

SUMMER 2016

The Magazine from the British Association for Cardiovascular Prevention and Rehabilitation

BACPR Connect

In this Issue

Research forum

New council members

Piloting of dietetic competences



TRAVEL AWARDS

Make your dream come true! Where could this award take you? See p3 Applications by 31 August 2016

Applying evidence to practice

BACPR Annual conference 2016 in collaboration with the
All Wales Cardiac Rehabilitation and Heart Failure Working Group

More news inside..... Validation of the Mediterranean diet score HIIT or MISS UK
EPG Spring study day report NACR update OT networking day Health Trainers





Message from the Editor

Katherine Paterson, Editor

Welcome to our summer edition of BACPR CONNECT.

In this issue we are delighted to hear from our council member and Occupational Therapist (OT), Sarah Quinlan about the recent successful OT networking day for OTs in cardiac rehabilitation, (p8). More network days to follow. On the research front, soon we are to launch a research network (p16). We hear from Gordon McGregor about the exciting beginnings of the multicentre trial comparing high intensity interval state training and moderate intensity steady state training in UK Cardiac Rehabilitation -HIIT or MISS UK!. Alison Mead, new on council calls for centres to take part in validating the Mediterranean diet score in the UK (p13). In addition, dietitians working in cardiac prevention and rehabilitation are needed to pilot the latest competency document. Please do join me and others in helping to make these projects happen.

Health Trainers are the subject of Alison Illif's comprehensive article on p8. If you are fortunate to have Health Trainers working in your area, Alison, a public health specialist and new to council, shares here how this group may complement the role of the cardiac rehabilitation team in helping people change.

We also have a full house of updates from all four countries including news on cross border primary PCI in Ireland, the launch of the latest CVD Primary Care intelligence packs in England and a multimorbidity rehabilitation pilot north of the border (p10).

That's all for now from me except to say a special thanks to Sally Hinton and Valerie Collins for their input into Connect.

Wishing you all highly informative read!

If you would like to write a piece to be considered for the next BACPR CONNECT, please submit copy for the attention of the Connect editor to bacpr@bcs.com by 30 October 2016.

Contents

Message from the Editor	2
Message from the President	2
Membership Update	3
BACPR/NACR National Certification Programme	3
BACPR Annual Conference 2016	4
BHF Update	5
NACR Update	6
BACPR Exercise Instructor Network Update	6
BACPR Exercise Professionals Group Update	7
Informing Your Practice	8
Cardiac rehabilitation research in the UK	9
News from the Regions	10
ICCPR update received	12
New Council Members	12
BACPR Education and Training	14-15
Diary Dates	16



Message from the President

Dr Joe Mills, President

It's time to kick-back, relax and take a few minutes out of your hectic lives to enjoy Summer CONNECT 2016! Like me, you probably wonder where the last six

months disappeared to, and yet the longest day will have come and gone, and soon we'll be on the "down-slope" to Christmas. OK, well maybe that's a bit premature but it's definitely a good time to reflect upon the events of 2016 so far and take a brief look ahead to the remainder of the year. The March council meeting was extended so that we could incorporate a strategy day - an opportunity for our many new council members to really get to grips with how the Association functions but also a chance for all of us on council to review our past successes, consider our strengths / weaknesses, and to develop a cohesive strategy for the Association for the coming three years. The aim was to distil all of our ideas and aspirations in to a document which accurately reflects the purpose of the Association and its future objectives, with some details regarding just how these might be achieved. The energy generated during the day-long session was enough to power a small city and proved (if any were needed) just what a talented group of people they are and that their ambition for BACPR is unsurpassed. The strategic plan is still very much in draft form, but I'd like to share with you just a few of the agreed themes:

- Developing our public, professional & political profile
- Enhancing our educational offer (in terms of content) and widening its reach (in terms of relevance)
- Focusing on our membership through social media and better accessibility to BACPR resources and personnel
- Championing certification and national quality assurance initiatives
- Supporting and facilitating research

This is not an exhaustive list and there is considerable detail to follow, but I hope you'd agree that whilst you are reading through this issue of CONNECT, there is much that is already underway that supports these strategic elements. Whilst on the subject of "strategy", the British Heart Foundation has also recently gone through a process of internal review and has made some important changes to the directions in which its charitable funds will flow. Support for CVD prevention will continue and this is welcome given the recent NHSE appointment of Dr Matt Kearney as National Clinical Director for CVD Prevention. A higher profile for risk factor identification & treatment is much needed, but efforts must be co-ordinated between primary care, secondary care and public health. Interestingly, this is also a key priority for the BHF - that of facilitator. The opportunities for healthcare professionals to meet, interact and formulate guidance are becoming ever more scarce and yet we all know that communication and partnership are key ingredients for effective healthcare delivery. The BHF can and will play a vital role in securing such meetings at local and regional levels. Another focus point for BHF is its support for our national audit (NACR), through which we are able to deliver a programme of certification. The emphasis on quality assurance has never been so acute, from individual clinicians reporting their own complication rates, right through to the rigorous "stress-testing" of entire organisations by the Care Quality Commission. Local commissioning groups are mandated to ensure that their commissioned services are conforming to accepted national standards or quality markers (if these exist) and therefore I would urge all CR programmes to consider applying for BACPR Certification. Even if unsuccessful, the process and final reports are designed to

provide a clear narrative which can then be conveyed to senior managers/commissioners so that appropriate investment can be made, leading to attainment of those required minimum standards. Please contact me directly or BACPR via any of our comms channels if you require more information about the certification scheme.

Finally, and in keeping with another of the BHF's priority areas - supporting the translation of quality research findings in to clinical practice - I'd like to thank Aynsley and the organising committee for all their hard work in putting this year's annual conference together. The theme is "applying evidence to practice" and it will be held at the Hilton hotel in Cardiff on October 6th - 7th, in collaboration with the All Wales Cardiac Rehabilitation and Heart

Failure Working Group. The line-up of speakers and range of presentations looks superb and I have no doubt that the event will be the ICE-ing (Inspirational Celebrational Educational) on the cake after a wonderful first 12 months for me as BACPR President.

I'm so grateful to Kath for all her skill and determination in putting this issue of CONNECT together and to everyone who has contributed. I feel very fortunate to be part of such an exceptional team and vibrant Association. Enjoy the summer-time and get ready for a Welsh October - see you in Cardiff!!

Joseph.mills@lhch.nhs.uk
Mobile: 07967 371869

MEMBERSHIP UPDATE



However long you have been working in the field of Cardiovascular Prevention and Rehabilitation there is always much to learn. New research is published all of the time, new guidance, new medications, new treatments. We are all constantly refining to improve the quality of services that we provide.

