



JANUARY 2020

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EPG and EIN Updaes

The Magazine from the British Association for Cardiovascular Prevention and Rehabilitation

BACPR Connect



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‘Cardiovascular Disease and Multimorbidity’

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Message from Editor

Ceri Roberts,
Editor

A warm Welcome to the Winter 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 and some stepping up to other positions but also saying goodbye to some old timers who have served their time on council! One of the many positives of the BACPR is its truly multi-disciplinary nature and the current council exemplifies this!

Since the last issue we have had our annual conference which was a great success. Nottingham didn't disappoint with some great content focusing on the comorbid nature that cardiac rehab (CR) is now having to manage. Our Scientific Officer Dr Simon Nichols gives us a breakdown of the event.

We continue to work closely with many other associate members to collaborate on working plans to improve the delivery of CR. Some updated resources from the BHF can be viewed and NACR give us an update in this issue.

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. Sections will hopefully help us a community to share practice with the hope of generating more discussion about to best deliver cardiovascular health interventions nationally. Please feel free to get in touch to submit reports highlighting your service or individuals involved with CR delivery.

Exercise is a core aspect of CR and an update from the BACPR Exercise Professionals Group is on page 9.

Ollie and Sarah update us on their amazing trips courtesy of the BACPR travel awards.

Take a look at our upcoming education and training courses for the gold standard in education and training on CVD prevention and rehabilitation.

And finally, why not have some fun with a relaxing CR inspired crossword.

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!

Ceri

BACPR Communications and Digital Media Officer



Message from the President

Professor Susan Dawkes

I know that this winter edition of Connect will reach you in January 2020 so Happy New Year! I write this though in the midst of preparation for Christmas and the time of year that is so magical yet so busy.

Trying to juggle work with home and family as well as writing the Christmas cards, wrapping the presents and generally getting organised means I find it more difficult to get enough exercise. What was helpful though was dancing at our Christmas party where the entire team involved in cardiovascular health research and teaching spent most of the time on the dance floor. I don't think we would win Strictly Come Dancing but we had fun and got some exercise!

What I also find difficult is the food retailers seem to go crazy at this time of year enticing us to indulge in foods that are really high in calories. I heard this morning that there is a campaign to include on food packaging the amount of exercise needed to burn off the calories it contains. That would certainly make me think twice about eating some foods and I would be really interested to hear the thoughts of my dietetic colleagues on that but also see if this would make our patients think twice! I suspect this would work for some people but not all and that probably is the same for any dietary advice. There are many controversies in cardiovascular nutrition and at every conference I have been to the room is always packed when a presentation is given on what the best diet is for our patients. There was no exception to this when Dr Nicola Guess presented at our conference in October on the myths and facts of nutritional management of type 2 diabetes. We eagerly await a publication from the BACPR Diet Working Group led by Dr Tom Butler which gives specific recommendations to answer the many common questions you will be asked by patients and their families about diet.

I really feel and I hope you do too that the benefits of cardiac rehabilitation (CR) are finally being recognised with the publication of the NHS Long Term Plan and the emphasis on increasing the uptake of CR. (I know that the other UK countries are also in the process of updating their health plans and strategies and cardiovascular disease will remain a top priority which is great). While the target of getting 85% of those eligible for CR to participate is challenging given that it's around 50% at the moment, it was clear to my colleagues on Council and I, as well as the many people we talk to who are involved in CR, that things need to change and we need to be innovative in how we plan and deliver CR services.

As you well know, we have a growing number of patients with more complexity and different patient groups who need CR (e.g. those with congenital / inherited conditions, AF, heart failure) which makes our jobs more challenging. We should be assessing each patient's CR needs individually and the offering them a menu based programme where one size does not fit all and that can be challenging with current staffing and resources. The data from the Global Cardiac Rehabilitation survey that Sherry Grace from Canada led shows that in every country of the UK if every patient who was eligible came along to our CR programmes we would not have enough space for them as things are just now! With all of this in mind then things need to change and the promise of funding to help us increase uptake is great and hopefully will mean we are no longer a Cinderella service. I am hearing lots of exciting innovations and initiatives that have already started to transform CR services and we as a BACPR Council are committed to supporting CR programmes to enable the delivery of best practice as set out in our most recent strategy document. You need to let us know how we can help and we will endeavour to ensure best practice is shared. By the end of 2021 we will review and update the Standards and Core Components and publish these to ensure the guidance we are working to is contemporary.

There were two events that stood out for me this year (not Brexit!). The first was the BACPR hosted presentations at the BCS conference. Never before has this session been as well attended but the presentations from Prof

Sally Singh, Prof Rod Taylor and Dr Simon Williams were fantastic and were so well received. The patient who told his story of having heart failure was nothing short of outstanding and really captivated the audience. My other highlight was of course the BACPR annual conference in Nottingham. It was brilliant in continuing to share the good practice and innovations that have already started to improve our CR services. We had a wide range of fantastic presentations with hopefully something for everyone. Sally Hughes from BHF really summed up the need for transformation of CR services at conference and we are grateful of the continued support from BHF and other charitable organisations for their commitment to supporting BACPR in our mission in promoting excellence in cardiovascular disease prevention and rehabilitation. There was a real sense of excitement and drive to change our CR services to improve patients' lives and wellbeing. This is not about everyone working harder, it's about us working differently and BACPR is here to support you in this.

We have a number of other things happening over the coming months, including a new look website with some additional features for members and planning for the next conference in Belfast. We will keep you posted on those! I want to thank those who have left Council this year for the hard work and dedication and welcome the new people who have recently joined Council. I want to remind you that 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.

Happy New Year and all the best for 2020.

Susan

Professor Susan Dawkes

WHO Universal Health Care



BACPR past president Professor John Buckley has been successfully selected to represent the UK and the ICCPR,

as part of an international panel of cardiovascular health specialists from 15 different countries, tasked with preparing the standards and policies on heart disease rehabilitation that will become part of the WHO's Strategy in creating the standards for Universal Health Care by 2030.

Latest news



Membership Update Winter 2019

The AGM welcomed our new President, Professor Susan Dawkes. However, it will not be goodbye from Dr Scott Murray who will remain on Council as Past President.

Jo Hayward has finished her term as Honorary Secretary, and Dr Carolyn Deighan has taken on this role. Ceri Roberts has moved from Ordinary Officer to take on a newly created role Digital and Communications Officer that reflects the increasingly Digital world we are moving in. Dr Hayes Dalal, has been co-opted to represent Primary Care, another important area of support for cardiac prevention and rehabilitation. We also welcome Tracy Kitto and Ruby Miller as newly elected Council officers. Please look at the website to see the new profiles and council composition. The online Forum has continued to be very active this year with 'up to the minute' topics and discussion. Please keep these coming in. We still have two amazing opportunities available in the form of our Travel Awards at £1,500 each. You don't need to go to far flung places for inspirational learning, so get your ideas in over the Festive Period for a new year that may include an exciting informative trip for yourself (and for us when we hear about it in a blog or report!) Information is available on the Travel Award tab on the website with applications due by 1st April 2020.

Dr Carolyn Deighan
BACPR Honorary Secretary and Chair of Membership
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"An excellent and very well organised conference. Many thanks"

"Interactive case studies - Such an experienced knowledgeable panel, the cases were complex and very true to life."

"The conference has provided an invaluable motivating opportunity for a time away from work to really focus on what we can do to improve our cardiac rehab service"

BACPR Annual Conference 2019

'Cardiovascular Disease and Multimorbidity'

CONFERENCE REVIEW

East Midlands Conference Centre
3rd and 4th October 2019

We were delighted to welcome so many of you to this year's annual conference at the East Midlands Conference Centre in Nottingham where we had the pleasure of listening to some thoroughly engaging presentations relating to 'multimorbidity in cardiovascular disease'.

As many readers will be aware, patients entering our cardiac rehabilitation programmes are often frail, and approximately half of patients have two or more comorbidities. Treating patients with complex healthcare needs can pose numerous challenges. However, where challenges present themselves, so do opportunities.

