Back to the Future: Advances in Cardiovascular Prevention and Rehabilitation

Join the celebrations in Solihull

3rd and 4th October 2013

Happy new year

Coming this year…

BACPR Nurses Subgroup – BACPR Annual Conference 2013 – BACPR Competences – Affiliate Day at BCS Conference – Spring Conference in Heart Failure

“Promoting excellence in cardiovascular disease prevention and rehabilitation”
Message from the Editor

Katherine Paterson, Editor

It gives me great pleasure to take on my new role as Editor of Connect. We have an especially interesting set of updates from our members and partners regionally, nationally and internationally. Of particular interest regionally is Louise Peardon’s piece on the Scottish parliamentary motion to adopt our BACPR standards and core components there. I am very impressed by the BHF’s new resources including the south asian and afrocaribbean recipe books which I certainly will be using in my practice. Please do check out the reviews for our 2012 conference. As well as an overview from our Scientific Chair, we present two delegate perspectives, one from two researchers and the other from an Occupational Therapist. Of course this part would not be complete without looking forward to our conference in 2013! Please enjoy the read!

We take this opportunity to wish you all a Prosperous New Year from all at BACPR.

Message from the President

Jenni Jones, President

A warm welcome to you all as we see in the New Year. On behalf of all the BACPR, I’d like to express our appreciation to each of you for being part of BACPR. Your support in joining our collective voice to promote excellence in cardiovascular disease prevention and rehabilitation is highly valued and contributes substantially to driving forward better care for people affected by, or at risk of developing, cardiovascular disease.

As we enter 2013 this importantly marks our Association’s 20th birthday; calling for a year ahead to commemorate this wonderful occasion. We very much hope you will be able to attend our 2013 annual conference themed “Back to the Future: Advances in Cardiovascular Prevention and Rehabilitation” and celebrate the considerable achievements made since the BACR’s foundation by Dr Hugh Bethell in 1993.

The forthcoming year will continue to build on these achievements and genuinely endeavours to ensure continued membership is of real value to you. Thank you and congratulations to the many individuals who have contributed to this impressive BACPR CONNECT communication, together with Kath Paterson as our new editor. We hope you all enjoy this amalgamation of their significant efforts, dedication and time.

On behalf of all the Council, our greetings to you for the season and the happiest of New Years for 2013.

Jenni Jones, President

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A year in the life of BACPR: Highlights from 2012

The year 2012 has seen major achievements, including the publication of the 2nd edition of the BACPR Standards and Core Components together with the first of many in a suite of competency frameworks. The following gives a snapshot of the past year; highlighting the considerable collective efforts by Council officers, partners of BACPR and members.

January
Consultation event for the revised BACPR Standards and Core Components

February
First patient representatives join BACPR Council

March
Publication of the 2nd Edition BACPR Standards and Core Components

April
An international collaborative charter on cardiovascular prevention and rehabilitation (ICCPR), to which BACPR has led in the development, presented at the World Congress of Cardiology (WCC), Dubai

BACPR letter in response to the RAMIT trial published in Heart (15 April 2012; Vol. 98, No. 8)

May
BACPR-EPC in association with Diabetes UK and the National Obesity Forum
Diabetes and Obesity: Meeting the Challenges in Physical Activity and Exercise
May 11th 2012 - Aston University Birmingham
For further details 0121 854350 or education@bacpr.com

BACPR-Exercise Professionals Group Spring Study Day. Presentations available to download in the members only area

Current Issues in Cardiac Rehabilitation and Prevention (CICRP) Newsletter published.
A joint publication with the Canadian Association for Cardiac Rehabilitation (CACR) helping you to transform the latest evidence into front-line practice

June
BACPR lead inaugural affiliate’s day at BCS Conference. Presentations available to download in the members only area

Slide set of BACPR Standards and Core Components available online

July
BACPR support launch of ‘Tackling Cardiovascular Diseases: Priorities for the Outcomes Strategy’ at House of Commons

BACPR collaborate in 2 symposia at the Pre-Olympic International Convention on Science, Education and Medicine in Sport (ICSEMIS), Glasgow

August
Publication of the first of a full suite of BACPR core competency frameworks
First online quiz launched in the members’ only area

September
BACPR special edition newsletter becomes BACPR CONNECT

October
SOLD OUT!!!!
BACPR Conference in Edinburgh in association with CRIGS

November
BCS Approves all BACPR short courses

December
BACPR support two regional PACE meetings

With much gratitude and appreciation to:

- BHF support – Diane Card, Dr Mike Knapton, Julia Waltham, Delyth Lloyd, Ben McKendrick, Jayne Murray.
- NHS Improvement, NACR, BANCC, BSH, HCP (UK) – Sarah Armstrong-Klein, Mel Varel, Sue Dakin, Professor Patrick Doherty, Professor Bob Lewin, Cornnina Petre, Veronica Dale, Anne MacCallum, Suzy Wood, Ken Timmis, Mel Clark, Keith Campbell
An enormous thank you extends to all the conference team for all their hard work in ensuring yet another outstanding BACPR event.

We say an extra special thank you to Gill for her truly outstanding leadership as Scientific Officer for the past 3 years - with 3 formidable annual events in Liverpool, Brighton and Edinburgh, together with Gill’s instrumental role in successfully leading a wealth of Scientific matters during this time we’re exceptionally grateful. We officially welcome Gail Sheppard as she leads us to Solihull for a special occasion that will mark our 20th Anniversary and welcome Gill Furze to her BACPR Presidency.

With much gratitude and appreciation to:

- Conference planning and implementation – Gail Sheppard (Scientific Chair), Gill Furze (immediate Past Scientific Chair), Kathryn Carver, Sally Hinton, Frances Divers, Louise Peardon, Vivienne Stockley, Lulu Ho and Val Collins.
- Membership and website developments - Mima Traill (lead), Val Collins, Sally Hinton, Brian Begg and Susan Whyte.
- Education and training - Sally Hinton (lead), Vivienne Stockley, Penny Hudson together with now over 30 BACPR tutors and assessors supporting the delivery of the highly regarded BACPR Exercise Instructors Qualification and almost a dozen short courses and study days.
- The BACPR-Exercise Professionals Group: Samantha Breen (Chair), Brian Begg (BACPR Council Liaison) Gordon Mc Gregor, Annette Coles, Melanie Reardon, Susan Whyte, Gary Peters, Annie Holden, John Buckley
- BACPR finance management – Kathryn Carver (lead), Val Collins and Sally Hinton
- Monthly e-bulletins and Connect Newsletters – Kath Paterson, Val Collins, all Council members, key partners and members of BACPR.

We also say a very special thank you to our two recently retired council officers; Charlotte-Anne Wells and Dr Iain Todd. Their hard work and enormous contributions are highly appreciated together with their continued support as BACPR members. We welcome new Council officers, Kath Paterson, Alana Laverty and Louise Peardon who are featured within. Finally and importantly we’re delighted to officially welcome Val Collins, our BCS affiliate coordinator, who is central to the smooth running of our association and is the main point of contact for us all!
For the first time, registration numbers reached full capacity, and included a superb representation from our Scottish delegates, which helped to make this conference one to remember for many years to come. Due to the success of running the conference in association with CRIGS* it has been decided that each annual conference will, from now on, include a specific CRIGS session.

Conference was opened by Ros Moore, Chief Nursing Officer for Scotland, followed by warmly received updates on the BACPR (Jenni Jones), Department of Health (Patrick Doherty) and NACR (Bob Lewin). In the second session of the day, delegates heard more about the new (2012) BACPR Standards and Core Components (Jenni Jones) followed by the evidence base for these by Rod Taylor.

The Moderated Poster Presentation session this year was again highly contested, with Craig McCallum winning first prize for his poster presentation; ‘The illness perceptions of patients with percutaneous coronary intervention (PCI) compared to patients with no intervention, for acute myocardial infarction, in cardiac rehabilitation’. Winner of the best abstract for oral presentation was Deidre Holly, assistant psychologist with the British Heart Foundation with ‘Psychologic Distress in Heart Failure Patients: Validation of the Distress Thermometer, well done to you both.

Our keynote speaker, Professor Bonnie Sanderson from the USA (past president AACVPR) delivered a ‘Master-class in lifestyle risk reduction’, in the 3rd session of the day, followed by a talk on ‘how to’ conduct Motivational Interviewing by Dr Jeff Breckon (Sport and Exercise Psychologist). Dr Breckon received much positive feedback by delegates and many said that this was one of the main items that they would take back, and use, in practice.

Deidre Holly winner of the best abstract for oral presentation

Dr Jeff Breckon (Sport and Exercise Psychologist)

Craig McCallum winner of the best poster presentation prize

*CRIGS Cardiac Rehabilitation Interest Group Scotland
Thursday evening’s gala dinner was an enormously enjoyable event, from being piped in by a traditionally attired bagpiper, delegates enjoying a delicious meal, and to top off such a great evening, many fun hours of dancing on one of the last sprung Ceilidh floors in existence in Scotland. From the very positive feedback we received, a good time was had by all!

