BACPR Annual Conference 2017

“Meeting the Challenges of Current Practice”

Hilton London Paddington, 5th & 6th October 2017

www.bacpr.com

Please use #bacpr2017 for conference tweets
Welcome

Welcome to the BACPR Annual Conference 2017, and thank you for joining us on the conference’s first ever visit to London! We hope that our ‘Meeting the Challenges of Current Practice’ theme is both current and stimulating, providing innovative ideas on how to apply the evidence base in practice as we continuously strive to meet the changing needs of our cardiovascular populations.

This year’s programme is even more action-packed than usual; with so many speakers keen to contribute, we have an earlier opening on Thursday to accommodate an extended keynote session. Aside from the main programme, we have our usual lunchtime symposia (this year sponsored by Astra Zeneca and Amgen) and an NACR workshop in our Thursday afternoon break. All of these sessions will be held in the main conference room (Great Western One). At your request, we have reverted to offering a buffet lunch this year, and have made our lunch breaks slightly longer, with only one symposium / workshop per break, to allow for more time to eat and network.

Please also take the time to visit the posters and stands in the exhibitor area (Great Western Two), and our moderated poster session in the Red Star Room in the Thursday afternoon break. We received over 50 abstract submissions this year and look forward to showcasing many examples of project work within the field.

As always, you are invited to enjoy a drink whilst attending the BACPR’s AGM in the main conference room (Great Western One) at the end of Thursday’s session. At our prize giving on Thursday evening, we look forward to presenting awards to the ‘best moderated poster’ and to our ‘new investigator in scientific research’. Our ‘best oral abstract’ award will be presented after the healthy break on Friday morning. Details of all of the abstracts accepted for this year’s conference will be available on the BACPR Research Network, just after the conference opening at www.bacpr.com.

Many thanks to all of our exhibitors and sponsors – particularly our senior partner, Astra Zeneca. And finally, huge thanks to our conference team – Sally Hinton, Scott Murray, Alison Iliff, Sarah Quinlan, Vivienne Stockley and Valerie Collins – all of whom have worked extremely hard all year in preparing this conference. We hope you enjoy!

Dr Aynsley Cowie
BACPR Scientific Chair

Dr Joe Mills
BACPR President
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Useful Information

**Hotel Address**
The Hilton Hotel
146 Praed Street
London W2 1EE

**Registration**
If you have any queries during the conference, please visit the registration desk which is in the Great Western Foyer.

**Evaluation**
Every year we try to use delegate feedback in our conference planning. We would therefore be most grateful if you could complete our online survey, details of which you should receive during the conference.

**Mobile Phones**
As a courtesy to the speakers and other delegates, please switch your mobile phones to silent while the conference is in progress.

**Social Media**
Follow us on twitter @bacpr and tweet about the event using #bacpr2017

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**Speaker presentations**
Speakers’ presentations will be available in the members’ area of the BACPR website from Mon 16th October 2017. This year, audio-recordings of all oral abstracts will be available on the site.

**Keeping Active**
We appreciate that conference tends to encourage sedentary behaviour! Plan ways around this during conference, and after, using the free Active 10 app which shows how much brisk walking you’re doing and how you can do more. It’s easy to use and helps you set your goals for the day.

https://www.nhs.uk/oneyou/active10/home#GSfD6Zd4P8RgjahL.97

**BACPR membership and General Enquiries**
bacpr@bcs.com 0207 3801919 Valerie Collins

**BACPR Education and Training**
education@bacpr.com 01252 854510 Vivienne Stockley

www.bacpr.com
### Session 1: Keynote Session

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<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Chairs</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00-10:05</td>
<td>Opening / Housekeeping</td>
<td>Dr Aynsley Cowie BACPR Scientific Officer</td>
<td></td>
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<tr>
<td>10:05-10:20</td>
<td>Welcome</td>
<td>Dr Joe Mills &amp; Dr Scott Murray, Outgoing &amp; Incoming BACPR Presidents</td>
<td></td>
</tr>
<tr>
<td>10:20-10:40</td>
<td>Achieving the WHO Target of “25 by 25” for Prevention of Cardiovascular Disease</td>
<td>Prof David Wood WHF President Elect; Professor of Cardiovascular Medicine, Imperial College London</td>
<td></td>
</tr>
<tr>
<td>10:40-11:10</td>
<td>Pills or Policies for Prevention?</td>
<td>Prof Simon Capewell Professor of Clinical Epidemiology, University of Liverpool</td>
<td></td>
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<tr>
<td>11:10-11:40</td>
<td>Choosing Wisely</td>
<td>Dr Aseem Malhotra Consultant Cardiologist, Frimley Health Foundation NHS Trust</td>
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<tr>
<td>11:40-12:20</td>
<td>Clinical Research: Blood Pressure and Exercise</td>
<td>Prof Paul Leeson BCS Cardiovascular Prevention Clinical Study Group Chair; Professor of Cardiovascular Medicine, University of Oxford</td>
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<tr>
<td>12:20-13:30</td>
<td>Lunch and Networking, Stands and Posters</td>
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<tr>
<td>12:45-13:15</td>
<td>Sponsored Symposium</td>
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### Session 2: Chairs: Dr Hayes Dalal, Dr Aynsley Cowie