It may not surprise many of you if I suggest that the multi-disciplinary nature of cardiac rehabilitation teams equips them with the expertise to improve the health and quality of life of patients with multiple co-existing health problems. This is particularly true where risk factors and/or treatments for one condition overlap with those of another, for example, patients with coronary heart disease and co-existing peripheral vascular disease. This partially underlines why the British Association for Cardiac Rehabilitation became the British Association for Cardiovascular Prevention and Rehabilitation. The UK's cardiac rehabilitation network can provide excellent examples of programmes that address the multiple healthcare needs of their patients through holistic healthcare.

The benefits of 'treating the patient' rather than 'treating a condition' can be two-fold. Firstly, patients may not need to attend multiple different healthcare services. Over burdening patients with medical appointments may lead to healthcare fatigue, service attrition, and lack of compliance or engagement. Secondly, cardiac rehabilitation programmes can make a stronger business case for investment if they are able to treat a broader spectrum of health problems. The positive impact that cardiac rehabilitation can have on multiple health conditions and healthcare outcomes may be appealing to commissioners and stakeholders, especially if there are opportunities to reduce

the costs of establishing and maintaining new disease-specific rehabilitation services. It is however recognised that treating patients who are multimorbid can be challenging, and the BACPR 2019 annual conference aimed to place some of these difficulties under the spotlight.

On Thursday 3rd October, Dr Scott Murray gave a warm welcome to the delegates and formally handed over the BACPR presidency to Prof Susan Dawkes. Susan is a Professor of Nursing at Edinburgh Napier University and brings significant experience to the BACPR and we are very much looking forward to working with her over the next two years.

The conference's opening presentation was delivered by Dr Paddy Barret, a Cardiologist from Blackrock Clinic, Dublin. Dr Barrett presented on the topic of 'Disruptive Prevention' and provided an insightful and thought provoking discussion on the role that technology may play in providing effective healthcare. The presentation was concluded by an important acknowledgement that practitioners are the 'shepherds' who govern where technology can, and should be used to provide excellence in healthcare. Prof Patrick Doherty and Alex Harrison followed Dr Barrett and discussed the key findings of a National Audit of Cardiac Rehabilitation report on quality outcomes. They also provided important context which explained the prevalence of multimorbidity in cardiac rehabilitation. The impact that frailty has on patients and healthcare services was then explored by Dr Shuli Levi, a Cardiogeriatrician from Hammersmith Hospital.

It is tempting to view multimorbidity as an inevitable part of the aging process, and whilst there is truth to this, Dr Malcolm Walker reminded us that this is not always the case. It was sobering to hear that so many patients were surviving cancer only to find that their lifesaving treatment was cardiotoxic, and had led them to develop heart failure. Dr Nicola Guess, a Senior Lecturer at Westminster University followed Dr Walker, then moved on to discuss 'Diet and Diabetes'. Feedback from the previous four BACPR annual conferences has consistently ranked diabetes as one of the most popular topics. The presentation by Dr Guess did not disappoint, and provided



further interesting data and suggesting that modest changes to lifestyle will not result in diabetes remission. Low glycaemic load, high fibre diets, consumption of healthy fats, and maintaining a healthy weight were key recommendations to induce diabetes remission.

Dr Simon Williams from The British Society of Heart Failure started Thursday's second session. Dr Williams updated delegates on NICE guidelines, the National Heart Failure Audit, the NHS long-term plan, and offered an overview of the most recent clinical trials. Prof Jamie Waterall then discussed the success in treating preventable cardiovascular disease, but highlighted that this progress had slowed down in recent years. It was clear that a renewed effort to tackle modifiable cardiovascular disease risk factors in both a primary and secondary prevention setting is needed.

Dr Ali Khavandi discussed the opportunity of dietary and exercise interventions for positive change in cardiovascular medicine and explained the concept of Cardiologists Kitchen.

Professor Costas Karageorghis then gave a very interactive session on Optimising Music Applications in Cardiac Rehab. The talk explored the structured and systematic use of music as a means by which to improve the exercise experience and thus, ultimately, to promote exercise adherence/enhance public health.

Dr Joe Mills (cardiologist) ended the first day of the conference by leading an engaging interactive case study which discussed the healthcare needs of two complex patients. The multi-disciplinary team on the discussion panel included Dr Carolyn Deighan (Psychologist), Dr Tom Butler (Dietician), Alison Allen (Nurse) and Brian Begg (Exercise Physiologist). The group took part in an open discussion with the audience. The day was concluded by the traditional gala dinner where the winner of the first BACPR New Research Development Fund was announced. The winner was Dr Connor Kerley who will be using the £2,000 award to investigate a novel botanical treatment for hypertension. The winner of the moderated poster was Sam van Beurden for her poster entitled REACH-HF Beacon Site Project: developing and evaluating a network of practice for the implementation of home-based heart failure rehabilitation across the UK and the winner of the New Investigator award was Serdar Server with his poster entitled 'Do comorbidities determine the improvement in depression in patients with new onset depressive symptoms following cardiac rehabilitation?'

Day two started with parallel sessions. Session 4 was a digital workshop Chaired by Sally Hinton and Gillian Farthing, and co-hosted by Kelly Read, Clinical Development Coordinator, British Heart Foundation, and Clare Thomson, Senior Project Manager, Cardiac Clinical Network, NHS England. The workshop included multiple presentations on digital innovations in cardiac rehabilitation. Parallel session 5 saw presentations from our five oral abstract presenters. Session 6 started with the prize for Best Oral Abstract which was awarded to Prof. Colin Greaves for his presentation on 'What works for supporting health behaviour change in cardiovascular health promotion?' Session 6 continued with a presentation from Dr Tom Butler who updated delegates on the progress of the BACPR Diet Working Group. Dr Tom Hesseltine followed with a presentation on 'Lipids: The Good, The Bad and The Ugly'. Dr Hesseltine provided an interesting overview of the physiology of lipids and lipoprotein particles and their role in the energy transport system for moving on to discuss the 'personal fat threshold'.

Dr Rani Khatib, a Consultant Pharmacist in Cardiology and Cardiovascular Clinical Research, reminded us that the medical management of patients is one of the BACPR's six core components. Dr Khatib issued a timely reminder that the Pharmacist plays an important role in optimising patient medications. It was interesting to hear that only 42% of UK cardiac rehabilitation programmes include a pharmacist as part of the multi-disciplinary team, especially given that there are more than 11,000 community pharmacies in England alone. The presentation certainly stimulated discussion around how we can make better use of this important resource. Dr Vicky Pettemerdis then continued the programme with a talk on 'Combining prevention and rehabilitation within the cardiology training'. The talk highlighting the importance of developing training in cardiac rehabilitation for cardiologists. Sally Hughes followed and gave an uplifting presentation outlining how cardiac rehabilitation was once again, a priority in the UK. Sally challenged delegates to 'reimagine' their offer of cardiac rehabilitation. Digital technology and home-based solutions were once again highlighted as areas in need of development.

The final session of the conference was led by Prof. Sally Singh who provided an overview of her work in 'Breathlessness in COPD and Chronic Heart Failure'. She discussed the breathlessness service in Leicester where there is integration of both participants and the staff involved in the delivery of cardiac and pulmonary rehabilitation.

Dr Coral Hanson then provided very topical overview of 'access, adherence and multi-morbidity' in exercise referral schemes. It was interesting to hear that the number of co-morbidities does not appear to predict participant uptake or adherence to an exercise referral scheme. Perhaps though, we could consider some of Dr Hanson's key messages which were that communication prior to participation is one of the most important factors when encouraging uptake, and that we need to consider how to re-engage participants who stop attending. The theme of the conference was brought together with the penultimate presentation from the BACPR's past Scientific Officer, Dr Aynsley Cowie. Dr Cowie presented an overview of her service which was described as a 'Specialist-Generalist Rehabilitation Programme'. The Healthy and Active Rehabilitation Programme, or HARP, is designed as a sustainable multi-modal self-management programme which challenged condition-specific rehabilitation. This NHS service accepts patients with cancer, pulmonary disease, cardiac disease, stroke, falls, diabetes, as long as they had at least one other long-term condition. The aim of HARP is to widen access to rehabilitation among people with multiple long-term conditions. Given that more than half of patients attending cardiac rehabilitation have two or more co-morbidities, this model of care should certainly stimulate interest among practitioners, service managers and commissioners. Dr Cowie's presentation was followed by a joint presentation from Dr Thomas Keeble and Paul Swindell on 'Care After Resuscitation'. Paul, a patient representative, delivered a particularly poignant presentation that reminded us that patients remain at the heart of all that we do.

