

SUMMER 2015

The Magazine from the British Association for Cardiovascular Prevention and Rehabilitation

BACPR Connect



Tomorrow's World in Cardiovascular Prevention and Rehabilitation

BACPR Annual Conference 2015

See You in Manchester!



Certification is on its way!

More news inside..... NACR Update BACPR Exercise Professionals Group Study Day 2015
NICE Updates Obesity Guidelines NEW BACPR Courses



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Message from the Editor

Katherine Paterson, Editor

Welcome to our summer edition of BACPR CONNECT.

We are delighted to have a piece written by Lisa Dullagan from Belfast (p10) based on her own research reminding us to evaluate the patient's perception of their acute myocardial infarction in our rehabilitation programmes. Nerina Onion from NACR tells us about new questions in the NACR questionnaire and welcome to Joanne Oliver from BHF writing on best practice and updating us with BHF new resources.

As more people in cardiac rehabilitation and prevention services have a BMI ≥ 30 with comorbidities which would benefit from weight loss, many will qualify for comprehensive weight management interventions lasting for up to one year in primary care, known as Tier 3 specialist weight management services. Some patients who meet the criteria may even be referred for bariatric surgery. Page 11 includes a brief summary of the latest update on obesity management from NICE in CG189. The challenge for us in cardiac rehabilitation is to help relevant patients lose weight during the time they are with us and also consider how our services may integrate effectively with Tier 2 and Tier 3 weight management services in primary care for the longer term so that patients receive "joined up" approaches across services which are commissioned to manage obesity.

Special thanks to our editorial team: Sally Hinton, Jenni Jones and Louise Jopling for their input. Enjoy the 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 October 31st.

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Message from the President

Professor Gill Furze, President

A warm welcome to the summer 2015 edition of BACPR CONNECT, packed yet again with informative and interesting pieces from around the UK cardiac

rehabilitation scene. Thanks Kath and team for your hard work in getting this great read out to our members.

Just to update you on a couple of projects, the book to support the delivery of the BACPR Standards and Core Components is in final edits and will be going off to the publisher this summer, so look out for its publication – probably early next year. In this issue we also give an update on certification of cardiac rehabilitation programmes, which is now on its way. Watch out for the emails to our members to launch the process, and we hope to shortly have a website to give you all the details.

We have had a very successful and extremely interesting BACPR EPG Study day – thanks to Gordon and team for their hard work in delivering this. By the time you read this we will also have had our BCS Affiliates day, working with BANCC, BSH and CPOUK. I'm sure it will have been a success.

Now is the time to book for the main event – our conference in October (see page 4). We have a great programme lined up, in a great venue – I look forward to seeing you there.

We have had a couple of changes within BACPR structure – Gordon McGregor has completed his term as Chair of BACPR EPG, and is now followed by Brian Begg. Thanks Gordon for your staunch work over the past couple of years, and welcome Brian into that role. We also welcome as co-optees to BACPR council, Joanne Oliver from BHF, Hannah Waterhouse from BANCC and Lyndsey Hughes from NHS Rehabilitation Team, and look forward to continuing to develop great relationships with your organisations.

In recognition of the increasing work that council do, we have decided to trial having a part-time Executive Director to support BACPR council, who are all volunteers and do great work in their own time. We are delighted that Sally Hinton has agreed to take on the role, in addition to her part-time role as BACPR Education Director. Good luck Sally, and we do appreciate your hard work on behalf of BACPR.

This autumn sees a big change in council as six council officers step down (including me!). So I'd like to take this opportunity to personally thank (in print): Jenni Jones (President 2011-2013) for her incredible contribution to BACPR over the past 6 years, Brian Begg (ordinary officer, EIN Chair and Welsh Rep) for his great work in supporting the online forum and leading the morning run at conference, Gordon McGregor (ordinary officer and EPG Chair), who has provided (along with Brian) great expertise on exercise and activity, Mima Trill (Secretary 2011-2013 and Scottish Rep) who has been indefatigable in setting up systems to benefit members and Ali Hornsby (ordinary officer and England Rep) who has provided strong dietetic input to council and to the development of competences. You have been great to work with and will all be sorely missed by me and by Joe, as he comes into post as President at the October AGM. Very best wishes to Joe and his new team for the coming years – I'm sure that Joe will prove to be an inspirational President for BACPR.

Have a great summer, and I look forward to seeing you all in Manchester on the 1st October to find out about "Tomorrow's World".

'Promoting excellence in cardiovascular disease prevention and rehabilitation' is all about supporting our members. BACPR is promoting excellence on the international stage through our relationship with the International Collaboration in Cardiovascular Prevention and Rehabilitation [ICCP], our strengthened links with European Society for Cardiology [ESC] and (as you'll read about in this edition) our feature as 'EACPR Country of the Month'. During 2015, we'll be launching our BACPR Certification programme to celebrate those cardiac rehabilitation programmes leading the way in the UK; a European first to endorse and highlight your unwavering commitment to the provision of world-class rehabilitation.

We'd love to hear more about your successes and the fantastic innovations in service delivery taking place across the UK. Tweet your success at @bacpr and share your updates with us for BACPR News and Bulletins.

We're here for the hard times too with peer support available through our ever busy Members Forum (over 300 members at the last count) and sending/talking through our guidance and support via our Members Enquiry Service: *"Thank you for your prompt reply. Your answers have reassured us. It is really helpful that you are there to answer our queries."* [BACPR Member]

Keep in touch, we'd love to hear from you!

Louise Jopling

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



Certification is on its way!

You may have heard that BACPR is working with the National Audit for Cardiac Rehabilitation (NACR) to develop a system to certify whether a cardiovascular rehabilitation programme meets minimum standards. Well, we plan to launch certification this summer!

So, what's it all about? What does it mean? What does it involve?

What's it all about?