Of course you don't have to go all the way to South Africa to learn something new. BACPR Council are kept on our toes back in the UK answering your queries; opening up so many areas for discussion and great ideas! Members' queries highlight new and exciting areas of work and also existing practices to update. We try to keep track and wherever possible respond as an organisation to the emerging themes.

There's always so much to learn from each other on our Members' Forum and increasingly through the 'hot off the press' posts on @BACPR Twitter Account and the BACPR EIN Face Book page. Not forgetting EPG Study Day and Conference. As well as the fantastic formal presentations, there is so much to learn from meeting each other, discussing practice and sharing ideas and I've not even started on our impressive range of courses, online learning and study days!

And...if you do fancy going international with your learning, the Travel Awards are open for applications until 31st August each year. In case you need inspiration, check out diary dates on the back page and also we are planning to publish the dates of international conferences on our website. In addition, I am always delighted to talk to members about their fledging ideas for an application. We can't wait to hear all about Lindsay's trip - where could your learning take you?

Louise Jopling

Honorary Secretary / Chair of Membership & Communications
bacprsecretary@bacpr.com



BACPR/NACR National Certification Programme

The National Certification Programme is a joint enterprise between BACPR and the National Audit of Cardiac Rehabilitation, which aims to support programmes to demonstrate that they meet minimum standards of cardiac rehabilitation service. Currently we have 14 programmes that have met the minimum standards for certification, with more applications in the process of being assessed. The list of BACPR/NACR Certified programmes is available at www.bacpr.com

Normally Certification costs £400, which is needed to meet administrative costs, HOWEVER, there is still time to apply for

certification at the reduced price of £200, but you will need to HURRY as there are only a few reductions still available.

A copy of the latest Guidance on applying for BACPR/NACR Certification is available from education@bacpr.com This will guide you through the steps in the certification process, and includes the minimum standards for certification.

Congratulations to those programmes who have gained certification and we look forward to celebrating with more programmes as they achieve the standards required by the BACPR/NACR National Certification Programme.

BACPR Annual Conference 2016

in collaboration with the All Wales Cardiac Rehabilitation and Heart Failure Working Group

“Applying Evidence to Practice”

Thursday 6th & Friday 7th October 2016,
The Hilton Hotel, Cardiff



Your 2016 conference will include:

Prof. Huon Gray:	An Overview of National CVD Priorities
Prof. Sanjay Sharma:	Assessing and Managing the Health of the Young Athletic Heart that is Predisposed to Myo-neural Dysfunction
Dr Jacky Austin MBE:	Game Changing - Using Research in Clinical Practice to Improve Patient Care
Dr Nick Ossei-Gerning:	Save your Sex Life, Save your Heart
Dr Patrick Donnelly:	The Emerging Role of Cardiac CT in Risk Stratification and Prevention
Dr Louise Goff:	New Developments in Dietary Management of Diabetes
Dr Will Man and Prof. Rod Taylor:	DEBATE - Generic versus Specialist Rehabilitation for Chronic Heart Failure
Michele Gray:	Psychology in Health Behaviour Change and Weight Management
Alex Gigg & Maria Davies:	The Role of the Occupational Therapist in Cardiac Rehabilitation
Updates:	BHF, NACR, Scottish Government CR Champion
Workshops:	Relaxation and CBT, Prescribing - Achieving '5 a Day' Post-MI
Prizes:	'Best Oral Abstract', 'Best Moderated Poster', 'New Scientific Investigator'
Gala Dinner and Disco	
Early morning pre-conference run / walk	

Registration is now open!

For full details on all delegate rates, online registration and accommodation bookings, go to www.bacpr.com

Delegate Rates

Categories	BACPR Member	Non-Member Includes BACPR membership
Combined Package* (includes dinner)	£250	£330
Thursday 1 October only	£130	£170
Friday 2 October only	£130	£170
Drinks reception, dinner and entertainment	£45	

*The combined package includes Thursday presentations, Thursday dinner, drinks reception, entertainment and Friday presentation. Accommodation is not included in these fees. Discounted rates available for poster presenters – see website for details.

BHF Update



Untapped Potential: Bringing the voluntary sector's strengths to health and social care transformation

The BHF is part of the Richmond Group of Charities, a coalition of 12 of the leading health and social care organisations in the voluntary sector. We work together as a collective voice to better influence health and social care policy and practice, with the aim of improving the care and support for the 15 million people living with long term conditions we represent. We aim to champion the cause of improved outcomes and the more efficient use of health and social care resources through the application of evidence-based person-centered care.

The group recently seized the opportunity of the Five Year Forward View to articulate that the Voluntary and Community Sector's (VCS) contribution to health and social care system transformation is yet to be fully tapped at pace and scale. The Group recently commissioned an independent research agency to assess the quality of the evidence of how we have demonstrated new models of care that have enhanced patient outcomes and also, in many cases, reducing costs to the NHS by the more efficient use of its resources. The final report called 'Untapped Potential' describes the variety of approaches that the VCS bring to the system.

The Approach



The report and the related website <https://richmondgroupofcharities.org.uk/untapped-potential> include links to BHF's Integrated Care, IV Diuretics, Familial Hypercholesterolaemia and Arrhythmia Care Coordinator projects to support those commissioning, planning and delivering care for patients at risk of or affected by cardiovascular disease.

Additional BHF best practice resources to support health professionals can be found on the BHF website: www.bhf.org.uk/healthcare-professionals/best-practice

Continued Professional Development

As part of our drive to empower and equip Health Care Professionals with knowledge of the best practice of CVD management, we have become a member of the CPD accreditation service. We are now developing resources that are CPD certified, allowing you as part of our community of healthcare professionals to benefit and develop your own professional portfolio.

Further information

Interested in setting up or integrating your own community based service? With quick check lists and easy to follow step-by-steps our online www.bhf.org.uk/healthcare-professionals/business-case-toolkit resource could help you make your case.

If you have any queries or would like to know more about any of our evaluated programmes please contact bhfi@bhf.org.uk

BHF Alliance

The BHF Alliance is a free membership scheme which provides learning and development opportunities for healthcare professionals who work with people affected by, or at risk of, cardiovascular disease.

Sign up today: bhf.org.uk/alliance



Save £££s on registration: Join the BHF Alliance at www.bhf.org.uk/alliance to access an annual learning and development grant allowance

Paul Smith, as he finished as the BHF Regional Development Manager for Wales & NI shared the following to BACPR members. Although a little dated it is still highly relevant and a great deal of work went into developing it.