See you in Belfast!

Dr Simon Nichols
BACPR Scientific Officer



Cardiac Arrest REcovery team

A future vision for cardiac arrest survivor and family rehabilitation

Dr Thomas Keeble

Consultant Cardiologist, Essex cardiothoracic centre, & Anglia Ruskin school of medicine, UK

Paul Swindell

cardiac arrest survivor & Founder of suddencardiacarrestuk.org (peer to peer support organisation)

A Survivor's Story

My event took place on the 4th April 2014, the day after my 48th birthday and I was seemingly fit and healthy. I'd never smoked or taken drugs, only drank alcohol in moderation and had always been very active, including completing over 10 marathons in my younger days.

I arrested unwitnessed in my home office and so I have no information about the hour or so preceding my discovery. It was by chance that my wife found me, I was lying motionless and doing a rather good impression of a doorstop. She controlled her panic and started the chain of survival.

I was "down" for some time and when stabilised by paramedics and the air ambulance team was taken to a specialist cardiac centre in an induced coma. I was awoken 2 days later and stayed in the hospital a further 12 days and was coherent and appeared to be relatively "ok". Diagnostic testing proved negative and so I had an ICD implanted and a diagnosis of Idiopathic VF. I was discharged home with an ICD follow-up appointment, but no medications, rehabilitation or further consultations planned. I was advised to try and live as normally as before and if I had any cardiac issues to call the arrhythmia nurse, otherwise see my GP.

The short walk to my wife's car for the journey home left with the same feeling of exhaustion and a state of lassitude that I had experienced completing a marathon some years earlier. At home, I felt quite dazed and confused by the whole event and had a number of issues seemingly unrelated to my heart. My emotions were all over the place, I was constantly tired, I had a permanent headache, was adversely affected by noise and light, had problems concentrating, and my speech and thinking were slow and broken. I felt like a cadaver on autopilot.

Some weeks passed and with little improvement, I went to see my GP. Perhaps it was the shortness of the appointment or my poor communication skills but I felt he didn't really "get" what I was going through and he even said at one point, "what do you expect, you were dead". As I didn't have any obvious heart issues I didn't feel the need to recourse to the hospital and consequently, my wife and I felt quite alone, abandoned even. Which was in stark contrast to the excellent care I'd received up to the point of discharge.

Being of a previously fit disposition, I thought I would be able to shake off the tiredness and lethargy by getting back to doing some activity. I also hoped it might clear my head which seemed to be in a perpetual fog. I went out for walks and it was good to get out in the fresh air and it certainly helped my overall wellbeing. However, I was confused as to whether I was doing the right thing as after each venture, I would be totally exhausted and need to rest and sleep for even longer. Not having any professional rehabilitation or knowing whether this was "normal" or not meant I was in a state of flux as to whether I was doing the right thing.

My wife perhaps was suffering just as much as me as she was often in a state of hyper-vigilance, constantly checking on me, ensuring that I was not going to leave her and our children again. In time this abated somewhat but re-surfaced a few years later in a more serious way and she was consequently diagnosed with having PTSD.

Desperate for help I had some private sessions with a neurologist and although I found the appointments exhausting they helped me and my wife enormously. He was the first doctor who had listened to us and considered the bigger picture. Although my issues persisted we felt that the sessions had been a positive step.

All of this and the fact that I was idiopathic drove me to look for help in other ways. Initially via the internet, but ultimately through the peer support group that I formed - Sudden Cardiac Arrest UK www.suddencardiacarrestuk.org. This has ended up helping not only myself and my wife but many others who I have found have been similarly left wanting and needing further assistance after this life-changing event.

Cardiac arrest (CA), a state where the heart stops and there is no meaningful blood supply to brain and vital organs is the ultimate illness, and in 92% of sufferers results in death. Survival of a cardiac arrest requires a concerted effort from bystanders recognising the diagnosis, calling for help, providing immediate CPR and defibrillation where needed, and then allowing the paramedic, pre-hospital and cardiac arrest centre teams to stabilise and treat the underlying condition.

Education about CA is improving, access to automated defibrillators is growing, and more heart attack centres are accepting and treating cardiac arrest patients. While pre-hospital and in-hospital treatment is on the whole good, aftercare and cardiac arrest follow up is geographically variable in the UK, with no dedicated or approved society guidelines. An online survey performed by peer to peer support network suddencardiacarrestuk.org suggested that 65% of patients post discharge did not feel their medical needs were met post discharge from hospital, and 94% of respondents suggested they required more help.

The national framework document “Resuscitation to recovery” sets very broad guidance for follow up of patients and families following cardiac arrest, but sadly none of them are mandatory. A poll at the annual BACPR meeting in October 2019 reported that cardiac rehabilitation departments are not commissioned to provide rehabilitation for 50% of patients with idiopathic cardiac arrest (i.e not one caused by a heart attack) and therefore fall through the net and are often only supported by their general practitioner who may have never treated a patient / family following a cardiac arrest.

A further survey of the suddencardiacarrestuk.org group suggested that if you had a cardiac arrest from a “non-heart attack cause” for instance cardiomyopathy or “idiopathic” only around 30% of patients were offered cardiac rehabilitation. Cardiomyopathy and idiopathic cardiac arrest make up about 35% of all cardiac arrest survivors and as such we are depriving a huge proportion of patients the benefits of cardiac rehabilitation and seeing a health care professional with experience in the challenges associated with surviving a cardiac arrest.

The Essex Cardiothoracic Centre (BTUH, UK) has consecutively followed up cardiac arrest survivors since 2015, and now has an extensive follow up programme to bridge discharge and promote patient / family education and rehabilitation. The Care After REsuscitation clinic set up has recently been published, and is the first example in the UK of a bespoke cardiac arrest multi-disciplinary team follow up service.(1) It was funded by both BTUH and SADS(UK) Charity. The clinic has informed us of the massive unmet clinical need of this patient cohort and we must now develop a sustainable, cost effective and deliverable UK wide strategy for all hospitals that treat patients with cardiac arrest.

Our experience and the results of the CARE follow up clinic suggest that patients and families experience a very high level of anxiety, depression, post-traumatic stress disorder (PTSD), all of which require early identification and appropriate treatment. Currently within the UK, cardiac arrest patients and families are often discharged home without adequate information, support, rehabilitation and further assessment and follow up.

We believe that this can be dramatically improved in a cost neutral fashion by allowing all cardiac arrest survivors access to a Cardiac Arrest REcovery team (CARE team). The CARE team member(s) can be any interested health care professional, but is most likely to be a member of an existing cardiac rehabilitation department, cardiac care ward or intensive care ward. The team may consist of just one person in a small unit or larger teams where more resource and patients are cared for.

Consensus gained during the 2019 BAPCR meeting suggested that there was appetite for the development of online training resources on cardiac arrest recovery from the perspective of:

The patient • The family • The cardiac rehabilitation team (nurses / physios / councillors)

The cardiologist • ICU follow up team • Neuropsychologist

The web-based teaching programme will be supplemented by a knowledge-based assessment, which if adequate knowledge and understanding is shown will result in a certificate of competency in understanding the needs of cardiac arrest survivors and signposting to appropriate support networks available locally. We hope that in time the BACPR will approve the courses and ensure that uptake is uniform across hospitals treating patients with cardiac arrest.

The web-based training will be supplemented by full day training workshops geographically distributed throughout the UK.

