

February 2021

The Magazine from the British Association for Cardiovascular Prevention and Rehabilitation

BACPR Connect




BACPR 2020 AGM – Virtual Meeting via Microsoft Teams,
Thursday 1st October 16.30 - 17.00



BACPR Webinar #BACPRlive
Changing the narrative on cardiac rehab: a focus on nutrition
18th November 2020 | 18.00-19.00 GMT

[Register Now](#)




BACPR EPG Webinar #BACPRlive
Moving Cardiovascular Prevention & Rehabilitation Forward:
Physical Activity & Exercise Component
Wednesday 13th January 2021 | 18.00 - 19.15 GMT

[Register Now](#)



More news inside.....
ICCP
Diary Dates





Message from Editor

Ceri Roberts,
Editor

Welcome to this issue of Connect!

Hopefully this issue finds you all well! So, what a year it has been. There have been a lot of changes on the BACPR Council welcoming new members onto the team not to mention a little something called covid-19, you may have heard a bit about it?

There has been significant disruption but what has been evident is the commitment and professionalism of those involved in Cardiac Rehab.

The BACPR has been working hard to support you all throughout these last several months. There has been a lot of communication, albeit via virtual methods, but I for one feel I have been able to interact with a lot more people from all across the UK with ease and more frequently. While I can't wait for our first gathering as a speciality I am greatful for the interaction from all of you during these lockdowns.

Regionally there is a lot going on and you can see what is happening within your area and case reports from the individuals delivering CR. These will hopefully help us a community to share practice with the hope of generating more discussion about to best deliver cardiovascular health interventions nationally as we move through these often uncertain and turbulent times.

Take a look at our upcoming education and training courses for the gold standard in education and training on CVD prevention and rehabilitation which we are continuing to be delivered online and proving very successful.

Please feel free to get in touch to submit reports highlighting your service or individuals involved with CR delivery.

If there is anything that you would like to contribute to the next edition of Connect in the Summer, or to the monthly e-bulletin, then please do not hesitate to get in touch. We want to hear from you!

All the Best, Stay Safe,

Ceri

BACPR Communications and Digital Media Officer



Message from the President

Professor Susan Dawkes

I appreciate that it is already February but for those of you who I have not yet spoken to Happy New Year! It has not exactly been the start to the year that I hoped for but,

nevertheless, I wish you all the health and happiness for 2021.

2020 was tough for all of us and the start of this year seems to some extent even more challenging but at least the roll out of the vaccine for COVID gives a tiny bit of light at the end of the tunnel. I know cardiac rehabilitation (CR) services are once again disrupted in some areas with staff being redeployed to critical care areas to help cope with the upsurge in patients hospitalised with COVID. What I am heartened by (pardon the pun!) is even with the current spike in COVID cases that there seems to be many more CR services that have been able to continue for patients with CVD. BACPR will continue to advocate for these services to continue as we well know the detriment to patients if they do not. If you think BACPR could help support you in ensuring CR services continue during this pandemic then please get in touch with us and let us know how you think we can help.

Services have changed to new ways of working during the pandemic and I believe that some will have changed for good. As you know, roughly only 50% of those eligible for CR participate and so it was time for us to consider new ways to organize and deliver rehabilitation to increase participation rates. We are also cognisant of the growing number of patients with complex needs and the other groups of patients (e.g. those with congenital / inherited conditions, AF) who need CR. This pandemic has really pushed us to look for different ways of working and so it will be interesting to see how effective these new ways are in engaging patients in CR. What is important though is that we ensure patients are receiving evidence-based, individualised CR.

To ensure BACPR clinical guidelines are contemporary, some of the BACPR Council members and I are working to update the Standards and Core Components. We hope to present some initial findings of this review at the British Cardiovascular Society conference in June and complete the review as soon as possible. If you want to get involved with this then please let me know. I am sure we will find a way to get you involved!

Sadly we had no face-to-face conference last year but the online conference that we did manage to organize was very well attended and it seemed to be well received. Some good things to come of this are firstly, some people who have never been able to attend the face-to-face conference due to work commitments, accessibility etc were able to attend online which is fantastic. Also, successfully delivering the online conference gave us the momentum to continue with a webinar series. We hope to continue the regular schedule of these going forward. If there are particular topics that you want to hear more about during these webinars then please let us know. I sincerely hope that we can meet in person in Belfast at this year's conference and we are continuing with our plans for that at the moment. Thanks in advance to the conference organizing team for this work.

Also, what has been great is that we have been able to continue with the BACPR education and training programme as Sally and the team have worked extremely hard to switch the delivery of this to online. Thanks to everyone involved with this and particular thanks to those of you who undertake this training and education.

Latest news



Membership Update

Last year amid the pandemic we managed to hold not one but two elections for BACPR council and received record number of votes from our membership.

