The audit confirmed that the majority of patients with heart disease who would benefit still do not get cardiac rehabilitation (CR), with 60 per cent not having access to it. Remarkably the situation seems to be getting worse in some areas.

The British Heart Foundation (BHF), the British Association for Cardiac Rehabilitation (BACR), the BHF Care and Education Research Group at the University of York and Heart Partnership (UK) have launched this national campaign to support patients, families and providers of services to improve the current dire situation.

The campaign has five key aims:

- 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 out patient
- 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 BACR
- that this be monitored though the NACR.

The BHF has produced campaigning packs so supporters can communicate with their local health board chief executives and elected representatives. These tools, which are available via bhf.org.uk/cardiacrehab include:

- online advocacy emails which can be instantly sent to MPs and local NHS organisations
- a petition to demonstrate the scale of concern
- facts and figures on CR in the UK
- tips and ideas for further campaigning.

Further information for healthcare professionals working in CR is available via the BACR website www.bcs.com/bacr

Grassroots campaigners who support the key messages are being encouraged to use these tools to increase pressure on politicians and local health decision makers. A summer of awareness-raising among these key audiences will stimulate some real momentum in the autumn, when plans include a lobby of parliament and taking our messages direct to ministers at the political party conferences.

The campaign embraces the values of the profession which the BACR represents and there couldn’t be a more fitting time to communicate the key messages to as many relevant people in government and the NHS. The campaign marks the introduction of the BACR minimum standards and the findings from the NACR. It also coincides with the newly launched website www.cardiac-rehabilitation.net where CR across the UK can be located through a postcode or town search.

We must take hold of this opportunity to promote what can be achieved for all heart disease populations if resources were adequately allocated to meet the disparities. Therefore the more campaigners we can get on board to support the messages the better. The desired outcome is that we improve the CR experience and are able to transform thousands of lives, giving heart patients the opportunity to embrace a healthier, more fulfilling future.

For further information and to download the campaign brochures, please visit bhf.org.uk/cardiacrehab or contact us at campaigns@bhf.org.uk

Ruairi O’Connor, BHF Public Affairs Manager

National Campaign for Cardiac Rehabilitation kicks off!

By now, you will be aware that in late July, the National Campaign for Cardiac Rehabilitation was launched with new data from the National Audit of Cardiac Rehabilitation (NACR).

Inside this issue

- HeartActive
- Wood ’N’ Hearts
- Update on Tai Chi
- Healthy food bonanza
- The wonder of the web
- Look Cook and Move It
- and much much more…

Enclosures:

- BACR standards
- BHF legacy leaflet
A recent Cochrane review demonstrated that exercise based rehabilitation can reduce cardiac mortality by 26 per cent\(^1\). The reasons for this include the control of several risk factors including physical inactivity itself, which has been shown to cause 36 per cent of deaths from CHD\(^2\).

The HeartActive project was established in 2001 with the main aim of providing safe and effective community based phase IV exercise sessions, for people with coronary heart disease (CHD) who live or work in Lambeth and Southwark.

Patients attend phase III as hospital outpatients following one of the following conditions:
- myocardial infarction
- coronary artery bypass graft (CABG)
- percutaneous coronary intervention (PCI)
- stable angina.

On completion of phase III, clients are offered the opportunity to continue their exercise based rehabilitation via HeartActive. The programme is delivered in line with national standards and protocols set by the British Association for Cardiac Rehabilitation\(^3\) and Scottish Intercollegiate Guidelines Network\(^4\). Currently sessions are delivered in ten venues throughout Lambeth and Southwark using a range of settings that include leisure centres and community venues.

**Key findings of an evaluation carried out in October 2005**

**Demographics**
- 50 per cent were retired with 18 per cent working full time
- most participants fell between the ages of 56 and 70
- 32 per cent of those attending were women and 68 per cent men which broadly reflects the split in those reported to have circulatory disease in Lambeth and Southwark
- 41 per cent of those attending were from ethnic minority groups which is representative of the local population.

**Patient reviews**
- Of 25 subjects, 70 per cent of participants met the national recommendations for physical activity at 3 months compared with 39 per cent at the initial assessment
- Of 30 subjects, 77 per cent of participants met the national recommendations for physical activity at 1 year compared with 30 per cent at initial assessment.

**After three months**
- mean average systolic blood pressure had reduced by 4 mmol
- mean average diastolic blood pressure had reduced by 3 mmol
- mean resting heart rate had reduced by 1.5 beats per minute.

**Referrals and attendances**
- more than 82 per cent of those referred took up the service
- 79 per cent adhered to the programme for more than 3 months.
- over 200 clients were attending at the time of the evaluation.

**Patient views**
Results from a customer satisfaction survey of 78 attendees demonstrated that:
- 81 per cent considered the quality of instructors as excellent
- 78 per cent rated their overall enjoyment of the sessions as excellent.

**Recommendations for future development**

The following recommendations were made to the funding providers along with the costings to enable these developments:
- to expand the scheme to incorporate patients from the GP CHD registers by direct referral from GP surgeries
- to include a functional assessment during the initial assessment for patients being referred via the GP CHD route
- to target specific communities at increased risk of CHD and raise awareness of the project
- to increase staffing ratios to accommodate patients completing hospital based heart failure rehabilitation programmes
- develop a robust exit strategy that is flexible for the clients, but allows sufficient throughput to accommodate new referrals.