'Scoping exercise to identify areas for research, evaluation and audit in relation to the practice and delivery of cardiac rehabilitation' (December 2011)

Commissioned by South Wales Cardiac Network and undertaken by the College of Human and Health Sciences at Swansea University, this report outlines a scoping review which led to the prioritisation of 6 areas of future research in Cardiac Rehabilitation. The report includes draft research proposals which will be of particular interest and use to Cardiac Rehabilitation professionals who might be considering undertaking MSc research or PhD.

The full report can be downloaded here:

<http://www.wales.nhs.uk/sitesplus/documents/986/Scoping%20exercise%20to%20identify%20areas%20for%20research%2C%20evaluation%20and%20audit%20in%20relation%20to%20the%20practice%20and%20delivery%20of%20cardiac%20rehabilitation%20-%20Final%20Report%20-%202011.pdf>

For further information please contact South Wales Cardiac Network: swcn@wales.nhs.uk

UPDATE FROM THE BRITISH HEART FOUNDATION'S NACR



Annual Report:

Work is progressing well on this year's NACR Annual Report due out later in the year. In last year's report we reported some measures in the Supplements at named local level for the first time (and the rest at local level, but anonymised). We are increasingly under pressure to report openly by programme for all data, and therefore this year, all the supplements will report at a named programme level.

If you haven't yet returned or verified your figures or provided figures (non-NACR users) for the survey, we encourage you to do this as soon as possible. We need to have all data confirmed and finalised by the end of June, at the latest, in order to meet the report deadlines for this year.

BACPR Certification:

It's been good to see a steady stream of programmes requesting their BACPR/NACR Certification report from the data held on the NACR database. We sent out emails to some programmes recently, who were performing well and who may want to look at applying. The Standards the certification is based on are due to change in June, so if you would like to apply before then, with the current standards, please contact the NACR team to ask for a data report.

SystemOne:

The project to enable SystemOne users to start uploading data to NACR is moving forward, following a meeting in York on 16th March between the NACR team, and clinicians and SystemOne

specialists from a number of programmes across the country. We're currently working on developing some questionnaires that we hope will collect the NACR data, and enable it to be exported from SystemOne in a suitable format to upload to NACR, and are looking to test/trial this within the next couple of months.

Register Pages:

All primary contacts for rehab programmes should have received an email in February regarding updating, or completing, their programmes' page on the online register (www.cardiac-rehabilitation.net). This was after a meeting and project with the Cardiovascular Care Partnership UK (CCPUK) asking what would make the register more useful for patients and their carers – it was suggested that more information on the programme, what it entails, how it's run, what to expect etc would be really helpful. If you haven't updated or completed your page, please contact Nerina (nerina.onion@york.ac.uk) for your login details.

Clinical Indicators:

The NACR is now used by NHS England to collect two key clinical indicators (i.e. number referred and number completing CR) which will be reported by CCG in 2017. The other important news is that the Department of Health and NHS England has selected cardiac rehab as a pilot for a Best Practice Tariff which is being tested later this year. This is driven by NICE Quality Standard 99 (QS99) which comes off the back of the most recent NICE guidance (CG172).

Nerina Onion

YOUR BACPR EXERCISE INSTRUCTOR NETWORK NEEDS YOU!



What is the BACPR Exercise Instructor Network?

The Exercise Instructor Network (EIN) which was first established in 2002, has now become a formal subgroup of the BACPR, to support graduates from the BACPR Exercise Instructor Qualification. The EIN group is led by a committee of dedicated BACPR qualified Exercise Instructors. Members of the EIN committee also contribute to the BACPR Exercise Instructor training steering committee and BACPR Exercise Professional Group.

What are the aims of the BACPR Exercise Instructor Network?

The aims of the EIN are as follows:

- Support new and existing BACPR exercise instructors
- Provide networking opportunities at study days and conferences
- Act as a resource for information
- Provide updates to members
- Facilitate affordable workshops for continual professional development. Contribute to the development of educational opportunities and a framework of competences for exercise specialists working within cardiovascular disease prevention and rehabilitation



BACPR Exercise Instructor Network Elections

The BACPR Exercise Instructor Network is looking for members to get involved with the committee to ensure the good work continues, whilst ensuring that Exercise Instructors continue to have a voice within the BACPR.

A great opportunity exists to take a leadership role within your profession, to get involved in national initiatives and be at the forefront of CR developments.

A number of positions are currently available on the committee and we are appealing to those who feel they can make a difference to the progression of the group to put themselves forward.

The following position is available: Secretary/ Communications

For specific information re the roles and responsibilities of the position (i.e. what would be expected of you) and nomination forms go to www.bacpr.com

Please note... The nomination forms ask you for a few lines detailing why you feel you are suited to the position.

The elections are now open and nominations will be received until the Friday the 5th of August.

All nomination forms to be returned to bacprsecretary@bcs.com or by post to head office.



BACPR Exercise Professionals Group Spring Study Day Report

Friday 13th May 2016, Aston University

Yet another packed out room at the Aston Conference centre was treated to a thought provoking and high quality array of presentations from a range of national and international speakers.

The plan for this year's study was nice and simple... interesting topics (Diabetes, maintaining muscle mass, assessing fitness, High Intensity Interval Training, and sports cardiology) quality speakers and practical take home messages.

The assembled array of highly acclaimed speakers ticked all those boxes!

Following an opening address from Brian Begg, the Chair of the BACPR Exercise Professional Group, the day kicked off with our keynote speaker Dr Andre La Gerche. Dr La Gerche is head of sports cardiology at the Baker IDI Heart and Diabetes Institute Melbourne and a cardiologist at the Alfred Hospital and St Vincents Hospital Melbourne. His knowledge and enthusiasm for exercise related research bounced from the podium and got the day off to a great start by discussing the factors in diabetes that may contribute to reduced exercise tolerance and heart failure, taking a perspective that included peripheral and vascular factors as well as myocardial changes. The bar was set high for those that followed!

Fortunately the other speakers were up to the job and fantastic talk after fantastic talk followed. Dr Richard Bracken (Swansea University) gave a very insightful talk packed with very practical take home messages regarding the importance of encouraging everyday activity with Type 1 and Type 2 diabetes. Following a quick coffee break, Dr Brendan Egan shared with us the importance of maintaining muscle mass across the lifespan. Dr Egan's talk discussed how the loss of muscle mass and function as we age, known as sarcopenia, is a major threat to the health and independence of older adults. He explored how this loss of muscle mass is observed in a range of chronic diseases including to name a few Cancer, COPD, PAD and Heart Failure and went on to discuss how important resistance training and good nutrition is in increasing strength and muscle mass. It was evident from Dr Egan's talk that 'resistance training' should play a part in every cardiac rehab programme.