The ambition is that every hospital treating cardiac arrest patients will have a CARE team to support patients, improving the transition from hospital to home, reducing anxiety, increasing education and quality of life to rehabilitate patients back to the best possible life after their cardiac arrest.

Reference

1 Mion M et al. Care After REsuscitation: Implementation of the United Kingdom’s First Dedicated Multidisciplinary Follow-Up Program for Survivors of Out-of-Hospital Cardiac Arrest. Ther Hypothermia Temp Manag. 2019 Jul 9.

www.lifeaftercardiacarrest.com bespoke post cardiac arrest educational video for patients and families.

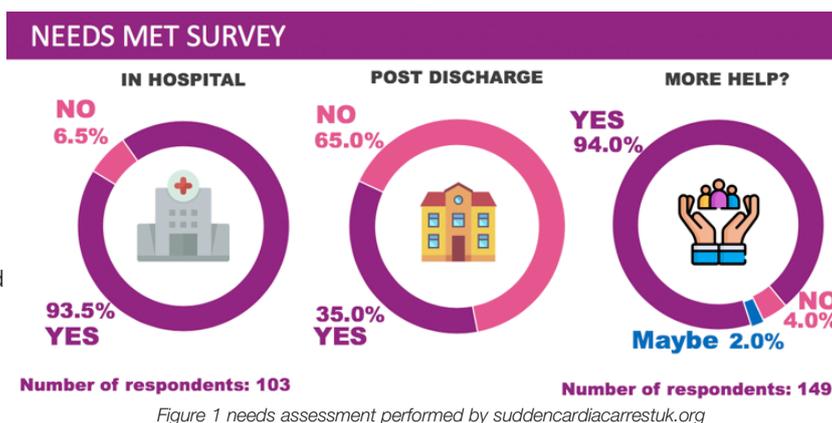


Figure 1 needs assessment performed by suddencardiacarrestuk.org

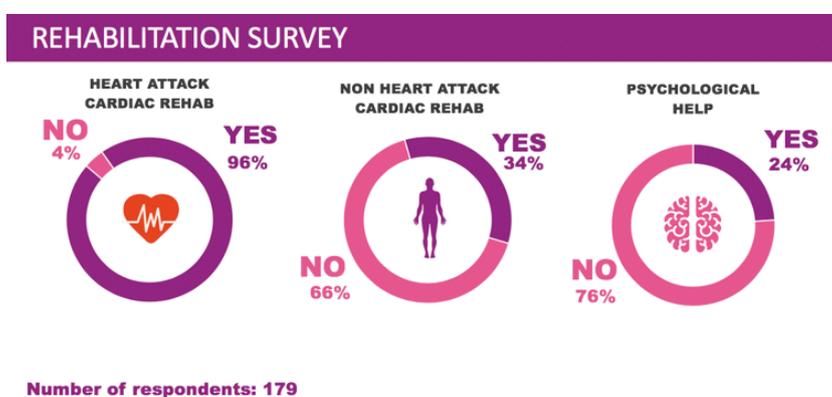


Figure 2 SCAUK.org cardiac rehabilitation survey





BHF Update

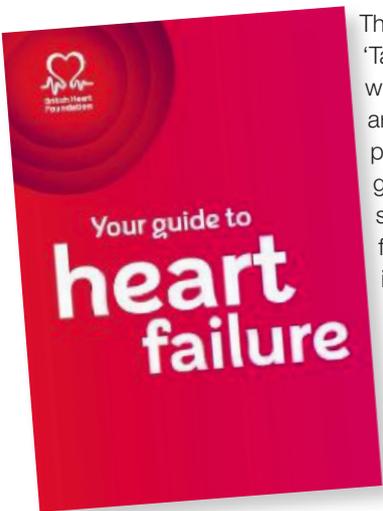
NEW: Healthy living resources



This year, we developed a new 'Taking Control' series of leaflets, which helps patients identify an area of behaviour to change and provides top tips to help them get started. The series covers salt, sugar, saturated fat, alcohol, food portions and labels, and includes a summary leaflet on how to keep your heart healthy. We also have a comprehensive 'Eat Better' booklet to help patients make healthier food choices,

with simple practical tips and small sustainable changes for everyday life. Visit www.bhf.org.uk/booklets/healthyliving

Updated: Heart failure guide



This year, we developed a new 'Taking Control' series of leaflets, which helps patients identify an area of behaviour to change and provides top tips to help them get started. The series covers salt, sugar, saturated fat, alcohol, food portions and labels, and includes a summary leaflet on how to keep your heart healthy. We also have a comprehensive 'Eat Better' booklet to help patients make healthier food choices, with simple practical tips and small sustainable changes for everyday life. Visit

www.bhf.org.uk/booklets/healthyliving

Stephen Robinson

BHF Coopted Rep on BACPR Council

Update from NACR

Update from the British Heart Foundation's NACR.



NACR Annual Report and Certification:

We are currently awaiting final confirmation of the publication date for this year's Quality and Outcomes Report from the BHF, and by the time you receive this BACPR Connect the report should be out. As per the new process for certification, all programmes have been graded under the NCP_CR KPI standards. Those meeting Green (certified) status for the next year (2019/20) will receive an email from the BACPR to confirm this, with the logo agreement to sign. Those meeting Amber will receive an email from NACR outlining which KPIs have not been met, and offering support to move towards certification. We will continue to work with programmes who have been graded as 'Red' and 'Fail' to help them improve their data or start entering data on NACR.

The report, and accompanying supplements, will be available on publication on our website, and we'll email all our primary and secondary contacts with the full report too. The link is: <http://www.cardiacrehabilitation.org.uk/current-annual-report.htm>.

BACPR Conference:

This year's conference in Nottingham was a great success – huge thanks to Simon, Sally, Vivienne and the team for organising. The NACR team would like to welcome Professor Susan Dawkes as the new BACPR President and say a big thank you to Dr Scott Murray for his support for NACR over the last two years.

It was great to be able to chat with users who came and visited us on our stand. We ran two successful and well attended workshops during the two days, the first on 'What are the barriers to Assessment?' and the second on 'What is Completion?' We're currently collating the responses and will feedback on the findings shortly

Annual Report 2020:

The surveys for the 2020 Annual Report will be going out in the New Year. NB: Please remember that from 2020 our reporting period is changing, from April-March financial year to Jan-Dec calendar year. So the 2020 Report will be focussing on Jan-Dec 2019 (the report will pick up the interim data from the end of the 2019 report period to beginning of the 2020 report – so April-Dec 2018 – to ensure all data is covered). Programmes will have until the end of May 2020 to get their data for 2019 input/uploaded to the NACR database, and return their surveys.

Research Updates:

We regularly release audit-related research, and a full list can be found at: <http://www.cardiacrehabilitation.org.uk/research.htm>

Nerina Onion

nerina.onion@york.ac.uk



Our Twitter account if you'd like to follow us is @NACR_Audit



BACPR Exercise Professional Group Update

Laura Burgess

BACPR-EPG Committee

The committee currently comprises of:

Simon Nichols Chair & BASES

Mark Campbell BASES

Vicky Hatch EIN

Katie Andrew (previously Plant) EIN

Helen Alexander ACPICR

Sue Young ACPICR

Laura Burgess Past Chair

Professor John Buckley Founder member

The BACPR-EPG committee continues to work to promote quality assured evidence-based services relating to physical activity and exercise for clients/patients with CVD. We are pleased to have recently released two new documents:

- **BACPR Exercise Professionals Group (EPG) Position Statement (version 3) 2019.** This document provides information on the essential qualifications, knowledge, skills and abilities required to lead the clinically supervised exercise component of cardiac rehabilitation (CR).
- **Indicative guide for the route to competence for the exercise professional working in the exercise component of the core cardiac rehabilitation pathway.** This document provides guidance for exercise professionals i.e. exercise instructors, exercise physiologists and physiotherapists working in CR, and for Managers and Commissioners who are responsible for the provision of CR services.

Links to these documents can be found on the BACPR and ACPICR websites.