Friday morning’s opening session ‘Cardioprotective therapies’ began with an update on left ventricular assist devices by Dr John Payne (Consultant Cardiologist, Scottish National Advanced Heart Failure Service), including practical advice on how to manage an patient with a LVAD within a rehabilitation programme. The evaluation forms suggest that this was a session that delegates welcomed. Dr Joe Mills (Consultant Cardiologist, Liverpool Heart and Chest Hospital NHS Trust) delivered the next presentation with a ‘Master-Class’ in Optimizing Treatment in Acute Coronary Artery Disease, a further talk that received much positive feedback.

Following positive feedback from 2011’s annual conference, parallel sessions were held once again, with nursing / psychology and EPG (Exercise Professionals Group) / dietetic options. This format again received positive feedback, with over 70% of delegates confirming that they welcomed this. The nursing / psychology session heard oral presentations from Deidre Holly, Stephen Gunning and Muhammad Shahid and the EPG / dietetic session from Judith Walker, Paul Stern and Jacklynn Jones. Further presentations were then heard from Dr Mike Fraser on erectile dysfunction, Dr Gerry Molloy on medication adherence, and Dr Jason Gill on exercise in diabetes and obesity.

The final item within the EPG / dietetics session was held in the form of a debate, on the topic of nutritional wellbeing in cardiac rehabilitation and was ably constructed by Professor Gary Frost (promoting a focus on weight loss) and Dr Lucy Aphramor (focus on wellness). The debate received favorable feedback from the majority of delegates.

Over the course of Friday lunchtime, two ‘drop-in’ sessions were provided; one by Dr Mike Fisher on the treatment of stable angina (receiving a high standard of feedback), and the other by Health Information Systems (HIS).

The final session of the conference began with Dr Mike Knapton (Associate Medical Director, BHF) delivering
a talk on ‘Championing Cardiac Rehabilitation’. Mel Varvel, from the NHS Heart Improvement Programme followed this with ‘building a business case for your programme’ and the final presentation came from Professor John Deanfield, delivering an update on the Joint British Society Guidelines, a talk that again received highly favorable feedback.

Next year the annual conference will be held in Solihull, Birmingham, at St John’s Hotel, a modern conference and events hotel. The conference will celebrate the 20th anniversary of BACPR and will have the theme ‘Back to the Future – Advances in Cardiovascular Prevention and Rehabilitation’. Your conference committee are committed to providing an attractive, stimulating and innovative programme of events to celebrate the occasion. Registration will open early in 2013, with details on the website at www.bacpr.com. Please book early to avoid disappointment as we had to close registration this year as maximum numbers had been reached.

Wishing you all a very Happy New Year and hope to see you all in Solihull, 3rd and 4th October 2013.

Gail Shepherd, Scientific Chair
The Researchers’ view

As researchers using health psychology to inform our work on behaviour change for management of long-term conditions, several presentations were of note out of the interesting range available.

Dr Jeff Breckon’s talk highlighting the benefits of the Motivational Interviewing approach was a great example of how evidence-based techniques can facilitate positive health behaviour changes and overcome the challenges of lifestyle risk reduction. The closing presentation from Professor John Deanfield on the Joint British Societies Guidelines on Prevention of Cardiovascular Disease (JBS3) reinforced the importance of shifting the focus towards reducing people’s lifetime risk of a cardiovascular event. The challenge of lifetime management of cardiovascular risk will require continued innovation in the area of health behaviour research.

Poster presentations provided a useful forum to talk to fellow presenters, researchers and clinicians about key issues of interest arising from the conference. Posters of interest included those focusing on the innovative use of eHealth interventions for supporting patients to engage in cardiac rehabilitation.

Regular networking opportunities provided us as researchers with constructive feedback from clinicians as to what was useful to them in terms of new knowledge, practical tips or approaches to support practice. The most fun challenge at the conference was keeping up with the Ceilidh after Wednesday night’s Gala Dinner.

Helen Fletcher CLRN West Midlands (South) Research Mentee and Carol Grant-Pearce PhD, Applied Research Centre in Health and Lifestyle Interventions, Coventry University

The Occupational Therapist’s view

I have been in post for 15 months and therefore the BACPR 2012 conference was my first. Overall I found the whole conference very enjoyable and informative, particularly Bonnie Sanderson’s discussion on lifestyle risk reduction; Dr Jason Gill’s research highlighting the importance of physical activity and health and the slightly heated debate between Prof Gary Frost and Lucy Aphramor around weight loss v Wellness.

Any conference I have attended in the past is great for renewing your enthusiasm for your job and networking with fellow colleagues and this was no exception. The only down side was the low numbers of OTs.

Since my return from conference I have tried to locate my fellow Occupational Therapists (OTs) working in Scotland in Cardiac Rehab but to my dismay I have only found 1 other (who works for a whole 2 hours per week in cardiac rehab!).

Part of my specific OT role within Cardiac Rehab Lothian covers Vocational Rehabilitation. All health professionals should be aware of the importance of work, not just financially but on a person’s psychosocial need and integration within society. Unemployment also has an impact on mortality rate and general health – both physical and mental.

With data from NACR 2007 highlighting that about 30% of patients who have had an MI were of working age and in employment at the time of their MI, there is an obvious need to address the work issue.

Since OTs are expert in Occupation, we are in a unique position to offer support on how to facilitate patients back to work. From detailed job analysis, Functional Capacity Evaluations, advice on reasonable adjustments and employer liaison it is a role that can benefit any long term management service.

I hope this small article will generate some discussion around OT involvement in Cardiac Rehab and I would love to hear from fellow OT colleagues whom I haven’t found yet!

Lisa Paterson, Edinburgh
Specialist Cardiac Occupational Therapist
lisa.paterson@luht.scot.nhs.uk

Delegates reviews
Nutritional Wellbeing in Cardiac Rehabilitation Debate

One of Friday’s parallel sessions at the BACPR annual conference was entitled “Nutritional wellbeing in cardiac rehabilitation: evidence in practice”.

There is some debate within dietary circles around the evidence for weight management and how CR teams should approach this. The parallel session debated the differing viewpoints in order to help clinicians have a more informed understanding of the evidence base. We invited Dr Lucy Aphramor and Professor Gary Frost back – by popular demand - to share their cases for well being or weight loss respectively.

Nutritional Wellbeing in Cardiac Rehabilitation Debate: Evidence in Practice: Why I practice a wellness approach by Dr Lucy Aphramor

Have you heard the one about weight cycling leading to cardiac mortality (BNF, 1999)? It’s no joke that yo-yo dieting, a common side effect of conventional CR dietary advice, is linked to increased death. When did you last take informed consent from your weight loss patients by telling them this?

A systematic review by UK dietitians on dietary intervention post-MI finds against weight management (Mead et al, 2006). Another systematic review with 2 year follow-up finds weight management leads to harm (Mann et al 2007). Any citations that seemingly support weight reduction as effective necessarily rely on poorer quality reviews: ref 49 (Shaw et al, 2006) used in the BACPR Guidelines is one such example where over 60% of studies included were 4 months or less.

So if recommending weight loss risks harm, and isn’t evidence based anyway, what are our options? I am not suggesting we just ignore weight and nutrition – far from it – I’m proposing we take it more seriously: we stop doing what is harmful and shift to something that is effective. In practice this means promoting self-care and body respect for people of all sizes: maybe people will lose weight as a side effect of lifestyle change, maybe they won’t, but it will be ethical and our patients will feel better for it physically and psychologically (Bacon & Aphramor, 2011).

Science supports this shift towards the so-called Health at Every Size® (HAES) approach that uses a compassion-centred philosophy to teach body respect, self-acceptance, intuitive eating and active embodiment. It does no harm. It promotes wellbeing. For your Patients’ sake, try it for size.

Nutritional Wellbeing in Cardiac Rehabilitation Debate: Evidence in Practice: A need for high quality nutritional counselling by Professor Gary Frost

Metabolically weight loss is a very powerful tool in normalising metabolic risk, in the dynamic stage of weight loss most cardiovascular risk factors improve. However, the traditional view of weight management is of a cycle, with an initial weight loss over 12 weeks then a slow weight gain. There are those that believe that by advocating weight loss we are discriminating against obese people and when treatment fails this will further damage patient’s self-esteem. However patient’s moral may improve in the short term but reduce as complications mount. The question is can this cycle be broken or is it wrong to approach weight loss at all because the failure rate is so high. The Health Technology Assessment commissioned systematic assessment of the evidence base on weight management in CR and produced a quite remarkable document (2011).
review of long term weight loss clearly demonstrates that low fat diets are associated with significant weight loss at three years and an improvement in metabolic risk factors (Avenell et al., 2004). So bring together high quality nutritional advice with high quality methodology of delivering of advice will give successful outcome. This has been clearly demonstrated the Finnish and American diabetes prevention study. Where simple clear dietary messages coupled with frequently review sessions in the first 12-18month has effects for eight years (Lindstrom et al 2006; Knowler et al 2002). We have translated this into a NHS practice where we demonstrate simple messages coupled with frequent review results in long term weight loss.