We now have quite a number of new faces on council with newly elected members and also new organisational representatives. In addition to the professional and geographic areas, we have representation from: British Cardiovascular Society, British Heart Foundation, National Audit of Cardiac Rehabilitation, Cardiovascular Care Partnership/Patient Representative, British Society for Heart Failure, British Junior Cardiologist Association, Public Health and Primary Care. Please visit the BACPR website and read about who is on the Council in the About tab BACPR Council. Our membership numbers remain healthy. Our membership engagement with the forum, website enquiries and social media has demonstrated that BACPR has been a valuable place to come together (albeit virtually) to cope with the many issues that have arisen during this time of uncertainty and upheaval. Via these channels, members have formulated and answered key questions. Also, we have drawn on the strong support of expert groups to provide consensual responses to many recurring themes. Thank you for all those queries and responses. Keep them coming

Dr Carolyn Deighan
BACPR Secretary
bacprsecretary@bcs.com



Despite me saying last year that a new BACPR website was coming you will notice that it is not yet here! We are working closely with the British Cardiovascular Society (BCS) to launch this very soon. All associations affiliated with BCS are having their websites updated and I know there have been some teething problems that have had to be fixed so please bear with us. There will be some different and new features that will hopefully make this worth waiting for!

We will keep you posted through social media etc about the other things happening over the coming months, including webinars and the next conference in Belfast. Please let me thank those who have left Council this year for their hard work and dedication during their term and welcome the new people who have recently joined Council. I want to add a particular welcome to Dr Kathryn Carver who will be your next BACPR President.

As an Association we exist to represent you and so please get in touch if there is anything you want help with or want us to help you share with the wider membership. We will do our very best for you in the forthcoming year.

Finally, thanks to Ceri and all of the other contributors for another excellent issue of Connect.

Thank you for everything you are doing in the world of cardiac rehabilitation.

Kind regards,

Susan

Professor Susan Dawkes

News



Sally Turner retires after 42 years in cardiac rehabilitation. She was a founder member along with Dr Hugh Bethell of BACR in 1993 and was the honorary secretary for many years. Her work at Alton Cardiac

Rehab Centre was pioneering in terms of delivering both Phase III and IV at the same centre. She was also part of the initial writing team and contributed to the successful development of BACPR Exercise Instructor Training and continued to assess for the training programme. Sally was an active member of ACPICR over many years as their Research Officer and contributing to the ACPICR standards.

Sally is held in very high regard and great affection by all her BACPR colleagues. When her retirement was announced BACPR received a flood of testimonials crediting Sally with the huge contribution she has made to developing cardiac rehabilitation nationally across a range of roles i.e. clinical practice, research and teaching. Comments such as 'Sally is a legend in cardiac rehabilitation', 'she has been a true cardiac rehabilitation pioneer', 'a great advocate for rehabilitation' and 'in spite of challenges always retained her passion and enthusiasm for CR' are echoed by many friends and colleagues. We applaud you Sally, thank you for all your amazing work in cardiac rehabilitation and good luck with your future challenges.

BACPR Exercise Professionals Group (EPG)

Spring Online Conference Friday 14th May 2021

Call for Abstracts - submission deadline
Fri 26th March 2021

Look out for registration details and programme soon

Contents

Membership Update	3
News	3
BHF CRC	4
ICCPR	5
NACR	5
Country Updates	6
Education and Training	10
Diary dates	13

The BHF Clinical Research Collaborative (BHF CRC)

The BHF CRC was launched in June 2019, funded by an award of over £870,000 by the BHF over three years. The collaborative aims to support the prioritisation, planning and delivery of clinical research in heart and circulatory diseases in the UK, by providing the infrastructure to enhance research planning and co-ordination across all of the specialist societies of the BCS.

Specifically, the BHF CRC will help the societies:

1. Identify and prioritise clinical research questions
2. Develop robust and integrated study proposals
3. Engage and mobilise clinicians in conducting clinical research to complete studies effectively
4. Enhance UK cardiovascular clinical research capacity and capability.

To work as part of the BHF CRC, all societies were asked to set up a clinical study group (CSG) for research. BACPR established an initial research CSG in October 2019.

BACPR Involvement

- **Research Priority Setting Project**

At the end of 2019, the CSG drafted a protocol detailing a project to identify research priorities within the field of cardiovascular prevention and rehabilitation. Project initiation has been delayed due to the covid-19 pandemic, however we recently received confirmation that CRC funding will be available to help us get it underway very soon.

The project will seek to involve all members and partners of BACPR in helping to shape the list of research priorities. After an initial literature review has been done to identify gaps in the evidence base, surveys will be sent out asking for your opinions on how much of a priority each of these gaps are. All of this information will be used to guide a stakeholder workshop, and a final 'top 10' research priority list agreed.

Project funding will enable us to 'appoint' a project facilitator, who will lead the data collection and assimilation (literature review and design, dissemination and analyses of the surveys). Please see the bottom of this article for further details on this role.

- **CRC Workspace**

The BHF CRC are also supporting the BACPR CSG to be part of an online collaborative workspace where researchers across the

BCS affiliate groups can connect through efficient communication channels, have access to a simple and secure file structure and the ability to access a one stop hub of information.