Lambeth PCT have recently agreed to recurrently fund the project.

**Ruth Shaw, Partnership Manager for the Pro-Active Central London partnership, shawr@lsbu.ac.uk**

3 British Association for Cardiac Rehabilitation (BACR) Guidelines for Cardiac Rehabilitation (2000)
4 Scottish Intercollegiate Guidelines Network (SGN) 37 Cardiac Rehabilitation – a National Clinical guideline (January 2002)

The production of this newsletter was supported by the NHS Heart Improvement Programme
A local leisure centre which had previously been the site of GP exercise referral schemes appeared an appropriate venue for both phase III and phase IV to run concurrently. Ten memberships at a total cost of £299 were purchased for a twelve week period. This covered the use of the gym and swimming pool for two hours once a week. The memberships were not patient specific but generic allowing a rolling programme to take place.

Selection criteria
Risk stratification of potential participants took place based on guidelines for cardiac rehabilitation (CR) programmes identified by the British Association for Cardiac Rehabilitation (1999) and the American Association of Cardiovascular and Pulmonary Rehabilitation (1995).

Patients risk stratified as low to medium risk underwent a Modified Bruce Exercise Tolerance test, supervised by the rehab clinical nurse specialist. Those achieving the criteria for a negative test and a minimum of 6METs were reviewed and agreed as suitable by the cardiology specialist registrar (SPR) within current practice guidelines.

Prior to commencing the community class it was agreed that if any patient became unwell during the class, the Cardiology SPR was to be informed and an ambulance called to take the patient to Accident and Emergency. In the event of collapse or cardiac arrest, staff would begin emergency treatment while awaiting the arrival of the emergency services.

All patients prior to beginning exercise were provided with Polar heart rate monitors and target heart rates documented on the individual exercise forms. Target heart rates were initially 65 per cent of maximum age predicted heart rate (MHPHR) but as they progressed through the programme this increased to 75 per cent of MHPHR. Individuals were requested to self monitor heart rate with the Polar monitors in conjunction with the Borg Scale, a rating of perceived intensity of exercise (BACR 1999). As they progressed through the programme they were encouraged to take responsibility for increasing the intensity and scope of their exercise and a significant degree of autonomy to make alterations in the pre-designed circuit was encouraged.

This autonomous practice was facilitated towards the end of the twelve week programme by the CR staff providing supervision during exercise rather than employing a more structured or directive approach.

In general, the individuals on the programme integrated well with other members of the general public who were using the exercise facility at the same time. There were no issues raised relating to confidentiality or monitoring by CR staff during the class. The group did not appear to be inhibited or embarrassed at the level of supervision which was employed and nor did other individuals exercising in the gym.

There are currently a number of initiatives proposed to alter the way or methods in which CR programmes are provided in order to increase uptake or encourage participation. This particular pilot highlights the fact that provision of the exercise component of CR programmes within community settings are fairly inexpensive and in terms of health benefit cost effective. It also serves to reinforce the concept of “return to normal”.

Integrated community programmes promote:
- the ethos of recovery and rehabilitation
- endorse the concept of wellness rather than illness, normality
- ongoing programme of activity and lifestyle change
- fosters independence and ability to take responsibility for own activity progression.

The success of the pilot has resulted in the continuation of the class in the community. A second class for moderate to high risk patients currently takes place within the hospital environment, with a third class for individuals with heart failure planned.

Fiona Milligan, Cardiac Rehabilitation Nurse Specialist / Clinical Lead Non Medical Prescribing, Chelsea and Westminster NHS Foundation Trust Hospital, fiona.milligan@chelwest.nhs.uk
Creating an alternative activity for cardiac rehabilitation patients

Wood ‘N’ Hearts cardiac bowls for cardiac patients

Returning to activity and exercise is an important element of rehabilitation for cardiac patients. Evidence has demonstrated the benefits in terms of cardiac fitness, improved mobility, mood, confidence and psychological status.

Resuming activities or embarking on a new activity is often difficult for patients recovering from a cardiac event: patients often lack the confidence and motivation to participate in new activities. Former patients attending cardiac rehabilitation (CR) at the Royal Glamorgan Hospital in South Wales who were experienced bowls players stated that returning to playing bowls was an important part of their own recovery. These patients suggested that the setting up of a cardiac bowls group for patients to attend once they had completed their CR might also benefit other cardiac patients.

Following meetings with interested patients, local bowls clubs and in liaison with local councils, the first cardiac bowls group Wood ‘N’ Hearts was born. Since these initial meetings were made and the successful set up of the first group, a second Wood ‘N’ Hearts group was formed. These are both in the Rhondda area and each meet up once a week for two hours to play bowls. Refreshments are made available, there is no cost to participants, no previous experience is necessary and access is made available for all CR patients. The emphasis is on fun, and less on competition - patients play within their own limitations.

The feedback received from the patients (via questionnaire) is that they enjoy the companionship, increased activity level, friendship and the positive psychological impact joining the group has had on them. Benefits acknowledged by patients attending include, improved stamina, increased activity levels, increased social support, a sense of belonging to a group, improved confidence, mood and motivation, learning a new skill, enjoyment in an activity, “having a laugh” and making new friends.