Another important point is that weight loss should not be seen as static. The weight management algorithm in Scotland’s SIGN makes this clear (SIGN 2010). In my opinion obesity can be and should be managed by lifestyle intervention but only with the correct structures in place.

References

British Cardiovascular Society

Announcing a second Full Affiliate Day Programme at BCS Conference 2013

Following last year’s highly successful inaugural BACPR-BANCC affiliate day programme at the annual conference of the British Cardiovascular Society, we’re delighted to announce that BACPR in collaboration with the British Association for Nurses in Cardiovascular Care (BANCC) and the British Society for Heart Failure (BSH) are shaping an exciting full day’s programme and a number of educational workshops in cardiovascular disease prevention and rehabilitation.

Travel Bursaries!! Worthy of special note too….If you are a joint BACPR-BCS member, you are eligible to apply for one of the BCS Travel Bursaries to help fund your attendance at the BCS Annual Conference. For further details and an application form please visit here. The closing date for applications for the travel bursaries for the BCS Annual Conference is 23:59 April 15 2013.
Membership update

Dear Members, as we fast approach the festive season and following a very successful conference in Edinburgh it is good to catch up again through our newsletter. I hope you are continuing to find the resources provided by BACPR valuable and that they are meeting your needs as well as offering you support. For your information and interest the chart below outlines a breakdown of our current membership as of the end of November 2012.

We are delighted to have increased our membership numbers slightly this year and would look for your continuing support in helping us reach those professions who are not currently well represented in our association.

The coming year welcomes several exciting initiatives! We launch a new sub-group for nurses and the new BACPR Exercise Instructor membership category in 2013 together with the first online education programme. So much to look forward to!

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<th>Profession</th>
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<tr>
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<td>Other / Unspecified</td>
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<td><strong>Total membership</strong></td>
<td><strong>805</strong></td>
<td><strong>826</strong></td>
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Once again we very much hope for your continued involvement in joining us to promote excellence in cardiovascular disease prevention and rehabilitation. We look forward to meeting many of you during the year ahead.

*Mima Traill* (Honorary Secretary and Chair of Membership and Communications)
BACPR-Exercise Professionals Group Report

Preparations are going well for our conference next year.

We have managed to secure Dr Peter Brubaker, all the way from North Carolina, as our keynote speaker. For those that don’t know Dr Peter Brubaker, check out our ‘SPOTLIGHT ON…’ section.

SPOTLIGHT ON
Dr. Peter H Brubaker PHD
Professor, Health and Exercise Science
Executive Director, Healthy Exercise & Lifestyle Programs
Wake Forest University, Winston-Salem, North Carolina, USA.

• Active member and Fellow of both the American College of Sports Medicine (ACSM) and the American Association of Cardiopulmonary Rehabilitation for 20+ years.
• Past president of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)
• Published nearly 100 articles/chapters in exercise physiology or cardiology journals/books and co-authored a textbook entitled “Coronary Artery Disease: Essentials of Prevention and Rehabilitation Programs”.
• Co author of the multicentre HF Action trial
• Given hundreds of research and clinical presentations in numerous states and countries (Australia, India, Italy, Japan, Korea, Singapore).
• Clinical Section Editor (7th ed.) of the ACSM Guidelines for Exercise Testing and Prescription and is Cardiovascular Section Editor for ACSM’s Exercise in the Management of Chronic Disease and Disability (3rd ed.).
• Research and clinical work are in the area of heart failure exercise physiology and cardiovascular disease prevention/rehabilitation and current funded research focuses on the effect of exercise interventions on aging, obesity, and heart failure

Call for abstracts

Abstracts are invited for submission no later than 28 February 2013 for oral or poster presentation. Abstracts giving details of research or innovation in cardiac prevention and rehabilitation will be considered for oral presentation in the breakout sessions. Submissions on the topic of “Accommodating Heart Failure Patients in Cardiac Rehabilitation” will be particularly welcome.

Abstracts should:
• Be submitted by email to education@bacpr.com. Please send as a .doc attachment
• Be no more than 250 words in length
• Be in word format using 12 point size Arial font
• Have a title in capital letters, and the organisation involved
• The name(s) of the author’s) must be preceded by initials only
• Omit titles and degrees and underline only the main presenter
• Add full postal address and email address of the main presenter at the end

Please indicate your preferred form of presentation; oral or poster.

Posters accepted will be need to produced in A1 portrait size for the study day (594mm x 841mm high or 23.4inches wide by 33.1 ins high)

Study day registration is mandatory for any format of presentation. One attending author for each abstract will benefit from a reduced study day fee of £100.

If you have not received an email confirmation of receipt from BACPR within 10 working days of submission, please re-submit abstract or call 01252 854510

For further details about the study day please email education@bacpr.com or call 01252 854510

Brian Begg BACPR-EPG Council Liaison

Coming soon... BACPR EPG ‘A guide to Diabetes and Exercise’
International Collaboration of Cardiovascular Prevention and Rehabilitation (ICCPR)

News

Terms of Reference for an International Council on Cardiovascular Prevention and Rehabilitation have now been agreed

The 11 countries (and growing!) who have endorsed the ICCPR Charter have now agreed on a “Terms of Reference” for operating an International Council that will become a sub-group of the World Heart Federation (the Heart and Cardiovascular group within the World Health Organisation).

The official application for this Council will be submitted early in the new year. Sherry Grace (from Canada) and John Buckley (from BACPR) along with Bonnie Sanderson from the US American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) continue to lead up this initiative on behalf of all other endorsing associations from India, Australia, New Zealand, Ireland, Saudi Arabia, Brazil, Cuba and Iran.
Louise Peardon

My current post is with health charity Chest Heart & Stroke Scotland in a very varied role with everything from management responsibilities to influencing policy, supporting the development of health information to direct patient support. I come from a nursing background and spent most of my clinical career within the cardiology speciality. My national voluntary sector post, gives me fantastic opportunities to lead campaigns, develop services, support professionals and ultimately improve outcomes for the individual patient.

I am delighted to join the Council and further promote the work of BACPR within Scotland, also strengthening the links with Cardiac Rehabilitation Interest Group Scotland. I am passionate about the role of cardiac rehabilitation in improving outcomes and every day hear the difference it makes to the lives of the individual and their families.

Louise Peardon, Ordinary Council Officer (Nurse), Scotland and CRIGS representative.

Alana Laverty

I currently work as a cardiology specialist nurse lead in the Northern Health and Social Care Trust in Northern Ireland. My role incorporates the operational management of the cardiac rehabilitation, heart failure and angina teams and the rapid access chest pain clinic. I have recently assumed responsibility for the cardiology wards and catheterisation lab in one of our acute hospitals.

I am responsible for the strategic planning and development of cardiology nursing. I also have a clinical role and a special interest in cardiac rehabilitation where I have worked for the past eight years. I am looking forward to developing our cardiology services and this will be greatly enhanced by networking and sharing good practice through the BACPR-Nurses Sub-Group.

Alana Laverty, Ordinary Council Officer (Nurse), BACPR nurses sub-group development lead and Northern Ireland representative.

Announcement: BACPR to form ‘BACPR-Nurses Sub-group’ from January 2013

Nurses form one of the largest professions represented by BACPR and as such we would like to be able to raise their profile and ensure we are meeting their needs.

You may be aware that within BACPR there are subgroups, for example the Exercise Professional Group (EPG) and the Exercise Instructors Network (EIN). Our nurses sub-group would likewise provide nurses with the opportunity to network with each other across the UK, share good practice, seek advice on and highlight current issues and challenges encountered in day to day practice. In addition an official nurses’ sub-group will provide the opportunity to develop our education, training and research activities from a nursing perspective. We invite our nurse members to email expressions of interest to bacpr@bcs.com to join the committee for this official sub-group of BACPR.
BACPR Exercise Instructor Network (EIN) Update

EIN Workshops
The EIN regularly run CPD workshops which are a great opportunity to network with other local instructors and gain 4 CPD points. During 2012, the EIN have offered ‘Obesity, Physical Activity and CVD’ workshops in London, Hampshire and Kent. Presented by Murray Allen, a BASES accredited Exercise Physiologist and NHS Trainer in Behaviour Change through Motivational Interviewing, the workshops have been well attended and have received positive feedback.

The EIN are currently working on developing new workshops for 2013. If you are interested in hosting a workshop in your area, please contact Susan Whyte at susanmwhyte@gmail.com.

