British Heart Foundation

Cardiac Rehab UK

BACR

Issue 7 – January 2007

Welcoming in the New Year

As we enter the second month of winter, January, the 'Gate of the New Year', for many this is known as a time of new opportunities, a chance to cast out the old and bring in the new. To keep up with this trend, the editorial team has also been undergoing some changes, however, we haven't literally cast away the old and brought in the new! In this issue we have to say a sad goodbye and a huge thank you to two members of the Editorial Team, Steph Dilnot and Di Oldam. Steph has been with the Newsletter since its birth and without her incredible drive and enthusiasm Cardiac Rehab UK wouldn't be here today. Di was the Patient Representative on the Editorial Team and we wish her all the best for the future.

Diane Card joins us as the new Content Manager for the BHF and it's my pleasure to welcome her to the Editorial Team. Diane joined the BHF in April last year as a Cardiac Rehabilitation Co-ordinator and brings with her a wealth of experience including 15 years in cardiac rehabilitation and cardiology. I hope you will all join me in welcoming Diane to the team and thanking Steph for her sterling work.

Deborah Malin, Editor

BHF Meet@teenheart residential conference

The British Heart Foundation continues its innovative work in cardiac rehabilitation by holding its first ever Meet@teenheart conference.

This was held from 6 to 8 October at Center Parcs, Longleat, Wiltshire. Following on from the focus group that was held in July last year, the conference was the next step towards developing a website for teenagers who suffer from heart disorders. It aimed to bring together young people to act as an editorial group for the website, but to also provide an opportunity for them to meet other teenagers suffering from similar conditions.

The conference was attended by 28 teenagers (14 boys and 14 girls) aged between 13 and 17 years. They were joined by 18 adult volunteers to make sure everything ran smoothly and to ensure maximum safety – parents were not allowed! The delegates were allocated to villas based on their age and interests and each villa had two adult volunteers acting as house parents. Transport was also arranged for all the delegates and in most cases two adult volunteers travelled with groups of teenagers to and from the venue.

The University of the First Age were contracted to organise the conference elements of the weekend. At the beginning of the conference they set a challenge for the delegates - this was to come up with a design brief for a web site. They organised themselves into groups and were given a master class in web design and allocated time to come up with the designs. This was then finished off with each group presenting their final product to a BHF panel. The presentations were excellent and gave us some great ideas for the new website. Most of the delegates had never done this kind of work before and presenting in public was quite daunting for them.

Throughout the weekend, the bonding and dynamics between the delegates was a joy to watch. But it wasn't all work, work, work! There were a number of fun activities including ten pin bowling, table tennis, snooker, swimming, golf simulator and a disco. Two masseuses and a make up artist were also available and ran sessions throughout the day on the Saturday. These were taken up with great enthusiasm by both the delegates and the volunteers. One of the delegates said following the massage that "it was the first time she had ever felt relaxed". *Continued on page 2*

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A large proportion of the volunteers were health professionals and they felt the weekend was a very positive experience for them. The delegates shared their stories with us and it was really motivating. Many of the professionals were pleased to see they were working on the right lines but have now planned to make some changes to their working practice.

Overall the weekend was very hard work and there were a number of organisational problems which will need ironing out if another conference is organised. But the delegates had a great time and that was incredibly rewarding. They all said they wanted to stay longer and that they would like to be part of the editorial group that decides on the content of the website. They also made new friends amongst the delegates and the adult volunteers. All of the young people who attended the conference had different experiences as a result of their medical condition and some were facing further surgery and treatment. They were an inspiration to the adult volunteers and it was a pleasure and privilege meeting everyone who attended the conference.

If you are ever offered the chance to take part in a similar event, grab it with both hands, it could change the way you look at your patients.

Stefanie Lillie, BHF Cardiac Rehabilitation Co-ordinator and Meet@teenheart project lead, lilies@bhf.org.uk

Message from **BACR President**

As I enter the second year of my presidency I am reflecting on how 2006 was a very busy year for BACR. The association has continued to develop its successful partnerships with other professional groups and organisations to promote the art & science of cardiac rehabilitation (CR) through education, training and collaboration. The challenges have been plentiful and have covered a diverse number of issues that have resulted in BACR being in the forefront of keeping CR well and truly on the agenda!

The creation of national tariffs for services in the NHS is proving difficult for the survival of some CR services. Currently only phase 1 CR is included in the tariff. Members of BACR have voiced concerns over this and at council this issue has been discussed extensively. In response, a delegation from BACR council has been busy throughout 2006 in an attempt to clarify the situation. Several meetings have taken place with key stakeholders including:

- Roger Boyle
- Department Of Health
- British Heart Foundation
- British Cardiovascular Society
- Cardiac Networks

The purpose of these meetings was to clarify the situation in relation to future CR provision and ensure that it is rightly given its place as a cost effective, life saving intervention. Each of the stakeholders acknowledged the importance of CR. All agreed that one of our weaknesses was the lack of audit data – which hopefully will be rectified by the use of the minimum dataset! Most commented on the need for CR to be more clearly defined and suggested that to survive in today's NHS it will become necessary to provide CR to a wider range of patients in a variety of settings.