Often patients have difficulty in maintaining exercise in the community once they have finished their CR programmes, but now patients have an alternative activity (from gym based exercise) to attend after their CR programme. Over thirty patients on average attend Wood ‘N’ Hearts each week and it is clear from the numbers of patients attending the bowls that they find the groups enjoyable and of benefit.

Both Wood ‘N’ Hearts groups have been recognised as support groups and affiliated as such by the British Heart Foundation. This sustainable initiative was established with little cost to the CR Department at the Royal Glamorgan Hospital. This was achieved through partnership with local councils and bowls clubs, and it now operates almost independently from the CR department.

We are keen for the innovation to be used nationwide for the benefit of other cardiac patients and to help other interested parties set up their own Wood ‘N’ Hearts groups.

If you are interested in finding out more, or possibly visiting one of the groups, please do not hesitate to contact me at robin-p.lomas@pr-tr.wales.nhs.uk

Mr Robin Lomas, Senior Specialist Occupational Therapist, Pontypridd and Rhondda NHS Trust

The production of this newsletter was supported by the NHS Heart Improvement Programme
The Barnsley PCT cardiac rehab team (CRT) work very closely together with the Metrodome Leisure Centre run by Barnsley Premier Leisure to provide exercise and education sessions for clients who have coronary heart disease (CHD) problems.

Uniquely the two services are able to share costs, benefits and to provide a much improved service to clients.

To ensure clients follow appropriate exercise guidelines, they have an individual assessment with the CRT. This is to identify any complications, that if not considered, could cause a future problem and to determine client’s current abilities. Problems are taken into consideration, and then clients are offered a tailor made programme.

Clients attend sessions twice weekly under the guidance of the rehab team working for between eight to twelve weeks (some programmes are longer for less able clients).

The CRT is made up of a broad multidisciplinary group of professionals including physiotherapists, therapy assistants, nurses, cardio respiratory physiologist and fitness instructors.

The fitness instructors are employed part-time by the cardiac rehab service and work for the leisure centre the rest of the time. This allows them to develop their experience and knowledge, which is valuable for them and to share added knowledge with other clients during their normal work.

Once the cardiac rehab clients have completed rehabilitation, those capable of joining the Metrodome Fitness Suite can do so. Clients who have anxieties of exercising alone in an unfamiliar environment are able in the afternoons to continue to use the same area, same equipment and be supervised by the same staff. Clients pay for these sessions.

During these afternoon exercise sessions the NHS rehab team conduct their specific assessments of new clients within the same setting. This provides an environment where clients are very comfortable and it has proved very successful with many clients continuing to attend long after completing their rehabilitation programme.

Not all clients are able to get to this level of fitness so specific sessions are set aside for those less able to use the facilities and the equipment they used during their rehabilitation sessions.

As a direct result of this partnership a three month pilot programme was conducted working with GP clients who had problems with obesity, hypertension, arthritis etc, but did not have CHD as part of their diagnosis. The rehab team conducted assessments, set out tailored exercise programmes and clients attended twice weekly.

All clients improved their quality of life and ability to perform exercise, which translated to them performing their daily tasks better than before.

In October 2007 it is intended to run a larger GP pilot scheme over a period of a year to determine specific benefits that can be achieved for clients, the private sector and the NHS.

Peter Scott, Cardiac Rehabilitation Co-ordinator, Barnsley PCT, peter.scott4@nhs.net
Our ‘Cardiac rehabilitation menu’

Cardiac rehabilitation (CR) continues on its path of development and evolution.

With the recent publication of the NICE guidelines promoting patient centred care, service design and delivery should encompass all patients regardless of age, ethnicity, socio-economic group, gender, locality and mental and physical health co-morbidities.

Securing funding from the Big Lottery Fund in 2005 gave our local CR service the opportunity to become more comprehensive. We were able to introduce new initiatives to address some of these issues which had been identified locally – well in advance of the NICE guidelines.

The funding from the bid allowed my recruitment as a Physical Activity and Healthy Lifestyle Facilitator (PAHLF) to deliver a home based CR programme. This further allowed our local service to offer a menu based approach to phase III CR services for our patients.

A brief overview of our current phase III service provision:

- five community based sessions held throughout the East Cheshire area at local leisure centres (staff to patient ratio 1:5)
- one high risk group held at a central leisure centre (1:3)
- two home based rehab options – individual or Road to Recovery* (1:1).

Heart Manuals are issued to all suitable myocardial infarction patients at phase I to compliment one of the above.

Rationale behind development of home based service:

- nationwide low utilisation of CR services
- locally low utilisation of CR services by target groups
- target groups independently associated with low utilisation – women, over 65’s and rural populations (Factors affecting uptake of CR services in a rural locality, WN Harrison, S.A Wardle Public Health (2005) 119, 1016-1022)

- main barriers – access inc. transport, parking, times of treatment
- high rural and elderly population across Eastern Cheshire
- health professionals in Eastern Cheshire highlighted a need for additional support in dealing with patients with more complex needs.