EIN AGM
The EIN Annual General Meeting (AGM) will take place during the EPG Spring Study Day at Aston University in Birmingham on 10th May 2013. Voting will take place to elect EIN committee members. Anyone interested in joining the committee should contact Susan Whyte, the current EIN Chair at susanmwhyte@gmail.com.

EIN E-NEWSLETTER
The EIN produce a quarterly e-newsletter which is distributed to members. It contains a variety of articles including interviews, the latest research and interesting courses and workshops. Contributions are welcome and should be sent to Marie Toms (Newsletter Coordinator) at marie.toms@papworth.nhs.uk.

Marie Toms, EIN Newsletter Coordinator

Recognising and Rewarding Excellence in Collaborative Healthcare Practice

Welcome to the second year of the Care Integration Awards, which celebrates and recognises health services which provide high quality, effective and seamless care to patients and service users.

With the establishment of seamless care pathways representing such a significant area of focus in the health service, these awards help to highlight the innovation and courage with which this challenge is being addressed across the UK.

The awards will recognise those organisations and individuals who are at the forefront of offering integrated care to ensure that local health and wellbeing needs are better understood and addressed.

We are looking for care that removes the barriers between primary, community, secondary and tertiary care – improving outcomes for patients. We are also interested in those services that help patients and their carers navigate between health and social care.

Enter your achievements today and:
• Demonstrate on a national scale how collaboration between healthcare leaders, clinical practitioners and the public is improving your care pathway
• Promote best practice and inspire other trusts to further integrate their services
• Reward and show appreciation for your hard-working, dedicated staff

As well as recognising and celebrating innovation – details of the winning entries will be widely shared with health service commissioners and providers, rapidly spreading learning from this fast developing area.

The entry deadline is 1st February. Enter online at www.careintegrationawards.com
BHF new resources

Active heart, healthy heart - DVD29

Our DVD, Active heart, healthy heart, (product code DVD29) provides a fully seated, an assisted standing and five levels of fully standing exercise programmes suitable for patients engaged in a cardiac rehabilitation programme (CRP).

The programme can provide the physical activity element of a purely home-based CRP – with HCP support – or can support a supervised programme as the home based element.

It comes with a brief guide for professionals, and a small interactive booklet outlining key information that also allows the patient to record their progress over a four week period, a downloadable version of the exercise record sheet is also available.

This resource is not in the current catalogue because it is only available to Cardiac Rehabilitation Practitioners.

Shisha – Do you smoke shisha? Code: G615

Did you know that if you smoke shisha for one hour, you are exposed to smoke the equivalent 100 cigarettes? Don’t be duped by the sweet smell and wholesome smelling flavours, shisha is not safer than smoking cigarettes.

Order our shisha flyer today and learn the real facts about shisha smoking.

South Asian recipe book- Code: Z138

Fancy a curry? Healthy meals, healthy heart has 30 easy to prepare South Asian recipes to help you enjoy a delicious and healthy meal.

Many take-away curries are not a healthy option, but there are loads of tasty and healthier options in our cookbook. Order or download your copy today.

African Caribbean recipe book – Code: G503

New look African Caribbean recipe book

Our much loved African Caribbean recipe book, Traditional foods, healthy dishes has a new look.

Based on popular dishes from across the Caribbean, these 22 mouthwatering recipes have reduced amounts of fat, saturated fat, sugar and salt to help you eat healthily. Order or download your copy today.

Take home flyer - We can help you look after your heart Code: G598

As you may know, we provide a wide range of free resources to help you look after your heart.

This pocket sized flyer showcases the different types of resources available and how to order. Perfect to carry in your pocket and to give out at events. Order or download your copy today.

Know your heart

http://www.bhf.org.uk/heart-health/how-your-heart-works/know-your-heart.aspx

Know Your Heart is our new free, interactive learning tool presented by Dr. Hilary Jones. It’s designed to help you learn how your heart works. It also helps to explain what you can do to help keep your heart healthy and lower your risk of getting cardiovascular disease. It is split into three topics, Know Your Heart uses film, interactive tasks and quizzes to guide you through essential information

It has been used by various Health Care Practitioners in a variety of different settings and we have received very positive feedback - ‘I think this is an excellent resource - I would be happy to recommend it to my patients because it’s common sense language and bite sized pieces of information make it easy to understand.’
Physical Activity Statistics 2012 - Code: M130

This supplement to Coronary Heart Disease Statistics is the first to focus solely on physical activity, providing statistics on the levels, types and reasons for physical activity in the UK.

This publication is divided into seven chapters. The different chapters explore the proportions of people meeting recommendations, the amount of time spent doing activity, European comparisons, the types of physical activity people in the UK do, active travel, factors influencing activity and sedentary behaviour. Both self-report and objectively measured statistics are presented.

Coronary Heart Disease Statistics 2012 – Code G608 1012/CHA

The latest BHF compendium of health statistics. The resource is designed for health professionals, medical researchers and anyone else with an interest in coronary heart disease (CHD), this book details extensive statistics on coronary heart disease rates and risk factor levels, by age, gender, socio-economic group and ethnic origin, as well as regionally, nationally, internationally and over time.

Statistics Fact sheets

We have produced some fact sheets on CVD statistics that can be downloaded from our publications area of our website http://www.bhf.org.uk/publications.aspx

England CHD statistic factsheet 2012
Wales CHD statistic factsheet 2012
Scotland CHD statistic fact sheets 2012
Northern Ireland CHD statistic fact sheets 2010

BHF requests your help

Healthy Hearts kit – your ideas needed

BHF are planning an evaluation of the Healthy hearts kit which will inform the next version of it being produced in 2013. If you have used the Healthy hearts kit and have suggestions on how it can be improved or would be interested in being involved in the review process, please contact Lysette Aubrey on aubreyl@bhf.org.uk or 020 7554 0395.

Health Care professionals

Improving Knowledge, Improving Care – our Health Care Practitioner support package

Are you interested in support for further CPD training to better meet the needs of your patients and their families? Would you like to feel connected to a bigger ‘team’ of like-minded colleagues throughout the UK? If so, we can help

We support a wide range of HCPs – from heart failure nurses to cardiac physiologists. And, we’d love to hear from you if you’re:

- An HCP working in a cardiac related activity ideally in a community setting
- Involved in reaching or teaching people affected by heart disease
- An individual or team committed to the values of the BHF and with a specific project in mind

Our support is open to individuals and teams across the UK

How you can apply today

If you’re interested in finding out more about how we can support you and your patients please contact the Healthcare and Innovations Department at bhthi@bhf.org.uk

Important information about Lifestyle checks

From December 14th, the on line interactive lifestyle check resource on the BHF website will no longer be available.
NHS Improvement update

NHS Improvement continue to keep a watching brief on cardiac rehabilitation activity across England. Whilst we are currently not engaged in any active project work, we have attended a number of events this autumn and report on these for the BACPR Newsletter Connect readers here:

OCTOBER 2012

NHS Improvement presents at BACPR Conference in Edinburgh

Professor Patrick Doherty, Associate Clinical Lead for Cardiac Rehabilitation with NHS Improvement, effectively summarized the partnerships, workstreams and outputs that have contributed to the positive positioning of cardiac rehabilitation in the new commissioning landscape.

We know that cardiac rehabilitation is clinically effective and cost-effective, but is it cost-saving? Drawing on the findings from some recent modeling work commissioned by NHS Improvement, the team’s session on Building a business case for your programme aimed to provide conference delegates with a firm foundation on which to build a robust business case for cardiac rehabilitation.

A short report on the modeling work will be available on the NHS Improvement website soon.

NOVEMBER 2012

NHS Improvement highlight that a novel web-based model of CR provides new innovation in practice with choice and convenience for patients*

The cardiac rehabilitation department at the University Hospitals of Leicester NHS Trust recently launched a new online cardiac rehabilitation programme, ‘Activate Your Heart™’, to help those people who have had a recent cardiac event or have an existing cardiac problem, manage their condition more effectively. Designed by the CR team in close consultation with patients, ‘Activate Your Heart’ offers an effective and alternative approach to ‘traditional’ cardiac rehabilitation.

Presenting at the launch event, NHS Improvement postulated that by demonstrating how the NHS could spend money differently to deliver key outcomes, the innovative web-based CR programme provides an alternative model of delivery for CR in the new commissioning landscape.

*patients will be accepted for web-based CR following assessment and discussion with the Leicester based CR team

Cardiovascular Outcomes Strategy

Work on the Cardio-vascular Strategy continues to make progress. The initial national event in May, followed by regional patient/carer and workstream events, has stimulated ideas and thinking which are being formulated into a draft strategy. An event to test out the current thinking is taking place this November and attendees will have the opportunity to provide further input into shaping the CV Outcomes Strategy ahead of its publication in the New Year.