BACR have been working tirelessly behind the scenes to ensure CR remains high on the agenda and we will continue to lobby to maintain this in 2007.

The BACR completed an update of its standards in 2006. The standards will accommodate new practice and innovation and pave the way for CR to be delivered safely and effectively to an ever-increasing patient population. They have undergone peer review and all comments suggested by members at the annual conference in Belfast have been taken on board during the consultation period. They will be available in 2007. When published the intention is to send a copy to all BACR members and they will also be available to download on our website.

One of the mostly widely debated subjects for 2006 has been the proposed name change for BACR. Council has sought long and hard to seek members' views about renaming BACR to reflect the changing nature of cardiovascular disease and the complexity and diversity of CR as delivered in the 21st century. The vote to change the name will be a postal vote giving all members the opportunity to have their say and will take place early in 2007.

Remember any organisation is only as strong as its members and I hope that all members both old and new continue to play a vital role in this association.

I look forward to 2007 and hope that with your support the BACR will continue to lead the way and provide vision for CR delivery throughout the UK.

Bernie Downey, President BACR

The production of this newsletter was supported by the NHS Heart Improvement Programme

BACR Annual Conference in association with the Irish Association of Cardiac Rehabilitation 28 to 30 September 2006

To summarise a conference with over 30 individual presentations in 500 words is a daunting task so the following is merely an impression of three days of high activity.

The overall theme of **Emerging challenges for cardiac rehabilitation** was represented by sessions on:

- the minimum data set
- women under the microscope
- the metabolic syndrome
- challenges for physical activity and exercise prescription
- the ESC demonstration project in preventative cardiology
- maximising our interventions.

A new initiative for BACR was to run a satellite conference for the exercise professionals group and this took place on the afternoon prior to the conference proper. It was well attended with what seemed to be 100 people listening to a variety of topics ranging from meta-analyses to heart rate variability. This mini-conference was followed by cheese and wine sponsored by John Wiley & Sons to promote Morag Thow's new book on *'Exercise Leadership in Cardiac Rehabilitation – An Evidence-Based Approach'*.

The evening was then spent by many delegates sampling Irish hospitality with a few doing so until the early hours.

The main conference started the following day and the location in Belfast gave the opportunity to combine the BACR with the Irish Association of Cardiac Rehabilitation so successfully. Belfast was ideal to involve speakers from overseas, Ulster, the Republic of Ireland and mainland UK. The overseas contribution came from Stephen Blair, who was able to provide compelling evidence for the benefit of moving from a low-fit to moderate-fit category.

The BACR AGM discussed the issue of the proposed name change, the timetable for consultation and the postal vote by the membership was agreed to take us into the New Year.

A civic reception was held in the magnificent Belfast City Hall which was followed by the conference dinner at the same venue. The highlights of the dinner were the Irish bands and particularly the stunning Irish dancing which was appreciated by all the delegates. The evening continued with a disco back at the Europa hotel in which many delegates clearly took Stephen Blair's advice to engage in a minimum of 30 minutes exercise per day.

Throughout the conference, the quality of the speakers was extremely high and each one provided information which was relevant to current concerns in cardiac rehabilitation. It was particularly valuable to have contributions from researchers, academics, clinicians and politicians, each giving their own perspective on the individual topics. The trade exhibition and poster presentations were easily accessible and it was convenient to take breaks between sessions in the same area.

Overall, this was a most successful conference and Bernie Downey, Ann Ross and their respective teams, including those from the BCS, should be congratulated on organising such a splendid event. As with many conferences of this nature, delegates will undoubtedly return better informed, encouraged to review their practices, determined to collaborate and, in a few cases, somewhat fatigued from the late-night sessions.

Professor David Brodie, Buckingham Chilterns University College, dbrodi01@bcuc.ac.uk

Copies of the presentations from the conference can be found on the BACR/BCS website www.bcs.com

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The way forward building your business case

This resource was produced in 2004 by the British Heart Foundation (BHF) in conjunction with the then Coronary Heart Disease Collaborative (CHDC). It aims to assist cardiac rehabilitation (CR) staff in writing comprehensive and detailed business cases. It was produced in recognition of the fact that many staff working on the ground receives limited training or support to enable them to write a business case. This therefore limits their potential to grasp service development opportunities.

An initial evaluation in August 2005 indicated that workshops held across the UK had achieved their aims and objectives. This was to introduce the guide and to increase confidence in putting together a business plan. The workshops were also welcomed by the CR staff that attended.

This second evaluation, approximately one year later, compares the use of the guide by those who attended a workshop, with those who did not attend a workshop but ordered a copy in the last twelve months.

A questionnaire was sent out to a randomly selected group of 50 people who had attended a workshop and to the first 50 people who had ordered the resource within the last 12 months (all with stamped addressed return envelopes). A reminder letter was then sent out two months later to each person. A total of 42% (40) questionnaires were returned, 22 from workshop attendees and 18 from those that had ordered the resource. The results are as follows:

Since attending the workshops:

- 14% (3) had prepared a business plan
- 5% (1) had used the resource to put together a bid for funding, with the outcome still unknown.