The option of an eight week individual programme of exercise and education within the patient’s home is now offered to all patients unsuitable for or unable to access the leisure centre located group sessions. This may include either a one to one programme with approximately five home consultations with the PAHLF or an individual clinic based assessment and weekly phone contacts following the Road to Recovery Programme.

The patient’s familiarity with leisure centre staff and equipment, and the knowledge that they are well trained, has led to a rise in continuation and long term commitment to exercise. Ninety per cent of our CR graduates continue onto phase IV sessions and a recent survey of our patients twelve months post phase III showed sixty three per cent of our CR graduates were meeting at least thirty minutes of moderate activity three times per week. This is three times the national average of the general population (Active Peoples Survey - Sport England, 2006).

Partnership working with Congleton and Macclesfield Borough Council has enabled us to offer all patients successfully completing phase III an ‘activeHEART’ Card. This entitles them to lifelong discount to the local authority run leisure centres within these boroughs.

Feedback on the home based service to date has been very positive and provisional figures for next years audit show an increase in patients accessing our CR service.

As we develop this new approach to CR we hope to continue to improve the quality, effectiveness and patient choice in their rehabilitation needs. We also hope our experiences of piloting a home based programme can prove beneficial to CR services nationwide.

Penny Sinclair, Physical Activity and Healthy Lifestyle Facilitator (CR), pennysinclair@echeshire-tr.nwest.nhs.uk and Paula Spray, CR Co-ordinator, paula.spray@echeshire-tr.nwest.nhs.uk, Macclesfield District Hospital

* The Road to Recovery Programme is being piloted and is only available to the Big Lottery Funded CR programmes and Papworth Hospital, Cambridge. Evaluation is due to be completed by the end of 2008, it’s then hoped that the programme will be rolled out nationally.
In September 2006 I wrote an article regarding the research work that we have been conducting at Sheffield Teaching Hospitals.

This was to investigate the effectiveness of Tai Chi Chuan exercise as a rehabilitation exercise for patients recovering from myocardial infarction. Following on from this study we have investigated the effects of Tai Chi exercise on heart failure patients, the results of which will be published shortly.

As a result of all this research I was asked to present the findings at the BHF Nurses Study Day (2006). On the day, the response from the delegates was very encouraging provoking an interesting debate and many questions. The most common questions being how could health professionals employ Tai Chi within their own field of operation? Was there any training available? How could this be accessed? What would be the cost of such a course?

In view of these comments, a short article was published in the news section of the January 2007 issue of this newsletter to try to answer some of these questions. A large response to this article was received, the majority of which, wishing for some validated training course in Tai Chi which was specifically tailored for cardiac patients and clinically proven to be effective.

At this point an approach to the BHF provoked a favourable response to such a training course provided that it was a professionally run and validated course. In fact, such a training scheme has been running for some five years, but has only been accessed by cardiac staff within Yorkshire. The training course is validated by two independent examiners, as well as by Professor Kevin Channer, Consultant Cardiologist, Royal Hallamshire Hospital, Sheffield, and is certificated on successful completion.

However, to extend the programme to a wider audience creates various problems:

1) Tai Chi is not easy to learn if it is to be done correctly, and cannot be learnt in a weekend or one week course. At present we run the course one day a month (Sundays) for twelve months, giving time for the students to absorb the movement structure, time to practice and gain proficiency in each movement learnt before they next attend. It also allows time to appreciate the theory behind each movement.

2) Location. Although Sheffield is central in the country it would be, for some, an unreasonable distance to travel once every month.

3) Costs. The cost of the course for the 12 month period is £1,450 (£120 per day), which includes lunch and relevant information / literature. Cost is always a problem, can funding be found for such a course?

The problems described above have to be overcome before we can embark upon a training course that would reach a wider audience. We would welcome comments and possible solutions to overcoming these problems from you, the readers. From your feedback we intend to design and begin a training programme that will suit most people.

Tai Chi Chuan exercise in cardiac rehabilitation has proven to be effective and is particularly suitable for the elderly heart patient. It has also shown itself to be a readily accepted exercise in the palliative setting, producing significant changes in quality of life and well being. A well designed course of Tai Chi training for a wider audience of health professionals, could bring much benefit to so many. In particular those who find the normal aerobic training courses presently available in rehabilitation unsuitable.

David Barrow MSc, Complementary Therapy / Tai Chi Instructor, Sheffield Teaching Hospitals, drs.barrow@virgin.net
My generation

This valuable resource has been developed by the BHF for anyone thinking of making or updating their will. The guide contains:

- handy hints to save you time and money at your solicitors
- answers to many frequently asked questions about wills
- a ‘will checklist’ to help you prepare better before visiting your solicitor
- ‘handy reminder’ forms to assist you in organising your affairs...
And much more.

For your free copy, simply complete and return the Freepost form in the enclosed leaflet.

30 MINS A DAY ANY WAY
THE FIT FOR LIFE PLAN

This is a new physical activity booklet to encourage people over 50 to invest in their health and well-being by getting active. Just 30 minutes of moderate physical activity a day, on at least five days a week can halve the risk of heart disease. Gardening, housework, DIY, and playing with children and grandchildren and brisk walking can all contribute to the 30 minutes, helping you to live a longer and more fulfilling life. ‘30 mins a day any way – The fit for life plan’, is now available. Stock code: G364

How to order
Call the order line on 0870 600 6566, email orderline@bhf.org.uk or visit the BHF website at bhf.org.uk/publications

New NICE guideline
Secondary prevention in primary and secondary care for patients following a myocardial infarction.