The morning session was completed by Professor John Buckley who looked at practical ways to assess aerobic fitness progress within your exercise classes. As always, Professor Buckley gave a superb talk that explained clearly what we should all be aiming for with regard assessing aerobic fitness (Gold Medal) compared to what would be expected as a bare minimum (Bronze Medal). His



Brian Begg, Dr Brendan Egan,
Dr Andre La Gerche, Joseph Mills

talk was full of very practical tips and advice that went down well with the audience!

Following a couple of high standard poster presentations by Neil Lockyer and Tim Grove respectively (both from Imperial College NHS Trust), the 'HIIT's kept on coming with a very topical presentation looking at High Intensity Interval Training in cardiac rehab. The question was posed... Should we or shouldn't we? Dr Gordon McGregor, presented the evidence at hand, discussed the limitations with current

research and announced plans regarding the multicentre HIIT or MISS UK trial (@HIITorMISSUK) which will look pragmatically at high intensity interval training v Moderate Intensity Steady State training in real life cardiac rehab programmes in the UK (see also p9). Alison Welsh and Steffan Birkett then followed up with some excellent examples of HIIT studies that have already taken place within the UK. As was expected, plenty of questions followed this presentation and thought provoking discussions were had! And will continue to be had for the foreseeable future!!

The study day finished as it started with another quality presentation from our keynote speaker. Dr Andre La Gerche enthralled the crowd with a talk regarding the physiology underpinning athletic heart remodelling and how this may explain the athlete's predisposition to arrhythmias. The physiological limitations of exercise performance in athletes were compared with that of heart failure patients using novel exercise imaging techniques. Very interesting!

I tend to judge study days by asking myself two questions....

'Was I bored at any stage in the day?' and 'How quickly did the day go?' and I can honestly say that from a personal point of view, from start to finish, every speaker kept me hooked and the day absolutely flew! I'm confident that I am not alone in thinking this.

I left Aston University with a renewed enthusiasm for Cardiac Rehabilitation, with plenty of new ideas, thoughts and confidence to improve the quality of the services I'm involved with. I'm sure once again, that I'm not alone!

For more information on the above, presentation slides from all the speakers are available on the members area of the BACPR website.

Please let me know if there are any topics or themes you feel would fit the bill for BACPR EPG Study Day 2017.

Brian Begg, Chair EPG

Informing Your Practice

OT Networking Day

A networking day for Occupational Therapists working in Cardiac Rehabilitation was held on Monday 25th April hosted by the College of Occupational Therapy (www.cot.co.uk) in London. The aim of the day was to provide Occupational Therapists working in this setting an opportunity to identify the scope of their role and reflect on their practice; specifically in areas such as assessments and outcome measures.

Sally Hinton, BACPR Executive Director, attended the day and delivered a presentation on the role of BACPR, specifically highlighting the organisation's dedication to providing membership services to the whole cardiac rehabilitation multi-disciplinary team. Sally was also able to participate in group discussions and gain an even greater understanding of the needs of occupational therapists working in cardiac rehabilitation.

The day was a great success with over 20 Occupational Therapists from England, Scotland, and Wales attending and sharing information. A presentation was delivered by Rachel Davies and Alex Gigg from the All Wales Heart Failure Occupational Therapy Networking group; outlining the purpose of their group and sharing their standardised occupational therapy assessment form. This prompted lively discussion surrounding the use of occupational therapy specific outcome measures in the cardiac rehabilitation setting.

Most importantly the networking event brought together motivated and enthusiastic occupational therapists who are passionate about the value of their work and keen to develop stronger links between occupational therapists working in cardiac rehabilitation across the UK.

The next steps are to try and identify exactly which cardiac rehabilitation programmes have an Occupational Therapist as a member of their multi-disciplinary team. From there we hope to set up regional networking groups and, in time, develop a specialist clinical forum with the College of Occupational Therapy. So, please do get in touch with BACPR or COT if you are an occupational therapist and would like to be involved in future networks.

Sarah Quinlan

BACPR Ordinary Council Member
Occupational Therapist

How Health Trainers can support cardiac rehabilitation patients

The role of the health trainer was first described in the 2004 white paper *Choosing Health*. Health trainers

- engage with and support people to make healthy lifestyle choices in the context of their own lives and communities.
- raise awareness of the benefits of good health and to give practical support to help people improve their knowledge, skills and confidence in improving their lifestyles.
- focus on seldom heard communities that tend, on average, to have a poorer level of health.

The health trainer role was part of a shift in public health practice, signalling an approach where the patient – or client – is an active partner in decision making about their health and empowered to follow healthy behaviours as opposed to being a passive recipient. The aim was that health trainers were drawn from the local community in which they were working, so the clients felt they were working with and being supported by a peer, by somebody who truly understood the experiences and challenges they were facing.

Over a number of one-to-one sessions and using motivational interviewing skills health trainers provide client-led support to change behaviour around, for example, physical activity, healthy eating, smoking and alcohol use. Clients set a personal action plan in conjunction with the health trainer, who will support them to monitor progress against agreed goals.

Health trainers are, therefore, ideally placed to work with cardiac rehabilitation teams in supporting the health behaviour change and education and lifestyle risk factor management core components. Just as with specialist behaviour change services (e.g. for smoking cessation or weight management), the health trainers could not replace the expertise of the cardiac rehab team, but can work alongside them with clients who are motivated to change behaviour but who need additional support, either during the core cardiac rehab programme or after it has been completed.

In April 2013 the Health and Social Care Act transferred responsibility for public health and, therefore, the commissioning of health trainer services, to local authorities. This has resulted in a period of transition for many health trainer services, with some services taking on more clinical responsibility (RSPH, 2015), others focusing more specifically on the wider determinants of health and community development. Not all areas currently have active health trainer services.

The way services have diversified over the past three years mean the first action for cardiac rehab teams is to make contact with their local health trainer service to establish how they work with clients and how the services can best work together. Next steps would be to agree at what stage the health trainers engage with cardiac rehab patients, what elements of the core components the service can support, and to establish robust referral pathways. Whilst health trainers will all have completed a wide range of training related to their behaviour change role, services may benefit from additional training on patients with cardiac conditions, either through a formal educational opportunity or through shadowing cardiac rehab team members, to enhance their understanding of the client group and the support they are able to provide.

Alison Illif

Public Health Specialist
Ordinary Council Member

References:

- Department of Health. 2004. *Choosing Health: Making healthy choices easier*. (London: TSO)
- HM Government. 2012. *Health and Social Care Act 2012*. (London: TSO)
- Royal Society for Public Health (RSPH). 2015. *Indicators of change: the adaptation of the health trainer service in England*. (London: RSPH)

Cardiac rehabilitation research in the UK

High intensity interval training versus moderate intensity steady state training in UK cardiac rehabilitation programmes (HIIT or MISS UK): a multi-centre randomised controlled trial and economic evaluation.