DECEMBER 2012

NHS Improvement held: ‘Seven Day Services Supporting Improved Outcomes in Rehabilitation Services’

Wednesday 12th December 2012 – Central London

This event brought together examples of services working towards providing rehabilitation for patients seven days a week. Keynote speakers included Karen Middleton, Chief AHP Officer and Professor Keith Willett, National Director for Acute Episodes of Care, NHS Commissioning Board are joining a terrific company of speakers including Professor Sally Singh who presented Leicester’s web-based cardiac rehabilitation service model.

NHS Improvement 2013

2012/13 is a year of transition for NHS Improvement as our future will now sit within the new NHS Improvement Body. This new body will help to transform the NHS, helping to create the conditions and momentum so that outcomes can be delivered and cost and quality improvements can be achieved across the entire NHS system. During NHS Improvements transition into this new organisation we will be transferring the learning, our experience, expertise and know how, to make improvement in the NHS even better than it is today.

Sarah Armstrong-Klein
National Improvement lead, NHS Improvement
For further information contact sarah.armstrong-klein@improvement.nhs.uk
National Audit of Cardiac Rehabilitation (NACR) Update

If you are a NACR user there are fabulous presents coming your way next year.

A new database that’s much quicker and easier to use:
The preliminary meetings for the redevelopment of the NACR database are ongoing as we write, including a meeting with a number of Pilot Sites soon to gain input from clinicians. The redevelopment process should be underway before Christmas.

A big Christmas bonus will mean that if you collect data in SystmOne, DataCam, Tomcat or similar database the new development will make importing far easier. If you import to NACR from another database, and your programme has not heard from us please contact Nerina (nerina.onion@york.ac.uk / 01904 321326) to make sure you are on the list to receive the new dataset. If you are a SystmOne user not currently using NACR, and you would like to be kept informed of the new database, again please contact the NACR team. The roll-out date for the new database to go live is the end of March, and we will be keeping NACR users informed. The new system will be entirely web based - so if you haven’t used NACR in the past due to issues with Lotus Notes, and would like further information, please let us know.

A new look annual report:
The tenth annual report has been sent out recently (www.cardiacrehabilitation.org.uk/nacr) and was the last in this format. As the National Service Framework for Coronary Heart Disease is now ten years old and a new cardiac strategy is imminent, it is essential that we draw on a new standard for which to evaluate the effectiveness and progression of cardiac rehabilitation each year. The BACPR Standards and Core Components is currently the front runner and the next step is a workshop with users from 10 programmes from 3 countries to ensure users agree it is feasible. NACR collects all of the data to measure these standards apart from diet, which has no suitable validated tool presently although, with the help of clinicians, we are exploring some options.

DH CR progress towards a QOF indicator:
You may have seen that NICE recently included CR as a Quality Outcomes Framework (QOF) indicator as part of the GP payment plan for 2013. This has not gone unnoticed and some GPs have suggested that this is ‘unworkable’ and it should be removed.1 The challenge by GPs highlights that as CR becomes more important in terms of policy it also needs to raise its game to ensure that the national provision is even and that uptake is optimal. We know this is best achieved through audit and benchmarking services nationally which means that the NACR continues to be vital in showing that CR is achieving its aims and meeting NICE guidance.

The final CVD Strategy stakeholders meeting took place on Wednesday 21 November. The event was well attended and highly interactive. Although the strategy is wide reaching (e.g. Stroke, Cardiac, Renal, PAD and diabetes) there were some important messages for us all to digest. CR and prevention feature strongly as does the need for an integrated, patient focused, vascular wide approach. The CVD strategy will be drafted over the coming months with a provisional release in March 2013. It is proposed that the CVD strategy will be taken up by the NHS Commission Board from April 2013. The key themes are mortality reduction and the implementation of safe and effective management of acute and long term conditions.


Corinna Petre and Patrick Doherty for the NACR Team

NICE RECOMMENDATIONS FOR THE QOF IN 2013/14

NICE has recommended 14 indicators worth 135 points be retired from QOF for 2013/14 and replaced with new indicators. Of major significant is QOF indicator NM48:

“The percentage of patients with heart failure diagnosed within the preceding 15 months with a record of an offer of referral for an exercise based rehabilitation programme”
New scientific publications to inform your practice

Cardiorespiratory fitness changes in patients receiving comprehensive outpatient cardiac rehabilitation in the UK: a multicentre study

By Gavin Sandercock et al. Heart Online First, published on November 24, 2012 as 10.1136/heartjnl-2012-303055

This is a highly informative paper, which importantly contributes to current discussions on the value of cardiac rehabilitation in cardiovascular health care – a MUST read. This systematic assessment of provision of exercise-based cardiac rehabilitation in the UK provides an important reflection for services around the UK. It should be commended for raising the important issues in clarifying a rationale to the outcomes not fully explained in the RAMIT trial.

The authors assessed 950 patients who completed cardiac rehabilitation at four UK centres and specifically calculated the changes in fitness achieved. Patients completed a median of 8 supervised exercise sessions. The average change in fitness, expressed as metabolic equivalents (METs) was 0.52 METs (95% CI 0.51 to 0.53). These changes represent only a third of the mean estimate reported in a recent systematic review (1.55 METs).

This paper highlights a gross ‘under-dosing’ in the intervention applied within cardiac rehabilitation programmes across the UK. In order to provide patients with a suitable evidence-based dose this calls for proper investment.

We would urge members to see the findings in a positive light as this article demonstrates the immense potential cardiac rehabilitation services have, if funded properly, to help patients recover.

We recommend members to review the changes you achieve in your programmes with regard to fitness in the context of this article.

More evidence that cardiac rehabilitation reduces all-cause mortality

Attendance at cardiac rehabilitation is associated with lower all-cause mortality after 14 years of follow-up

By Beauchamp et al., (December 2012) Heart doi:10.1136/heartjnl-2012-303022

This retrospective cohort study in Australia investigated whether attendance at cardiac rehabilitation independently predicts all-cause mortality over 14 years and whether there is a dose–response relationship between the proportion of CR sessions attended and long-term mortality. 544 men and women eligible for CR following myocardial infarction, coronary artery bypass surgery or percutaneous interventions were tracked 4 months after hospital discharge to ascertain CR attendance status and followed-up for 14 years. In total, 281 (52%) men and women attended at least one CR session. There were few significant differences between non-attenders and attenders. After adjustment for age, sex, diagnosis, employment, diabetes and family history, the mortality risk for non-attenders was 58% greater than for attenders (HR=1.58, 95% CI 1.16 to 2.15). Participants who attended <25% of sessions had a mortality risk more than twice that of participants attending ≥75% of sessions (OR=2.57, 95% CI 1.04 to 6.38). This association was attenuated after adjusting for current smoking (OR=2.06, 95% CI 0.80 to 5.29).
Effects of eating less fat on weight – systematic review in BMJ

This is a summary of a paper that was published on bmj.com as BMJ 2012;345:e7666

Study question: Does lower total fat intake lead to lower body weight in adults and children?

Summary answer: High quality, consistent evidence shows that reduction in total fat intake leads to small but statistically significant and clinically meaningful reductions in body weight in adults, with supporting evidence for a similar effect in children and young people.

What is known and what this paper adds: The ideal proportion of total fat in the human diet is unclear. This systematic review provides a large and consistent body of evidence that lowering total fat intake, as a proportion of energy intake, results in lower body weight in the long term, lower body mass index, and waist circumference in adults, with a dose-response relationship. Evidence in children and young people is more limited, but supports a similar relationship.

Message: choosing to eat less fatty foods consistently (without trying to lose weight) results in lower weight. The average weight is 1.6kg (3.5lb) lower, but those reducing fat more will lose more weight compared to people who keep eating as usual. This effect lasts over at least 7 years.

Isn’t this obvious?

Not really – people would expect that you need to choose to cut down on the amounts of food you eat (calories or energy) to lose weight. But our findings suggest this weight loss happens without trying to lose weight or cut down overall.

What sorts of changes in food are involved?

Replacing fattier foods with less fatty foods, for example:

- Using skimmed or semi skimmed milk instead of full cream
- Having more bread but less butter, margarine or cheese on top
- Cutting the fat off meat, but having a bit more potato
- Have plenty of vegetables on your plate, and fruit in place of cake or a biscuit

Is this the same in men and women, children and adults?

Yes, the effect is remarkably consistent. It is true in men and women, in children as well as adults, in people who are well, or who have illnesses already, in people in the 1960s or this millennium, in people with a high fat intake, and people with quite a low fat intake at baseline, and over several years.

Is it the same for all types of fat?

This effect of fat on weight was seen when we looked at the total amount of fat people eat, not at specific types of fat. So the effect of fat on weight is including ALL types of fat.