Updated guidelines from the National Institute for Health and Clinical Excellence (NICE) launched in May are set to have a significant impact in reducing premature deaths by improving the care received by hundreds of thousands of adults in England and Wales who have survived a heart attack.

The new guideline compiles evidence based recommendations on best practice in the management of people who have suffered a heart attack. Its overall aim is to provide the growing number of people who now survive a heart attack with the good quality systematic care that is essential to improving long term outcomes and quality of life. The guideline will help ensure there is a coherent and consistent approach amongst clinicians of all disciplines and places of practice involved in post-MI management.

The guideline updates recommendations on the use of drugs after a heart attack, ensuring they are based on the most current evidence. It also makes a number of recommendations on the ‘lifestyle’ advice that should be given to patients, such as giving up smoking, being physically active for 20 to 30 minutes a day and eating a Mediterranean diet.

Cardiac rehabilitation is also covered, with an emphasis on the need for services to be equally accessible for patients less likely to access them, such as those from black and minority ethnic groups, older people, people from lower socioeconomic groups, women, people from rural communities and those with mental and physical health co-morbidities.

The guidance for healthcare professionals, together with a costing template and costing report, are available to download at www.nice.org.uk. A document for patients, carers and the public has also been produced entitled Understanding NICE guidance. For all documents, search the website for CG48.

Phil Ranson, External Communications Manager, NICE

BHF supports new lectureship in cardiac care

The University of Glasgow is helping in the fight against heart disease with the appointment of a unique nursing lectureship. This is the first British Heart
Susan Kennedy has been appointed to this post and brings with her experience both of teaching and researching cardiovascular disease, as well as practical skills of managing patients with heart disease in general practice and hospital.

Dr Mike Knapton, Director of Prevention and Care, BHF says: “It’s a sad fact that heart and circulatory disease is Scotland’s biggest killer. Susan will help equip nurses with the vital skills they need to treat people suffering from heart disease. I am delighted the BHF has supported this appointment. With more funding we can help pioneer more projects like this that help improve patient care.”

The post, based in Nursing and Health Care, has developed exciting new accredited CPD courses in Managing Cardiovascular Risk and Managing Cardiac Care. Applications for these courses are now being taken for either the face to face taught courses or study days with e-learning.

Thanks to financial support from NHS Education for Scotland, the graduate level Developments in Cardiovascular Education course on the long term management of cardiovascular risk factors is to be updated for an e-learning package and available in 2008.

There are also study days planned on subjects such as hypertension, cardiac arrhythmias and behaviour change. For further information on any of these options please contact s.kennedy@clinmed.gla.ac.uk, telephone 0141 330 5613 or download application forms from www.gla.ac.uk/divisions/nursing/prospective/postgraduate

The whole team welcomes Susan to her post and we look forward to working with her. We wish Susan and the staff at Glasgow University every success.

Cynthia Curtis, BHF Head of Nurse Education & Events

Message from the incoming BACR President

The BACR has completed the arduous task of defining the standards for cardiac rehabilitation (CR). We are now charged with ensuring that our members are supported to achieve evidence based and appropriately funded CR that give patients the best possible service. The importance of registration on the electronic version of the NACR can not be overstated as this will continue to produce the data needed to show how good CR can be. Bernie and I have worked closely over the past two years and I feel ready to raise the sails even higher on the flagship that Bernie helped launch. I will try my best to listen to the membership and I will ensure that the council and committee members continue to represent you all.

Dr. Patrick J Doherty, Professor of Rehabilitation, York St John University, p.doherty@yorks.ac.uk

BACR Standards

Enclosed with this issue is a copy of the BACR Standards and Core Components for Cardiac Rehabilitation (2007). We are very interested to hear any feedback you have on the standards and your experience of implementing them. Write to us at cardiacrehabuk@bhf.org.uk

Salford PCT Employee of the Year Award

This award is made to an individual who has made a significant positive difference to the care of patients within Salford. The award was made to Susan Casnello, Cardiac Rehabilitation Menu Facilitator for the development of the menu options within the Salford PCT Cardiac Rehabilitation Service. These include options such as stress management, weight management and a volunteer befriending scheme. The developments have been supported by the successful bid for British Heart Foundation funding.

Susan Casnello, Cardiac Rehabilitation Menu Facilitator, susan.casnello@salford-pct.nhs.uk

The production of this newsletter was supported by the NHS Heart Improvement Programme
Update on the National Audit of Cardiac Rehabilitation

At the time of writing (mid July) 240 programmes had applied to join NACR and 170 or nearly half were returning patient data electronically. The first Annual Statistical Report for Cardiac Rehabilitation has been produced and sent to every Cardiac Rehabilitation (CR) programme, Strategic Health Authority and Acute Trust in the UK. It was also sent to key officials in the Department of Health (DH), MPs, Ministers, the opposition spokesmen for health, NICE, the Healthcare Commission and patient organisations. It can be downloaded with the other campaign documents as pdfs from www.cardiacrehabilitation.org.uk/campaign.htm. If you want a hard copy email cbp1@york.ac.uk with an address and we’ll send you one.