Current guidelines for cardiovascular rehabilitation (CR) advocate moderate intensity exercise training (MISS, moderate intensity steady state). This recommendation predates significant advances in medical therapy for coronary heart disease (CHD) and may not be the most appropriate strategy for the 'modern' patient with CHD. High intensity interval training (HIIT) appears to be a safe and effective alternative for some patients and can result in greater improvements in exercise capacity. To date, HIIT trials have predominantly been proof of concept studies confined to the laboratory setting, and conducted outside the UK. After numerous enquiries from BACPR members about the suitability of HIIT for their CR patients, a team led by Dr Gordon McGregor - University Hospital, Coventry - are soon to begin a pragmatic multi-centre randomised controlled trial comparing the effects of HIIT and MISS training in patients with CHD attending UK CR programmes. The primary objectives of the trial are:

1. To assess the effect of HIIT on functional capacity and cardiovascular health.
2. To assess the palatability of HIIT and the psychological and motivational factors associated with compliance and adherence.
3. To assess the effect of HIIT on lifestyle physical activity and HR-QoL.

4. To conduct an economic evaluation of HIIT in CR programmes in the UK.

5. To assess the safety of HIIT.

The study aims to randomise 510 patients with CHD to 8 weeks of twice weekly HIIT or MISS training at three CR programmes in the UK – Coventry, Hull and Caerphilly. HIIT will be performed on a cycle ergometer and consist of 10 high intensity (85-90% peak power output (PPO) from cardiopulmonary exercise test) and 10 low intensity (20-25% PPO) intervals, each lasting 1 minute. MISS training will follow usual care recommendations, adhering to currently accepted UK guidelines (i.e. progressing to >20 mins continuous exercise at 40-70% heart rate reserve). Participants in both groups will warm-up, cool down and complete muscular strength and endurance training as per current guidelines. Outcome measures will be conducted at baseline, 8 weeks and 12 months. The primary outcome for the trial will be change in peak oxygen uptake (VO₂ peak) as determined by maximal cardiopulmonary exercise testing. Recruitment will commence in July 2016 and the final follow-up assessments are expected to be complete by March 2019. Collaborators are Cardiff Metropolitan University, University of Hull, University of Warwick, Bangor University and Atrium Health, Coventry.



Gordon McGregor at the recent EPG study day

For more information contact: Gordon.
mcmgregor@uhcw.nhs.uk

Follow the progress of the study on twitter: @HIITorMISSUK

ClinicalTrials.gov Identifier: NCT02784873

Gordon McGregor
BACPR Ordinary council member

BACPR Discussion Forum

Questions posted by members are answered by the wide range of clinical/exercise expertise available amongst council members. Members are also encouraged to visit the forum to begin discussions between themselves and this has proved very positive. Recent discussions have focussed on such topics as exercising patients with congenital heart disease, heart failure, CRT-D and resistance training, non-medical prescribers in cardiac rehabilitation and the evidence for cardiac rehabilitation in patients post cardiac valve surgery. The Nurses Forum is now a well-established thread within these discussions. The Forum has proven to be an invaluable resource for all professions and is hoped that it will continue to provide essential advice and support to all members.

Alana Laverty



News from the regions

Northern Ireland

The two centre model approach for primary PCI (pPCI) services across Northern Ireland (NI) as recommended in The NI Programme for Government, 2011 – 2015 continues to be a success. The centre in Altnagelvin Hospital in Derry / Londonderry has just commenced a cross border pPCI service with the Republic of Ireland on 4 May 2016. This has been led by Dr Albert McNeill, Lead Cardiologist, Altnagelvin Hospital in conjunction with his Saolta University Health Care Group colleague Dr Jim Growley. The arrangement has been supported with the co-signing of a comprehensive cross border Service Level Agreement by Western Trust Chief Executive, Elaine Way and Saolta University Health Care Group Chief Executive, Maurice Power.

The first-of-its-kind cross border service is the result of a review of Cardiology Services in the North West area, completed in 2013 and chaired by Dr Colm Henry. The service will treat approximately 50-60 Donegal patients each year who suffer a suspected ST-Elevation Myocardial Infarction (STEMI). STEMI patients within 90 minutes road time, who previously would have been transported to University Hospital Galway by road or air, will now be transported the shorter distance to Altnagelvin Hospital for emergency treatment. Furthermore, a Consultant Interventional Cardiologist employed by the Saolta Group, has been appointed to Letterkenny University Hospital, County Donegal and will contribute to the delivery of the PPCI service from Altnagelvin, participating in the on-call rota.

The NI Service Framework for Cardiovascular Health and Wellbeing originally launched in 2009 and reviewed & updated for April 2014 – March 2017 (<http://www.dhsspsni.gov.uk/>) is to encourage improvements in quality of care for people. The Framework contains 42 standards with each standard being supported by levels of performance to be achieved over 3 years. The key performance indicator (KPIs) results for cardiac rehabilitation were not reflective of what was actually happening in cardiac rehabilitation in NI. Therefore, the KPIs have been redrafted to reflect information being collected nationally by NACR and with cardiac rehabilitation requirements to meet certification by the BACPR. This

process is on-going.

Issues with data shared with external organisations as part of the contribution to national audit has recently come to light in NI following a meeting with the Deputy Chief Medical Officer, Dr Paddy Woods and Trust medical directors. The data sharing was strongly supported by all but it was emphasised that the data must be processed in a manner consistent with data protection and fulfilling the common law duty of confidentiality. It was agreed that transmission of data would cease pending resolution of these issues.

NI, at present, does not have the equivalent of the Health and Social Care Act Section 251 statutory powers for setting aside the common law duty of confidentiality and is therefore required to act within the common law. The means for achieving this is either to obtain patient consent or to pseudonymise the data at service provider level. New legislation should help with these issues but implementation is not expected before late 2017.

The NACR Team, University of York, HSC Information Centre and Professor Roy McClelland, Chair of the Privacy Advisory Committee (PAC) in Northern Ireland have held a teleconference and are hopeful that a resolution is achievable. Various options are presently being explored. Meantime, an excel spread sheet for data collection has been designed by the NACR team and the cardiac rehabilitation teams in NI are entering their data onto this. When the issue is resolved, the data can be uploaded to NACR.

Alana Laverty

Wales

The Heart Disease Delivery Plan (HDDP) is highlighting cardiac rehabilitation (CR) as high priority for 2016 – 2017. As a result of this plan money has been attained for CR improvement in North Wales. In West an OT will be employed, an exercise professional in Central and a CR support worker in East.