However, we have good evidence that cutting down on one type of fat - saturated fat (fat from animal sources like milk, cheese and meat) - reduces our risk of heart disease and stroke by 14%¹. So if we are going to reduce the amount of fat we eat it makes sense to cut down specifically on saturated fats, so that we get BOTH benefits (on weight, and on heart disease and stroke).

I thought there were good and bad types of fat!?

Probably not for our weight, but there are for heart disease and stroke (see above). To get BOTH benefits cut down on more on saturated fats, like the fat in cheese, milk and meat.

BHF news from the regions

England
Following publication of the 2012 National Audit for Cardiac Rehabilitation (NACR) the BHF raised the findings and the BHF’s policy calls on cardiac rehabilitation and the political party conferences, in particular at the BHF’s fringe event on living well with a long term condition. We have also tabled a number of Parliamentary Questions through Shadow Health Minister Andrew Gwynne MP about improving the quality and uptake of cardiac rehabilitation. And along with the BACPR, we have written to Health Minister Anna Soubry MP raising cardiac rehabilitation in relation to the Commissioning Outcomes Framework (COF) and the forthcoming CVD Outcomes Strategy.

As part of BHF Heartwatch, which is all about championing the needs of heart patients in a time of upheaval in the NHS and public health, the BHF wants to find out more about the current provision of services that make up the package of care heart patients should receive - and cardiac rehabilitation is included in the suite of questions we are currently asking heart patients. The survey can be found here: https://www.surveymonkey.com/s/heartwatchsurvey - please tell as many people as possible about it. The results will form a key part of the team’s work next year and how we take forward influencing services key to heart patients.

An evaluation of the National Campaign for Cardiac Rehabilitation carried out in September 2011 and covering England found that the campaign had made good progress in raising the issue of cardiac rehabilitation up the political agenda and that one of the consequences of the new NHS will be a reduced need to lobby national policy makers. We’ll continue to lobby at a national level in England for prioritisation for cardiac rehabilitation, in particular by seeking to influence the COF, the forthcoming Cardiovascular Disease Outcomes Strategy, and as part of the BHF Heartwatch. Great progress has been made as a result of the campaign so far. Going forward at the BHF, the focus will be on local initiatives to support patients and cardiac rehabilitation schemes develop in line with the evidence base. This will be our final campaign update for the BACPR’s newsletter but we will still be using it to communicate the BHF’s work as a whole in this area.

Wales
Last year’s NACR (2011) showed that the number of heart patients taking part in cardiac rehabilitation is still too low (35%) in Wales. This shows no real improvement on 2008/09.

This as well as a change in NHS reorganisation in Wales over two years ago which undoubtedly led a conservatism in decision-making and changing patterns of service delivery, makes it even more important to maintain our work on ensuring that CR becomes an integral part of the patient pathway and should be offered to every eligible heart patient .

The challenge now is to shift the focus to local implementation so that a clear patient pathway and service specification which integrates CR into the care planning process is adopted. The newly launched Cardiac Care Delivery Plan by the Welsh Government in August is an obvious starting point for this. BHF Cymru will be involved in influencing the Implementation Board for this Plan and there is scope here to lobby to ensure that CR is prioritised, to include pressing for full funding for the audit on CR by the Government in future.

Scotland
The CR campaign steering group is now considering our next steps and how we can ensure NHS Scotland can build on its successes in increasing CR for acute patients by focussing on those Boards which are underperforming and those conditions which are underrepresented.
News from our key affiliates

British Society for Heart Failure

The British Society for Heart Failure held its Annual Autumn meeting on 29th and 30th November at the Queen Elizabeth Conference Centre in Westminster. The event was fully subscribed with 525 members of our multidisciplinary health care professionals attending. The theme of the meeting was ‘Heart Failure, a multidisciplinary approach’ and many of the sessions were constructed with members of the MDT speaking on different aspects of the session topic. Delegates heard inspiring key note international speakers Professor Faiez Zannad from the Centre d’Investigation Clinique at the University de Lorraine, Nancy, France on ‘The role of mineralocorticoid receptor antagonists’ and Marc Pfeffer, Dzau Professor of Medicine, Harvard Medical School Boston MA,USA, speaking on ‘Ventricular remodelling, stepping back- looking forward’ a history of the investigation of the pathology and pathophysiology leading to developing therapeutic approaches to improve patient outcomes.

The two days where packed with leading clinicians in Heart Failure management, excellent abstracts on new research from young investigators and a lively Hyde Park session at the end of a busy day! The BSH now looks forward to our Medical and Specialist Nursing Training days on 7/8th February respectively. www.bsh.org.uk for more information.

Annie MacCallum
Co-opted BACPR Council member, Observer to the Board, British Society for Heart Failure

British Association for Nursing in Cardiovascular Care (BANCC)

Update on the Council on Cardiovascular Nursing and Allied Professions (CCNAP) / BANCC EuroHeartCare conference on 22nd and 23rd March 2013: The programme development is well under way with some very exciting topics and speakers lined up. Abstract reviews are nearly complete with nearly 200 submitted! The BHF will also be registering 70 delegates and have plans to organise CPR sessions during the lunch and coffee breaks. The registration deadline for the event is the 1st Feb and there are still a few places left, but they are going fast!

We are looking forward to working with BACPR and the British Society for Heart Failure (BSH) on the affiliates day programme at BCS in June and we are also in discussions with the BCS and hope to become involved in their Clinical Study Group. Council members have been involved with the All Party Parliamentary Groups for Atrial Fibrillation and Vascular Disease. In addition, Catriona Jennings and Hannah Waterhouse attended a stakeholder engagement meeting in London to contribute to the discussion towards the development of the document aimed at informing the DoH in the development of the CVD outcomes strategy, which was launched in July at the House of Commons.

Suzy Wood
British Association for Nursing in Cardiovascular Care

Heart Care Partnership (UK)

We are delighted to announce our second full day’s programme at the BCS conference 2013. The theme of the programme is: ‘The Importance of the Patient Voice’ and takes place on Tuesday 4th June 2013.

Proposed speakers include:
Professor Huon Gray MD FRCP FESC FACC
Dr Anthony Rudd London Stroke Clinical Director
Dr Michael S Norell MD FRCP
Paul Willgoss, Chair European GUCH
Dr Jane Flint
and more…

Topics include:
Patient empowerment in the outcomes strategy
Mobilising the Stroke Patient Voice
Listening to the patient through the Multi-Disciplinary Team – How effective are we?
The international GUCH movement and their voice
and more…

Please do let your patients know about us and join them at this next BCS conference.
Northern Ireland
Transforming Your Care (TYC) – A Review of Health and Social Care in Northern Ireland (December 2011) has made the following recommendations for managing long-term conditions (LTCs):

- Partnership working with patients to enable greater self care and prevention.
- Personalised care pathways enabling home based management of the LTC with expanded support from the independent sector.
- Patients to have named contacts for the multi-disciplinary team in each GP surgery to enable more straightforward communication.
- Improved data warehousing of existing information to support care pathways and enable better outcomes to be more closely monitored.
- A stronger role for community pharmacy in medication management for LTCs.
- Development of admission protocols between secondary care specialist staff and those in the community.
- Maximising the opportunities provided by telehealth in regard to LTC patient’s.

In 2011, the Northern Health and Social Care Trust in Northern Ireland was successful in securing funding from The Queen’s Nursing Institute and Burdett Trust for Nursing, London to launch The Heart Manual. This is an evidence-based, self-management cardiac rehabilitation programme delivered in the patient’s home lasting between 6-12 weeks and facilitated by a cardiac rehabilitation nurse.

The Magherafelt and Cookstown areas were targeted first due to a poorer uptake at the hospital-based programme for mainly geographical reasons and Cookstown has the third highest death rate from heart disease in N Ireland.

The results of the pilot demonstrated that risk factors i.e. blood pressure, lipids, exercise levels, smoking status and anxiety and depression levels improved substantially and were well above the national average. There were no inappropriate readmissions in both groups recorded at 30 days from their acute event (this may have been due to the small sample size (n=41) as the original study published in the Lancet (1992) (n=134) showed that in the first 6 months after MI, 8% of the rehabilitation and 24% of the control group were readmitted. Patient satisfaction levels were also very high.

With the proposals in TYC presently out for consultation, cardiac rehabilitation teams in N. Ireland are looking at new ways of delivering their service to ensure that the above recommendations are met. The Heart Manual is one such model and will provide a much needed alternative for the high number of patients who are missing out on cardiac rehabilitation and are therefore 25% more likely to die in the following 2-5 years following their cardiac event (BHF and BACR, 2007). Implementation of the Heart Manual would enable us to reach cardiac people in their own homes. This would permit them to take control of their lives, reintegrate into society and strive towards achieving optimum health for themselves, their families and friends.

The proposal therefore, of a Nurse’s Subgroup within the BACPR could not have come at a more optimal time. This will permit nurses throughout the UK to network and exchange ideas in order to make a difference to the lives of cardiac patients empowering them to self-manage and become experts in their own health care. As one voice we can make a huge difference to ensuring high quality cardiac rehabilitation is delivered in line with the Cardiac Rehabilitation Commissioning Pack and TYC.