A brief selection of findings:

- Around 38 per cent of heart attack patients, 55 per cent of coronary artery bypass patients and 45 per cent of angioplasty patients took part in CR in 2005 to 2006.
- Less than one per cent of the people taking part are referred because they are one of the 66,000 people newly diagnosed with heart failure each year. Only four per cent are referred from amongst the 345,000 people newly diagnosed with angina each year.
- There is a geographical lottery for access.
- The multi-disciplinary staff mix and staffing level per patient is poor when compared to the British Association for Cardiac Rehabilitation minimum clinical standards.
- Nearly 70 per cent of programmes in 2005-06 were not aware of their budget and many have no established business case, placing them at significant risk of closure. Some have closed in the last year.
- Around 30 per cent of programmes depend on charity for at least 25 per cent of their funding.
- In England there has been no real progress with the targets set by the DH in 2000. Attendance is less than half of the target figure.
- Most programmes in the UK still centre around a group based exercise programme and educational talks. Individualised programmes and alternative choices of methods such as home-based programmes are not sufficiently used.
- Rehab performs better than the government! In NACR programmes, all of the patient outcomes set by the DH were significantly exceeded at the end of rehabilitation.
- In NACR programmes comparing people before and after rehab, 26 per cent fewer were completely sedentary, 20 per cent more met the national target for activity. Body Mass Index (BMI), smoking, anxiety and depression were significantly reduced and some key aspects of health related quality of life were greatly improved.

You might say, ‘well we knew most of that already’, we did but now we can prove that many of the problems of uptake, staffing, funding and quality exist. We have shown that patients who attended real CR programmes, as opposed to research programmes, made very real and important changes to their lifestyle and their quality of life.

BUT until every centre in the UK is sending data we won’t be able to answer more detailed questions about local levels of uptake and benefits, about inequalities and about the most effective ways of providing CR. In the next year we have to get everyone onboard so that we can begin to produce results at the PCT level.
Update on the National Audit of Cardiac Rehabilitation continued

The e-register of cardiac rehabilitation programmes
The online register is at www.cardiac-rehabilitation.net/

Anyone can use it to search for their three nearest rehabilitation programmes, by entering a postcode, a town name or a street name.

Programmes can check and if they want edit their own entry on the register. In this way we hope that the register will be kept up to date.

Each programme has their own a Home Page. Have a look at the Wirral and Inverness for ways to organise your page.

Contact us
Find out more at www.cardiacrehabilitation.org.uk/dataset. To sign up contact Roz Thompson on 01904 321327 (mrt4@york.ac.uk)

NACR Team

Healthy food bonanza

I wish you all could have joined us at one of the cook and eat sessions that we have delivered in Northumberland to the beneficiaries of the Big Lottery funded phase III programme. Our aim has been to demonstrate to the attendees the range to good local produce that could be used to make quick easy healthy meals at relatively low cost. We have utilised where possible professional nutritional experts to design and plan a variety of suitable dishes that could be made using the available venue equipment. At times these have been very limited to just a kettle and microwave.

The sessions have been organised to fit in to the existing cardiac rehabilitation time slot of two hours. I must admit that although I was originally dubious as to whether this could realistically be achieved it has turned out to be a fantastic success. This really has to be put down to the expertise of the person delivering each demonstration.

It all seems a bit like ready steady cook but with a running commentary on how each ingredient is being used for its nutritional value. Fresh and local produce have been used as much as possible and up to five different dishes have been cooked from scratch. The audience are involved in the preparation, are able to see everything up close and taste at stages throughout the process. At the end of each session the full range of dishes are laid out for the attendees to taste and this always goes down very well. It is interesting how many people would like to try new things but are reluctant to do so on their own.

These sessions have an average of 16 to 20 attendees and have produced very favourable feedback from all present. I have included a couple of photos taken at one of the sessions to give you a flavour of the atmosphere, but if you have any questions please feel free to contact me. Again I have to say that we have had the most fantastic time in delivering these.

Alice Whincup, Northumberland Care Trust, alice.whincup@northumberlandcaretrust.nhs.uk
The wonder of the web
Local cardiac rehab team utilise the web to promote their service

As cardiac liaison nurse for Birmingham East and North Primary Care Trust (BEN PCT), my position is funded through the grant received from the National Lottery in partnership with the British Heart Foundation.

When I started in post in January 2006, one of my first tasks was to set up a new cardiac rehab (CR) website. The aim was to provide visitors to the site with relevant cardiac information, support, contact details and information on the CR services provided by the PCT. It was also to be used as a mechanism to promote the service.

The initial idea for the website came from a steering group meeting in February 2006. Following this I gave myself a target of six months to complete the website from inception, design, completion and launch. My only experience of the internet prior to this was booking cheap holiday flights!

Not daunted, I initially looked at other CR websites. The sites I researched provided a lot of information for their readers and on occasions was very ‘heavy going’. This experience helped provide me with a model of how I didn’t want the PCT’s site to look. I decided it was important to have a site that would catch and keep the reader’s attention, have information pitched at the right level, as well as using cartoon images, staff photographs and colourful pages. This would make the site appear interesting and friendly and would enable visitors to easily find the information they were looking for, encouraging them to revisit the site and also recommend it to others.