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<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Chairs</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>13:30-14:00</td>
<td>The Role of the Pharmacist in CVD Care</td>
<td>Helen Williams Consultant Pharmacist for Cardiovascular Disease Health Innovation Network, South London</td>
<td></td>
</tr>
<tr>
<td>14:00-14:30</td>
<td>Falls and Heart Failure</td>
<td>Dr Andrew Davies Consultant in Elderly Medicine, City Hospitals Sunderland</td>
<td></td>
</tr>
<tr>
<td>14:30-15:00</td>
<td>Current Management Strategies for Heart Failure</td>
<td>Prof Andrew Clark BSH Immediate Past Chair; Chair in Clinical Cardiology; Hull York Medical School</td>
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<tr>
<td>15:00-16:00</td>
<td>Healthy Break, Stands and Posters</td>
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<tr>
<td>15:00-16:00</td>
<td>NACR Workshop – Practicalities of Meeting the Certification Standard</td>
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<tr>
<td>15:00-15:30</td>
<td>Moderated Posters (Redstar Room*)</td>
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### Session 3: Chairs: Louise Jopling, Jo Hayward

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Chairs</th>
<th>Speakers</th>
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</thead>
<tbody>
<tr>
<td>16:00-16:30</td>
<td>NACR Findings 2017 and ‘An Analysis on the Mode of Delivery in Cardiac Rehabilitation’</td>
<td>Prof Patrick Doherty Director of NACR; Chair of Cardiovascular Health, The University of York</td>
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<td></td>
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<td>Alexander Harrison Research Fellow, NACR; The University of York</td>
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<tr>
<td>16:30-16:50</td>
<td>SIGN Guideline for Cardiac Rehabilitation</td>
<td>Dr Iain Todd Cardiac Rehabilitation SIGN Guideline Chair; Consultant in Rehabilitation Medicine, NHS Lothian</td>
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### Session 4: Chairs: Dr Scott Murray, Sarah Quinlan

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Chairs</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>16:50-17:10</td>
<td>The Use of Mindfulness in Chronic Disease Prevention and Rehabilitation</td>
<td>Dr Elizabeth Sparkes Senior Lecturer, Coventry University Laura Allen PhD Student, Coventry University</td>
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<tr>
<td>17:10-17:30</td>
<td>An Alternative Viewpoint - A Biomedical Approach to Tackling CVD Prevention</td>
<td>Ivor Cummins Chemical Engineer, ‘The Fat Emperor’</td>
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### Thursday 5th October Evening Events [Ballroom]

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>19:30-20:00</td>
<td>Drinks Reception</td>
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<tr>
<td>20:00-22:00</td>
<td>Gala Dinner and Prize Giving</td>
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<td>22:00-late</td>
<td>Disco</td>
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### Friday 6th October 2017

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00</td>
<td>Walk / Run</td>
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<tr>
<td>From 8:30</td>
<td>Registration (day delegates only)</td>
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#### Session 5: Chairs: Bernie Downey, Laura Burgess

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
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<tbody>
<tr>
<td>9:00-9:40</td>
<td>Prof Rod Taylor</td>
<td>Professor of Health Services Research University of Exeter Early Results from REACH-HF-pEF</td>
</tr>
<tr>
<td>9:40-10:15</td>
<td>Dr Angela Busuttil</td>
<td>Consultant Clinical Psychologist Sussex Partnership NHS Foundation Trust Developing Psychology Skills in Practitioners / IAPT</td>
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#### Session 6: [Redstar Room*]