Compared with those that ordered the resource:

- 33% (6) had prepared a business plan
- 33% (6) had used the resource to put together a bid for funding
- 50% (3) of these bids were successful with 33% (2) with the outcome still unknown.

No one appears to have used the resource to put together a business case for the benefit of their service. It appears to be just as the need has arisen.

86% (19) of the workshop attendees and 66% (12) of those who ordered the resource indicated that they would refer to the resource in the future.

The workshops, although well received, do not appear to have encouraged the use of the resource. One could conclude that workshops have not proven to be a cost effective way of delivering this resource.

The use, and therefore benefit of the resource appears to be in physically having the tool to hand when the need arises to complete a business case or funding bid, rather than needing to attend a workshop.

Despite this finding, the feedback from the workshops at the time was very positive and at the time appeared to raise confidence levels.

For further information please contact Elaine Tanner.

Elaine Tanner, BHF Cardiac Rehabilitation Co-ordinator, tannere@bhf.org.uk

Phase III wait reduced to zero

The phase III cardiac rehabilitation (CR) service at the Royal West Sussex Trust started the year with a 17 week waiting list. This has now been reduced to six weeks which is the standard recommended period before formalised exercise commences post myocardial infarction. The wait was a result of:

- patients not advising the CR team of non attendance
- a requirement for a referral allocation procedure
- a lack of staff cover
- a need for demand & capacity management.

This reduction has been achieved by reviewing demand & capacity. The review identified that on average 32 patients were referred per month with only the facility to intake 24 new patients, therefore accumulating a backlog. This has been resolved by introducing further induction spaces and ensuring that monthly referrals are reviewed via the introduction of a monthly activity report. Referrals also undergo a postcode analysis that filters patients, with their approval, to their nearest locality session with the shortest wait.

An invite letter to all patients missing an exercise class is now routinely sent the same day to encourage attendance. If no contact is made with the patient following two missed classes they are advised that their place is suspended until they are able to re-contact or re-attend the service. This has helped with patient flows. Patients are also briefed at induction that advising the CR team if they are unable to attend allows an extra patient to have that slot.

Ongoing weekly management and review of referrals compared to capacity has allowed reaction to an increase in demand within existing resources.

A zero wait provides improved access to education and rehabilitation support. This also supports earlier life style changes, a speedy recovery, a reduced impact on visits to GPs and a quicker return to work.

Sally Glazier, Service Improvement Manager, Central Southern Cardiac Network, sally.glazier@nhs.net

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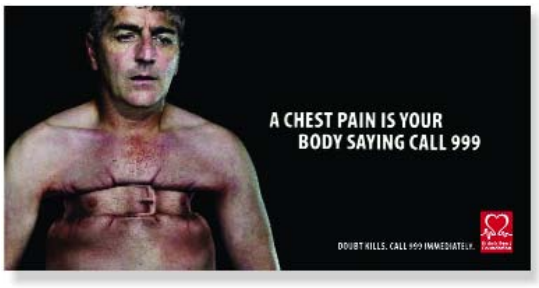
BHF "Doubt Kills" campaign

Every two minutes someone, somewhere in the UK has a heart attack. Sadly, one in three of these people will die before they even get to hospital.

As a healthcare professional you are probably aware that many cases of death or disability might have been avoided, but most people simply don't call for help soon enough. We know that the chances of survival increase the sooner a person receives treatment after the onset of symptoms, but still too few people call early enough.

In November 2006, the British Heart Foundation launched Doubt Kills, a national campaign to raise awareness of the symptoms of a heart attack and what to do when they occur. The campaign encourages people to call 999 immediately when they experience chest pain. You may have noticed the billboard and press advertising at the end of last year. Media work, a website and other activity will build upon the awareness raised through this advertising up to October 2007. The campaign is running across the UK.

Great work has already been done to reduce the time between a patient calling



for assistance and receiving treatment - the 'call-to-needle' time. However, to provide the best chance of survival and being able to lead a high quality life, reducing the time a patient waits to call for assistance, the 'pain-to-call time', is crucial. Evidence suggests this is a major problem, with the median time for calling for assistance after experiencing symptoms ranging from 26 minutes to 150 minutes[1]. There are a number of factors that can influence pain-to-call time, the key points include:

- 58% of people experience a mismatch between the symptoms they had been expecting and those they actually experience[2]
- women can be particularly slow to seek help following the onset of heart attack symptoms due to lack of awareness of their risk of developing coronary heart disease[3]
- people wait longer during night time hours and this is particularly true for older people[4].

We would appreciate your support in helping us spread this very important message. If you would like to register for a free information pack on the campaign, please email chestpain@bhf.org.uk

Clinton Proud, Project Manager - Doubt Kills campaign, proudc@bhf.org.uk

[1] MINAP Dataset, J.S Birkhead Royal College of Physicians website

[2] Patients' interpretation of symptoms as a cause of delay in reaching hospital during acute myocardial infarction, Horne R, James D, Petrie K, Weinman J, Vincent R, Heart 2000:83-388-393

[3] Tracking Womens' awareness of heart disease: An American Heart Association national Study, Mosca et al Circulation 2004, 109, 573-579

[4] MINAP Dataset, J.S Birkhead

Motivational walking

Cardiac rehabilitation (CR) teams, in total 25 from across Wales and a team from across the border in England recently took part in a challenging relay walk. The gruelling relay was divided into sections of around twenty miles per day over seven days, from 8 to 14 Sept 06. The walk followed both the Offa's Dyke trail and the Taff cycle trail covering a total distance of 135 miles. Starting at Chirk in the North and ending at the Welsh Assembly buildings at Cardiff Bay in the South.