Once I had a model framework of how I wanted the site to look, I involved my colleagues in collating the information to be used and designing an effective navigational route through the site. As a team we provide a “menu driven” CR service so I felt each service offered to patients should have its own link page within the site.

Since the website went live in July 2006 it has been well received and patient feedback has been very positive. Patients are initially made aware of the website verbally by our staff in the Community and Hospital setting and details are included in all written correspondence sent to patients. It is also available for any member of the public to access as part of the wider BEN PCT website. The site can be accessed at www.benpct.nhs.uk/cardiacrehab. I am pleased that the CR team have reached our initial aims and objectives through the development of this site. We are constantly reviewing the content of the site and update it regularly. Please view our site, any comments would be welcomed.

Jayne Conway, Cardiac Liaison Nurse, BEN PCT, jayne.conway@benpct.nhs.uk

Shared Services Agency, providing technical support to the PCT. After only three face to face meetings, approximately 50 emails and a handful of telephone conversations we followed the correct procedures and with Amreek’s input the website successfully went live.

Including the time spent corresponding with Amreek and the CR Team, I have calculated the total time I spent on the web site to be four whole time days. You will agree the small amount of time invested in this service has provided huge benefits for many people.

The production of this newsletter was supported by the NHS Heart Improvement Programme
After enjoying a healthy walk in Oldham, a group of walkers with learning difficulties used to head for the chippy. Now, after taking part in six cook and taste sessions and compiling the Look Cook Book, eating well has become as important as taking exercise.

The attractive Look Cook Book has been specially designed to promote healthy eating to people with learning disabilities. Containing clear and simple information, as well as plenty of illustrations, it has proved both popular and useful. The Springhead Lifelong Learning Centre group regularly takes part in healthy walks and this is where they met me, Alan Keane, Energize Health Officer for Oldham Primary Care Trust (PCT). I saw that after the physical exercise, the clients were eating junk food and realised that they would benefit from advice on healthy eating to extend the benefits they were already gaining from healthy walking.

During six cook and taste sessions I taught the group how to prepare simple, healthy meals.

Since the completion of the course and the publication of the book, all the group members have gained confidence and knowledge in using basic kitchen utensils and one has purchased a smoothie maker. Additionally, two members of the group have successfully achieved a more healthy weight.

Oldham PCT in partnership with Oldham Community Leisure and Groundwork Oldham & Rochdale has launched a sequel to the Look Cook Book, entitled “Move It” A Guide To Physical Activity.

This book is based around the same group of people with learning difficulties, except it focuses on physical activity. A large portion of the publication looks at sports centres and attempts to promote these places as friendly and easy to use for people with learning difficulties. Dave Archiebald facilitated this at Oldham Sport Centre.

The Move It Physical Activity Book links in with the Look, Cook, Book and introduces the idea that healthy eating and physical activity go together.

Both books are also suitable for patients with literacy difficulties and can be viewed or downloaded at www.groundworkoldham.co.uk/cp-communities.html

Alan Keane, Energize Health Officer, Oldham PCT, a.keane4@ntlworld.com
Almost 300 delegates from the BACR Phase IV network, the Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR) and The British Association of Sport and Exercise Sciences (BASES) attended this successful day. The four main themes were:

- exercise in the management of peripheral arterial disease
- diabetes
- heart failure
- special remits for exercise professionals.

Professor Paul Edwards, Consultant General at the Countess of Chester, started the lectures with a review of epidemiology & pathophysiology of peripheral vascular disease. He considered how these patients are currently being managed in the primary care setting, and also suggested that exercise after 12 months can actually be more beneficial than percutaneous coronary intervention for this population.

Alison Roberts a senior technician from University of Chester, presented her research findings on home based exercise versus clinically based programmes. It was concluded that it is safe to exercise at home but two hours a week is required to bring about positive change, three to four hours being optimal.

Dr. Irena Zwierska, senior research fellow from Sheffield Hallam University followed with a presentation on a randomised control trial she had completed in 2005. This 24 week trial investigated the effects of upper-limb versus lower-limb aerobic exercise training on walking distance in patients with symptomatic peripheral arterial disease. Interestingly, the results suggested the improved walking distance through upper-limb aerobic exercise training was due to a combination of physiological adaptations and improved exercise pain tolerance.

Gordon McGregor, a BASES accredited exercise physiologist from University Hospital Coventry, discussed weight bearing (WB) and non-weight bearing (NWB) exercise for patients with intermittent claudication (IC). He concluded WB & NWB are both effective when looking at maximum walking distance. However, NWB allows subjects to exercise in absence of claudication pain and therefore can exercise longer. He discussed similar benefits in the NWB group may be achievable as in the WB group, but this is achieved over a longer period of time.

Dr. Susan Connolly, a consultant cardiologist gave a fascinating talk on the pathophysiology of diabetes (DM) and how we should be managing individuals in this population. She stated that by decreasing a patient’s weight, their DM will significantly improve and observational studies suggest that continued diet control with exercise has a protective effect. When glycaemic control is decreased, micro/macrovacular complications in both type I and II DM can be seen.