Over the past few years there has been a growing emphasis on quality assurance of health services. In 2012 BACPR published the updated BACPR Standards and Core Components⁽¹⁾ as a guide to what should be expected from high quality cardiac rehabilitation programmes, however, we have recognised that it is difficult for cardiac rehabilitation programmes to demonstrate that they meet the BACPR standards. After much discussion we identified that it would be helpful to have a scheme where programmes could demonstrate how they adhered to minimum standards for cardiovascular disease prevention and rehabilitation, and that BACPR could certify that they met those minimum standards.

What does "minimum standard" mean?

The BACPR Standards and Core Components are the gold standard for delivery of cardiac rehabilitation in the UK. However, we also understood from reading the annual report from NACR that cardiovascular disease prevention and rehabilitation in the UK was quite a way from meeting those aspirational standards. So, a steering group of experienced cardiac rehabilitation clinicians used the latest NACR data to reach consensus on a level of service for the majority of the standards that would identify acceptable practice, even if it did not fully meet the BACPR gold standard. Using NACR data means that we can assess how a programme meets minimum standards in a fair and objective way.

Over the past year a number of cardiac rehabilitation programmes have been working with BACPR and NACR to identify the processes we would need in place to assess whether programmes meet the minimum standards. At the time of going to press,

the data from each pilot programme is being assessed by a Certification Assessment Panel, and by the time you receive this copy of CONNECT, we will have announced the first programmes to achieve certification that they meet minimum standards.

What does it involve and what does it cost?

A copy of the 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 2015.

Briefly, the process includes: completing a registration form and requesting a copy of the BACPR/NACR Certification report for your programme and sending both of these to the Certification Admin team at education@bacpr.com. These are checked to ensure they are complete and then logged and sent to the Chair of the Certification Assessment Panel (CAP), who sends copies to three members of the Panel. They will individually assess whether your programme meets minimum standards, and also provide feedback. The CAP Chair collates the results and feedback, and sends these back to your programme lead, along with the outcome.

If you have applied for certification and your programme doesn't quite meet the minimum standards you and the team will be given support to develop plans to meet these in the future.

The charge for Certification assessment for a cardiac rehabilitation programme is £400 and covers certification for three years, after which there will be a need to recertify. The fee is required to cover administrative costs, and will include any need to resubmit within a given timeframe to meet certification requirements if the first application did not succeed.

We look forward to celebrating with more programmes as they achieve Certification that they meet the BACPR/NACR minimum standards for cardiovascular rehabilitation.

Gill Furze

¹ BACPR (2012). Standards & core components. http://www.bacpr.com/resources/46C_BACPR_Standards_and_Core_Components_2012.pdf

BACPR Annual Conference 2015

Tomorrow's World in Cardiovascular Prevention and Rehabilitation



Your 2015 conference will include:

- **Early rehabilitation...**

Dr Mark Haykowsky – *'The Earlier the Better: Early Exercise Rehabilitation to Improve Functional Outcomes and Re-hospitalisation in Heart Failure'*

- **Driving forward secondary prevention...**

Prof Robert West – *'Hot Topics in Smoking Cessation'*

Dr Handrean Soran – *'Managing Hyperlipidaemia: Past, Present and Future'*

Prof David Wood – *'25 by 2025 – What Does it Mean for You? The Global Agenda for Secondary Prevention'*

- **Patients' perceptions and self-management...**

Dr Molly Byrne – *"I'm not exactly sure I'm the person you should be talking to about this ..."* *Sexual Issues in Cardiovascular Rehabilitation*

Susan Watt – *'Self-management of Coronary Heart Disease in Angina Patients after Percutaneous Coronary Intervention'*

- **What we've achieved...**

Prof Rod Taylor – *'What are the Latest Cochrane Reviews Saying About Rehab?'*

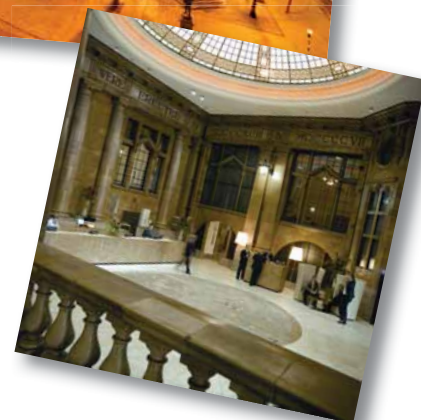
- **Parallel Sessions:** BACPR nurses forum / psychology, and BACPR EPG / dietetics

- **New Investigator in Scientific Research Award**

- **Moderated Poster Sessions**

- **Gala Dinner**

And much much more!



Registration is now open for our annual conference!

This year's conference will be held at The Palace Hotel in Manchester, on Thursday 1st and Friday 2nd October. Its central location offers excellent transport links for delegates, and flexibility to choose from many accommodation options within the city. For full details, online registration and accommodation bookings, go to www.bacpr.com

Delegate Rates

Categories	BACPR Member	Non-Member Includes BACPR membership
Combined Package* (includes dinner)	£230	£320
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 presentations.



The European Association for Cardiovascular Prevention and Rehabilitation (EACPR) publishes CVD prevention reports to facilitate the sharing of best practice and to inspire health professionals in the field of preventive cardiology. In April they published the UK Country of the Month CVD Prevention report developed by Gill Furze and Joe Mills, and we have produced the summary from the website below.

The report can be found at: <http://www.escardio.org/The-ESC/Communities/European-Association-for-Cardiovascular-Prevention-&-Rehabilitation-%28EACPR%29/Prevention-in-your-country/Prevention-in-your-Country>

Country Report United Kingdom April 2015



Report by Gill Furze and Joseph David Mills

President and President-elect of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR)

Prepared for the EACPR "Country of the Month" initiative

For more information about the European Association for Cardiovascular Prevention and Rehabilitation (EACPR), visit our webpage: [http://www.escardio.org/The-ESC/Communities/European-Association-for-Cardiovascular-Prevention-&-Rehabilitation-\(EACPR\)/Prevention-in-your-country/Prevention-in-your-Country](http://www.escardio.org/The-ESC/Communities/European-Association-for-Cardiovascular-Prevention-&-Rehabilitation-(EACPR)/Prevention-in-your-country/Prevention-in-your-Country)

Summary

Health care

Health care in the United Kingdom (UK) is delivered by the National Health Service (NHS) run as four different, publically funded systems in the countries which make up the UK (England, Scotland, Wales and Northern Ireland). The NHS is funded through general taxation and covers hospital, community and primary care. Social care is delivered by local governmental authorities. Prevention programmes and the main cardiac rehabilitation services are covered within NHS funding – there are no age barriers to access of these services. Long-term cardiac rehabilitation (following the main programme) is often self-funded and delivered by community health or leisure services.