Jackie Austin, Lead Nurse for South Wales Cardiac Network, on behalf of the All Wales Cardiac Rehabilitation and Heart Failure Group, conducted a CR Review for Wales 2014 – 2015. The final document is about to be made available. Recommendations from this document are very much about Wales CR programmes



reporting progress towards meeting the BACPR standards and core components. The recommendations are likely to say that all programmes agree to improve uptake of individuals receiving first assessment by $\geq 20\%$ by 2017 and to achieving both CR assessments. In principle, the HDDP Implementation Group has agreed that all CR teams should pursue BACPR certification process - something that this review promotes.

Jacqui Cliff

England

This has been another challenging year in terms of service demands and the unprecedented junior doctors strike. While not impacting directly on many rehab services the knock on effects are being felt.

Over recent years the Strategic Clinical Networks (SCN) have been involved in service improvement for cardiac rehabilitation bringing together providers and commissioners to achieve better outcomes. After a lengthy review, from 1st April 2016 there have been changes to the Strategic Clinical Network (SCN) and Senates, based on recommendation from the earlier Smith review on streamlining the improvement architecture and the NHS England business plan 2016/17¹.

SCN's have now been streamlined and restructured, renamed Clinical Networks with new priorities and a much reduced budget. These networks are expected to be closely integrated with, and directly support, the national priorities, as well as meeting and responding to local needs. Work plans are to be aligned to support the delivery of the NHS National Clinical priorities.

These priorities areas include: Cancer, Mental health, Diabetes, Maternity and Urgent and Emergency care (with a focus on cardiovascular disease transformation/reconfiguration).

Heart disease has a much smaller role in the work going forward. The CV emphasis is on acute care and seven day service only. The Clinical Networks will evolve with time but are unlikely to be able to support the cardiac clinical network to the same level as they have in the past. Local engagement and past success is key to achieving the high level aims of supporting the delivery of Sustainability and Transformation Plans. We need to build on the good work and relationships already achieved.

The second edition of the CVD Primary Care Intelligence Packs² has just been launched by the National Cardiovascular Intelligence Network (NCVIN). Dr Matt Kearney, National Clinical Director for Cardiovascular Disease Prevention has described this is a major resource that will help CCGs and practices drive improved outcomes in cardiovascular disease by identifying key gaps and opportunities in primary care³. The CVD Primary Care Intelligence Packs are available for every CCG in England and show how well we are doing and where the opportunities for improvement lie in high risk cardiovascular conditions. The Packs have been developed by the NCVIN with support from 30 GPs, nurses and pharmacists in the Primary Care CVD Leadership Forum, using QOF and other data to show detection and management rates, comparing the CCG with demographically similar CCGs, and comparing neighbouring practices with each other.

The pack focuses on variation in care and outcomes. It recognises that some variation may have legitimate explanations such as population differences, but also that much variation cannot be explained in that way. For each indicator in the Intelligence Pack, the magnitude of variation between CCGs and between practices is identified, and calculations are made to show how many more individuals with high risk conditions in the CCG would be detected and effectively managed if all practices performed as well as the top 25%. Some of these numbers are surprisingly high and show just how great an opportunity most CCGs have to improve outcomes in CVD by focusing on primary care. Have a look at those for your area, interesting reading for both primary and secondary prevention.

References:

- ¹ NHS England Business Plan 2016/17. Available at: www.england.nhs.uk/wp-content/uploads/2016/03/bus-plan-16.pdf accessed May 2016
- ² Public Health England (2016). CVD Primary Care Intelligence packs www.yhpho.org.uk/ncvinintellpacks/ accessed May 2016
- ³ NHS England (2016). New Intelligence Packs offer early prevention opportunities www.england.nhs.uk/2016/04/matt-kearney-6/ accessed May 2016

Jo Hayward

Scotland

Scottish Government Cardiac Rehabilitation Champion – Year 2 Update

In her second year within this role, France Divers has been given further funding to take forward three priority areas that were identified from the scoping of cardiac rehabilitation services across Scotland in 2015:

Assessment tool

Building on previous work carried out by Dr. Iain Todd, an assessment tool is being developed for use within the assessment process of patients referred for cardiac rehabilitation. Working in collaboration with Edinburgh University, Dr. Todd and Frances Divers are developing the tool into an interactive PDP with the ultimate aim of further development that could be utilised into individual local management systems. This aim is that the PDF will be piloted in four health boards in Scotland and the results will be evaluated with the hope of rolling out to all other health boards in Scotland.

Psychology training

The main aim of this work is to ensure that across Scotland all core staff attached to cardiac rehabilitation have access and will undertake level one and two psychology training.

Outcome measure

It is anticipated that a new patient-reported outcome measure for cardiac rehabilitation (see below) developed within NHS Ayrshire & Arran will be ready for wider consultation and trial at the same time as the interactive PDF therefore will be piloted at the same time within the four identified health boards.

Healthy and Active Rehabilitation Programme – Piloting Multi-morbidity Rehabilitation in Ayrshire

Across Ayrshire, a multi-agency team, involving a wide range of stakeholders and service users, has been collaboratively working to develop and test a new model

of rehabilitation for people living with multiple conditions. Providing a more unified approach to rehabilitation for those with cardiac or pulmonary conditions, diagnosed with cancer or stroke, or at risk of falls, the team have produced an innovative 4-tier model with a focus on supported self-management:

Tier 4 – Specialist evidence-based condition-specific rehabilitation

Tier 3 – A new approach to rehabilitation for individuals with multiple conditions who are struggling to self-manage

Tier 2 – Activities and classes provided by local leisure staff with specialist knowledge, qualifications and skills

Tier 1 – Access to third sector community and voluntary groups

The project has targeted rural and deprived communities, and since its launch in autumn 2015, more than 200 additional referrals have been received into Tiers 3 and 4, and over 500 individuals have received care within Tier 2. Data on the project will be available this summer and Dr Janet McKay (Consultant Nurse, NHS Ayrshire & Arran) will provide an overview of the work at this year's BACPR Annual Conference in October.

Development of a Patient-Reported Outcome Measure

Within NHS Ayrshire & Arran, Dr Janet McKay, Emma Kerr (Assistant Psychologist, Cardiac) and I have been undertaking a Scottish Government funded project which aims to use a patient/staff-centred approach to develop a new PROM accurately depicting the health status of individuals attending a cardiac rehabilitation programme.

In focus groups and semi-structured interviews we have been collecting qualitative data from cardiology staff and service users which we will use to help us decide upon key concepts to be included within the tool. Discussion topics were derived from a literature review and have been based around the following topics:

- Perception of the term 'quality of life'
- Impact of a heart condition upon:
 - physical and social aspects of quality of life
 - psychological well-being
- Other effects of a heart condition upon health and life quality

A first draft of the tool (PROM-CR1) will be ready for piloting later this year.