- **Cochrane Review - Interventions for Alcohol Abstinence in Atrial Fibrillation**

In autumn 2020, we advertised for members to author a Cochrane review examining alcohol cessation. I am pleased to report that we have a team of six individuals keen to undertake this important piece of work, led by Dr Tom Butler (BACPR Scientific Officer), and supported by experienced Cochrane researchers. We will share our findings in due course.

For more information on all of these aspects of the BHF CRC please visit the 'Research' area on the website: https://www.bacpr.com/pages/page_box_contents.asp?PageID=967

Dr Aynsley Cowie, PhD

Co-opted BACPR Council Member, BACPR CRC Lead

BACPR Research Priority Setting Project – Project Facilitator:

To help facilitate this project, we are seeking a BACPR member with the following attributes:

- BACPR member
- Relevant research experience (ideally working towards, or having recently completed, a PhD)
- Previous or current relevant experience within cardiovascular prevention and rehabilitation
- Proven / sound literature review skills
- Experience in collation and assimilation of survey data (with relevant IT skills)
- Excellent communication (verbal and written)
- Strong project management Experience of dissemination of research or other project work

The facilitator should be based within the UK, although most of the work can be done remotely. On a monthly basis, they will be able to claim up to a maximum of 3hrs per week @ 17/hr (standard BACPR development work pay rate), however will not have any contractual arrangement with BACPR for this role. For full t&cs and further information on the role, please contact Dr Aynsley Cowie (aynsley.cowie@aaaht.scot.nhs.uk) by **19th February 2021**.

ICCPR

As you may know, BACPR is a founding member of the International Council of Cardiovascular Prevention and Rehabilitation (ICCPR; globalcardiacrehab.com). ICCPR is comprised of named Board members from 35 CR-related societies from across the globe, and 10 “friends” from countries where CR is being developed. Our founding Chair was BACPR’s past-President John Buckley; the current representative to our Council is Dr. Susan Dawkes.

ICCPR would like to remind BACPR members about the availability of our CR Foundations Certification (<http://globalcardiacrehab.com/training-opportunities/certification/>). BACPR of course has its own suite of excellent CR education opportunities for healthcare professionals, including the Exercise Instructor course. The CRFC is more of a stepping stone to these more advanced offerings, reviewing the basics of CR across all core components.

Update from NACR

Update from the British Heart Foundation’s NACR.



Survey – Staffing, Numbers Starting and Supplements

January is the time when we start to send out the Surveys for Staffing, checking/supplying ‘numbers starting CR’ and the supplements for NACR users, ahead of the annual report and certification later this year.

Following a team discussion, we have decided that we will send these out as usual. However, we are very aware that many CR programmes are severely impacted by the current Covid situation, and that a number of programmes are working with reduced staff or have been completely redeployed with the CR programme suspended.

If you/your team are able to respond to the surveys then we would welcome your data, as the more data we receive, the more we can report on the impact that Covid-19 has had on CR provision. If you are unable to respond due to staffing and redeployment issues please do not worry – you will not be penalised for this.

Data Deadline 2021

A number of programmes have been asking about the data deadline for this year’s annual report. As last year, data (for Jan to Dec 2020) needs to be entered on to NACR, and/or returned for the surveys, by the end of May.

As with the survey returns, if you are able to continue to enter

data on NACR we would be very grateful to receive this, so we can look at the impact of the pandemic on mode of delivery, wait times, duration etc. If data entry (or full data entry) is not possible due to the impact of Covid on your team and programme, please do not worry.

NCP_CR

We will be arranging a meeting of the NCP_CR Steering Group for early spring to discuss how we allow for the impact of Covid within the certification programme. We will send out further information to programmes as soon as we can.

If you wish to speak to a member of the team about any of the above, please contact us and we would be happy to discuss further.

NACR Online Training for Cardiac Rehab Teams* is now available

We can set up Google Meet & Zoom sessions, or join MS Teams / Skype depending on Trust availability. Please contact nerina.onion@york.ac.uk for more information.

*(*If you are an individual member of staff wanting training, you can join a session with another team – please contact us to arrange this)*



Join us on social media for Cardiac Rehab Week #CRWeek 14th - 20th Feb 2021 to celebrate #heartmonth and raise awareness for cardiac rehabilitation services

News from Wales

Patient Story

October 29 1989 was the day at the age of 14 I tragically saw my father pass away in front of me , with lots of confusions over what this could have been it was put down to natural causes. Little did I think that fast forward to June 2009 those events would resurface in my own life!

I had arranged an emergency GP appointment for what I thought was a summer cold and cough (ongoing cough & finding it hard to lie flat), I am a Solicitor and told my secretary I would be back in an hour. Oh how wrong I was; by 5pm I had been sent by my GP to A&E where a Dr was waiting for me, tests were run and I was admitted to a ward. I was under the very good Dr Foo (Cardiologist) and three days later I was told the devastating news that I had a condition called Cardiomyopathy. I was then introduced to my Heart Failure nurse who informed me she would now be supporting me, I was 33 years old try getting your head around that news.