The BACPR Advanced Exercise Professional Award is due to be piloted in 2020. This award is designed to quantify, qualify and unify qualifications and CPD from different exercise disciplines to enable individuals from those different disciplines to fully meet the requirements of this BACPR EPG 2019 Position Statement, and to demonstrate the knowledge, skills and abilities required to lead the clinically supervised exercise component of early (core) CR.

The Annual Spring EPG Study Day is Friday May 15th 2020 at Aston University in Birmingham and promises to be another great day. Our key note speaker is confirmed as Professor Dominique Hansen, Professor of Rehabilitation and Exercise Physiology in Internal Disease from the Faculty of Rehabilitation Sciences at the University of Hasselt in Belgium.

Topics confirmed so far are:

- Exercise prescription in patients with cardio-metabolic disease: state-of-the-art
- Controversies in current cardiovascular rehabilitation
- Results from the HIIT or MISS UK Trial
- Oral Abstract presentations

And much more.....come and join us for what is guaranteed to be a great day.

Visit the BACPR website to download an application form or email Vivienne Stockley at vstockley@bacpr.com for more information

BACPR Exercise Professionals Group Spring Study day

Friday 15th May 2020

Aston University, Birmingham



Wales

Rachel Davies,
Occupational Therapist, Cardiac Rehabilitation Service, Wrexham
Hospital University Health Board

We have a very successful group of enthusiastic Occupational Therapists (OT's) who meet in Mid- Wales, three times a year. The group composes of OT's who all work in Cardiac Rehabilitation in Wales, in various hours. Members are very dedicated and specialised and work in Cardiac Rehabilitation and with Heart Failure patients.

The group meets to share developments and expertise across Wales. We have made great headway in promoting the role of the OT in our cardiac services locally and nationally we have produced a poster for a BACPR conference and more recently presented at a conference about the OT role.

We meet to discuss standards of practice and training opportunities and share learning amongst the group. We have produced written minimum standards for Occupational Therapists who are new to Cardiac Rehab and have unified our paperwork and assessments used across Wales.

Specialist interests within the group are vocational rehabilitation, relaxation, and palliative care and this knowledge is shared and clinical practice is reviewed in line with evidence based practice.

We keep close links with the BHF and have worked with them to promote the role of the OT by putting an explanation about our role on their website. The aim being to increase patient's understanding how we can support and help them in their rehabilitation and in maintaining their dignity. We have also contributed to their Heart Matters magazine with an article about the Role of the OT detailing our skills and interventions.

We network with OT's in England who are specialised in cardiac rehab and hope this will continue to develop and evolve over the coming year. We also have links with the OT Palliative Care Group in Wales to share expertise as required.

We feel very fortunate in Wales to have a specialist group who meet regularly and are so committed and enthusiastic to improve patient care within Cardiac Rehabilitation.

England

Jodie Bosomworth RNA
West Suffolk Community Cardiac Rehabilitation Nurse

Educating patients and their carers is an essential component of Cardiac Rehab. Over the past couple years, through working with the British Heart Foundation and a Local Heartstart Trainer – West Suffolk Community Cardiac Rehab team members have become trained to provide this to both patients and their loved ones.

As part of the British Heart Foundation Nation of LifeSavers - CPR (Call Push Rescue) campaign this training is now offered and delivered as part of the Cardiac Rehab programme, which we have been fortunate to open up to the local community also. Uptake is increasing and to date we have trained over 150 people, with further dates arranged.

Many patients and relatives feel they would be unable to help whether physically or through lack of confidence should an emergency arise, however on completion of the training, the difference in their confidence is clear to see,



with them leaving feeling they would be happy to give it a go. They particularly find learning about accessing local AED's useful.

We are lucky to see directly the positive impact of bystander CPR, with survivors often being referred to us for their individualised cardiac rehab programme.

However sadly, the national survival rate is still incredibly low in comparison to other countries.

Every year over 30,000 cardiac arrests happen out of hospital in the UK alone, with only 1 in 10 surviving. However in Norway the survival rate is far greater with 1 in 4 survivors. If we could replicate this we would be saving another 5,000 lives a year. (BHF, 2014)



Some members of the team were able to attend the Sudden Cardiac Arrest UK #NotAlone event in Rutland recently, this was a great conference, not only highlighting the on-going need for an after-care pathway for the increasing number of survivors within the NHS, but it also provided a chance to showcase the great work that is being done to increase access

to defibs and training both schools and communities in Bystander CPR.

It is estimated that chances of survival is reduced by 7-10% every minute before CPR is commenced. However research has shown that the teaching of bystander CPR to the general public "offers the greatest potential to make



the biggest overall impact of survival in out-of-hospital cardiac arrests in Europe". With bystander CPR increasing survival rates by 2-3 times. (Rawalins and Hannon, 2013)

80% of out of hospital cardiac arrests happen at home with 20% in public places – this is why it is important to raise awareness and train up as many as possible. The key message is that anyone can help in cases of emergency whether First-Aid Trained or not – something is always better than doing nothing at all - learning these simple steps really can make the difference between life and death.

Northern Ireland

Donna Latimer, Cardiac Dietitian, Our Hearts Our Minds A Programme for Cardiovascular Health SWAH

Monday morning starts with an Initial Assessment Clinic, along with the cardiovascular nurse specialist and the exercise specialist. It's a busy morning for everyone! At initial assessment, I start by introducing myself and my role within the team, moving onto discussing how food fits into managing some of the risk factors for CVD. A detailed diet history is obtained and the Mediterranean diet score tool is used to assess their intake. A lot of education is provided on Eatwell Guide, with a focus on the Mediterranean Diet. My aim is to motivate and inspire patients towards healthier food choices and personalised goals. Following this, I have paperwork to do and data to record for outcome measures.

Each week we have a multidisciplinary meeting along with the consultant cardiologist. Each discipline has the opportunity to present their input with the patient and discuss any concerns. Teamwork is vital!

Later in the week, I will attend the group sessions, which are run for 8-10 weeks in the local leisure centres. My role here is to offer weight check to the patients and discuss goals set at initial assessment. Every 4th week, I will deliver an education session. Topics include focus on fats and food labelling. It's a great opportunity to use our brilliant visual aids, including saturated fat test tubes and food models. The patients always find these very interesting. I am very lucky to have a brilliant Dietetic Assistant Practitioner (DAP) working alongside me who helps with the education. Another fun part of the groups is participating in and guiding patients through the exercise circuit (very different role for a Dietitian!). I also help with checking heart rates during the session.

I also do a multidisciplinary End of Programme Assessment Clinic for patients who have completed the group sessions. Here, I measure their anthropometry and redo their Mediterranean Diet Score. This is great for patients as they can see their progress from initial assessment. Further dietary information is provided and lifelong personalised goals for secondary CVD prevention are set.

Outside of the clinical work, I can also be found working with the team to organise the group sessions or clinics, supporting and supervising DAP, producing and updating diet sheets and ensuring I am up to date with latest evidence and research. Every day is so different, which means there is never a dull moment!

News from Northern Ireland

The BACPR "Physical Activity and Exercise in the Management of Cardiovascular Disease: Part 1 : Principles and Practicalities" course was delivered in the Mitre rehabilitation Unit, Musgrave Park Hospital in Belfast on 1st and 2nd of November. There were 22 delegates from Northern



Ireland, Southern Ireland and Scotland from a range of disciplines working within cardiac rehabilitation. The 2nd part will take place on 7th and 8th February 2020.

The BACPR "Physical Activity and Exercise in Type 2 Diabetes will also be hosted in Belfast in June 2020.

British Heart Foundation Northern Ireland (BHFNI) have been making the case for several years that a new joined up strategic approach is needed to tackle the increasing numbers of people living with and dying from CVD. This work is in line with 'Health and Wellbeing 2016: Delivering Together' which spelled out a new, clear approach to achieving better health outcomes and achieving transformation within the current Health and Social Care system.