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<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>9:00-9:12</td>
<td>Amy Jones</td>
<td>An Evaluation of the UK National Audit of Cardiac Rehabilitation (NACR) (2013-2017) for Adults with Heart Failure</td>
</tr>
<tr>
<td>9:12-9:24</td>
<td>Miriam Noonan</td>
<td>The Experiences of Informal Caregivers of Adults Living with Heart Failure, COPD and Coronary Artery Disease</td>
</tr>
<tr>
<td>9:24-9:36</td>
<td>Sheona McHale</td>
<td>Understand the Lived Experience of How Individuals Diagnosed with CHD Feel they Obtain Emotional Support Post Percutaneous Coronary Intervention (PCI)</td>
</tr>
<tr>
<td>9:36-9:48</td>
<td>Grace Dibben</td>
<td>Does Cardiac Rehabilitation Impact Physical Activity Levels of Heart Disease Patients? Systematic Review and Meta-analysis</td>
</tr>
<tr>
<td>9:48-10:00</td>
<td>Nikki Gardiner</td>
<td>Comparing Hospital, Community and Web-based Cardiac Rehabilitation Programmes: Is There a Difference in Exercise and Quality of Life Outcomes?</td>
</tr>
<tr>
<td>10:00-10:12</td>
<td>Ahmad Salman</td>
<td>Determinants of Stopping Smoking in Cardiac Rehabilitation</td>
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#### Session 7: Chairs: Rachel Owen, Annie Holden

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>10.15-10.50</td>
<td>Healthy Break, Stands and Posters</td>
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<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>10.50-11.00</td>
<td>Award for Best Oral Abstract</td>
<td>Dr Joe Mills BACPR Past President</td>
</tr>
<tr>
<td>11.00-11.30</td>
<td>HIIT : Current Evidence and Future Application in Cardiovascular Rehabilitation</td>
<td>Dr Simon Nichols Senior Research Fellow Sheffield Hallam University</td>
</tr>
<tr>
<td>11.30-12.00</td>
<td>Transformation of NSTEMI Care at the Golden Jubilee National Hospital</td>
<td>Dr Mitchell Lindsay Consultant Cardiologist, Golden Jubilee National Hospital</td>
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<tr>
<td>12.00-12.20</td>
<td>An Update from the BHF</td>
<td>Dr Mike Knapton Associate Medical Director, BHF</td>
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<tr>
<td>12.20-13.30</td>
<td>Lunch and Networking, Stands and Posters</td>
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<tr>
<td>12.45-13.15</td>
<td>Sponsored Symposium</td>
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### Session 8: Revolutionising Diabetes Care using Hope and a Low Carb Approach

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker Details</th>
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<tbody>
<tr>
<td>13:30-14:00</td>
<td>Revolutionising Diabetes Care using Hope and a Low Carb Approach</td>
<td>Dr David Unwin General Practitioner, Norwood Surgery Southport. 2016 Winner of NHS Innovator of the Year Award</td>
</tr>
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</table>
| 14:00-14:30 | NACR in Practice: “What does a certified site look like?”             | Sophie McIntosh Cardiac Rehabilitation Specialist, Countess of Chester Hospital NHS Foundation Trust  
Elaine Allen Cardiac Specialist Nurse, Frimley Health NHS Foundation Trust |
| 14:30-15:00 | Sex and the Heart                                                     | Prof Mike Kirby Visiting Professor to the Faculty of Health & Human Sciences, University of Hertfordshire & the Prostate Centre; Editor-in-chief, Primary Care Cardiovascular Journal |
| 15:00-15:30 | Vaping and E-cigarettes                                               | Martin Dockrell Tobacco Control Programme Lead, Public Health England            |
| 15:30-15:45 | Closing Remarks and Evaluation                                         | Dr Joe Mills, Dr Scott Murray, Dr Aynsley Cowie                                  |

[* all other main programme sessions will be held in Great Western One.*]

Follow @bacpr on Twitter for conference updates #bacpr2017

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**Future Diary Dates**

**BACPR Exercise Professionals Group Spring Study Day**

**Friday 18th May 2018 – Aston University Birmingham**

Speakers confirmed:

- Professor Peter Brubaker, Wake Forest University - Exercise and HFpEF
- Dr Paul Callan & Laura McGarrigle MCSP, Wythenshawe Hospital – Use of LVADs in heart failure management and exercise considerations
- Plus more great speakers and presentations to come

Please register your interest by email to vstockley@bacpr.com and visit the EPG page of the BACPR website for further details

**BCS Annual Conference**

**4 - 6 June 2018 – Manchester Central, Manchester**

Visit www.bcs.com/conference for online registration and programme
BACPR would like to thank the following exhibitors for their valued support

**AstraZeneca**

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of diseases in three main therapy areas - Oncology, Cardiovascular & Metabolic Diseases and Respiratory. The Company also is selectively active in the areas of autoimmunity, neuroscience and infection. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide.