The two reasons for embarking on this challenge were to both highlight the good work of the CR teams across Wales – showing our motivation and enthusiasm for our work and our commitment to the cardiac population of Wales – and also to raise awareness for those CR programmes threatened with closure next year when fixed term charitable funding ends.

A document of support for the CR services was presented to the Welsh Health Minister, Brian Gibbons. It was explained to him the need to continue these essential, specialist services that are accessible for all residents of Wales. With the inclusion of access to long term facilities that are close to the patients' home. This in turn creates pro active cardiac patients who take responsibility for managing their disease. Whilst reducing crisis management of cardiac patients and re-admissions to hospital the burden to secondary care services is also reduced.

The minister anticipated that having a CR chapter, for the first time in the updated

Brian Gibbons pictured with some of the relay walkers

Welsh National Service Framework for Coronary Heart Disease will influence the commissioning process and help retain services. Denise Lewis, chair of the group thanked those at the Assembly and the hard working CR teams across Wales who had made the chapter possible. This can only be good news for the future.

Denise Lewis, Chair of Welsh Cardiac Rehabilitation Group, denise.lewis2@ceredigion-tr.wales.nhs.uk

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BHF Publications UPDATE

Cardiac Rehabilitation

This DVD takes patients through the different stages of cardiac rehabilitation including the role it plays in their recovery and how it helps the long-term management of heart disease. The people featured in the DVD talk about their personal experience of cardiac rehabilitation and how it helped them. Available in English, Bengali, Urdu, Punjabi and Gujarati. **Stock code: DVD16**

Affairs of the Heart

This DVD deals with the issue of resuming a sex life after a heart attack, and reassures patients that continuing a sex life is a normal and healthy part of recovery. It gives advice on resuming sexual relations and provides information on where patients can find help and support. The people featured in this programme share their fears and how they managed to overcome them to resume a healthy sexual life. Available in English, Bengali, Urdu, Punjabi, Gujarati, Arabic and Chinese. **Stock code: DVD8**

Looking forward: Life after a heart attack

This new DVD replaces the current video "Your life in your hands" and looks at the process of recovery after a heart attack. It features six stories from people at different stages of their recovery and eleven chapters of further help and information. **Stock code: DVD19**

New to the Heart Information Series

Due to the development and growth of cardiac rehabilitation, the Heart Information Series booklet "Heart attack and Rehabilitation" has been reviewed and split into two separate booklets.

Special thanks to Shirley Hall and Diane Card for assisting with the review of this work. The new booklets were available from November/early December to coincide with the BHF Chest pain campaign. **Stock codes: HIS 7 (Heart attack) and HIS 23 (Cardiac rehabilitation)**

BEATING HEART DISEASE TOGETHER

To order the above and any other BHF publication, make a note of the stock code(s) and either call the order line on 0870 600 6566, email orderline@bhf.org.uk or visit the BHF website at bhf.org.uk/publications

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Commissioning for the long term - developing commissioners for patient focused services

Amid current debate on the Government's reforms in the area of commissioning, three charities have joined forces to help ensure that the voice of the patient is fully heard. Asthma UK, the British Heart Foundation and Diabetes UK are collaborating to improve the commissioning of services for people with long-term conditions.

Asthma, heart disease and diabetes affect millions of patients within the United Kingdom, but the services for long-term conditions commissioned on behalf of these people can be inadequate. To tackle this and to optimise patient outcomes, the charities working with commissioners, clinicians and patients have produced a web-based 'commissioning toolkit'. This provides advice and support on all aspects of commissioning for these long-term conditions, as well as national guidance, policies and case studies on best practice for commissioners across the UK.

Patients have not typically been involved in this important process and the toolkit aims to change that by providing commissioners with good advice and examples to illustrate how to effectively engage patients in their work. The charities have worked in partnership with the Picker Institute and individual primary care trusts and local health boards to demonstrate such approaches and the site is continually updated to share best practice from other organisations.

The toolkit will be launched on January 18 2007 in London, with separate launches in Wales and Northern Ireland. These events will explore the practical implications for commissioners conducting this work.

The toolkit will be shown to relevant health professionals/organisations in advance for feedback. If you are interested in finding out more about this project, or have case studies to share, please contact Victoria Walsh.

Victoria Walsh, Asthma UK, vwalsh@asthma.org.uk, Tel: 020 7786 4938

New publications from the Royal College of Physicians

The National Collaborating Centre for Chronic Conditions at the Royal College of Physicians has recently published two new guideline documents. For details of these publications and how to order, please read on.