Alana Laverty
Nurse Specialist, Ordinary Council Member

Scotland update
Members of CRIG report that they thoroughly enjoyed the 2012 conference in Edinburgh, coming out in large numbers to support the event and catching up with colleagues across the country. CRIGS are delighted to be hosting a session at the 2013 Conference in Birmingham and will be putting on thinking caps to come up with something suitably Scottish!

Parliamentary Motion
The Scottish Parliamentary Motion, which was proposed at the Heart Disease & Stroke Cross Party Group (19th September) to support the BACPR Standards, has been lodged by the CPG Convenor (Helen Eadie MSP): http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S4M-04623&ResultsPerPage=10

The motion attracted cross-party support within the first 24 hours (quite a feat!). It has been selected for a possible future Member’s debate in the Parliament.

The text of the Motion lodged is as follows:

Motion S4M-04623: Helen Eadie, Cowdenbeath, Scottish Labour, Date Lodged: 30/10/2012
Clinical Standards for Cardiac Rehabilitation

That the Parliament welcomes the publication of the British Association of Cardiovascular Prevention and Rehabilitation (BACPR) Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation 2012; acknowledges that the aim of the standards is to ensure that cardiac rehabilitation programmes are clinically and cost effective and achieve sustainable health outcomes for patients; understands that cardiac rehabilitation is one of the most effective interventions in the management of heart disease through the prevention of re-admissions to hospital and unnecessary appointments in primary care, the education of patients and their families on where to seek advice and information and its focus on the self-management of cardiac conditions; considers that the BACPR standards and their seven core components are at the forefront of acknowledging the achievements of cardiac rehabilitation programmes in Scotland and can be used to encourage continuous improvement to patient outcomes and experience through this vital intervention in Fife and across the country, but is concerned that, despite improvements in the provision of cardiac rehabilitation for patients with acute conditions across Scotland, its provision for patients with heart failure and for angina remains very low.

And it has been supported by the following Members of the Scottish Parliament (MSPs): Anne McTaggart, Margaret McCulloch, Jackie Baillie, David Stewart, Margaret McDougall, Mary Scanlon, Patricia Ferguson, Dave Thompson, Hanzala Malik, Rhoda Grant, Gil Paterson, Dennis Robertson, Richard Simpson, Sarah Boyack (representative of all key parties in the Scottish Parliament)

Parliamentary Question

A set of questions were also submitted by Helen Eadie to the Scottish Parliament and were answered by Alex Neil (Cabinet Secretary for Health & Wellbeing) on Wednesday 7th November. The full questions and answers can be found in the Daily Bulletin for that day, on the Parliament website: www.scottish.parliament.uk and one question specifically referred to the BACPR Standards

Helen Eadie (Cowdenbeath) (Scottish Labour): To ask the Scottish Government what its position is on the goal of the British Association for Cardiovascular Prevention and Rehabilitation that “ensuring referral of all eligible patients by cardiologists and/or specialist cardiovascular health care physicians to a prevention and rehabilitation programme as a standard (not optional) policy that is held in the same regard as the prescribing of cardioprotective medications” and what plans it has to meet this goal. (S4W-10227)

Alex Neil: Our Better Heart Disease and Stroke Care Action Plan makes clear the importance of ensuring that cardiac rehabilitation is made available for all those people with heart disease who are found to be eligible. Earlier this year Information Services Division published an audit on cardiac rehabilitation services which found that provision had substantially increased for the priority groups.

The Scottish Government’s Chief Nursing Officer welcomed the publication of the British Association for Cardiovascular Prevention and Rehabilitation’s (BACPR) new standards at their launch in Glasgow on 4 October. We would expect that the revised BACPR Standards will help to inform clinical practice in relation to the delivery of cardiac rehabilitation.

While excellent progress has been made, we recognise that there is still much more to do to help improve the quality of care, particularly for people living with heart failure. Our National Advisory Committee on Heart Disease will continue to work closely with cardiac services and the voluntary sector to take this forward.

Louise Peardon, Ordinary Council Member (CRIGS Liaison)

CVD Outcome Strategy Update

The final CVD Strategy stakeholders meeting took place on Wednesday 21 November. The event was well attended and highly interactive. Although the strategy is wide reaching (e.g. Stroke, Cardiac, Renal, PAD and diabetes) there were some important messages for us all to digest. Cardiac rehabilitation and prevention feature strongly as does the need for an integrated, patient focused, vascular wide approach. The CVD strategy will be drafted over the coming months with a provisional release in March 2013. It is proposed that the CVD strategy will be taken up by the NHS Commission Board from April 2013. The key themes are mortality reduction and the implementation of safe and effective management of acute and long term conditions.
The BACPR Level 4 Cardiac Exercise Instructor qualification and programme of short courses continue to run all across the UK and Ireland. All the courses within the programme are now British Cardiovascular Society (BCS) approved and BACPR is a registered SkillsActive/Register of Exercise Professionals (REPs) training provider with all courses holding REPs CPD points.

Revalidation of the BACPR Exercise instructor qualification will be on line early in 2013 improving the accessibility to the revalidation process for the 2500 qualified instructors that hold the BACPR qualification.

Work is also underway to organise both our conferences next year – the BACPR Exercise Professionals Group (EPG) Spring Conference to be held on 10th May 2013 and the BACPR Annual Conference to be held on 3rd and 4th October 2013.

Hope to see you at one of our events in 2013

Wishing you all a Happy New Year!

Sally Hinton
Education Director

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**Course Review**

Assessing Functional Capacity: How to administer and interpret sub maximal tests in clinical populations on 19th October 2012

I attended this course for two reasons. Firstly to find out more about how to administer the functional capacity tests, and secondly to discover how to use the data as an evaluation, both on an individual patient basis, and as an outcome measure for the programme.

As a specialist nurse my training in this area has been fairly minimal to date. I was, therefore, a little apprehensive prior to attending the course as I imagined that most of the delegates would be from an exercise background. However, my prior knowledge from the Physical Activity and Exercise in CVD Part 1 course, my practical experience of exercise cardiac rehab and some excellent pre-course reading prepared me well for the course. The delegates were from a fairly broad range of backgrounds, including physiotherapists, exercise instructors, sports scientists, exercise physiologists, clinical exercise specialists, nurses etc. There were a lot of opportunities to share experiences during the day.

The course was a good mixture of theory and practical sessions, giving the opportunity to perform four functional capacity tests - the 6-Minute Walk Test, Incremental Shuttle Walk Test, Cycle Ergometry Testing and Chester step test on each other. We worked in small groups to interpret the data and apply the results to physical activity guidance and exercise prescription.

The course has challenged my thoughts about the use of FCTs used on our programme and has stimulated discussions about changing practice for exercise assessment and prescription in the future.

*Alison Child*
Specialist Nurse
Course Review

Monitoring Exercise Intensity (HR, RPE and METS) 12th October 2012 course

Most of us involved in the delivery of exercise are used to the RPE scale. But it is not until you do a course like this, that you stop and reflect on your practice. RPE is more than just holding up a scale and asking a participant in an exercise or testing session “to pick a number”. This one day course provided the science behind the numbers – both for subjective measures like RPE, but also more generally exercise intensity overall. It was very useful to be reminded about what exercise intensity actually involves and the common units used to quantify it (METs). Having been armed with the theory in the morning, the afternoon session provided the opportunity to put it all into practice. It certainly made me re-think what I am trying to achieve with my exercise participants, and the way I monitor them during exercise. Some of the principles covered during the day have already been implemented to great effect. The course was presented well and by someone who clearly has lots of practical experience. The surroundings in the host venue of Chichester University contributed to an informative and pleasant day.

Steve Meadows
Lecturer in Sports and Exercise Sciences

This course was extremely well organised, designed and delivered. It followed a very logical progression throughout the day and the use of practical experiments and experiential learning was invaluable. It clarified important issues around setting target heart rates and the need to use the Karvonen method as standard practice.

The Borg scales were well explained and demonstrated in a practical format throughout the day, and we gained a great deal of useful information to ensure that we monitor effectively using both heart rate and Borg scales.

Overall as a team we have attended many valuable BACPR courses but without a doubt this has been the practically most useful to us as experienced cardiac rehabilitation professionals.

Cardiac Rehabilitation Team
St Richard’s Hospital

NOW LIVE!! BJC launch new online resource in chronic stable angina

The British Journal of Cardiology has launched a freely available online programme, comprising of 7 modules with self certification for CPD. To access this module you need to register at www.bjcardio.co.uk/learning. The programme has been endorsed by HEART UK and the British Junior Cardiologists’ Association.
British Dietetic Association’s Heart Health Specialist Group Contribution

Alison Hornby, Cardiac Rehabilitation Dietitian and member of the British Dietetic Association’s Heart Health Specialist Group shares what she learnt on diet and cardiovascular disease at the group’s meeting this year at the Nutrition and Health conference in November 2012.