Unfortunately my condition deteriorated very fast over the coming months, and was admitted as I was in fluid overload. It soon became evident however that the medications were not working , my blood pressure was falling dangerously low, I was having erratic heart rates & I was gaining water faster by the day. I was moved to Cardiac critical care in UHW, In those two weeks I spent there I was told I would need to have an assessment by the heart transplant team In the Queen Elizabeth Hospital Birmingham- this was all moving so fast there was no time for me to think.

By this point I was so unwell I was sent by blue light ambulance to Birmingham with 4 staff travelling with me.

At this point everything was moving incredibly quickly and at the Queen Elizabeth Hospital Birmingham I was accepted onto the priority Heart Transplant list. However after further deterioration two weeks later at 8.30am on October 9, 2009 I was taken into surgery for an LVAD. Fast forward a week, I woke up in intensive care where I was told that during the LVAD surgery a match became available!!! I underwent a total of 24 hours in surgery waking up the following week with a new heart!

The histology of my old heart revealed the condition of ARVC Cardiomyopathy not DCM Cardiomyopathy which the originally thought- This information filled the missing puzzle pieces of my father's death exactly 20 years earlier!

My recovery following my Transplant surgery was hard as so much muscle had been lost, while in hospital I had lost three dress sizes!

I first had the experience of going through the Cardiac Rehab programme in 2010 and through the support of the Cardiac Rehab team & determination I gained back some of my mobility and energy.

I had a whole new life of drugs and hospitals and I even managed to return to my job as a solicitor- something I am hugely passionate about. I got married in 2011 and since we have travelled over Spain and USA- it really was 10 amazing years living my life to the fullest post Heart Transplant!

June 2019 we booked a holiday to Turkey for my 10 year Heart Transplant anniversary. However I had started to feel tired, was struggling with being so busy and had gained weight, I put it down to needing to be more active, whether my drugs needed a check and eating too much rubbish (& love for a glass of red wine!)

Early September I really didn't feel right and started feeling a racing heart rate and swelling in my feet which wasn't going away. Knowing my body I arranged to attend the Transplant clinic for a check & was told the news that some time between April and the clinic appointment I had a heart attack! I was in shock, I knew I didn't feel right in myself but to be told I had a Heart attack was a real blow for me.

I then spend 10 days on the Cardiac ward in Queen Elizabeth where I had investigation after investigation and I left 10 days later with an ICD & many new drugs.

Back to Cardiac Rehab I went! I started by attending the Cardiac Rehab exercise classes run by the physiotherapist & Cardiac Rehab nurses. Unfortunately not long into starting back in Cardiac Rehab the Covid Pandemic arose, but I have continued to receive ongoing support from the team & a huge positive for myself is that I have managed to lose 3 stone since my heart Attack. For me personally it has been much harder adjusting to the ICD than the Heart Transplant as the fear of it going off has impacted me significantly. I have a brilliant OT as part of the Cardiac Rehab team so when things get a bit hard, or I need a reality check- I can drop

her an email with my concerns, new drugs or what I am struggling with.

I am also now back in work again full time as a solicitor, however my ability is not as it was after the transplant so I now try to be mindful to keep a good work-life balance.

I am now looking at my 12th Heart Transplant Birthday! I am taking each day as it comes, working my way round obstacles in my day to day life, taking life with a mix of fun and reality. Covid may have slowed me down on my holiday to do list! BUT I survive because I have so many special experts in the Cardiology & Cardiac Rehabilitation that keep me going both physically and mentally!

News from Wales

Aneurin Bevan University Health Board (South Wales)- Adapting the Cardiac Rehab service during Covid-19. -Susan Young (Aneurin UHB - Physiotherapist)

Like many CR services, our team in Aneurin Bevan University Health Board (South Wales) have strived to adapt and optimise as much as possible the service we are able to offer individuals with CVD during the pandemic. Working in line with local guidance from within our organisation, we are currently able to offer individuals referred to our service a full remote assessment of rehabilitation needs including; lifestyle risk factors, psychosocial health, medical risk management and activity assessment, either by telephone or video consultation using a health board approved platform. Where a clinical need dictates, we have safely reintroduced some face to face assessment clinics, which follow comprehensive risk assessment and infection control processes. Remote delivery of rehabilitation has been supported through supervised facilitation of resources such as The Heart Manual, REACH-HF Manual and the BHF Cardiac Rehabilitation at home online hub, patient information leaflets and exercise DVD. More recently, within the CR service we have developed an in-house package of multidisciplinary pre-recorded education and exercise videos. This 'EducationPlus' programme is available as a series of online links that can be emailed to patients, and is also available to access through a closed group on Facebook. Access via the latter social media platform has the additional benefit of patients being able to interact with and support each other, if they so wish. Next steps will be to evaluate outcomes and service user feedback for these resources. Alongside this, work is currently underway behind the scenes to prepare for a gradual and safe reintroduction of some face to face supervised exercise sessions, again following robust risk assessment and infection control processes. Being actively involved in collaborative Welsh CR networks has allowed our service, alongside other CR services in Wales, to share ideas and experiences, and support each other through this challenging time. And although lockdown restrictions vary across all four nations in the UK, guidance documents and webinars produced by the BACPR and other national and international organisations have enabled us to continue to learn and develop the service we offer, as the pandemic continues.