Atrial fibrillation

National clinical guideline for management in primary and secondary care

The guideline covers aspects of diagnosis and the management of atrial fibrillation (AF) in a number of different circumstances. It covers paroxysmal, persistent and permanent AF, considers AF developing after surgical procedures, and offers advice on haemodynamically unstable AF. Many of the recommendations relate to control of AF and the important decision of whether to attempt to restore sinus rhythm or concentrate on control of the heart rate.

The work of producing the guideline has been in the hands of a Guideline Development Group (GDG) comprising a small team from the National Collaborating Centre for Chronic

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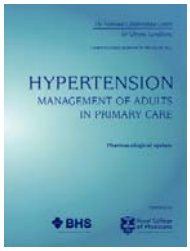
Conditions working together with patients and health professionals with particular interest and experience in the management of AF. They have used the available evidence and their own clinical and personal judgement to produce guidance that is both clinically relevant and methodologically sound.

Price £28.00 (UK) £30.00 (overseas)
ISBN 1 86016 282 7

Hypertension: management of adults in primary care



Hypertension (persistently high blood pressure) is a major factor contributing to cardiovascular diseases such as stroke and coronary heart disease, but one which can be modified by lifestyle and pharmacological interventions.

This pharmacological update of the 2004 guideline has been undertaken because recent large head-to-head trials have provided new information about the use of blood pressure-lowering drugs in line with the new evidence, specifically the first choice of drugs for initial therapy.

Price £20.00 (UK) £22.00 (overseas)
ISBN 1 86016 285 1

To order either publication call 020 7935 1174 ext 358 or visit www.rcplondon.ac.uk/pubs/

Jason Plysi, Marketing & Promotions Officer, Royal College of Physicians

Tai Chi Chuan exercise in cardiac rehabilitation: A new approach

This article published in the Sept 2006 issue of Cardiac Rehab UK, provoked much interest. Many health professionals involved with heart patients, and some in other health related fields, wrote asking for further details about what we did at the Royal Hallamshire Hospital, Sheffield, and whether any training courses in Wu Chian Chuan Tai Chi were available.

A training programme does exist in Sheffield, which has trained more locally based health professionals in this Tai Chi rehabilitation programme. These health professionals have gone on to successfully employ Tai Chi in their own cardiac rehabilitation (CR) programmes.

The amount of interest experienced in such courses, following the publication, has resulted in discussions between the Royal Hallamshire Hospital and the BHF. The possibility of extending this Tai Chi training programme over a wider area, making such courses available to health professionals in other cities is currently being explored. This would give more professionals the opportunity to employ Tai Chi as a valuable addition to their own existing CR programmes. Enabling more patients, country wide the opportunity to benefit from this unique health exercise.

David Barrow MSc, Complementary Therapy / Tai Chi Instructor, Sheffield Teaching Hospitals, drs.barrow@virgin.net

Heart Health Magazine

Change to subscription details. Heart Health is the FREE quarterly magazine from the British Heart Foundation. Heart Health is full of information on the latest treatment, medication and patient services. There are lots of bright ideas too, with great recipes, healthy living top tips, real life stories and special reader offers. To subscribe, call either 0870 850 5281 or go to bhf.org.uk/hearthealthmag

Prize draw winner

The winner of the first Cardiac Rehab UK prize draw is, Marc Malone, Community Exercise Co-ordinator, Camden Active Health Team. Marc has won a free place at this year's BACR Conference. For your chance to win next year, just send us your article and if it's published your name will be entered into the draw. For Terms and Conditions, please write to cardiacrehab@bhf.org.uk

Think our readers can help you with a problem? *Why not use the Soap box?*

ALS vs ILS resuscitation

Many of you wrote in to request a copy of the statement from the Resus Council. Thank you for your emails and we hope this has assisted you in your practice.

This issue we've received another request from Susan Casnello at Salford PCT. She asks:

"I am looking at fast tracking patients from phase III to phase IV. I wanted to know if anyone has any evidence of its efficacy or an agreed local policy? I also want to know how people address the issue of health education for this group of people?"

Send your responses to Susan at susan.casnello@salford-pct.nhs.uk

If you'd like to have your say or raise a question with the readership, please write to cardiacrehab@bhf.org.uk

"Please ask" poster

A poster has been developed by patients and staff at the Royal West Sussex NHS Trust, prompting patients and carers to ask for further details of their diagnosis and treatment. A study reviewing patient's understanding of their condition revealed that a number of patients did not fully understand their condition or treatment. They had questions that if asked in secondary care could have reduced anxiety levels and increased compliance.

The posters have been placed on the ward and in relevant areas. It's hoped they will encourage patients and carers to ask for further information and to make them feel comfortable in doing so.

Sally Glazier, Service Improvement Manager, Central Southern Cardiac Network, sally.glazier@nhs.net

The production of this newsletter was supported by the NHS Heart Improvement Programme

National Audit

Update on the National Audit of Cardiac Rehabilitation

Unfortunately at the time of going to press this update wasn't available. The next update will be in the May 07 issue.

The naming of BACR

This is a plea to keep the name of our association unchanged - the British Association for Cardiac Rehabilitation.

I was chairman of the committee which, in the early 1990s, decided on the name – a decade and a half later I am convinced that we got it right.