For more information please visit: www.astrazeneca.co.uk

**Amgen**

Amgen is one of the world’s leading biotechnology companies. Amgen is a values-based company, deeply rooted in science and innovation to transform new ideas and discoveries into medicines for patients with serious illnesses.

www.repatha.co.uk

**Arrhythmia Alliance**

Arrhythmia Alliance is a coalition of charities, professional medical organisations and industry groups that works to promote the timely diagnosis and effective management of arrhythmias. By raising awareness and campaigning for the improved detection and care of heart rhythm disorders, Arrhythmia Alliance aims to extend and improve the lives of the millions around the world that these conditions effect.

www.heartrhythmcharity.org.uk

**Bayer**

Bayer: Science for a better life

For over 120 years, Bayer has been researching and developing innovative medications and new therapeutic approaches that help make a difference to people’s lives. Bayer is working in a wide range of therapeutic areas on new treatment approaches for heart, vascular, lung and kidney diseases with a focus on processes and signalling pathways relevant to diseases of the cardiovascular system.

www.bayer.co.uk

**Boehringer Ingelheim**

The Boehringer Ingelheim group is one of the world’s 20 leading pharmaceutical companies. Headquartered in Ingelheim, Germany, it operates globally with 142 affiliates and more than 47,400 employees. Since it was founded in 1885, the family-owned company has been committed to researching, developing, manufacturing and marketing novel medications of high therapeutic value for human and veterinary medicine.

For more information please visit www.boehringer-ingelheim.co.uk

**British Heart Foundation**

We are the nation’s heart charity and the largest independent funder of cardiovascular research. Coronary heart disease is the UK’s single biggest killer; we are leading the fight against it. Our pioneering research is key in supporting service redesign to ensure earlier diagnosis and optimal management of people with CVD.

www.bhf.org.uk
Human Kinetics

At Human Kinetics, our mission is to produce innovative, informative products in all areas of physical activity that help people worldwide lead healthier, more active lives. We are committed to providing quality informational and educational products in physical activity and health fields that meet the needs of our customers.

www.humankinetics.com

LINC Medical

LINC Medical is an established important supplier of medical equipment and devices to UK healthcare providers and operates nationwide. The Company’s mission is to provide excellent customer support and offer cost effective products that enhance the patients’ and medical professionals’ quality of life and working environment.

www.linc-medical.co.uk

Nihon Kohden

Nihon Kohden are a well-respected Japanese company who design and produce high quality, innovative patient monitoring solutions. We will be showing our unique mobile monitoring devices which are particular suitable for cardiac rehab.

www.nihonkohden.net

Novartis

Novartis provides innovative healthcare solutions that address the evolving needs of patients and societies. Headquartered in Basel, Switzerland, Novartis offers a diversified portfolio to best meet these needs: innovative medicines, eye care and cost-saving generic pharmaceuticals. For more information, please visit

www.novartis.co.uk

Renew

Renew Therapy gives everyone the opportunity to enhance their circulation through External Counter Pulsation (ECP) technology. ECP has been clinically proven to aid in improving quality of life, cardiovascular efficiency and exercise tolerance in patients with angina. For more information visit:

www.renewtherapy.co.uk

The Dairy Council

The Dairy Council is a non-profit making organisation with a remit to present evidence-based information on milk, dairy productions, nutrition and health to a range of stakeholders including healthcare professionals, consumers, researchers, the food industry and media. The Dairy Council is staffed by registered dietitians and registered nutritionists. All consumer nutrition materials have received Information Standard certification from the Royal Society of Public Health and our workplace presentations for healthcare professionals have been endorsed by the British Dietetic Association.

www.milk.co.uk

The Heart Manual Service

The Heart Manual Programme, NHS Lothian, is the UK’s leading self-management resource for individuals with cardiac conditions.

Supported by trained facilitators UK wide and further afield, it is substantiated by a wealth of empirical evidence including 3 RCTs, and specified in NICE as a comprehensive programme validated for patients with MI/revascularisation. Book or digital formats are available.