A broader and bolder direction for the delivery of healthcare is required to ensure a fresh approach involving prevention, early intervention, treatment and recovery and to the outcome-based design and delivery of services. It is within this context that BHF NI launched a CVD Taskforce at Crumlin Road Gaol in Belfast on 2nd October 2019.

The CVD taskforce brings together a panel of experts from across the health and wellbeing spectrum and is chaired by Peter McNaney, Chairman of Belfast Trust. The launch was our first opportunity to seek



views of those working with and with experience of CVD. We were delighted by the number of people who attended, from patients to nurses, doctors, Dept of Health and community staff. We used design thinking to look at the issues in CVD and a problem solving approach to start developing some answers. Common themes were the

need for more prevention, detection and management of conditions, the importance of quality cardiac rehab and access to appropriate and timely palliative care.

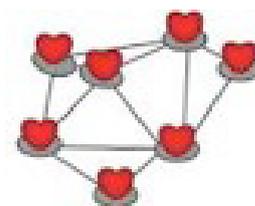
As part of the work going forward, we will be engaging further with the cardiac community on issues identified and are currently planning workshops in Belfast and Derry in March to look at prevention in more detail.

If you would like to be involved in the work or want any further details please contact Karen McCammon, Health Service Engagement Lead at BHFNI mccammonka@bhf.org.uk.

Research in Northern Ireland

"Improving Engagement with Cardiac Rehabilitation (CR)" – Study update. Recruitment is progressing well, to date over one third of the target sample have been interviewed. The interviews allow a detailed exploration of staff and patient perceptions of the current CR programme as well as suggestions for how to attract non-attenders. We are on target to commence the co-design phase in late spring 2020; this will involve collaboration between patients, staff and researchers to develop innovative ways of providing the CR service. By using this methodology, it is hoped that the approaches developed will be more appealing to our local patients and improve engagement. Funding has been provided from the Public Health Agency. The research team includes, Prof Donna Fitzsimons (Queen's University Belfast), Prof Judy Bradley (Queen's University Belfast) and Dr Patrick Donnelly, (South Eastern Health and Social Care Trust). For further information contact PhD student Gemma Caughers, email: gcaughers01@qub.ac.uk.

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.

New Researcher Development Fund.

Applications open 3rd Feb 2020

The BACPR are keen to support practitioners and early career researchers to develop innovative research and service improvement projects. This £2000 award is aimed at both clinicians who are new to the research world and wish to undertake a project to develop their service / practice, and individuals who are in the early stages of a research career.

If you are keen to undertake a project which leads to new knowledge within the field of cardiovascular prevention and rehabilitation, please apply for this grant to support your work.

Please see further details on www.bacpr.com on the application and selection process

Closing date for applications 5th June 2020

BACPR Annual Conference

1st & 2nd October 2020

International Conference Centre, Belfast



BACPR Exercise Instructor Network Update

Committee News

Vicky Hatch
Julie Mason
Brian Begg
Katie Andrew
Lindsay Smith
Emma Spalding
Toby Whitehead

BACPR Exercise Instructor Network Study day

We delivered a successful BACPR Exercise Instructor Network Study day with the updated timetable in Prestatyn, Wales in November which received great feedback. Our next one will be in London on Friday 20th June 2020.

BACPR Instructor Survey

Thank you to all those who completed the recent survey – we will ensure that we share the findings with you in the next few months.

BACPR Advanced Exercise Professional Award

Coming soon ! See info under BACPR Exercise Professional Group information on page 9.

Facebook

Thanks to Katie's hard work and our current members, interest continues to grow steadily with just over 600 'likes'. With new recruits Emma and Toby, we hope to strengthen our presence and following. To like our page, click on the QR code below. This is a great place to share information, ask questions and contact other instructors.



Vicky Hatch

Chair, BACPR Exercise Instructor Network

BACPR Travel Award

Where in the world could YOU go to find new ideas in cardiovascular prevention and rehabilitation - with the right financial support, the possibilities are endless

Have you heard about a great international conference, an innovative method of delivery, a new way of thinking or perhaps a new activity to meet CR goals? You don't need to be a Service Lead or have decades of experience, just a great idea and a willingness to share your learning with your colleagues, service and BACPR.

See our website for the application process.

The BACPR Travel Awards 2020 are open for applications until the 1st April 2020 with up to £1,500 available per applicant (two Awards available). The BACPR Travel Awards can be used to cover transport (including flights), accommodation and subsistence for the duration of your trip.

Please contact Dr Carolyn Deighan at bacprsecretary@bcs.com if you have any questions and we look forward to receiving your applications.



BACPR Travel Awards 2019



Travel Award Report - Sarah Quinlan

After many years of pondering whether to apply for the Travel Award, I finally went for it in 2018! All I can say is that I am so glad I did.....BACPR enabled me to have the most amazing experience through a trip to Canada in June of this year.

The aim of my trip was to investigate the role Occupational Therapists play within Cardiac Rehabilitation and long- term condition management within Canada. I also wanted to share, with Canadian healthcare professionals, my knowledge and experience of how the Occupational Therapy (OT) profession can contribute to improving patient outcomes within these settings.



My adventure began on June 11th 2019, I left a very wet Manchester and was heading for Toronto and a visit

to the Toronto Cardiovascular Prevention and Rehabilitation Program (the presence of the Toronto Wolfpack Rugby League team on my flight was an added bonus!).

After catching up on some lost sleep, and semi successfully navigating the Toronto metro system (to this day I still don't understand how I was meant to use my token to get out); I found my way to Toronto Western Hospital and was met by Valerie Skeffington who, at the time, was the programme lead.

After a very warm welcome from Valerie, I shadowed a women only gym session in Toronto Western Hospital. Through discussion with the Cardiac Rehabilitation staff, it was clear that there were many barriers to individuals attending this programme. Toronto is a large, multicultural city, which in itself presents the Cardiac Rehabilitation programme with challenges around language barriers and cultural understanding. Valerie and I had very thought provoking discussions around how to tackle these challenges, as it is clear we both have hard to reach populations. One strategy used by the team was by improving access to on line resources (www.healthuniversity.ca). The Health University online programme aims to enable patients to self- manage and make long- term behaviour changes to support their future health.

Following my visit to the hospital based programme, I was then very kindly driven approximately 30 minutes out of the centre of Toronto to the Rumsey Rehabilitation Centre. This is a very impressive, purpose built, multi-rehabilitation centre. The Rumsey Centre has facilities that most rehabilitation programmes in the UK could only dream of. It has an indoor and outdoor 200-metre track, large gym and weights area, and lecture hall for educational talks.

However, aside from the facilities, the main difference that struck me was the structure of the multidisciplinary team. The programme does not have any nurses or therapists and is led by Kinesiologists; alongside technicians and a medic. Unlike in the UK, Kinesiologists have been able to register as Health Care Professionals for the past 6-7 years, which has opened up opportunities for the profession.

Through discussions with the Cardiac Rehabilitation Team at both sites, it very quickly became clear that there were no OTs within the multi-disciplinary team (which by all accounts is quite the norm in Canada). However, through further discussion we identified that there could be an OT role as the team very much aim to deliver a person centred care plan; incorporating BACPR core components. Discussions concluded that the team would welcome a therapist to support in areas such as improving independence, confidence, and supporting behaviour change. However, I was told there was limited availability of OTs to work within this setting; which is perhaps an area to discuss with the Canadian Association of Occupational Therapists on another day!

After grabbing a few hours to catch a glimpse of the sights of Toronto on foot (NB I would not recommend 'going for a run' in downtown Toronto just as people are finishing work), I headed for the airport once more. This time I was

bound for Saskatoon; the 'Paris of the Prairies ', and the Canadian Association of Cardiac Prevention and Rehabilitation Annual Meeting and Symposium. The 2-day event was held at Saskatoon University and titled 'Managing Long Term Physical Health Conditions in the Community'.

The conference began with an insight into the culture and experiences of the First Nations, Metis and Inuit peoples. It was fascinating, and at times upsetting, to hear of their experiences since their first contact with the Europeans. However, a presentation around the development of the 'All Nations Healing Hospital' was very inspiring as it demonstrated that it is possible to meet the needs of a variety of cultures by using a person centred approach. This introduction then set the scene for the conference with some very interesting presentations, around how we need to adapt our approach in the management of long-term conditions.