It seems to me that the proposal for a name change for BACR is a result of the all pervasive, and usually unwelcome, desire to keep changing things. This notion is strengthened by the plethora of alternatives which have been proposed – some of which do not even mention rehabilitation!

The BACR was set up to act as a body to represent health professionals who rehabilitate cardiac patients. That is what we still do, so why change our name?

There seem to be four main contenders for the new title:

British Association for Cardiovascular Rehabilitation

But we don't rehabilitate patients with other forms of cardiovascular disease – the main group of which is stroke patients. Their rehabilitation needs are quite different to those of cardiac patients. We rehabilitate cardiac patients so why not say so?

British Association for Cardiovascular Health

For goodness sake! This makes us sound like a group of woolly thinking, do-gooding worthies or a support group for anti-oxidants, low-fat burgers, chelation therapy or any of a myriad of products claimed to improve cardiovascular health. It says absolutely nothing about we do! What we do is rehabilitate patients recovering from cardiac illness – surely the name of our Association must spell this out.

British Association for Cardiovascular Health and Rehabilitation

See above – this is even worse because it is such a mouthful.

British Association for Cardiovascular Prevention and Rehabilitation

This is the preferred option of Professor David Wood who argued the case so eloquently in the last Cardiac Rehab UK. His argument for converting to this mouthful (and does "cardiovascular prevention" make much sense?) was that what we do now is more than has been understood by rehabilitation in the past. He claims that "rehabilitation" refers to "physical rehabilitation through supervised exercise" and does not include secondary prevention. But this has never been true. "As long ago as the 1950s, Hellerstein, the father of cardiac rehabilitation (CR), proposed a system of comprehensive rehabilitation for coronary patients. As well as physical training, this included education, improvement in nutrition, attainment of normal body weight and giving up smoking. In those days there were no proven drug treatments for secondary prevention. Since then all definitions of CR have included the two elements:

1. helping the patient to recover from the physical and psychological effects of the cardiac illness
2. ensuring the best possible long-term prognosis (secondary prevention).

This two pronged aspect of CR is emphasised in the WHO definition:

"The rehabilitation of cardiac patients is the sum of activities required *to influence favourably the underlying cause of the disease*, as well as to ensure the patients the best possible physical, mental and social conditions so that they may, by their own efforts, preserve, or resume when lost, as normal a place as possible in the life of the community…" The italics are mine and this phrase, coming before any mention of physical rehabilitation, refers to secondary prevention.

While it is trendy to change cardiac to cardiovascular in an attempt to be inclusive of all arterial disease this does not work for rehabilitation. In this country we manage to include about one third of eligible cardiac patients in our rehabilitation programmes – and a much lower percentage of other needy cardiac patients such as those with angina, heart failure and ICDs. How can we begin to think about enlarging our remit to include stroke and peripheral vascular disease (PVD) patients?

Get real – we *are* the British Association for Cardiac Rehabilitation. Let's stick with that but resolve to do it for a greater proportion of those who need it.

Hugh Bethell, The Basingstoke & Alton Cardiac Rehabilitation Centre, bethell@cardiac-rehab.co.uk

The production of this newsletter was supported by the NHS Heart Improvement Programme

Achieving 25% increase in uptake of structured exercise programme

Post myocardial infarction and post surgery patients seen by the Portsmouth Hospitals cardiac rehabilitation (CR) team are routinely offered a place within the structured exercise classes.

An audit of uptake of the CR structured exercise programme, showed that of those patients offered a place on the programme, only 36% of patients were choosing to attend. Participation in a structured exercise programme has been shown to improve psychological well being, lower blood pressure, help with weight loss, lower blood cholesterol, increase joint mobility and reduce falls. The team therefore felt that the low attendance rate needed to be addressed.

A survey of patients who had chosen not to attend the exercise programme was carried out and the findings were used to inform the developments to the classes. A significant number of patients were unable to join the classes due to mobility problems, while others were put off by the gym-like nature of the classes which at the time used exercise equipment. Others requested support to carry out the exercises in their own homes. A fitness instructor was employed to develop and deliver the classes in conjunction with the CR nursing team and a more 'user friendly' programme comprising of exercise circuits was developed. This allowed patients who had difficulty with mobility to undertake a chair based programme. In addition, the length and frequency of the programme was changed – since March 2006, classes run for eight weeks instead of twelve and patients are asked to attend once a week instead of twice. To support patients in continuing to exercise at home, a home-based programme has been developed which mirrors the exercises performed in class. A copy of this is given to all patients, regardless of whether they attend the structured exercise programme and it is suitable for use by housebound patients.

Previous audits show that the uptake of the exercise programme was between 35 and 40% and was particularly low in Portsmouth City residents. A re-audit has shown that these figures have improved significantly and that uptake is now between 50 and 67% with Portsmouth City residents uptake being the highest.

More patients are attending the structured exercise programme and therefore achieving the psychological and physical benefits from attending a phase III class. Although the programme is shorter in length and patients now attend only once a week, improvements in BP and weight are comparable with the changes achieved by the longer programme. In addition, changes to the structure of the programme means that patients with mobility problems who were previously unable to take part are now able to actively participate. The home programme supports patients in sustaining their activity once the class has ended. It is estimated that 500 patients per year will be helped as a result of these improvements.