Main factors & prevention methods

Guidance on best methods for prevention (both primary and secondary) is given by the National Institute for Health and Care Excellence (NICE), as well as from the British Cardiovascular Society (BCS) and the British Association for Cardiovascular

Prevention and Rehabilitation (BACPR). The UK Government has had a strategy for cardiovascular prevention in England since 2000, which is regularly updated – most recently as the Cardiovascular Disease Outcomes Strategy, and is delivered by NHS England and Public Health England. Similar initiatives are in place in the devolved nations of Scotland, Wales and Northern Ireland.

Prevention activities

There have been a large number of campaigns to promote cardiovascular health within the UK, including: the social marketing campaign "Change 4 Life" targeted at both families and individuals; the Joint British Consensus Statement on prevention in cardiovascular disease (3rd Edition – JBS3), which now includes a lifetime risk approach in addition to the 10 year risk approach – with an innovative risk calculator for use by both professionals and the public; a multi-faceted smoking cessation campaign combining the law, health professional support and subsidised pharmaceutical cessation aids with smoking cessation marketing campaigns; Act FAST – an initiative to increase recognition of the signs of stroke, which has had significant impact on care.

continues on next page

Risk factors

Prevalence of principal CVD risk factors (2011-12 data) – UK figures unless otherwise stated.

	Men	Women	Comments
Obesity	13.2 % in 1993 to 24.4% in 2012	16.4% in 1993 to 25.1% in 2012	18.9% of children aged 10-11 obese in 2012
Physical activity	67% met recommendations	55% met recommendations	150 mins moderate intensity per week
Cigarette smoking	51% in 1974 to 21% in 2011	41% in 1974 to 19% in 2011	Decline in children smoking
Hypertension	31% (England)	27% (England)	Significant numbers undiagnosed
Diabetes Mellitus	2.9% in 1994 to 6.7% in 2012 (England)	1.9% in 1994 to 4.9% in 2012 (England)	Approx 850,000 as yet undiagnosed in UK
Total cholesterol	14% below 4mmol/L (England)	12% below 4mmol/L (England)	England average of 5.1 mmol/L (men)

Cardiac Rehabilitation

Cardiac rehabilitation services are delivered in a 7 stage pathway, from initiating event through to long term care. There are approximately 350 multi-disciplinary cardiac rehabilitation programmes in the UK, usually delivering the main programme as a group programme for 8-12 weeks incorporating exercise and support for risk factor reduction. Other options for rehabilitation include individual home-based rehabilitation and more recently for web-based remote rehabilitation. Uptake across the main conditions (acute coronary syndrome, percutaneous coronary intervention (PCI) coronary artery bypass graft (CABG) is 45%, but this figure masks variance between the conditions, with uptake for post myocardial infarction without PCI at 33%, through to uptake post CABG at 80%.

Cardiac rehabilitation is audited through voluntary reporting to the National Audit for Cardiac Rehabilitation (NACR) which operates in England, Wales and Northern Ireland. The majority of cardiac rehabilitation programmes in these countries do report to NACR. The addition of Scotland to the audit is currently under review.

The NACR collects both programme specific data (uptake, length and frequency of programme) but also patient level data including details of physical and psychological functioning and quality of life. BACPR and NACR are launching (in summer 2015) a voluntary certification programme attesting whether cardiac rehabilitation programmes meet minimum standards.

Aims for the future

- To translate governmental initiatives for cardiovascular disease prevention into clinical practice in order to reduce CVD-related morbidity and mortality.
- To promote uptake of JBS3 across the UK in order to provide consistent and evidence-based care and education for the public.
- Encourage senior cardiologists to be more involved in and to champion prevention and rehabilitation services.

NACR UPDATE



Survey 2015

The Survey Questionnaires for the 2015 Annual Report have been going out over the last few months, and a number of you have already returned them – many thanks to those of you that have. Rather than sending out paper copies, we've been able to email the survey forms, making the process far quicker and easier. This year, we've also included two new questions about number and frequency of cardiac rehabilitation sessions.

We're planning on using information from the survey returns to start looking at data quality, and work with teams to help improve this. We will be contacting programmes who have had to change their data (where NACR data is available and included in the survey copy) to see if we can help resolve the issues for next year. Our long term aim is to phase out the use of a separate survey and solely focus on data from the NACR database.

To help staff meet this requirement, as well as contacting you to resolve any issues you might have, we are also giving a deadline for data entry for next year's 2016 report. All data for the period April 2014 to March 2015 will need to be entered on NACR by the end of December 2015, which gives teams 9 months to complete data entry. The NACR team will of course be available to work with you to help this happen.

Changes to the NACR database and new reports

It's now nearly 2 years since the new online version of the NACR database was launched. Since then, we've taken feedback and comments from users and, following a number of NACR meetings, and discussions with the HSCIC, we have recently completed some changes to the database which improve the accuracy and quality of the data we're collecting. These involve a few changes to the dataset – which, if you IMPORT into NACR from another system, will mean your import procedure/files will need a few small changes. New file formats for this will be available.

We're also doing some final testing to a set of new user reports. The new reports will be:

- Data Entered
- Demographics
- Reason for Referral
- Rehabilitation Summary and Waiting Times
- Reason for not Taking Part
- Reason for not Completing
- Outcomes

There will be a new, updated 'Reports User Guide' available, and of course the NACR team will be available to help with using the new reports, and any queries you might have.

BACPR/NACR Certification project

We're working closely with the BACPR team on the pilot stage of the BACPR-NACR Certification project, and are currently pulling data for the 16 pilot sites. Details will soon be available (possibly late June 2015) for other programmes to take part. Collectively the BACPR and the NACR will keep members up to date with the outcome of the pilot certification meetings and future registration.