Dr. John Buckley considered the practical physiological implications for exercising people with obesity and diabetes. He reviewed the current BACR recommended guidelines for exercising these populations and gave some useful “case” examples. These are always extremely beneficial for exercise professionals to learn & compare their current practice against. He raised some interesting and valuable questions about practical considerations and how we could resolve any key misconceptions.

After an extremely enjoyable lunch, we were fortunate in listening to a specialist in exercise physiology, Dr. Katharina Meyer who gave an excellent presentation about explorative studies on changes in cardiac dimensions and central haemodynamics during graded immersion and swimming in patients with moderate and/or severe myocardial infarction (MI) and in patients with moderate and/or compensated severe congestive heart failure (CHF). The results showed that in both groups, upright immersion to the neck and supine body position at rest resulted in a blood volume shift with left ventricular overload and a decrease in stroke volume. Dr. Meyer concluded these acute responses suggest the need for caution and the need for further studies on long term changes in cardiac dimensions and central haemodynamics in patients with severe MI and CHF.

Alison Mead considered the role of the exercise professional in giving dietary advice. This was an extremely interesting talk, which defined a cardio-protective diet, who is best placed to give this advice and how the advice can be made more consistent and therefore most effective. Emphasis was put on weight management and realistic goals, eg, five to ten per cent loss of initial body weight is more achievable for most obese individuals.

Professor Patrick Doherty increased our knowledge on exercise considerations and management in patients with atrial fibrillation (AF). He gave plenty of reassurance that we can exercise these patients’ safely and how we can adapt the exercise to suit this population. Studies have shown that patients on rate control medication can exercise to moderate levels and do well.

Ruth Shaw who is vice chair of the Phase IV Graduate network considered BACR EPG competences for physical activity and exercise in cardiac rehabilitation. Currently exercise professionals can set their competences from BACR, BASES, ACPICR and coronary heart disease competences from Skills for Health. Ruth suggested we need to think about one set of competences for all professionals.

Thank you to all who organised this enjoyable day. It was extremely useful for continuing professional development and networking. Looking forward to the next get together!!

Susanne Roberts, Exercise Therapist, susanne.roberts@new-tr.wales.nhs.uk and Lynne Jones, Senior 1 Physiotherapist, lynne.jones3@new-tr.wales.nhs.uk, Wrexham Maelor Hospital
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:

Alton, Hampshire, 19 and 20 October 2007
Contact: Dr Julia Evans Tel: 01420 544794 / Fax: 01420 544825 / julia@cardiac-rehab.co.uk

Cramlington, nr Newcastle, 12 & 13 November 2007
Contact: Coral Hanson Tel: 01670 717421 / Fax 01670 590648 / chanson@blythvalley.gov.uk

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

University College Hospital, London, 21 and 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@echeshire-tr.nwest.nhs.uk

Cost: £250 to BACR members / £280 to non-BACR members (includes BACR membership to 31 March 2008)

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 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 bacrphase4.training@virgin.net or call 01252 720640.

Association of Chartered Physiotherapists in Cardiac Rehabilitation

- Practical Skills in Delivering Effective Group Exercise in Cardiac Rehabilitation.
- Theory and Practical Implementation of Submaximal functional capacity testing in cardiac patients.

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

For further details on the ACPICR courses please contact Emma Wax at ewax@btinternet.com
Events and conferences

Shaping the future in cardiology – a practical guide to improving the diagnosis and management of heart disease 4 October 2007, London
This Healthcare Events conference provides an update on national developments and best practice in meeting targets and improving the management of heart disease through a series of practically focused case studies and presentations.
For further information, email naomi@healthcare-events.co.uk

Cardiac Risk in the Young (CRY) International Conference - Diagnosis and management of inherited cardiovascular disease 13 October 2007, London
The conference will focus on the causes, diagnosis and management of conditions causing sudden death in young individuals.
For further information, email cry@c-r-y.org.uk

Heart Rhythm Congress 2007, Hilton Birmingham Metropole 29 to 31 October 2007
The agenda for the three day conference will include state of the art reviews of clinical practice and technologies, and interactive teaching sessions. The congress will host A-A sessions, two HRUK devices courses and an EP master class. Many presentations and discussions aimed at physiologists, doctors, nurses and patient groups will also take place during the course of the congress.
More details can be found at www.heartrhythm.org.uk

British Congenital Cardiac Association Annual Conference, Royal Armouries, Leeds 21 and 22 November 2007
This year’s programme will focus on a wide range of congenital cardiac issues including single ventricle physiology, transcatheter treatment for hypoplastic left heart syndrome, difficult decisions in borderline left hearts, acute and chronic heart failure and training for the specialists of the future.
More details can be found at www.bcca2007.co.uk

BACR Exercise Professionals Spring Study Day 2008, NEC, Birmingham 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 bacrphase4.training@virgin.net / Tel:01252 720640 / www.bacrphaseiv.co.uk

The Cardiac Rehab UK Editorial Team

Content Managers:
Linda Binder, Intern Director (NHS Heart Improvement Programme)
Diane Card, Heart Health Co-ordinator (British Heart Foundation)
Geoff Dorrie, Council Member (British Association for Cardiac Rehabilitation)

Editor and Project Lead:
Deborah Malin, Project Officer, (British Heart Foundation)

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