Research from Wales

An Evaluation of Post MI Medication Optimisation within a Local Cardiac Rehabilitation Service Jessica Norman – Advanced Cardiac Rehabilitation Nurse (North East Wales)

Developing the role of the Advanced Practitioner (AP) within Cardiac Rehabilitation (CR) over the last five years has been exciting, and at times overwhelming. The role continues to expand due to the diverse patient group that we see. My role simply began with the optimisation of ACE-Inhibitor (or AIIA) and beta-blocker therapies post myocardial infarction (MI), which is recommended by NICE (2013). This remains my 'bread and butter' to this day, although my role now branches into lipid modification, chronic angina management, heart failure (HF) and arrhythmia. I began my dissertation in September 2019, the final step towards completing my MSc in Advanced Clinical Practice. It seemed apt to focus on the optimisation of post MI medication. We know from previous research that post MI optimisation is frequently sub-optimal, although there seemed to be no research from a CR perspective in this field.

I carried out a local audit, reviewing 100 patient records at random, who had recently completed their journey through CR.

Findings

Table 1 exhibits the mean dose of each drug on discharge from hospital in comparison to the mean dose on completion of CR, stipulating how many participants achieved the target dose and the mean time to optimisation. There was not always a clear reason documented in hospital discharge information why certain medications were not prescribed. Only 3% reached the target dose of beta-blocker therapy and 28% reached the target dose of ACE-Inhibitor or AIIRA therapy (as stipulated by the British National Formulary, 2020), although 65% deemed optimised as they had reached their highest tolerated dose. Optimisation was still ongoing with other services at the time of CR discharge in 24% of cases; it was unknown whether this was ultimately achieved. 11% of participants were not titrated, sometimes appropriately, and 8% declined.

The AP optimised significantly more participants than any other optimiser, titrating mostly those with moderate LVF in a timely manner (Figure 1). Those with severe LVF were often referred on to the HF service and optimisation usually took longer, due to them being eligible for adjunctive therapies. Between 2 and 18 AP contacts were required to achieve optimisation.

Conclusion

- The AP is well placed within CR to take on this role.
- Optimisation was not always appropriate or feasible within NICE's recommended time frame.
- Identifying HF symptoms is vital to ensure the correct treatment and care is given
- While the AP optimised more participants than any other professional, a more complex overlapping MDT approach was often evident.
- The local team did not have the capacity to optimise all participants, highlighting the benefits of expanding the AP service.

Recommendations and Future Research

- Research with a larger sample over a longer time period would be more accurate and may highlight other issues, such as compliance.
- Similar research in other parts of the UK would offer insight into how geography, team dynamics and socio-economic factors impact medication optimisation within CR.
- Those with normal or mild LV function/dysfunction should not be overlooked - Care should be taken to offer all post MI patients under CR a thorough pharmacotherapy review.
- There is an evident overlap between HF and CR services, questioning whether a conjoined approach would be more prudent.
- Improving discharge documentation from hospitals would streamline the process.

Table 1: Pharmacotherapy dose comparison table

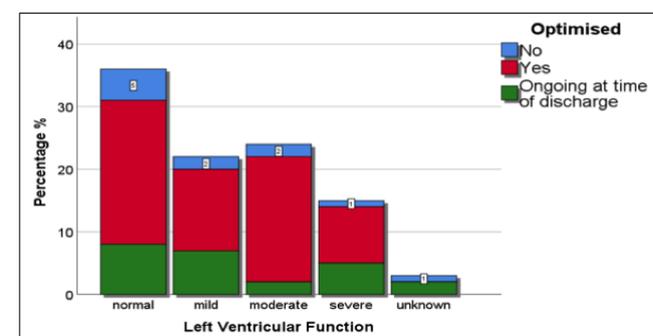
	Mean dose on discharge from hospital (mg)	Mean dose on completing Cardiac Rehab (mg)	Rate of target dose achieved	Mean time to optimisation (days)
Beta-blocker therapy				
<u>Bisoprolol</u>	2.51	2.65	3	23.7
<u>Nebivolol</u>	1.25	0.62	0	45
ACE-inhibitor/AIIRA				
Ramipril	2.78	5.32	26	56.5
Lisinopril	10	17.5	1	70
Perindopril	3	4	0	32
<u>Enalapril</u>	5	5	0	154
Candesartan	10.5	11	1	71.8
Losartan	52.5	62.5	0	34.3

References

British Medical Association and Royal Pharmaceutical Society of Great Britain (2020), British national formulary. 80th ed. London: BMA/RPSGB.

National Institute for Health and Care Excellence (2013), Myocardial infarction: Cardiac rehabilitation and prevention of further cardiovascular disease (CG172). Available from:

Figure 1: Stacked bar graph illustrating optimisation outcome according to LVF



<https://www.nice.org.uk/guidance/cg172> (Electronically accessed 28th November, 2019.)