The skills provided by the fitness instructor complement those already existing within the nursing team. Staffing cuts have reduced the staffing levels within the CR team and therefore the shorter programme delivered only once a week has increased throughput of patients. This allowed the team to maintain the short waiting times for patients to commence at the classes.

Julie Dennett, Cardiac Specialist Nurse, Plymouth Hospital Trust, julie.dennett@porthosp.nhs.uk and Penny Kirk, Service Improvement Manager, Central Southern Cardiac Network, penny.kirk@southcentral.nhs.uk

Healthy eating on a budget

Most health care professionals are already armed with a wealth of healthy eating advice for patients. We're also aware that Coronary Heart Disease is linked to health inequalities and mainly affects people living within economically deprived areas. This article provides practical tips for you to share with your patients, on how to eat a healthy balanced diet and how this can be achieved on a budget.

A healthy balanced diet contains a variety of food types, including lots of fruit and vegetables and starchy foods such as wholemeal bread and wholegrain cereals, some protein such as meat, fish, eggs, lentils and some dairy foods.

Tips:

- plan your budget for each week and stick to it
- make your own meals, it's cheaper and more nutritious - processed food is an expensive option
- compare prices and shop around - your local greengrocer or market stall may be better value than the supermarket
- shop seasonally – buy fruit and vegetables that are in season in the UK. In the middle of winter you will pay more for summer produce flown in from abroad
- be careful of "special offers" - getting 20p off or three for the price of two is great but only if it is something you need
- cook in batches and freeze – after cooking, when the food has been cooled, quickly, freeze in serving sized portions. Make sure that the food is piping hot all the way through when it is reheated
- watch your waste – plan you meals so that food that goes off quickly gets eaten first or is frozen for future use.

It may be necessary to discuss with patients the process of careful planning for eating healthily on a tight budget and giving lots of support in the early stages. As they persevere, planning gets easier and they begin to see and feel the benefits of healthy enjoyable eating.

Chetali Agrawal, Specialist Cardiology and Ethnic Health Dietitian, chetali.agrawal@westminster-pct.nhs.uk

The production of this newsletter was supported by the NHS Heart Improvement Programme

Training opportunities

An introduction to exercise for health professionals working in cardiac rehabilitation

This 2-day course aims to explore the physiological mechanisms underpinning the exercise component of cardiac rehabilitation and apply these principles to design and delivery, using an evidence based approach. It has a practical emphasis and aims to assist health professionals with useful tips and suggestions that can be implemented in future service developments.

Please contact the individual venues below for application forms and more details:

St Austell Community Hospital, Cornwall, 12 and 13 January 2007
Contact: Teresa Jago Tel: 07798 617547 (Tues/Wed/Thurs) / t.jago81@btinternet.com

Cramlington nr Newcastle, 9 and 10 February 2007
Contact: Coral Hanson Tel: 01670 717421 / Fax 01670 590648 / chanson@blythvalley.gov.uk

Western General Hospital, Edinburgh, 23 and 24 March 2007
Contact: Irene Thomson Tel: 0131 537 9285 / irene.thomson@lpct.scot.nhs.uk

University Hospital Aintree, Liverpool, 27 and 28 April 2007
Contact: Dave Woodward Tel: 0151 529 4981 / david.woodward@aintree.nhs.uk

Cost: £220 to BACR members / £250 to non-BACR members

If you are interested in hosting a 'BACR introduction to exercise course' contact jennifer.jones@brunel.ac.uk

BACR phase IV exercise instructor training

This training course combines five days of course attendance with practical experience gained through visiting a local clinically supervised cardiac rehabilitation programme. There is comprehensive course material and students are required to pass both a written paper and a case study viva in order to gain this well recognised qualification for exercise professionals.

Courses planned for 2007 include Newcastle, London, Chester, Colchester, Loughborough, Gloucester, Amersham, Plymouth, Cardiff, Coventry, Leeds and Alton.

For all course dates and venues please visit www.bacrphaiseiv.co.uk, email bacrphase4.training@virgin.net or call 01252 720640.

ACPICR courses

ACPICR (Association of Chartered Physiotherapists in Cardiac Rehabilitation) Courses

- Exercise Prescription: New Insights and Management of the Complex Patient
- Practical Skills in Delivering Effective Group Exercise in Cardiac Rehabilitation
- Theory and Practical Implementation of Submaximal functional capacity testing in cardiac patients.

Any professional involved in delivering the exercise component of cardiac rehabilitation is invited to attend the above the courses.

For further details please email Hayley Yates at hayley@yates-home.fsnet.co.uk

The production of this newsletter was support by the NHS Heart Improvement Programme

Other courses

Cardiovascular Risk (optional accreditation at Masters level)

26 to 29 March 2007, University of Warwick, Coventry

The course is offered as two free standing 2-day events which are complimentary modules. Both two day events will consist of lectures, small group workshop sessions and clinical case studies, with a comprehensive course manual provided for each 2-day course. Participants that complete both events can choose to register for the prestigious University of Warwick Postgraduate award (PGA) in Cardiovascular Risk.