‘Proven to work’ (NACR 2016)-this sustainable model has been adapted into other conditions e.g. Cancer

www.theheartmanual.com
University of Chester

Enthusiastic and responsive, the University of Chester is committed to providing the very best in teaching, learning, research, student support and partnerships.

www.chester.ac.uk/postgraduate/cvr

University Hospitals Leicester NHS Trust

“Web-based rehabilitation solutions from the Centre for Exercise and Rehabilitation Science (CERS)- University Hospitals Of Leicester NHS Trust. Our online cardiac and pulmonary rehabilitation packages allow patients the flexibility to complete a supported programme in their own time.”


www.activateyourheart.org.uk/

Issues and Answers Conference

Annual conference, 10-11 November providing primary care professionals with practical guidance in the daily care of patients at risk of cardiovascular disease, diabetes and related disorders. Keep up-to-date throughout the year with our open access e-journals, the British Journal of Primary Care Nursing (www.bjpcn.com) and the Primary Care Cardiovascular Journal (www.pccj.eu) with regular news, articles and CPD modules.

www.issuesandanswers.org/
Conference Opening Address

Dr Joe Mills

I graduated from Cambridge University with a First Class honours degree in Medicine/Economics in 1992, completed medical training in Cambridge & East Anglia in 1994 and was a British Heart Foundation junior research fellow from 1998 to 2001. I have been a consultant cardiologist at Liverpool Heart & Chest Hospital NHS FT since February 2007. My professional interests include cardiovascular rehabilitation (and it’s promotion), PCI (I am one of ten consultants providing acute/emergency interventions for acute coronary syndrome patients), transcatheter aortic valve implantation, and developing community CVD services – for which I am the clinical lead. I am ALS medical director for my Trust, cardiac lead for the Cheshire & Merseyside Strategic Clinical Network. I am current president of BACPR and relishing the challenges and opportunities that this responsibility affords.

Dr Scott W Murray

Consultant Cardiologist and Clinical Lead for Preventive Cardiology / Royal Liverpool and Broadgreen University Hospital NHS Trust

Scott first graduated from Glasgow University in 1999 with a First Class Honours BSc in Sports and Exercise Medicine. His initial BSc research work was presented at the American Heart Association and involved BNP and ACE genotype work in Athletic LVH and Hypertrophic Cardiomyopathy. During training in General Medicine and Cardiology, he specialised in Interventional Cardiology and in particular intra-vascular imaging (IVUS) in stable and unstable coronary artery disease. He spent short periods in Rotterdam and in Virgina, USA trying to use intra-vascular ultrasound and Cardiac CT to hunt down the “vulnerable plaque”. This work led to numerous publications, awards and the post-graduate MD degree from The University of Liverpool. Having spent 10 years focussed on the vulnerable coronary plaque and despite stenting many along the way; it was always after the major event had occurred. As a Consultant Interventional Cardiologist, Scott became disillusioned with the inverse focus of Cardiology and the current paradigms. Rather bravely, he decided to give up his stent habit to campaign and work towards a comprehensive CVD prevention and rehabilitation strategy for the city of Liverpool. This has now been completed in draft format. He is the president of BACPR for the next two years.
Professor David Wood

Achieving the WHO Target of “25 by 25” for Prevention of Cardiovascular Disease

Professor Wood is a cardiologist committed to prevention of cardiovascular disease. He has contributed to international policy and guidelines on cardiovascular disease (CVD) prevention through the World Health Organisation, World Heart Federation and the European Society of Cardiology. He was a founder and President of the European Association for Cardiovascular Prevention and Rehabilitation, a Board member of the European Society of Cardiology and in 2014 he was elected as President Elect of the World Heart Federation.

He is the principal investigator for the ASPIRE and EUROASPIRE studies across 26 European countries, evaluating standards of preventive cardiology practice in hospital and primary care. He led the EUROACTION and EUROACTION+ trials in preventive cardiology evaluating nurse-led models of preventive care in hospital and general practice across 8 European countries, and the principals of EUROACTION are now incorporated in the Imperial College NHS Cardiovascular Health programme for the NHS.

He is Course Director for the Imperial College Masters degree programme in Preventive Cardiology providing education and training for doctors, nurses and allied health professionals. He is Senior Editor of the European Society of Cardiology Textbook of Preventive Cardiology and also founded the European Journal of Cardiovascular Prevention and Rehabilitation (now European Journal of Preventive Cardiology) and served as the first Joint Editor in Chief.

He is married to Dr Catriona Jennings, a cardiovascular specialist nurse, and they have four adult children. He enjoys cooking for family and friends and also sailing, presently circumnavigating the UK in a Frances 26 sailing boat.
Professor Simon Capewell
Pills or Policies for Prevention?

Simon trained in clinical medicine then public health, joining the University of Liverpool in 1999. He is Vice President (Policy) for the UK Faculty of Public Health and previous President of the Society for Social Medicine.

Simon enjoys facilitating multidisciplinary research teams, mentoring colleagues and writing papers and grant applications. His recent research funded by MRC, NIH, NIHR, EU & BHF has examined:

- why CVD death rates have recently plummeted in high income countries, but not all countries, and
- the development of effective and cost-saving CVD prevention strategies in diverse countries (majoring on healthy food & tobacco policies).