Scotland

The feasibility project in Scotland to input their data into the NACR is making slow but meaningful progress. We hope to secure data governance approval in June 2015 and start data entry shortly after.

Nerina Onion

News from the British Heart Foundation

Compiled by Joanne Oliver BHF Regional Development Manager Wales and West



Best practice to improve Cardiovascular Outcomes

BHF are committed to finding new and innovative ways of delivering and supporting the best possible care to heart patients.

We want to ensure the best evidence based services are put into practice, and we want to help healthcare professionals all over the UK to do the same.

We aim to ensure the optimum experience for heart patients by helping healthcare professionals to:

- achieve better clinical outcomes
- improve patient experience
- improve cost effectiveness
- increase productivity
- streamline care
- integrate services
- reduce hospital admissions
- provide more care in the community support self-management

For further information on Innovative services: www.bhf.org.uk/healthcare-professionals/innovative-service-redesign or contact bhphi@bhf.org.uk

Introducing intravenous diuretics in the community is just one of the ways we are supporting new, evidence-based best practice.

Introducing Intravenous Diuretics in the Community



UK health policy has been shifting towards care being provided as close to home as possible. This is driven by the twin priorities of improving quality of care and cost-effectiveness.

BHF funded a two year project with 10 NHS organisations across the UK in both urban and rural areas to assess whether funding a home or community based IV diuretics service is safe, clinically effective, cost effective and well received by patients and carers.

The findings and feedback showed the intervention was safe, clinically and cost effective. Crucially, the services were well received by patients and their carers.

- The pilot was very successful, with 100% of patients and 93% of carers preferring home-based treatment over hospital admission
- 1,040 bed days were saved across the sites during the two year pilot
- An average cost saving of £3,013 per community based intervention (£793 community based IV diuretics vs £3,796 hospital based IV diuretics)

Our innovative pilot has been adopted by NICE guidance as a QIPP case study demonstrating best practice.

With the right infrastructure and resources, existing Heart Failure Specialist Nurse teams can provide a service that enables patients to have IV diuretics delivered effectively and safely in the comfort of their own home.

We've developed two new informative resources to showcase a summary of all the projects impressive key findings, cost savings and the learning points – everything you need to know to introduce the service yourselves. For further information:

bhf.org.uk/healthcare-professionals/innovative-service-redesign/intravenous-diuretics-in-the-community

BHF Alliance – The More We Know, The Stronger We Grow

Do you want to be part of a valued network of over a thousand healthcare professionals? The BHF Alliance is free to join, and seeks to grow and nurture a supportive and inspirational network.

As a member you can maximise your potential to make a difference, share your experiences and support the development of others.

If your role plays a part in the prevention, survival or support of people with or at risk from CVD we are here to help you in the fight for every heartbeat. We look forward to welcoming you to the Alliance.

Joining is simple, visit bhf.org.uk/alliance where you can learn more about the benefits, hear what our members have to say and complete the short online application form.



NEW BHF Resources



Get up and go – Inspiring stories of staying active to 65 and beyond

This DVD shares inspiring stories from six people who've found very different ways of getting – and staying – active as they age. It's suitable for anyone aged 65 and over, especially those who find it a challenge to get active because of a health condition or mobility problems.

Order using code **DVD32** or watch online at bhf.org.uk/getupandgo

More NEW BHF resources on next page

Heart to heart – Heart disease and your emotional wellbeing

Our booklet describes common emotional reactions to having problems with your heart and things that can help you cope.

Order using code G954

Call time on alcohol

We've launched a new booklet in our popular 10 minutes to change your life booklet series. Call time on alcohol is a simple guide to alcohol and your heart. It comes with a challenge chart to help you track how much you're drinking, and set a goal to cut down if you need to.

Order using code G989 or find more challenges online at bhf.org.uk/ten

The road ahead

We know that preparing for a heart test or treatment can make patients feel worried, anxious or afraid.

To help them fight the fear, we've added six new films to our The road ahead: Your guide to heart tests and treatments film series. Now covering loop recorder insertion, tilt test, cardioversion, valve replacement, ICD & pacemaker implantation and 24 hour blood pressure & Holter monitoring, each short film follows a real person going through a procedure. We hope the films will help patients feel more prepared and reassured about their upcoming test or treatment.

View the full range of 18 films at bhf.org.uk/tests and bhf.org.uk/treatment or order the series on DVD – order code DVD30

Eat well, shop smart, save money



These four short films follow people making positive changes to eat well on a small budget.

The films include information about batch and microwave cooking, healthy family meals and menu planning.

The films can be viewed online and link back to recipes, meal plans and more information at bhf.org.uk/budgetfood. They can also be ordered on DVD using code **DVD31**

My dad's heart attack



'My dad's heart attack' for under-11s, follows a family's experience after their dad has a heart attack.

This book can open up conversations at home and help children understand what's happening to their loved one.

Order code: G1016

Heart age calculator: What's your heart age? (For information only – not applicable for those already diagnosed with CVD)

BHF have developed an online tool to calculate someone's risk of having a heart attack or stroke in collaboration with Public Health England and NHS Choices and JBS3.

The tool is designed for over-30s to test their heart age and find out if it is below or above their actual age.

The personalised results give an opportunity for people to take action to reduce their risk of developing cardiovascular disease,

whether by getting their blood pressure or cholesterol checked, or by making positive lifestyle changes such as stopping smoking or losing weight. The tool can also be used in conjunction with any health check.

Get Involved: Find out your heart age now: bhf.org.uk/heartage

BHF UPDATED Resources

We have updated the following resources:

Take heart - public catalogue

We have updated 'Take heart' our catalogue of resources for the general public.

This catalogue's great to give out to patients and others interested in their heart health. It includes many new resources produced in the past year. **Order code: G5**

Inherited abnormal heart rhythms

Our updated booklet about inherited abnormal heart rhythms replaces 'Inherited heart rhythm disturbances'.