For further details please contact Dr Steve Hicks on 02476 523540 or s.j.hicks@warwick.ac.uk

How is the BACR Phase IV Training going?

The BACR Phase IV Exercise Instructor Training has now been running for seven years and there are over 1,500 qualified instructors across the UK. There is a revalidation process for all students every three years to ensure that qualified phase IV instructors, who are working with cardiac patients, are practicing safely within BACR guidelines.

The qualification is supported by both the British Heart Foundation and the British Cardiovascular Society.

The training, described as a "Gold Standard" in the NHS' National Quality Assurance Framework for Exercise Referral Systems, has attained such an accolade because of the requirement for students to have their learning linked with identified clinical specialists working in phase I to III. This includes students having to attend supervised cardiac rehabilitation (CR) programmes, in their locality on at least four occasions.

The qualification is awarded on the passing of a written examination and an oral examination, based on a real case study, in the presence of one clinical and one exercise specialist. The training is recognised by the Register of Exercise Professionals (REPs) and Skills Active.

Currently the training sits at level three on the Register, which equates to medium risk exercise referrals. But once the level four comes into place, the qualification will be one of the first to be eligible to move up to level four status, specialist instructor in clinical populations. Students who complete the course are awarded 24 REPs CPD credits; students who revalidate automatically attain 6 CPD credits; and attendance at the BACR EPG study days attains at least 4 CPD credits.

Getting on the course requires meeting strict entry criteria including relevant experience in exercise instruction and a minimum of level two qualification in exercise and fitness. In 2007 the bar will be raised and the minimum requirement will be a level three qualification in exercise and fitness. Within the course, students are taught about the BACR exercise protocol for management of cardiac clients and given guidelines to follow.

Ten courses are usually offered around the UK per year and these are delivered in pairs of clinical and exercise specialists, drawn from a pool of 45 trained BACR tutors. Many of the tutors are the UK's leading specialist practitioners.

Qualified instructors are invited to join the joint BACR/Phase IV Graduate network and the BACR Exercise Professionals Group (EPG). The graduate network has two representatives on the BACR EPG steering group.

Over the last few years increasing numbers of qualified instructors have started to assist with the exercise delivery in clinically supervised programmes. This extended role is evidence that BACR phase IV instructors have become important and respected members of the multi-disciplinary CR team in the UK.

Note for current phase IV qualified instructors: An update will be posted on the BACR Phase IV website (www.bacrphaseiv.co.uk) in the New Year regarding your status within the new Register of Exercise Professionals (REPs) qualification framework. Please email info@reps-uk.org with any queries.

Sally Hinton, BACR National Co-ordinator of Phase IV Training, bacrphase4.training@virgin.net and John Buckley, BASES Accredited Exercise Physiologist, Senior Lecturer Centre for Exercise & Nutrition Science, University of Chester, j.buckley@chester.ac.uk

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Events and conferences

The Primary Care Genetics Society Conference The Relevance of Clinical Genetics to General Practice Medicine 14 February 2007, London

To register your interest in the society and to receive a programme and booking form for the conference, send a fax to, The Primary Care Genetics Society Secretariat, Fax: 020 7760 7193.

BACR Exercise Professionals Spring Study Day 13 April 2007, University of Chester, Cheshire

Entitled "Cardiovascular Rehabilitation; Broadening our Remit"

Topics include:

- diabetes and exercises
- advances in exercise in the management of peripheral vascular disease
- exercise considerations of atrial fibrillation
- the future for providing cardiac rehabilitation? Funding, venues and the role and impact of exercise professionals

Cost: £80 to BACR members/£100 to non-BACR members.

Contact Vivienne Stockley on 01252 720640 or bacrphase4.training@virgin.net

EuroPrevent 2007 19 to 21 April 2007 Madrid, Spain

Topic: Cardiovascular Disease Prevention - Risk Assessment and Management.

EuroPrevent, the annual congress of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR) is expected to become a meeting place between science and clinical cardiology.

Early Bird registration deadline 26 February 2007.

For further details visit www.europrevent2007.org

2nd International congress on "Prediabetes" and the Metabolic Syndrome 25 to 28 April 2007, Barcelona, Spain

This bi-annual event aims to deepen and intensify the cardio-diabetes alliance even further. The congress will provide a platform for both doctors and pharmaceutical companies to present their studies and the many new developments in prevention of diabetes and CVD.

Early Bird registration deadline 31 January 2007.

For further details email prediabetes2007@kenes.com or visit www.kenes.com/prediabetes

Other key dates for your diary

4 to 7 June 2007	British Cardiac Society meeting, Scottish Exhibition and conference centre, Glasgow
24 to 27 June 2007	Europace 2007, Lisbon Congress Centre, Lisbon, Portugal
1 to 5 Sept 2007	European Society of Cardiology Congress 2007, Vienna, Austria

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Please write to cardiacrehab@bhf.org.uk and we will send you a copy of our guidance notes

Deadlines for submissions

Issue 8, May 2007,
Friday 23th February 2007

Issue 9, September 2007,
Friday 29 June 2007

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