to provide a link between cardiac rehabilitation professionals and exercise professionals. Qualified students are asked to revalidate their qualification after three years.

For an up to date list of course dates and venues please visit www.bacrphaseiv.co.uk or contact the BACR Phase IV Office on 01252 720640.

Non BACR courses

The following courses are being offered by the European Association for Cardiovascular Prevention and Rehabilitation (a registered branch of the European Society of Cardiology).

How to set up and run a cardiac rehabilitation and exercise training programme
University Hospital, Inselpital, Bern, Switzerland, 19th to 21st June 2006

How to improve: advanced training programme in cardiac rehabilitation and exercise training
University Hospital, Inselpital, Bern, Switzerland, 22nd to 24th June 2006
Further information can be found at www.kardiorehab.insel.ch/2940.html
Since I last wrote in Cardiac Rehab UK there have been some exciting changes to the Phase IV Graduate Network. Due to Phase IV graduates becoming integrated with the professionals that work in cardiac rehabilitation (CR), we have decided to combine our membership with the BACR. There will no longer be an option to join separate organisations. This is an exciting development and will greatly improve the services that we can deliver to our members. As everyone running the network is a volunteer doing so in their spare time, it has been difficult to deliver the same service all over the country. With less paperwork for the regional representatives, we hope with this change, it will enable them time to concentrate on holding networking events, workshops and to be a contact point for job opportunities. From now on all memberships will be handled at the main BACR/BCS office and then the information will be passed on to the representative for your region. Regional representatives will hold the database of members in their region, send out a welcome letter to new members and send an update information sheet to members re-joining.

The benefits of joint membership are as follows:
- subscription to the British Journal of Cardiology
- subscription to the joint BHF/BACR newsletter ‘Cardiac Rehab UK’
- email news updates
- the work and representation of BACR Council on behalf of members
- the opportunity to interact with a wide range of professionals working in CR
- discounted delegate rate for BACR annual conference
- discounted delegate rate for British Cardiac Society annual scientific conference
- discounted delegate rate to BACR EPG study day/conference and BACR introduction to exercise course
- discounted rates at local workshops organised by regional representatives
- local support from a Phase IV representative
- providing links to local and national employment opportunities.

This joint membership will be phased in over the following year. Please note the options below to find out how this affects you and what you need to do next:
If your membership to the Phase IV Graduate Network expired during the period April 2005 to March 2006 and you have not paid a further £10.00 renewal fee, joint membership will cost £35.00 and start from 1st April 2006. This represents a combined saving of £5.00 if you were previously a member of both.
If you have paid the Phase IV Network membership fees within the last financial year (April 2005 to March 2006) then you will be able to pay the rate of £30.00 for the first year, but will continue to be a member of both organisations for the full year to March 2007. Please ensure you still tick the box on the application form which is entitled ‘Joint BACR and Phase IV Graduate Network annual membership £35’.
I hope you will continue to support our network and look forward to enjoying the benefits of joint membership in the future.

Gloria Salmon, Chair BACR Phase IV Graduate Network, gloria_salmon@hotmail.com

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**Phase IV graduate committee & area representatives**

Please contact your area representative, who will pass your details on to your regional representative

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Details</th>
<th>Area</th>
</tr>
</thead>
<tbody>
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<td>East Midlands, West Midlands, N Wales, N Ireland</td>
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<tr>
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<td>Kerry: Cumbria Kim: North East</td>
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<td></td>
</tr>
<tr>
<td>BACR training (revalidation contact)</td>
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<td>BACR Phase IV, Town Hall Exchange, Town Hall Buildings, Castle Street, Farnham, Surrey, GU9 7ND</td>
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The production of this newsletter was supported by the NHS Heart Improvement Programme

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Events and conferences

Arrhythmia Awareness week (AAAW) 2006
Subtitled ‘Rhythm or Blues’ will take place from 12th to 19th September 2006. The week is aimed at promoting awareness and knowledge of all types of heart rhythm disorders. Visit the newly launched website at www.aaaw.org.uk for more information. This year’s AAAW culminates with the first ever UK Heart Rhythm Congress in Birmingham (UK) from 19th to 21st September 2006. The Congress will bring together heart rhythm specialists, the Department of Health Heart Improvement Programme, heart charities and patient groups from across the country. The UK government’s ‘heart czar’ Prof Roger Boyle will also be presenting. It’s one year since the government launch of the NSF chapter on arrhythmias, its progress will be one focus of the Congress.

For more information on the UK Heart Rhythm Congress visit www.ukheartrhythm.org.uk

BACR Annual Conference 2006, in association with Irish Association for Cardiac Rehabilitation
The annual conference will be held on 29th and 30th September 2006, at the Europa Hotel, Belfast.

Keynote speakers are Steven N Blair P.E.D. (President and CEO, The Cooper Institute, Dallas) and Professor Peter Weissberg (BHF Medical Director). Other topics are, Women and Heart Disease, Challenges for Physical Activity/Exercise Prescription, Euroaction Update, and Obesity.

The deadline for submission of abstracts is 16th June 2006.

More information is available from the BACR website via www.bcs.com

Practice Applications in Physical Activity and Exercise, from Epidemiology to Physiology
This will take place on 28th September 2006, at the Europa Hotel, Belfast (preceding the BACR annual conference on 29th and 30th September).

Topics are, The Evidence Base for Exercise Training in CR, NICE Guidelines for Physical Activity, Euroaction – A randomized controlled demonstration project in preventative cardiology, Physical Activity results, Transferability of exercise test results to exercise prescription and Heart Rate Variability.

Cost: £70 to BACR members/£90 to non BACR members.

Contact Lulu Ho on 020 7692 5414 or bacr@bcs.com

The BHF National Centre for Physical Activity and Health, Annual Conference 2006
This year’s conference, “Tipping the Balance towards Active Ageing”, will be held on 18th and 19th September 2006, at Loughborough University. The focus will be upon the importance of physical activity for older people in promoting active ageing and contributing towards the physical, psychological and social health and well being of older people and the maintenance of independent living.

For further information, or to register your interest in this event please contact Naomi on 01245 328 303 or naomi@creatingexcellence.co.uk. Information is also available from bhfactive.org.uk

How to submit an article
Please write to cardiacrehab@bhf.org.uk and we will forward you a copy of the guidance notes.

Deadlines for submission of articles

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