Aynsley Cowie

ICCPR update

The ICCPR continues to grow its membership now with 27 Societies representing Prevention and Rehabilitation of CVD around the globe becoming members



**International Council of
Cardiovascular Prevention
and Rehabilitation (ICCPR)**



In China with ICCPR Exec Colleagues, Aashish Contractor (Vice-Chair; India), and Sherry Grace (Secretary) & John Buckley

ICCPR led a symposium and met with Asian leaders from China, Japan and India in Beijing at the Great Wall Congress on Cardiology and Cardiovascular Disease Prevention at the end of 2015. We are now preparing

for meetings at the World Congress of Cardiology and Cardiovascular Health in Mexico in June 2016, where ICCPR will be participating at the highest level meetings with the World Heart Federation and the Global Summit

of CVD Prevention, on actions to implement the WHO 25 x 25 initiative related to cardiovascular disease.

Our most recent success is the publication of an international consensus statement on delivering cardiac rehabilitation in low resource settings, and as with all activities at ICCPR the BACPR Standards and Core Components continue to be respected as a key reference point. The article can be accessed at Heart doi:10.1136/heartjnl-2015-309209

After four years, I will be stepping down as the founding Chair of ICCPR and feel honoured and privileged to have the opportunity to serve BACPR as its International Liaison officer. Thanks to all at BACPR who have support our contributions to make the ICCPR a success.

Professor John Buckley BPE, MSc, PhD, CSci, FBASES, FHEA
Chair, International Council of Cardiovascular Prevention and Rehabilitation

www.globalcardiacrehab.com

New Council Members



Alison Iliff has worked in a range of national, regional and local roles in the health sector over the past eighteen years and in May 2016 will be joining Public Health England's health and wellbeing team in Yorkshire and the Humber. She started her career in the voluntary sector, in health education and communications roles at the National Society for Epilepsy and the Parkinson's Disease Society. She has also worked in healthcare inspection and quality assurance of public health screening programmes.

More recently Alison has worked in Public Health within the NHS, with a topic portfolio including tobacco control, Roma/EU Migrant communities, work and health, cardiovascular health and diabetes.

The Health and Social Care Act 2012 saw responsibility for public health transfer to local government and, at the same time, key performance targets for tobacco control fundamentally changed. In light of this, Alison worked with tobacco control leads across the South Yorkshire region and with the University of Sheffield to undertake a strategic review and economic modeling of tobacco control commissioning priorities for prevalence reduction.

Alison completed an MSc in Health Education and Health Promotion at King's College London and is a Fellow of the Royal Society for Public Health.

Jo Hayward is the Cardiac Rehabilitation Coordinator at the Norfolk & Norwich University Hospital. As a nurse in acute cardiology as well as rehabilitation, she has gained broad experience over 25 years. She believes quality cardiac rehabilitation is central to the long term wellbeing of our patients and should be considered an integral part of their care.

She has been involved in the local regional cardiac rehabilitation alliance for many years and feels that the experience of working across areas, with different teams and programmes has been of great benefit to evolving their service. Like many of you they are working hard to move towards certification and appreciate some of the difficulties involved in this. She loves working with our rehabilitation patients and seeing the dramatic changes they are often able to make in their lives. With all the ongoing pressures on the NHS and other services she thinks we need to ensure cardiac rehabilitation remains on the national and local health care agenda.

When not at work she enjoys walking, going to the gym and playing the saxophone, though not all at the same time!

Alison Mead has been a registered dietitian since 1996 and has specialised in cardiology since 2000. She is currently working as the programme lead for the MSc in Preventive Cardiology at the National Heart and Lung Institute. She was the dietetic coordinator for EUROACTION, a cluster RCT of a nurse led

multidisciplinary family centred preventive cardiology programme conducted in eight countries and 24 centres in Europe between 2002 and 2006. She provided dietary input into the third and fourth EUROASPIRE surveys, the British Cardiovascular Society sponsored Aspire-2-Prevent survey based in the UK; and the EUROACTION plus intensive smoking cessation with varenicline which was implemented in 4 countries including the UK.

She was part of the team that set up the MSc/PG Dip/PG Cert and short courses in Preventive Cardiology at Imperial College London where she teaches in nutrition and weight management. She leads the modules in nutrition and weight management coordinates the masters research projects. She completed her PhD on pan European cardiac prevention and rehabilitation: impact on dietary change in 2013.

She was the chairperson for the UK Heart Health and Thoracic Dietetics Specialist group of the British Dietetic Association Group. She published the updated UK guidelines for diet and secondary prevention of cardiovascular disease in 2006 and has contributed to the BACPR standards and a number of books in the field of nutrition and preventive cardiology. Alison represented the BDA for the DH & BHF cardiovascular coalition, the post MI NICE guidelines and was co-expert member of the Cardiovascular Risk NICE guidelines. She was awarded the Role of Honour from the BDA for her contribution to dietetics in 2006 and 2009.



Dear members

Since joining the council this year I have taken on the task of running two projects. I am looking for people to volunteer to take part and help contribute to making these two projects happen.

1. Piloting of the dietetic competences

We are looking for dietitians working in cardiac prevention and rehabilitation programmes to volunteer to pilot these competencies. It is thought that completion of these documents should not take too much time and they could contribute to your appraisals.

2. Validation of the mediterranean dietary score

This would involve getting approval from your R and D department and then recruiting patients to complete two anonymised dietary questionnaires. Once completed these can be returned to me and I will collate and analyse the data with a masters student at Imperial.

If you are interested in being involved please contact me asap -
a.mead02@imperial.ac.uk

Thank you

Alison Mead



Dr Hasnain (Hayes) Dalal qualified from the University of Sheffield in 1981 and is the joint Chief Investigator on the REACH-HF [Rehabilitation Enablement in Chronic Heart Failure] NIHR funded study.

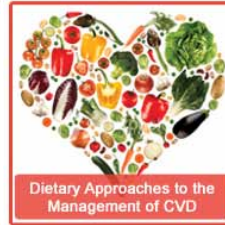
He was a GP for 30 years at the Three Spires Medical Practice in Truro and continues to work as a senior clinical researcher at the Royal Cornwall Hospitals NHS Trust.

Since 1997 he has conducted various NHS funded research projects in collaboration with patients, clinicians and academics involving heart disease and rehabilitation.

In April 2015 he was appointed honorary clinical associate professor with the University of Exeter Medical School and later in the same year he was elected as an ordinary member of BACPR council.