News from England

Phase IV classes online - a learning experience from one of our BACPR instructors

Hi, I am Cardiac Lauren. Realising the impact the pandemic would have on my five very busy circuit-based community Phase 4 Cardiac Rehabilitation classes, which the participants relied so heavily upon, I decided the only way forward would be to set up the classes online. So, by the end of March 2020 I established Cardiac Lauren.

This came with many challenges, especially me not having much experience filming or delivering content online which was a massive learning curve! On top of these difficulties I found some of my more mature participants needed a lot of guidance and support to be able to access the



classes, which of course I was happy to assist with.

I have worked tirelessly to make the Cardiac Lauren website user friendly for all my subscribers, as well as spending much time ensuring the content within the classes themselves is varied, safe and appropriate for everyone.

I provide two new pre-recorded classes every week. My Club members love the fact that they also have access to previous classes 24/7, so they choose the time and day they want to exercise. The class styles include Seated, Combinations, Non-Stop and Strength, plus there are Low, Moderate, and High Intensity levels too.

I constantly add useful information to the website including exercise education videos and advice leaflets, I send a weekly newsletter to ensure



users know which classes have happened that week and there is a monthly timetable of the classes which are coming up.

If you would like to discuss the Cardiac Lauren website please contact Lauren directly.

Further information can be found on the website www.cardiaclauren.co.uk where there is a Healthcare Professionals section or email lauren@cardiaclauren.co.uk

News from England

The common theme for England is much the same as the other regions and that revolves around redeployment for many services. Predominantly, many nurses have also been pulled to help with the vaccination process.

Some teams have been able to continue with a limited service with skeletal staff operating virtually mainly with telephone/video call follow up. More services have started to use Virtual exercise groups and education sessions. Virtual wellbeing sessions have been increased in some areas as a rise in anxiety and depression has been evident.

Many services report patients contacting them has increased due to inability to be able to speak with GP's and there is evidently a reluctance to dial 999 for recurrent cardiac symptoms.

East of England

Following consultation with the 24 cardiac rehabilitation services in the East of England, Public Health England working with the BACPR, BHF, NHS England, and NICE, have launched an East of England Cardiac Rehabilitation Network.

They met (virtually!) with all stakeholders in late November 2020 to discuss the findings of a local survey into how COVID-19 and redeployments have impacted their services, take an in depth look at the audit data with colleagues from the University of York, and discuss key issues for services.

All agreed that the network will be formally recognised and endorsed as an NHS network at a regional level, but will be co-lead by a service lead; it will act as a source of mutual support and shared learning, act as a conduit between national/regional and service level, and moving forwards will look to develop shared business cases.

London

Hospital based teams have been mainly redeployed, some have managed to keep a skeleton service; community teams have been redeployed or reduced to help community services and providing vaccinations for housebound patients. There are also staff who have been shielding/working from home due to childcare issues and supporting the team virtually.

North East & Cumbria

Some services have already developed virtual programmes, while others of in the process of doing so with the Heart Manual and MyHeart App being utilised. There is increased levels of redeployment and sickness as well as staff shielding. Due to this there has been a rise in anxiety and depression trying to maintain skeletal services.

It has been discussed whether biannual National meets with regional leads could be a good idea now services have got so used to using Microsoft teams in order to share new ways of working.

James Cook University Hospital are trialling early assessment at 4 weeks post CABG and will hopefully have an update in the coming months ready to publish.

Services in Newcastle are using BHF exercise at home programme with good effect while services in Gateshead have integrated Cardiac and Pulmonary Rehab services.

Birmingham & Solihull

Services here have continued all inpatient pre-discharge cardiac rehab (Phase 1) and assessed suitability for exercise with referral onto appropriate services that meet their needs.

Phase 2 calls are being maintained whenever possible although they have also been asked to back fill gaps in the Cath lab at Solihull and on CCU at Heartlands so this tends to be the part of the service that will be reduced to cover other activity. There are no home visits.

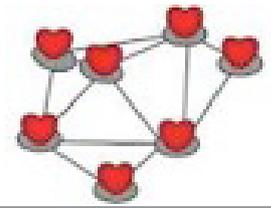
Services have trialled Activate Your Heart which was a free trial for three months and are still awaiting the outcome of a business case for further funding as the free period ended at in August.

Cheshire and Merseyside

There is variation across services in terms of service provision at the moment. Approximately 50% of services have had some redeployment during this wave with most services restricted to a mainly remote delivery. Approximately a third of services are using the Heart Manual and/or REACH-HF.

Most services are able to provide limited face to face elements as clinically needed, such as initial assessment and fitness testing.

BACPR Research Network



BACPR RESEARCH

The research area on our website is expanding. Click on the new 'Research' tab, to find the **Research Network** and **New Researcher Development Fund**.

RESEARCH NETWORK

The purpose of the **Research Network** is to **share details of cardiovascular research projects**.