Professor Simon Capewell, MB BS, MD & DSc (Newcastle); MSc (Edinburgh); FRCPE; FFPH. Chair of Clinical Epidemiology, Public Health & Policy, University of Liverpool, UK
Tel: +44 (0)151 794 5576   Email: capewell@liverpool.ac.uk  Twitter @SimonCapewell99

Pills or Policies for Prevention?

The cardiovascular disease (CVD) burden is immense but preventable. There are four major CVD risk factors. However, POOR DIET is more important and powerful than tobacco plus alcohol plus physical inactivity (GBD Lancet papers). Population-wide prevention policies involving regulation or taxation are powerful, rapid, equitable & cost-SAVING.

Furthermore, an Effectiveness Hierarchy is visible in CVD primary prevention: “upstream” policy interventions (like regulation, taxation and comprehensive starategies) are far more powerful than “downstream” approaches (like giving advice or statins to individuals). Implementing policies can be politically challenging. However, it is reassuring to remember the many previous public health successes (including safe drinking water, sanitation, slavery abolition, smoke-free pubs, etc).

These successes generally follow a predictable exemplify SUPPORT pathway, commencing with the initial scientific evidence working through eventually to effective interventions: regulatory & tax policies.

However, this pathway is neither smooth nor fast. Because new policies always threaten vested interests. It is therefore essential to gain public support, and equally important to also address the political process. Which includes overcoming opposition from vested interests. Only then does regulation, taxation or both become feasible.

Current public health challenges include sugary drinks, junk food, tobacco, alcohol, poverty, and climate change. However, there is every reason to believe that these new public health challenges should be addressed using the same approaches which have proven so effective in overcoming earlier threats to the health of our families and wider society.
**Dr Aseem Malhotra**  
Choosing Wisely

Described as an “inspiration” by Jamie Oliver, Consultant Cardiologist Dr Aseem Malhotra has become one of the most influential and well-known health campaigners in the UK. He writes regularly in academic medical journals and print newspapers such as the Guardian, Telegraph and Daily Mail and is regularly seen on broadcast media in his campaign against sugar and highlighting the harms of too much medicine. Dr Malhotra has been named alongside anti-obesity activists such as Michael Bloomberg and Michelle Obama and last year was featured in the New York Times on his documentary film “The Big Fat Fix” which in July premiered in British parliament. He was lead author in the BMJ paper that launched the UK Academy of Medical Royal Colleges Choosing Wisely campaign in 2015. In 2016 he was named in the Sunday Times Debretts list as one of the most influential people in science in medicine in the UK in a list which included Professor Stephen Hawking. In 2015 he became the youngest member to be appointed to the board of trustees of independent health think tank, The King’s Fund.

**Choosing Wisely To Wind Back The Harms of Too Much Medicine**

Dr Aseem Malhotra will discuss the evidence behind the choosing wisely and too much medicine joint campaign by the medical royal colleges and the BMJ, public health interventions to improve population health and why there’s a continuing controversy over the prescription of cholesterol lowering statin medications.
Professor Paul Leeson
Clinical Research: Blood Pressure and Exercise

Professor of Cardiovascular Medicine, University of Oxford

Paul Leeson is Professor of Cardiovascular Medicine at the University of Oxford and Clinical Director of the Oxford Cardiovascular Clinical Research Facility. He is also a Consultant Cardiologist at the John Radcliffe Hospital, where he provides expertise in cardiovascular imaging and hypertension. His research group undertakes clinical studies that combine novel cardiovascular imaging approaches with laboratory work to better understand and prevent early development of cardiovascular disease. In addition, he is Cardiology Lead for the NIHR Thames Valley and South Midlands Local Clinical Research Network and Chair of the Research Nucleus of the European Association of Preventive Cardiology.

Clinical Research: Blood Pressure and Exercise

1 in 17 adults below the age of 40 years are hypertensive with higher prevalence in those with diabetes and obesity, or more novel early risk markers, such as a familial history. High blood pressure in young adults is linked with a range of cardiovascular disorders including early stroke, impaired cardiac function, as well as a range of pregnancy complications. Current guidelines advise lifestyle modifications, in particular regular exercise, as the first line of hypertension management. However this guidance is largely based on historical data from physical activity trials, in older populations, over the age of 50 years. This group had very different risk factor and lifestyle profiles to the current young adult population. Up-dated clinical exercise trials are required to ensure optimal advice for the current generation of young hypertensives.
Helen Williams
The role of the Pharmacist in CVD.