This booklet explains the different inherited abnormal heart rhythms, as well as screening and implications for relations and future generations. **Order code: M111B**

Life with dilated cardiomyopathy

This booklet is for people with the inherited heart condition, dilated cardiomyopathy and their families.

It describes how and why the condition might happen, its diagnosis and treatment and explains the need for screening for the condition. **Order code: M111D**

Cardiovascular disease statistics 2014

Our 2014 statistics compendium (formerly Coronary heart disease statistics) has information about disease mortality and morbidity at local, regional and national levels.

It also includes healthcare costs, treatments and headline statistics for key risk factors. **Order code: G608/1214/CHA**

A simple guide to healthy weight loss

Facts not Fads is our new guide to healthy weight loss for adults. It is available to download and order now.

This booklet is an update of 'So you want to lose weight...for good'. **Order code: M2**

Updated booklets in the Heart Information Series

Returning to work with a heart condition

After developing a heart condition, it can be hard to know when to go back to work.

Help is at hand with our updated and re-designed booklet 'Returning to work'. **Order code: HIS21**

Tests for heart conditions

Our popular booklet explaining tests for heart conditions has been updated and re-designed with a larger font size.

It's a great guide for educating and reassuring patients and their families before having a test. **Order code: HIS9**

Sign up to receive an E-newsletter to keep you up to date with the new resources newresources@bhf.org.uk

Ways to order the resources: Tel: 08706006566 / www.bhf.org.uk / email: orderline@bhf.org.uk



BACPR Exercise Professionals Group Study Day 2015

Expanding our Horizons

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 programme was to address the ever expanding remit of the exercise component of cardiac rehabilitation (CR). The success of CR in the UK and beyond, ideally positions the CR model to be replicated in other clinical populations.

The hope for the day was to get exercise professionals thinking about the below...

- As CR exercise professionals, should we consider this an unwelcome distraction, or alternatively a guilt edged opportunity to allow greater numbers of patients to benefit from our expertise and to potentially ensure the long term survival of CR programmes in the UK?
- Will the future hold a more integrated and less condition specific model of exercise programme delivery for disease prevention and rehabilitation?

Luckily for the crowd who attended on the 15th of May, we had an impressive array of highly acclaimed speakers on hand to share with us.... the evidence, their experiences and some real life examples of integrated care.

Following an opening address from Dr Gordon McGregor, the outgoing Chair of the BACPR EPG, the day kicked off with Professor John Saxton giving us an informative overview of the role physical activity plays with primary and secondary cancer prevention.

This set the scene nicely for key note presenter Professor Mark Haykowsky, from the University of Alberta. Prof Haykowsky is a world leader and a true 'Big Hitter' in the field of exercise training in cardiovascular disease. Prof Haykowsky, shared some fascinating information about exercise tolerance and the benefits of exercise training in breast cancer patients.

The morning session was completed by Russell Tipson who shared with us a real life example from the Action Heart programme in Dudley of what integrated rehabilitation looks like with Cancer and Cardiac patients coming together for exercise.

After coffee, the focus switched towards looking at the evidence regarding integrated exercise rehabilitation. Dr Rachel Garrod explored if there was any real difference between cardiac and pulmonary rehabilitation? The evidence was examined on the similarities and differences of both services. The question was posed as to whether these services could be run jointly?

Jenni Jones, Executive Director of the National Institute for Preventive Cardiology in Galway, looked at the growing evidence for generic cardiac rehabilitation (or integrated rehabilitation) specifically in relation to non communicable diseases. Jenni put the case forward that we are already delivering generic cardiac rehabilitation, given that our cardiac rehabilitation patients have so many other comorbidities. It was also discussed that generic rehabilitation may not be the right name for combining different patient groups and that 'Integrated Rehabilitation' might be a more appropriate title.

Following lunch, sleepy eyes were kept at bay by three fantastic presentations starting with Dr Charlotte Edwardson who gave us the low down and evidence behind physical activity monitoring tools from pedometers to Fit bits to liquid leaps.

Professor Lee Ingle then gave us a great update on the very topical 'High Intensity Interval training (HIIT)'. He explored the evidence behind HIIT and its use in patients with cardiovascular disease. Professor Ingle summarised that the current evidence base regarding HIIT is promising; however, larger scale investigation focusing on a range of cardiac aetiologies is warranted before HIIT can be incorporated into national guidelines. He also announced that work has begun on setting up such an investigation in the UK..... watch this space!

And finally Professor Mark Haykowsky was back to finish the day with an emotional talk regarding the Anti remodelling benefits of early exercise training post myocardial infarction. I say 'emotional' due the personal stories Mark shared about two heart transplant patients and their journeys from illness to ironman competitors. There wasn't a dry eye in the room!

More information on the above and presentation slides from all the speakers are available on the members area of the BACPR website, (get your tissues ready).

I personally 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 I'm not alone!

As the new Chair of the BACPR EPG, expectations are now high for 2016, to live up to the standards set by Gordon, the EPG committee and the education team. NO PRESSURE!

With that in mind, please let me know if there are any topics or themes you feel would fit the bill for BACPR EPG Study Day 2016.

Brian Begg, Chair BACPR EPG

Scientific Articles to Inform Your Practice

When is a heart attack not a heart attack? Patients with NSTEMI unsure of diagnosis and ambivalent towards behaviour change

Background

In acute myocardial infarction (AMI), treatment is predicated by clinical presentation but despite all patients being told they have sustained a “heart attack” there are considerable differences in the speed and urgency with which they are admitted to the catheter laboratory and discharged from hospital. To date, little is known about the impact of the difference in the trajectory of the patient’s experience after their first AMI. This study aimed to explore the impact of different treatment experiences on patients’ illness perception and motivation for behavioural change one and 12 months post AMI.

Methods

Semi-structured, domiciliary interviews were conducted with n=15 patients (mean age 58.4 years, age range 44-73 years; 12 male / 3 female), five from each of three treatment categories

1. Primary Percutaneous Coronary Intervention - PPCI (n=5)
2. Thrombolysis (n=5)
3. Non ST Elevation MI - NSTEMI (n=5) treated with conventional medical and interventional therapy

All participants were interviewed at one and 12 months post-AMI. Themes were identified and refined using the framework method of analysis¹ and compared between groups over time.