This year a major section of the programme centred on heart health, obesity and chronic diseases. Dr Royce Vincent presented a forceful case for bariatric surgery in secondary prevention of cardiovascular disease in morbidly obese patients. Perhaps surprisingly, his results from Roux-en-Y (gastric bypass) convincingly outshone the less intrusive option of gastric banding for this patient group. The evidence for the benefits of fruit and vegetable were presented by Dr Jeremy Spencer. Focusing in particular on the cellular and molecular influences of flavonoids, he presented the evidence of their role in reducing blood pressure, enhancing vascular function and even improving blood perfusion to the brain.

Dr David Haslam, chair of the National Obesity Forum, spoke passionately about the urgent need to promote healthy eating and address our obesogenic environment to combat the highly complex drivers of obesity and chronic disease, including cardiovascular disease.

In a wider discussion on the benefits of a plant-based diet as opposed to the typical Western style of eating, consensus supported a move from energy-dense, low-fibre and high saturated fat foods to whole grains, nuts, legumes, seeds, fruits and vegetables as key to addressing the growing health challenges we face.

www.nutritionandhealth.co.uk/

Kath Paterson

I am currently the Clinical Lead Dietitian in Cardiology at the Norfolk & Norwich University Hospital with a particular interest in weight and lipid management. In my role I also teach other members of the cardiology team and postgraduate students at the University of East Anglia about diet and cardiovascular disease (CVD).

My main interest in secondary prevention stems from working in Lowestoft, on the North Suffolk coast in primary care. There in my role, I trained GP Practice staff on implementing the dietary aspects of the National Service Framework for Coronary Heart Disease published in 2000. It was then as a single handed practitioner within a Primary Care Trust that I joined the British Dietetic Association’s Heart Health Specialist group. This inspired me to participate in updating systematic review evidence concerning diet in the secondary prevention CVD.

I have been actively involved in this specialist group since then and in my new post on BACPR council will act as a link person between the two groups and I very much hope that the relationship will continue to grow.

Indeed, I will often consult this group, as well as the BACPR Dietitian members, when asked to find out what might be the best dietary audit tool to use in the NACR or for giving ideas for speakers for the 2013 BACPR conference.

I very much welcome any points you wish to share in relation to diet and dietetics in the prevention of CVD.

If I myself don’t have an answer to a query, I often know someone who does!

Katherine Paterson, Ordinary Council Officer (Dietitian) and Connect Editor.
Forthcoming BACPR courses

Physical Activity and Exercise in the Management of Cardiovascular Disease Part 1: Principles and Practicalities

This course provides a 2-day foundation programme in the principles of physical activity and exercise in the prevention and management of cardiovascular disease. This course includes both a theoretical and practical component aiming to equip health professionals with sound knowledge and understanding as well as key practical delivery skills required to meet the core standards and national guidelines for delivery of group, one-to-one and home activity programmes. This course is for any health professional advising on or delivering physical activity and exercise to cardiac patients in either a primary or secondary health care setting.

- 26th / 27th January 2013, Paisley
- 9th / 10th February 2013, Manchester
- 15th / 16th March 2013, London

Cost £300 – 350 depending on BACPR/ACPICR membership

Physical Activity and Exercise in the Management of Cardiovascular Disease Part 2: Advanced Applications

This course extends the core knowledge, understanding and skills gained in Part 1 to clinical reasoning for the inclusion of the higher risk and complex cardiac patient, such as heart failure, arrhythmias, ICD’s, unstable blood pressure and diabetes. In addition additional subjects explored include the safety of high intensity sports and activities, resistance training, water-based activity and difficult clinical scenarios. This course is for experienced cardiac rehabilitation practitioners who are challenged with the higher risk complex patient. It is strongly advised that participants should have completed Part 1 or the BACPR Exercise Instructors Qualification prior to Part 2, as the subject matter is directly linked.

- 18th / 19th January 2013, London
- 27th / 28th April 2013, Paisley, Scotland
- 18th / 19th May 2013, Manchester
- 20th / 21st September 2013, London

Cost £300 – 350 depending on BACPR/ACPICR membership

Dietary Approach to Managing Cardiovascular Disease and Weight

Explores the assessment and prescription of dietary and weight management advice for the CVD group

- 15th February 2013, London

Cost £170 (£150 to BACPR members)

Assessing Functional Capacity: How to administer and interpret sub maximal tests in clinical populations

Practical course looking at the most commonly used functional capacity tests e.g. Incremental Shuttle Walk Test, 6-Minute Walk Test, Chester Step Test and Cycle Ergometry

- 16th February 2013, Tameside (Manchester)

Cost £170 (£150 to BACPR members)

Physical Activity and Exercise in Heart Failure: Assessment, Prescription and Delivery

Following NICE guidance are you including heart failure patients in your programme? Do you want to find out more about how to prescribe safe and effective exercise to patients with heart failure?

- 11th January 2013, London
- 16th March 2013, Tameside (Manchester)

Cost £175 (£155 to BACPR members)
Forthcoming BACPR courses continued

Adapting Exercise: Enhancing skills to accommodate all abilities from seated to high level activity within a group setting

Focuses on developing leadership, teaching and delivery skills to facilitate a safe, effective and well-managed programme to a functionally diverse client group.

- 2nd March 2013, Manchester

The BACPR has an extensive educational programme which also includes:

- Monitoring Exercise Intensity (HR, RPE and METS)
- BACPR Level 4 Exercise Instructor Training Qualification
- Health Behaviour Change and Psychosocial Support in Cardiovascular Disease

Please contact education@bacpr.com or visit www.bacpr.com for more details and application forms on all the above courses

If you would interested in hosting one of the courses in your area or would like us to develop a course for your local needs please contact one of the education team

BACPR Education, Suite 8, The Granary, 1 Waverley Lane, Farnham, Surrey GU9 8BB,
Tel: 01252 854510, Fax: 01252 854511

Diary of events

ESC Council on Cardiovascular Nursing and Allied Professions (CCNAP)
13th Annual Spring Meeting on Cardiovascular Nursing, 22 - 23 March 2013, Glasgow

EuroPrevent 2013
18 - 20 April 2013, Rome – Italy

BACPR-Exercise Professionals Group Spring Conference
10 May 2013, Aston University, Birmingham

NICE Annual Conference 2013
14 - 15 May 2012, ICC, Birmingham

BCS Annual Conference 2013
3 - 5 June 2013, ExCel London

HEART UK Annual Conference 2012
27 - 29 June, Newcastle Civic Centre 26th Annual Conference

ESC Congress 2013
31 August - 04 September 2013, Amsterdam, The Netherlands

BACPR conference
3 - 4 October, 2013
St John’s Hotel, Solihull, Birmingham
SAVE THE DATE!!
BACPR ANNUAL CONFERENCE 2013
Celebrating the 20th anniversary of BACPR

BACK TO THE FUTURE
Advances in Cardiovascular Prevention and Rehabilitation

Thursday 3rd & Friday 4th October, 2013
St John’s Hotel, Solihull, Birmingham

Your 2013 conference sessions will include;
• Damien Edwards: Behavioural Theory of Communication
  ‘Mars Vs Venus’
• Telemedicine and Cardiac Rehabilitation
• European update on Cardiovascular Prevention and Rehabilitation
• Advances in atrial fibrillation and devices
• Management of stable angina
• Special CRIGS (Cardiac Rehabilitation Interest Group Scotland) session
And much much more!

Call for Abstracts 2013 Annual Conference
Abstracts are invited for submission no later than 1st July 2013 for oral or poster presentation. Abstracts giving details of research or innovation in cardiac prevention and rehabilitation will be considered for oral presentation in the breakout sessions. Submissions on the topic of ‘Advances in Cardiovascular Prevention and Rehabilitation’ will be particularly welcome.

Abstracts should:
• Be submitted by email to bacpr@bcs.com. Please send as a .doc attachment
• Be no more than 250 words in length
• Be in word format using 12 point size Arial font
• Have a title in capital letters, and the organization involved
• The name(s) of the author(s) must be preceded by initials only
• Omit titles and degrees and underline only the main presenter
• Add full postal address and email address of the main presenter at the end

Please indicate your preferred form of presentation; oral or poster. The best abstracts accepted as a poster will be invited to present their poster in a moderated session. There will be prize plaques for best abstract accepted for oral presentation and for best moderated poster.

If you have not received an email confirmation of receipt from the BACPR co-ordinator within 10 working days of submission, please re-submit abstract or call 0207 380 1919.

Conference registration is mandatory for any format of presentation.
“Promoting excellence in cardiovascular disease prevention and rehabilitation”

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