Helen Williams  FFRPS, FRPharmS
Consultant Pharmacist for Cardiovascular Disease, South London, UK
Clinical Director for AF, Health Innovation Network. Clinical Lead for Cardiovascular Disease, Southwark and Lambeth CCGs
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As Consultant Pharmacist for CVD Disease, Helen is involved in a wide range of activities across South London to improve the care of patients with or at risk of cardiovascular disease (CVD). Helen chairs the local cardiovascular medicines working group which develops and supports the implementation of consensus evidence-based guidance for use across South London’s 12 clinical commissioning groups and 7 acute trusts, covering a population of 3.6 million. Currently, there is a strong focus on medicines optimisation in primary care for long terms conditions such as heart failure, hypertension and atrial fibrillation with the aim of reducing the burden of acute hospital admissions and she has been involved in supporting primary care practitioners through guideline implementation, clinical audit and provision of pharmacist-led virtual clinics. A key focus over recent years has been to increase the proportion of patients with AF who are anticoagulated to reduce the incidence of AF-related stroke.

Helen was recently appointed as the clinical lead for CVD within two South London CCGs, Clinical Director for AF in the local Health Innovation Network, National Clinical Adviser to the collaborative atrial fibrillation programme of the 15 Academic Health Science Networks across England and also co-chair of the Pan-London stroke prevention in atrial fibrillation strategy group. In addition, Helen is an editorial board member for the British Journal of Cardiology and the Journal of Medicines Optimisation, has worked with NICE on the development of a number of cardiovascular guidelines and is a member of the NHS England Primary Care Cardiovascular Leadership Forum and the London Cardiovascular and Stroke Strategic Clinical Leadership Groups.

The role of the Pharmacist in CVD

Over recent years the role of pharmacy in the detection and treatment of AF has evolved significantly – with opportunities to improve patient care in the community setting, GP practices, hospitals and through system leadership.

Community pharmacy is well placed to support people with or at risk of CVD – with most adults using pharmacies regularly, 1.6 million visits per day and access at evenings and weekends. Community pharmacy can assist in detection of CVD (through NHS Health checks, BP and HBA1c checks and AF case-finding using new technologies) and in management by supporting healthy lifestyles (diet, exercise, smoking cessation, weight management programmes, signposting), as pharmacist prescribers managing long-term conditions (hypertension, anticoagulation in AF), through disease monitoring (blood pressure, HbA1c, INR) and through offering adherence support through the New Medicines Service / Medicines Use Review.

GP practice based pharmacists have been introduced to ease the current pressures in general practices, address the severe shortage of GPs, improve patient care and reduce waiting times for GP appointments. Pharmacists are focusing on management of long terms conditions such as CVD, optimising medication, supporting adherence and addressing patient queries, as well as supporting practice audit.

At a system level, pharmacists are influencing service delivery, supporting the commissioning of new and innovative services including pharmacist led hypertension and hyperlipidaemia services and developing new models, such as virtual clinics to optimise medicines use in primary care for patients with hypertension, heart failure and atrial fibrillation which are demonstrating improved outcomes for patients.
Dr Andrew Davies
Falls and Heart Failure

Andy Davies
Born in 1967 in Hyde, Cheshire.
Consultant Sunderland Royal Hospital 2001 to date.
I have run a syncope and falls service since being a consultant, building on my research as a
registrar on “Blackouts masquerading as falls”.
I am involved in teaching and training as a Foundation Programme Director and am on the
BGS cardiovascular committee as treasurer.
But I really love being on the hills with the wind in my hair or more importantly the apres-walk
at the local hostelry with the family enjoying Yorkshires finest Black Sheep Bitter!
I am a Geriatrician who sees the patients all Geriatricians do, and I am signed up to the British
Olympic cycling teams approach to Geriatric medicine- it’s all about the small gains that result
in a major change for patients. Hence my interest in how little changes in patients treatments
and balancing benefits with the patients involvement are key to getting optimised therapy in
those with falls and heart failure.

Falls and Heart failure

Falls, dizziness and heart failure often co-exist. Shared contributors such as reduced
physical activity with consequent muscle weakness, in older people, polypharmacy, potential
arrhythmias, altered blood volume and reduced cerebral autoregulation all combine to make
those with heart failure at higher risk of falls.

What can a clinician with an interest in heart failure do to identify risks and begin the process
to treat or refer on appropriately? This lecture, by allowing the audience to focus on their
needs, help to guide assessment that will identify treatable causes of falls, simple ways to
differentiate causes of “dizziness” and how to review medications appropriately. Using the
AGS/BGS and NICE guidance on falls assessments and treatments looking at the evidence
for exercise, home assessment/modification, medicines rationalisation and management of
orthostatic hypotension.