The network acts as a **communicative hub**, allowing researchers and clinicians to upload details of their projects, and view the work of others.

Details of all projects accepted for poster or oral presentation at the BACPR annual conference are added to the area every year. We also select a few to showcase in our biannual Connect magazine.



BACPR **Exercise Instructor Network** Update

The Committee

The EIN are always looking for new committee members and would encourage anyone who is keen to get involved to put themselves forward/express an interest. You can contact me directly on bacprein@bcs.com to find out more.

EIN Study Days

We have had a lot of positive feedback regarding our popular study days, which refresh and update knowledge and provide great networking opportunities.

We are currently looking at delivering some shorter, online study workshops focussing on the practicalities of online Phase 4 session delivery and enabling instructors to share their experiences and good practice.

Advanced Exercise Professional Award

Watch out for the launch of the Advanced Exercise Professional Award later this year. This award has now been successfully piloted and is being prepared for roll out around May 2021

More questions...

As a BACPR and EIN member you have already had great training via the Phase 4 instructor programme and/or CPD courses. Remember you also have access to support and information though the **BACPR Members Forum** – post a question and gain valuable insight from other members and instructors around the country.

Facebook

Interest continues to grow just nearly 600 'likes'. If you haven't already liked our page, then click on the QRcode attached and share our page with your friends. This page is another great place to share information, ask questions and to have contact with other instructors.

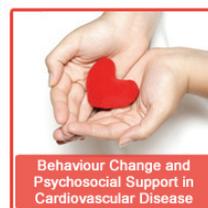
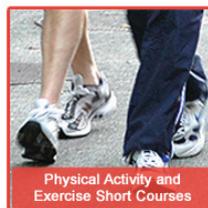


Vicky Hatch

Chair, BACPR Exercise Instructor Network

BACPR Education and Training

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



During the past few months we have transitioned to delivering the BACPR Exercise Instructor qualification online, this has involved a lot of work behind the scenes but we have received great feedback and continue to attract interest from the exercise industry. We have over 4000 qualified instructors who are invited to revalidate their qualification every 3 years. One of the online developments is our education moodle platform which is used for additional resources for the qualification and for the online revalidation exam.

The qualification is recognised by CIMSPA (Chartered Institute for the Management of Sport and Physical Activity) and REPs Ireland (Register of Exercise Professionals).

Once qualified BACPR instructors can submit details of their exercise sessions that they deliver, to be uploaded onto the on-line register of long term (Phase IV) exercise sessions which can be accessed on an open access webpage along with the register of Phase III/core cardiac rehabilitation programmes on the following link www.cardiac-rehabilitation.net.

During this time we have been able to offer a range of our CPD courses online with interactive tutor led sessions – please see dates at end of this section. Also our online education platform www.bacpreducation.co.uk currently hosts 7 short e-modules – see box below and will also hosts the revalidation learning material and exam for the qualified BACPR Instructors.

BACPR Standards and Core Components Online Modules

Please click www.bacpreducation.co.uk to access these modules via the new BACPR online learning platform.

These series of online e-learning modules include a free access Introduction module and 6 modules which cover the background and detail of each of the core components. Each module can be accessed individually. These online modules are ideal for health professionals who are looking for an up to date overview covering the key principles of cardiovascular prevention and rehabilitation. Each of the six e-learning modules listed below include learning outcomes, engaging learning materials and interactive tasks, as well as a pre and post Multiple Choice Questionnaire (MCQ) assessment to test your knowledge. On successful completion of each module you will receive a BACPR certificate.

- Audit and Evaluation (free access)
- Health Behaviour Change and Education
- Lifestyle Risk factor management
- Psychosocial Health
- Medical Risk factor Management
- Long term management

Each module is £25.

In addition to the Exercise Instructor Training qualification and CPD courses we have organised two successful webinars which were free to BACPR members : in November 2020 one on Nutrition and in January 2021 one on Physical Activity and Exercise and both free for BACPR members. More webinars in the pipeline

All our education and training continues to be delivered by experienced tutors who are specialists in the field of cardiovascular prevention and rehabilitation. All course material is constantly peer reviewed and maps across to the current BACPR Standards and Core Components and Competencies. Delegate evaluations are reviewed after each course in order to shape course material so it reflects up to date evidence. This is all possible due to the hard work, enthusiasm and commitment of all our tutors – a big thank you to them!

BACPR is a member of the national CPD Certification scheme (www.cpduk.co.uk) with our popular short courses being given the kite mark of CPD certified reflecting the high quality of the courses and also our CPD courses continue to be approved by the British Cardiovascular Society (BCS).

Lastly, I would like to thank Vivienne and Penny for their continued hard work in ensuring that BACPR Education and Training maintains it's recognition as a high quality training provider especially through these difficult months.

Wishing you a brighter, healthy and successful 2021- take care and stay safe!