Results

Patients who presented with a STEMI and received either PPCI or thrombolysis had similar perceptions of their illness at one and 12 months as a serious life threatening event. The urgency of treatment was a major factor in both groups’ understanding of the gravity of their AMI at one month. Fear of having another event was more evident in these groups at one year than in the initial interviews. This caused both groups to be less confident and more cautious about day to day activities. Both groups had undertaken and maintained ‘conscious’ lifestyle changes to reduce the risk of a further event.

In contrast, the NSTEMI group did not have the same urgency of treatment and did not describe similar traumatic experiences of their hospital admission. Patients with a NSTEMI experienced uncertainty about symptoms and diagnosis, causing misconceptions about the severity of their condition at baseline, which persisted at 12 months. Many viewed their illness as a mild event leading to poor attendance at cardiac rehabilitation and less motivation for behavioural change at 12 months.



Discussion and Conclusion

This study has illustrated that the different treatment experiences for AMI can impact patients’ illness perception and motivation for behavioural changes. Patients with STEMI and NSTEMI expressed contrasting perceptions of illness severity and consequences that seem to be derived from differences in clinical presentation and treatment experience. Data suggest these may impact on attendance at cardiac rehabilitation and motivation for behavioural changes.

It is important that all health-care practitioners evaluate the patient’s perception of their AMI in order to individualise secondary prevention strategies and promote adherence to positive healthy lifestyle changes^{2,3}. In addition this study identifies that the patients’ treatment experience and its impact on their illness perception should also be considered by health-care practitioners.

Lisa Dullaghan, Cardiac Cath Lab Manager, Ulster Hospital, South Eastern Trust, Belfast, BT16 1RH. Email: lisa.dullaghan@setrust.hscni.net

¹ Ritchie, J., Spencer, L. Qualitative data analysis for applied policy research. In: Bryman, A., Burgess, R., editors. *Analysing qualitative data*. London: Routledge; 1993, pp. 173-194.

² Dullaghan, L., Lusk, L., McGeough, M., Donnelly, P., Herity, N., Fitzsimons, D. (2013) ‘I am still a bit unsure how much of a heart attack it really was!’ Patients presenting with non ST elevation myocardial infarction lack understanding about their illness and have less motivation for secondary prevention *European Journal of Cardiovascular Nursing* Vol. 13, no. 3, pp. 270-276.

³ Dullaghan, L., Lusk, L., McGeough, M., Donnelly, P., Fitzsimons, D. (2013) Communicating with people who have experienced heart attack *Emergency Nurse* Vol. 21, no. 6, pp. 33-36.

BACPR EXERCISE INSTRUCTOR NETWORK

The BACPR EIN are pleased to announce that we have now set up a Facebook page specifically for sharing information that is of interest to BACPR qualified instructors, BACPR members or members of the public with an interest in all things physical activity and health related.

This is our official launch in Connect Summer 2015. (Drum roll please!).

Katie Plant, our PR officer is doing a great job managing the page, ensuring that interesting and topical items are shared regularly. As the number of 'likers' grows it is hoped that the page can help Instructors network with each other and BACPR EIN. Remember the primary aim of the BACPR EIN is to be your voice within the BACPR and to support BACPR Exercise Instructors who are members of the BACPR.

If you would like to keep up to date with what's going on with the Exercise Instructor Network, check out our 'BACPR Exercise Instructor Network' Facebook page or scan this barcode which will take you right there. Don't forget to click on the like button.

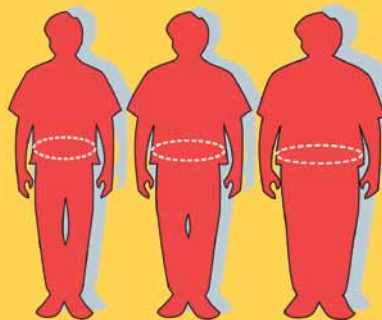


On a final note.....The following positions (vice chair, Treasurer and Secretary) are still available on the committee and I would encourage anyone who is keen to get involved to put themselves forward/express an interest, by contacting me directly via bacprein@bcs.com. We need your help to ensure the good work continues, whilst ensuring that Exercise Instructors continue to have a voice within the BACPR.

NICE updates obesity guidelines

Obesity, identification, assessment and management of overweight and obesity in children, young people and adults. www.nice.org.uk/guidance/cg189

More than a quarter of adults are now classified as obese and a further 42% of men and a third of women are overweight¹. This is an immense problem for society – with huge personal health cost to individuals and an enormous financial cost to the NHS.



NICE updated its guideline in late 2014 on the identification, assessment and management of overweight and obesity.

This newly updated NICE guideline says that very-low-calorie diets should only be used in certain circumstances; it includes new recommendations on weight loss surgery for people with type 2 diabetes² and on follow up after surgery.

Bariatric surgery for people with recent-onset type 2 diabetes

- Offer an expedited assessment for bariatric surgery to people with a BMI of 35 or over who have recent-onset type 2 diabetes as long as they are also receiving or will receive assessment in a tier 3 service (or equivalent)
- Consider an assessment for bariatric surgery for people with a BMI of 30–34.9 who have recent-onset type 2 diabetes as long as they are also receiving or will receive assessment in a tier 3 service (or equivalent)
- Consider an assessment for bariatric surgery for people of Asian family origin who have recent-onset type 2 diabetes at a lower BMI than other populations as long as they are also receiving or will receive assessment in a tier 3 service (or equivalent)

¹ Statistics on Obesity, Physical Activity and Diet - England, 2014 (<http://www.hscic.gov.uk/catalogue/PUB13648>)

² The GDG considered that recent-onset type 2 diabetes would include those people whose diagnosis has been made within a 10-year time frame.