Day 1 of the conference provided a wealth of interesting speakers on topics such as the use of health eating trackers, COPD management, and updates from Dr. Peter Brubaker and Dr. Mark Haykowsky on exercise for heart failure patients. Day 2 was equally as informative with presentations on diabetes, medication adherence and a stand out presentation from Dr. Martha Gulati on 'Gender Differences in Cardiovascular Disease'. Dr Gulati explained that pregnancy complications such as pre-eclampsia and gestational diabetes 'provide a window into future cardiovascular risk'; describing pregnancy as 'natures stress test'.



However, aside from the obvious highlights of the evening's dinner entertainment (its not every day you get to eat your tea with Dr Brubaker and Dr Haykowsky). Followed by the early (6.30am!!) morning run ; I'm not sure the bison and local wine (and that local cider I won in the raffle) were the best preparation for this. The highlight of the conference for me was its focus on person centred care.

I am very passionate around the skill set that OTs have that enable them to deliver effective person centred care, focusing on shared goals and joint decision making. Sadly my experience mirrored that of Toronto in that there were no other OTs at the CACPR conference. However, the following captions, I feel, provide an overview of the focus of the conference and I feel fit with the core values of the profession of Occupational Therapy;

- 'What would happen if instead of asking "what is the matter", we ask " what matters to you?"'
- "What good does it do to treat people and send them back to the conditions that made them sick?"
- 'Equality does not mean equity'
- 'Anyone can read instructions but self-management is the way that people actually live those instructions, manage barriers, and move forward on their own terms'.

Relating back to my original aims, it is clear that in Canada it is quite rare for an OT to be an integrated member of the cardiac rehabilitation, or long-term conditions management, multidisciplinary team. It is however, very reassuring to me that in the UK, opportunities for OTs to work within these areas are on the increase due to the widely recognised importance of person-centred care.

I hope that this trend follows suit for OTs in Canada, as I feel that the philosophy of OT being client centred, holistic, culturally sensitive and driven by meaningful goals provides a perfect fit to address many of the issues I discussed with healthcare colleagues in Canada.

In conclusion, I want to say a huge thank you to Valerie Skeffington for her valuable time, to CACPR for a warm welcome and provision of an excellent conference, and of course to BACPR for this trip of a lifetime. I learnt so much, met some amazing people and gained multiple twitter followers. To top it all off, after the conference I was joined by my husband and son for a visit to my Canadian cousin's arable farm and a tour of the Rockies. Thank you!!

BACPR Travel Awards 2019

Travel Award Report - Oliver Pinnell

Firstly, a big thanks to the BACPR for this amazing experience!

I was fortunate enough to be granted the BACPR Travel Award for 2019, and I can't thank the association enough. I have recently returned from 2 weeks in California, and it really was a once in a lifetime trip! I visited California State University San Marcos where I spent time under the

expert guidance of Dr Sean Newcomer, to learn more about the research his team and his students are doing on all things surfing.

As described in my initial application, surfing is a huge part of the history, culture and lifestyle here in Newquay where I live, and where I work in cardiac rehabilitation. Our patients are often asking about returning to various water sports, particularly surfing, but up until now we haven't had much data to help

us guide them back into the water. Surfing, by its very nature, is a very variable, unpredictable sport, which is hard to control and study, but here's some things I have gleaned from the emerging data and during my stay in California;

- Surfing appears to be a moderate to high intensity form of exercise. Heart rate data appears to show an average intensity between 75-85% of predicted HR Max during the paddling and wave riding sections, which are the most strenuous aspect of the sport (Lalanne, C.L et al, 2017, figure 5 & 7). The spread of data ranged from approximately 60-100% of age-predicted HR max amongst subjects (Lalanne, C.L et al, 2017, figure 5,6 & 7). Bearing in mind that current BACPR guidelines for phase III cardiac rehabilitation recommend moderate intensity exercise at 60-75% HR Max, surfing must be discussed very carefully. It would appear that in most cases, surfing may well be too strenuous for our patients during Phase III Cardiac Rehab.

- Heart rate data suggests that surfing is very much an interval type exercise (Bravo, M.M. et al, 2016, figure 4). Surfing entails the initial paddle out, periods of resting on the board, short bursts of paddling activity to try and catch a wave, and then periods of riding the wave. The heart rates rise and fall during these individual activities to represent the varying demands of this sport. In some respects, this could potentially be of benefit in that surfing entails shorter bursts of more strenuous activity, interspersed with lower intensity periods of active recovery or rest, which fits the approach often adopted in Cardiac Rehab. Conversely, the demands of those paddling and wave riding intervals do appear to be at the higher end of the exercise intensity continuum, which would not lend itself well to cardiac rehab patients. This warrants further research and very careful consideration on a case by case basis.

- "Paddling is less metabolically costly on more voluminous boards." (Ekmeic, V. et al. 2017). This was demonstrated by lower average heart rates and lower VO₂ demand as the board volume increased. This would suggest that a common sense approach to returning to surfing, or using surfing as a training modality, would be to recommend a bigger, more voluminous board initially and gently progress as able.

- There is a significant decrease in VO₂ peak and maximal HR with an increase in age amongst recreational surfers (Moon, J.F. et al, 2016). This is very much in-keeping with what we already know about age-related decline in exercise capacity and heart rates. Surfing is no different to other activities in this respect.

- "Average heart rate (expressed as a percent of age-predicted max)

for the entire surf session increased in older subjects" (Lalanne, C.L et al, 2017). This would suggest that surfing becomes gradually more demanding as we age, relatively speaking.

- The average time spent paddling, wave riding and being stationary in the water, does not change as we age. (Lalanne, C.L et al., 2017). It appears then that older surfers are just as active in the water as their younger counterparts, which is useful to know when discussing a return to surfing with cardiac patients of varying ages.



Overall, the emerging data seems to confirm some of my previous predictions; that surfing is a very variable, often strenuous, form of exercise. It is a physical activity in which it is impossible to control all variables. There are simply too many variables at play with surfing; the air temp, the sea temp, the board shape, board size, board material, wave size, swell period, wind forces, wetsuit design, wetsuit material, wetsuit

thickness, paddle proficiency, surfing experience and technique etc, etc.... and all of these variables can make each surf session significantly easier or harder for the individual. One of the most pertinent take home messages from the data, and from my trip, is that surfing does indeed appear to be quite a strenuous activity more often than not. This has already begun to inform my practice and my clinical reasoning now that we have the objective data to support this.

The above review uses just a few of the studies produced at this one particular college. Since returning to the UK, I have begun to unearth and review research from further afield, and it appears there is more work out there than I initially appreciated. However, as discussed herein, surfing remains one of the least studied activities out there, and there is still a lot to learn about the intricacies of this adrenaline fuelled sport.

Ultimately, no two people are the same, and no two surf sessions are the same. I will continue to observe and interpret the emerging studies and use what I can to help guide each individual patient that comes through cardiac rehab.

On a footnote, I would like to congratulate Dr Sean Newcomer and his team for establishing such an inclusive, engaging and well run surf research department at their university. The subject of surfing appears to be really engaging undergraduates into the field of research which can only be of benefit to the health and fitness industry. Their work is contributing to the evidence base for exercise physiology, which healthcare and exercise professionals rely on in this ever growing, ever changing landscape.

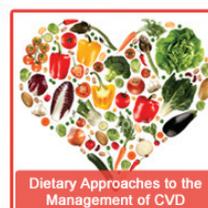
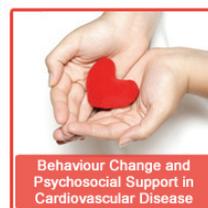
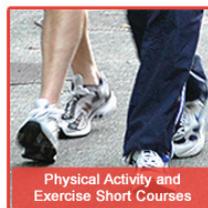
Finally, I must say thanks again to the BACPR, to Dr Sean Newcomer and everyone I met at CSUSM, for allowing me to experience this trip of a lifetime!