Sally

Sally Hinton, Education Director

BACPR course review

BACPR Physical Activity and Exercise in the Management of Cardiovascular Disease

Part II: Advanced Applications –

Friday 27th & Saturday 28th November 2020

Online Delivery Review

Thought the course was excellently run by the 2 tutors Samantha and Stefan and I was pleasantly surprised by how well the online format worked in terms of allowing time for questions and feedback. There were little to no IT issues which was again a pleasant surprise and would happily attend another BACPR course online and wonder whether it should be the format going forward.

Reinforced my existing knowledge in terms of the patients I support in job but also expanded this with looking at patient groups such as LVAD's which I have no experience with.

Great 2 days and highly recommended!

Mark Chitty, Cardiac Rehab Nurse, North Bristol NHS Trust

Forthcoming BACPR Course Dates

Due to the ongoing COVID situation we do not have confirmed dates for some of the courses we offer but if you are interested in being notified of new dates when confirmed for any of the courses below please email Vivienne Stockley vstockley@bacpr.com Please also email to enquire about eligibility for a BHF grant funded place

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.

- Friday 5th & Friday 12th February 2021 (Via interactive remote delivery) - participation on both dates required
- Thursday 11th & Friday 12th March 2021 (Via interactive remote delivery) - participation on both dates required

Please email vstockley@bacpr.com for details for eligibility and the application process to see if you qualify for a funded place
Cost £350 (£310 to BACPR/ACPICR members)

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

*This course extends the core knowledge, understanding and skills gained in Part 1 to clinical reasoning for the inclusion of the higher risk and complex cardiac patient, such as heart failure, arrhythmias, ICD's, unstable blood pressure and diabetes. 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.*

- Friday 5th & Saturday 6th March 2021 (Via interactive remote delivery) - participation on both dates required
- Friday 9th & Saturday 10th April 2021 (Via interactive remote delivery) - participation on both dates required

Please email vstockley@bacpr.com for details for eligibility and the application process to see if you qualify for a funded place
Cost £350 (£310 to BACPR/ACPICR 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?

- Saturday 27th February 2021 (Via interactive remote delivery)
- Saturday 24th April 2021 (Via interactive remote delivery)

Please email vstockley@bacpr.com for details for eligibility and the application process to see if you qualify for a funded place
Cost £185 (£165 to BACPR/ACPICR members)

Physical Activity and Exercise in Type 2 Diabetes

This NEW 1 day course aims to empower health care and exercise professionals to confidently enable people with type 2 diabetes to exercise safely and effectively. The course includes background knowledge of type 2 diabetes management, understanding of exercise physiology relating to diabetes and increasing awareness of managing acute episodes and complications affecting exercise prescription.

- Wednesday 27th February (am) & Wednesday 3rd March (am) 2021 (Via interactive remote delivery)
- participation on both dates required
- Thursday 29th April 2021 (Via interactive remote delivery)

Cost £185 (£165 to BACPR/ACPICR members)

A Practical Course in Adapting Exercise: accommodating all abilities from seated to high level activity within a group

This practical one-day course focuses on developing leadership, teaching and delivery skills to facilitate a safe, effective and well-managed programme to a functionally diverse client group.

Cost £185 (£165 to BACPR members)

Principles and Applications of Resistance Training for Healthcare Professionals

This course aims to increase awareness, understanding and confidence in prescribing resistance training (RT) to patients with cardiovascular disease.

Cost £185 (£165 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.

Cost £185 (£165 to BACPR members)

Health Behaviour Change and Psychosocial Support in Cardiovascular Disease

Explore ways of incorporating psychological principles within your service.

Cost £350 (£310 to BACPR members)

Monitoring Intensity and Assessing Functional Capacity Course

This 1 day course is aimed at all health and exercise professionals working in clinical populations to ensure effective monitoring of exercise intensity and aims to increase the knowledge and skills in implementing a number of functional capacity tests used in population groups such as cardiac and respiratory patients (e.g. Incremental Shuttle Walk Test, 6-Minute Walk Test, Chester Step Test, Cycle Ergometry) as well as practically apply the results to exercise prescription.

Cost £185 (£165 to BACPR members)

BACPR also delivers the BACPR Level 4 Exercise Instructor Training Qualification

Please see website for details

Currently delivered via interactive remote delivery

BACPR Exercise Instructor Network online meetings

Great opportunity for qualified BACPR instructors to network and attend some practical educational sessions.

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

Please contact us:

- ✓ you wish to be notified by email when new course dates have been confirmed and to request an application form
- ✓ 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

education@bacpr.com

Tel: 01252 854510 Fax: 01252 854511

For latest course dates please visit www.bacpr.com

Diary Dates

ESC Preventive Cardiology 2021

15th – 17th April 2021

Online

BACPR Exercise Professionals Group Spring Conference

14th May 2021

Online

CACPR Spring Conference

4th and 11th June 2021

Online

British Cardiovascular Society Conference 2021

7th – 10th June 2021

Online

EuroHeartCare 2021

17th - 19th June 2021

Online

European Society of Cardiology Congress

27th –30th Aug 2021

Online

BACPR Annual Conference 2021

7th – 8th October 2021

International Convention Centre (ICC), Belfast

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.