News from the regions

Wales

January hosted the first South Wales Cardiac Network conference – Your Heart Our Passion. The successful programme of learning and sharing brought one hundred and six delegates to Cardiff to challenge thinking through the varied, thought-provoking presentations. Further information and presentations are available on the South Wales Cardiac Network site <http://www.swcn.wales.nhs.uk>

Cardiac rehabilitation and heart failure providers continue meeting together in the (fairly) newly established All Wales CR and HF Group (AWCRHFG). A continued enjoyable challenge to group individuals is that of expanding ones focus to include each others' speciality in planning and moving forward with improving cardiac care in Wales. We are very excited that occupational therapists in Wales are working on their poster to present standard competencies for OTs working across cardiac rehabilitation and heart failure at the BACPR conference in October.

The development of the AWCRHFG website is moving at pace with the support of our colleagues in BHF. The site will highlighting services available to the public and be a point of contact for professionals to access local policies, guidance and information in relation to the group's work.

Wales is committed to improving its data completeness with participation in the National Audit of Cardiac Rehabilitation. Variation exists but a working group is active to ensure consistency in interpretation of data points and feedback to NACR.

Wales participated in a BACPR questionnaire study into the experience of being a BACPR member in Wales. We are pleased to have had the opportunity to share these experiences. Forty two forms were returned and are being evaluated. Feedback will be available at the October BACPR conference.

Jacqui Cliff

Scotland

We have been looking closely at cardiac rehabilitation in Scotland and exploring the key drivers to take forward service

redesign and meet the demands of the 2020 vision.

It is proposed that cardiac rehabilitation in Scotland will focus and centralise their vision for 2020 on specialised assessment to facilitate and provide an individualised programme of care with the ultimate goal of improving outcomes for patients.

For example this won't be all about individuals attending a 10 week pre-set programme but more about focusing and structuring the programme to meet the patient's individual needs in terms of time and content with a strong focus on behavioural change. The specialist assessment will be central to this.

Frances' Divers' role as cardiac rehabilitation champion is to support this 2020 vision. As part of this role she has developed an assessment tool informed by the BACPR standards. Frances will visit every health board in Scotland to explore where each board is in respect of the standards and if they are currently delivering at a level that would meet these. This is important for us as its essential we have the information on where we sit, across Scotland, in relation to the set standards.

8th May saw a big event held with representation from each health board across Scotland. It was noted there was great eagerness and enthusiasm to move forward with the vision.

Strategically we have two current centrally funded projects

1. NHS Lothian where they are taking forward the development of a patient held cardiac workbook which will mirror the whole patient journey –led by Dr Iain Todd.
2. NHS Ayrshire and Arran who are developing a patient reported outcomes measurement tool for cardiac rehabilitation-led by Dr Janet McKay.

Heart Failure Hub Two Heart failure coordinators have taken up post on the 1st March to help drive forward the work of the heart failure hub.

PARCS Still no new update but interest in generic programmes continues to be raised in many areas



HEART-E Funding secured for phase 11 from Scottish Government. Content and level of modules have been agreed – more info will follow as this stage progresses

SIGN Guideline on Cardiac Rehabilitation – early work commenced exploring key questions

NACR work towards commencing a feasibility study of NACR use in Scotland with NHS Lothian continues. Still issues that need to be addressed from a Caldecott and data perspective before this can proceed, but its felt that progress is being made and that a pilot will be able to commence with Lothian soon.

CRIGS Annual conference will go ahead in November this year again. Date for diaries is the 13th November, further info will follow

Big changes for Scotland in health care - health and social care integration legislation came into effect in April 2015.

Mima Trail

England

Cardiac prevention and rehabilitation services in England continue to face sustained pressure to find innovative solutions for meeting patient needs as, in changing circumstances, the legacy of past practice becomes less relevant. Simon Stevens, Chief Executive of NHS England, has reasserted that 'more of the same' is not sustainable in the face of the challenges set by the longest period

of austerity in our health service history. Teams across England, as elsewhere, are required to adapt to a new strategy.

In this context, NHS England's first annual report⁽¹⁾ celebrates the positive aspects of the recent transition to the new NHS commissioning structure. The strong emphasis on local thinking by new clinical commissioning groups (CCGs) allows for unprecedented flexibility. This year's NACR report will be broken down by CCG: this transparency can help patients, providers and commissioners drive quality improvement. The general 10 year strategy set out by NHS England in 2014 aims for provision of effective, inclusive services, including cardiac prevention and rehabilitation, to address health inequalities and identify measurable progress we can expect to make.

A worrying trend and potential barrier to fulfilling this strategy is the on-going shrinkage in multidisciplinary teams and corresponding cuts in the range of interventions offered by cardiac rehabilitation programmes. At the same time England has a rising proportion of cardiac patients with co-morbidities. Evidence from last year's NACR report shows that these patients are more likely to experience anxiety and depression, are less likely to quit smoking and achieve lower exercise levels than others during rehabilitation.

Perhaps amongst the most ambitious targets relates to heart failure patients: currently at 4%, cardiac rehabilitation uptake is very low for patients with chronic heart failure and the aim is to increase this to 33%. This is significantly higher than the

corresponding rise required for coronary artery disease patients to reach a target of 65% uptake (currently 44%).

Our cardiac rehabilitation patient group is growing, ageing and the prevalence of obesity and multiple long-term conditions such as diabetes is increasing. The need for comprehensive cardiac prevention and rehabilitation services is greater than ever.

References:

¹ National Health Service Commissioning Board Annual Report & Accounts 2013-14 <http://www.england.nhs.uk/wp-content/uploads/2014/07/nhs-comm-board-ann-rep-1314.pdf>

Alison Hornby

BACPR Education and Training

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

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.

BACPR is a registered Skills Active/Register of Exercise Professionals (REPs) lead training provider with all courses holding REPs CPD points and BACPR has delivered the gold standard REPs recognised UK Level 4 Cardiac Exercise Instructor qualification for over 15 years – we now have over 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 register of Long term (Phase IV) exercise sessions along with the register of cardiac rehabilitation programmes 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.