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BACPR Education and Training

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



BACPR has delivered the gold standard UK Level 4 Cardiac Exercise Instructor qualification for 20 years – we have around 4000 qualified instructors. Once qualified BACPR instructors can submit details of the exercise sessions that they deliver, to be uploaded onto the on-line register of long term (Phase IV) exercise sessions along with the register of cardiac rehabilitation programmes on the following link www.cardiac-rehabilitation.net. The qualification is recognised by CIMSPA (Chartered Institute for the Management of Sport and Physical Activity) and REPs (Register of Exercise Professionals) and we have recently passed both their external quality assurance process. In 2019 we delivered the qualification across the UK and Ireland. Every 3 years qualified BACPR Exercise instructors complete our on line revalidation process. This will be moving across to our online moodle platform early in 2020.

We continue to deliver a range of short CPD courses and a variety of modules for MSc course programmes for exercise and health professionals. We have successfully piloted a new one day course entitled 'Physical Activity and Exercise in Type 2 Diabetes' and have added this to our regular CPD programme of courses – look out for future dates.

Our education and training is 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 2017 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!

Our online education platform www.bacpreducation.co.uk currently hosts 7 short elearning modules on the core components of cardiac rehab and will also host the revalidation learning material and exam for the qualified BACPR Instructors.

BACPR is a member of the national CPD Certification scheme (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 is recognised as a high quality training provider within the field of cardiovascular health.

Renew and enhance your knowledge, skills and competencies through CPD

Wishing you a happy, healthy and successful 2020!

Sally

Sally Hinton, Education Director

BACPR course reviews

Principles and Applications of Resistance Training for Healthcare Professionals

Saturday 9th November 2019, Exeter

Thanks to the marvellous funding opportunities provided by the BHF, I was able to attend the BACPR Resistance training course in Exeter, further to an interesting presentation that Mark Campbell gave at BACPR EPG last year. As a steadfast believer in the role of CV exercise for our patient group, I was keen to attend and find out a bit more about an area of exercise programming in which I lack experience. Paul Stern and Mark Campbell facilitated a really interesting day which challenged some of our widely held beliefs about principles underpinning exercise prescription for this patient group. I now acknowledge the undeniable value and safety of this component of training, particularly for lower functioning patients, and am currently updating our programme accordingly.

Annette Coles

BACPR Exercise Instructor Network Study Day

BACPR Study Day – 15th November, Nova Prestatyn

A study day was held for mainly instructors working within phase 4 rehab, after completing the level 4 BACPR 4 years ago this is the first time I had been on a study day and found it very helpful on confirming I was exercising clients correctly and also to make sure nothing had changed with regards to how a person with a cardiac condition should be exercised.

The day consisted of a number of different talks, ways of monitoring intensity and also different types of resistance training that I personally found helpful.

The venue was very good, on the whole it was a good day and the tutors taking the course had good knowledge

Callum Hughes

BACPR Education and Training

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

All the following BACPR courses are endorsed by the BCS and have REPS CPD points

Forthcoming BACPR Course Dates

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.

- 1st / 2nd Feb 2020, Manchester
- 28th / 29th Feb 2020, Northumberland (Alnwick)
- 26th / 27th March 2020, Central London

Cost £310 – £360 depending on BACPR/ACPICR membership

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

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

- 7th / 8th February 2020, Belfast
- 14th / 15th February 2020, Central London
- 18th / 19th April 2020, Manchester
- 24th / 25th April 2020, Northumberland (Alnwick)
- 12th / 13th June 2020, Central London

Cost £310 – £360 depending on BACPR/ACPICR membership

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.

- 7th March 2020, Wythenshawe, Manchester
- 26th June 2020, Belfast

Cost £185 (£165 to BACPR 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.

- 28th February 2020, London

Cost £185 (£165 to BACPR members)

Further 2020 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 courses.

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?

- 29th February 2020, Bournemouth
- 19th June 2020, London
- 24th October 2020, Wythenshawe

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.

- 25th April 2020 Bournemouth

Cost £185 (£165 to BACPR members)

***New dates for the following courses will soon be confirmed for 2020. To register your interest please email Vivienne Stockley vstockley@bacpr.com**

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)

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 £360 (£320 to BACPR members)

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

BACPR Exercise Instructor Network Study Days

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

- 20th June 2020, London

Cost £70 (£50 to BACPR members)

For latest course dates please visit www.bacpr.com

BACPR Standards and Core Components Online Modules

Please visit 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.

- Introduction to BACPR Standards and Core Components
- 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

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

If you would interested in hosting one of the courses in your area – particularly the one day practical courses 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

education@bacpr.com Tel: 01252 854510 Fax: 01252 854511



BACPR is an affiliate group of the British Cardiovascular Society. To contact BACPR:

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Promoting Excellence in Cardiovascular Disease Prevention and Rehabilitation

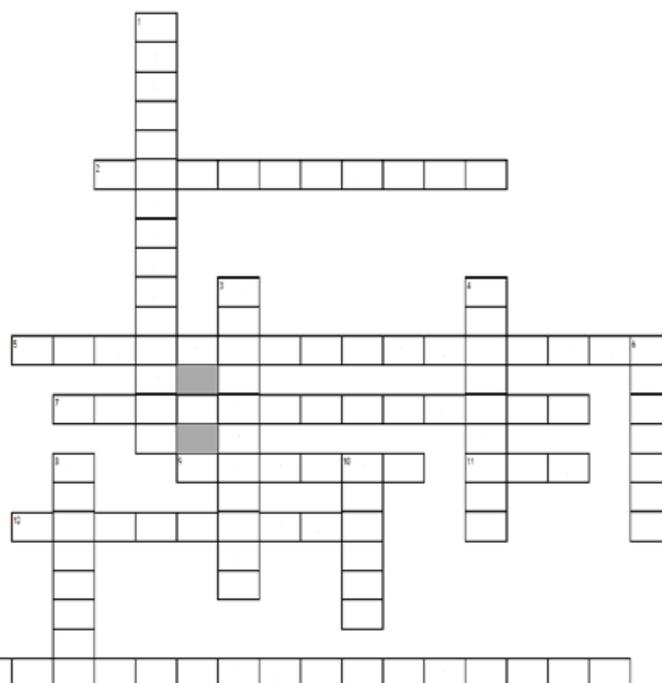
Crossword

Across

- The type of risk factors you can change
- These supply blood to the heart
- The amount of physical activity you should get every day
- You can manage this to improve your mental and physical health and reduce your risk of heart attack
- A non-modifiable risk factor
- The type of fat that contributes most to high cholesterol
- Increase consumption of these in your diet

Down

- When plaque builds up on walls of coronary arteries
- Occurs when blood flow to your heart is blocked, resulting in death of heart muscle
- A common sign of a heart attack for men and women
- Quitting this can reduce your risk for CAD and heart attacks
- Uncontrolled _____ increases triglycerides and your chances of coronary artery disease
- You should consume less than 2300 mg of this per day, less if you have high blood pressure



Diary Dates

ESC Preventive Cardiology 2020

2nd – 4th April 2020
Malaga, Spain

BACPR Exercise Professionals Group Spring Study Day

15th May 2020
Birmingham

British Cardiovascular Society (BCS) Conference

1st – 3rd June 2020
Manchester

EuroHeartCare

4th – 6th June 2020
Seville, Spain

European Society of Cardiology Congress

29th Aug – 2nd Sept 2020
Amsterdam, The Netherlands

Heart Rhythm Congress

27th – 30th September 2020
International Convention Centre (ICC), Birmingham

AACVPR 35th Annual Meeting

30th September – 3rd October 2020
West Palm Beach, Florida

BACPR Annual Conference 2020

1st – 2nd October 2020
International Convention Centre (ICC), Belfast

BSH 23rd Annual Autumn Meeting

26th – 27th November 2020
Queen Elizabeth II Centre, London

The British Association for Cardiovascular Prevention and Rehabilitation

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