BACPR Education and Training

Dedicated to providing excellence in training and education in cardiovascular disease prevention and rehabilitation



BACPR is a registered Skills Active/Register of Exercise Professionals (REPs) lead training provider with all courses holding REPs CPD points. BACPR has delivered the gold standard REPs recognised UK Level 4 Cardiac Exercise Instructor qualification for over 15 years – we now have 3000+ qualified instructors. Every 3 years these qualified BACPR Exercise instructors complete an on line revalidation process. Additionally they can now submit details of their programmes to be uploaded onto the on line register of long term (Phase IV) exercise sessions along with the register of cardiac rehabilitation programmes on the following link www.cardiac-rehabilitation.net

The on line BACPR Standards and Core Components course is available to all professionals interested in exploring our specialty. Each module includes learning outcomes, interactive tasks, lecture captures and pre and post assessment to test your knowledge on the core components. Please see further details on how to register on www.bacpr.com.

The BACPR Education programme continues to be delivered by expert tutors who are specialists in the field of cardiovascular prevention and rehabilitation across the UK and Ireland. All CPD courses within the programme are approved by the British Cardiovascular Society (BCS). All course material is constantly peer reviewed and updated and maps across to the BACPR Standards and Core Components and Competencies.

Hard copies of the following BACPR publications are available now to purchase online from the Resource page on the website

- BACPR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation
- Physical Activity & Exercise in the Management of Cardiovascular Disease Resource Manual
- BACPR Reference tables for assessing , monitoring and guiding physical activity and exercise intensity
- BACPR Core Competences for the Physical Activity and Exercise Component of Cardiovascular Rehabilitation Services
- BACPR Core Competences for the Health Behaviour Change and Education Component of Cardiovascular Rehabilitation Services
- BACPR DVD: Principles of Exercise Prescription for Cardiac Patients

Look forward to seeing you at one of our events in 2016/17.

Sally Hinton
Education Director



Course Review: Monitoring Exercise Intensity (HR, RPE and METS)

Saturday 12th March 2016

As a nurse working in cardiac rehabilitation I often ask my patient what goals they want to achieve from their cardiac rehab programme and very often the reply is " To find out how much I can do" so I attended the course hoping to be more confident to help the patients achieve this.

I had already got a fair amount of experience using heart rates and rate of perceived exertion but felt I could certainly brush up my knowledge on "METS" and the course gave me a very good understanding of these and will help me put the knowledge to practical use. The handbook with the mets charts has been particularly useful.

The practical sessions really make you think more about the way we use the borg scales and although quite an intense day it was very well organised and useful.

I would recommend it to anyone who supervises exercise sessions in cardiac rehabilitation.

Kaye Macken, Cardiac rehabilitation nurse, Royal Derby Hospital.

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.

- 2nd/3rd July 2016, Manchester
- 16th /17th September 2016, Cambridge
- 21st/22nd October 2016, University College London Hospital

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, ICDs, 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.

- 3rd / 4th September 2016, Fife, Scotland
- 1st / 2nd October 2016, Manchester
- 18th / 19th November 2016, Cambridge
- 25th / 26th November 2016, London

Cost £300 – £350 depending on BACPR/ACPICR membership

Health Behaviour Change and Psychological Support in Cardiovascular Disease

Explore ways of incorporating psychological principles within your service

- 11th / 12th November 2016, Manchester

Cost £350 (£310 to BACPR members)

Dietary Approach to Managing Cardiovascular Disease and Weight

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

- 17th June 2016, London
- 11th November 2016, London

Cost £175 (£155 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

- 8th July 2016, Shrewsbury

Cost £175 (£155 to BACPR members)

Monitoring Exercise Intensity (HR, RPE and METS)

This practically based study day is aimed at all health and exercise professionals to ensure effective monitoring of exercise intensity. An evidence based approach is used in a day that mainly involves practical workshops of exercise assessment and prescription.

- Dates and venues TBC

Cost £175 (£155 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?

- 22nd October 2016, Manchester
- 3rd February 2017, University College London Hospital

Cost £175 (£155 to BACPR members)

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

- 1st October 2016, Cramlington

Cost £175 (£155 to BACPR members)

BACPR Level 4 Exercise Instructor Training Qualification

Specialist training for exercise professionals who want to prescribe and deliver exercise programmes as part of the overall management of individuals with heart disease. Recognised by Skills Active and Register of Exercise Professionals.

For dates and venues see website.

Cost £625

Further venues and dates for all courses will be coming soon

Please contact us if

- ✓ you wish to be notified by email when new course dates have been confirmed and to request an application form for any of the above courses
- ✓ you would interested in hosting one of the above courses in your area
- ✓ you would like us to develop a course for the needs of your team

BACPR Education, Suite 8, The Granary, 1 Waverley Lane, Farnham, Surrey GU9 8BB

Tel: 01252 854510 Fax: 01252 854511

Coming soon....

...the BACPR Research Network!

New to www.bacpr.com the purpose of the BACPR research network is to allow members to share details of cardiovascular evaluative projects and research. The network will act as a communicative hub, allowing members to upload details of their research, and search for and make links with other studies.

Although not designed to provide an in-depth, detailed account (e.g. abstract or full report) of all studies, the network has a 'related publications' section which allows project leads to provide links to publications or presentations that have resulted from their work. All studies remain 'live' within the network for five years from their start date, and details of all projects accepted for poster or oral presentation at the BACPR annual conference are added to the area every year.

Keep an eye on the 'members' area' within www.bacpr.com for this exciting new development!

Diary Dates

British Cardiovascular Society Conference

Manchester, 6th - 8th June 2016

Australian Cardiovascular Health and Rehabilitation Association (ACRA) Conference

Adelaide, Australia, 1st - 3rd August 2016

European Society of Cardiology Congress

Rome, Italy, 27th - 31st August 2016

AACVPR 31st Annual Meeting

New Orleans, USA, 7th - 10th September 2016

British Association in Nursing in Cardiovascular Care (BANCC) Study Day

Mercure Bristol Holland House Hotel, Bristol,
Friday 16 September 2016

BACPR Annual Conference 2016

Cardiff, Wales, 6th - 7th October 2016

American Heart Association Scientific Session 2015

New Orleans, LA, USA , 12-16 November 2016

BSH 19th Annual Autumn Meeting

Queen Elizabeth II Centre, London, 24-25 November 2016

The British Association for Cardiovascular Prevention and Rehabilitation

British Cardiovascular Society, 9 Fitzroy Square, London, W1T 5HW

Email: bacpr@bcs.com Direct Line: +44 (0)20 7380 1919

Fax: +44 (0)20 7388 0903 Website: www.bacpr.com

Registered Charity Number 1135639

Company limited by guarantee. Registered in England 5086964

Invited contributions published in this newsletter may not represent the official stand point or opinion of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR).

BACPR is not responsible for the contents or reliability of any of the website links included within this newsletter and any listing should not be taken as an endorsement of any kind.