Hard copies of BACPR publications are available to purchase by downloading the order form from the resource section on the website or emailing education@bacpr.com

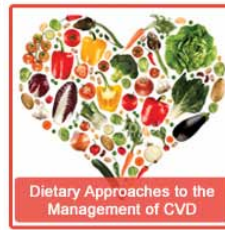
- BACPR Core Competences for the Physical Activity and Exercise Component of Cardiovascular Services (2012)
- BACPR Reference tables for assessing, monitoring and guiding physical activity and exercise intensity (2015)
- Physical Activity & Exercise in the Management of Cardiovascular Disease Manual (2014)

Look forward to seeing you on our training courses and at the annual conference. Please do get in touch if you have any ideas for the training / education programme.

Sally Hinton

Education Director





Recent course reviews

Health Behaviour Change and Psychosocial Support in Cardiovascular Disease

This two day course definitely lived up to my expectations and more. As Cardiac Rehabilitation Nurses we are faced with challenging times delivering Cardiac Rehabilitation Programmes to a more diverse group of patients. They are often younger, experienced sometimes life threatening treatments such as early defibrillation, undergone emergency angioplasty procedures, ICD insertions and then discharged with a bag of medications to take for the rest of their life!!! No wonder these patients come out traumatised with a high risk of having chronic depression in a year's time post their cardiac event. As this course highlighted, our work as Cardiac Rehabilitation Nurses is crucial in recognising the signs of early depression, through addressing their fears and anxieties more, identifying early possible misconceptions and addressing their concerns and fears for the future. This course for me confirmed the importance of stepping back to address these fears more; purely from their perspective, which I personally will take back to practise. I feel we as nurses are guilty of offloading too much information to our patient's in our attempts to try and change their beliefs and promote positive health behaviours in order to reduce the incidence of their disease.

The course also identified how understanding the patient's confidence to change will influence their motivation to succeed in making positive changes. Patient's often are reluctant to change (This was identified as roadblocks). These roadblocks can be due to misconceptions, lack of confidence and poor understanding/knowledge about their condition. It looked at how to guide these patients, who may value a positive change and have good intentions, but still struggle to action this change (this was called the implementation gap). I find patients mostly know what the positive behaviours are; such as eating healthily, stopping smoking and losing weight. However, they require support in how to plan this change from their point of view. The course looked at this and called it "Implementation Intentions & Goal-Setting". I learnt the importance of Cardiac Rehabilitation Nurses facilitating patients to identify what they wished to change; but more importantly helping them to identify what, where and how they were going to do it. As a service we have recently implemented an action planning process to help our patients through this. This course enhanced why this is now important and we are looking to integrate this more across our six week programme.

**Carol Norman, Cardiac Rehabilitation Specialist Nurse,
Cardiac Rehabilitation Service, Gloucestershire Care NHS
Community Trust**

Dietary Approach to Managing Cardiovascular Disease and Weight

This was a comprehensive 1 day course presented by two Dietitians. The course covered evidence based findings and guidelines on energy balance, anthropometrics, diet history, behaviour change and goal setting, dietary advice relevant to Cardiovascular disease, food labelling, types of fats and myths on dietary advice.

The sessions were interactive and the speakers were excellent. Working as a cardiac rehabilitation nurse, I found the study day extremely relevant, I have used a lot of what I have learned in my practice. This study day inspired me not only to encourage patients to make dietary changes but to make some myself. I would definitely recommend this course. It was excellent.

Tiffany Popkiss, Cardiac Rehabilitation Sister, Barts Health

Assessing Functional Capacity : How to administer and interpret submaximal tests in clinical population course

I had five members of the Wales National Exercise Referral Scheme (NERS) – Powys team including myself, attended the BACPR Functional assessment training held in Chester, I wanted to feed back my experience and the value on the course itself. We had two tutors delivering the training including John Buckley.

The topics covered included:

Rationale and theory of Exercise Testing (Chronic conditions); 6 minute walk test and interpretation of Data; Chester Step test; Incremental Shuttle walk test; Cycle Ergometry and Choosing an appropriate test.

In relation to those living with Chronic condition, looking at those who could be effected with pulmonary disease/heart failure & Musculoskeletal issues were included, it's not just for those on Cardiac Rehabilitation.

I feel better in the knowledge that my staff have completed such training; it is so relevant and exactly what we need to conduct safe effective functional assessment for the services in NERS. I would feel that all Exercise Referral Professionals and Level 4 Specialist Instructors should attend, given that functional assessment is such a big part of information gathering and safe programme setting. It's brilliant for any NERS conducting functional assessments. Nearly all my team will be attending the course very soon. It was just what I was looking for. The resources were superb too! Thanks.

**Shelley Jackson, Exercise Referral Co-ordinating Officer /
Swyddog cydlynau atgyfeiriadau ymarfer corf, Powys**

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 June 2015, Exeter
- 4th / 5th July 2015, Manchester
- 13th / 14th November 2015, London
- 23rd / 24th Jan 2016, Manchester

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.

- 25th/26th September 2015, Exeter
- 31st October/1st November 2015, Manchester
- 26th/27th February 2015, High Wycombe
- 19th / 20th March 2016, Manchester

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

- 20th / 21st November 2015 , London

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

- 6th November 2015, 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

- Dates TBC

Cost £170 (£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 TBC

Cost £170 (£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?

- 9th October 2015, London
- 17th October 2015, Wythenshawe Hospital, Manchester
- 14th November 2015, Cramlington (Northumberland)

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

- 3rd July 2015 , Central London

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.

For dates and venues see website. Cost £625

Further 2015/ 2016 venues and dates will be coming soon. Please email education@bacpr.com if you wish to be notified when new course dates have been confirmed and to request an application form for any of 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 Dates

European Society of Cardiology Congress 2015

29 August – 02 September 2014
London

BANCC Study Day 2015

18 September 2015
Manchester

ACRA Annual Scientific Meeting 2015

10-12 August 2015
Melbourne, Australia

BACPR Annual Conference 2015

1-2 October 2015
Manchester

AACVPR 30th Meeting 2015

9-12 September 2015
Washington DC, USA

American Heart Association Scientific Session 2015

7-11 November 2015
Orlando, USA

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