Changing medication which has prognostic benefit in heart failure is difficult and we will look
at the safest ways to assess whether a change is necessary and if so how we involve patients
in such discussions.

The aim of this lecture is to give those with an interest in heart failure a practical guide to
dizziness and falls in this group and what approaches they can adopt in clinical practice.
Professor Andrew Clark
Current Management Strategies for Heart Failure

Professor Clark was educated at Pembroke College, Cambridge, and trained in medicine at the Westminster Medical School. He trained in cardiology at Manchester Royal Infirmary, the National Heart and Lung Institute (London) and the Western Infirmary, Glasgow. Whilst at the National Heart and Lung Institute, under the guidance of Philip Poole-Wilson and Andrew Coats, he developed an interest in exercise physiology, particularly in patients with heart failure.

He moved to Hull in 1999 and was promoted to Professor in 2009. He is responsible for running the echocardiography service in Hull, and he plays an active role in the day-to-day provision of cardiology services to the population of Hull and the East Riding of Yorkshire.

Professor Clark is an international recognised expert in heart failure, and is a frequently invited speaker to conferences of all sorts. He has published over 300 papers, principally in the field of heart failure, but including papers on primary care and even contraception.

He is past chair of the British Society for Heart Failure, and is a member of the working groups for Heart Failure and Cardiac Rehabilitation and Exercise Physiology in the European Society of Cardiology. He is currently chair of the Heart Failure Alliance, which has led on advising the All-Party Parliamentary Group on Heart Failure in its production of its report on heart failure. He chairs steering committees for multicentre clinical trials, is on the National Audit for Heart Failure steering group, and is on the editorial boards of several national and international medical journals.

Current Management Strategies for Heart Failure

The modern medical management of patients with chronic heart failure is one of the great triumphs of modern medicine – if not the greatest. Good treatment can increase the chance of a patient surviving two years from diagnosis my up to 90%. The greatest challenge remains delivering that care to all the patients who might benefit – strategies to increase engagement by hospital trusts and CCGs are vital. The central role of the “heart failure nurse” in their many different incarnations needs to be treasured and supported.
Professor Patrick Doherty / Alexander Harrison
NACR Findings 2017 and ‘An analysis on the Mode of Delivery in Cardiac Rehabilitation’

Professor Patrick Doherty is Chair of Cardiovascular Health in Department of Health Sciences at University of York where he leads the BHF Cardiovascular Health Research Group. Patrick is Director of the National Audit of Cardiac Rehabilitation (NACR) which monitors and seeks to improve the quality of service delivery and patient outcomes in the UK. As NHS Clinical Lead for Cardiac Rehabilitation (2008 to 2012) he led the development of the Department of Health ‘Cardiac Rehabilitation Commissioning Pack’. Patrick is a Past President of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) and until recently Chair of the ‘Cardiac Rehabilitation Section’ of the European Association for Preventive Cardiology (2014-2016). He has over 30 published papers in the last three years which aim to drive high-quality service delivery for the benefit of patients. Patrick is keen to support the next generation of researchers as evidenced through nine PhD completions, six ongoing PhD and MD students.

As Director of the BHF National Audit of Cardiac Rehabilitation he, with the BACPR, co-leads the National Certification Programme for CR (NCP_CR). This scheme aims to certify rehabilitation programmes against national minimum standards for service delivery and to eventually add patient outcomes to the certification assessment.

Alexander Harrison is a research fellow in the Department of Health Sciences at the University of York. His background in Biology provides insight into a range of diseases, and his Masters in Applied Health Research has led him to pursue a career health service research. He works as the lead statistician for the National Audit of Cardiac Rehabilitation (NACR), producing data and statistical analysis for the annual report, National Certification Programme for CR (NCP_CR) applications and bespoke programme data. To date Alex has been a co-authored three primary research articles and one systematic review.

Alexander along with the wider NACR team works across many projects aiming to monitor or improve current CR practice. He sits on many steering groups including the NACR steering group, NCP_CR steering group and the development group for the Best Practice tariff.

NACR Findings 2017 and ‘An Analysis on the Mode of Delivery in Cardiac Rehabilitation’

Part one by Prof Doherty: Key findings from the 2017 NACR focusing on uptake, service delivery evaluation against minimum standards and an update on the national certification programme for CR.

Part two by Alex Harrison and Prof Doherty: A presentation on the influence of mode of delivery on patient outcomes. This study investigated the influence of mode of delivery on mental health outcomes post CR. Recent reviews by the Cochrane group suggest home-based delivery is equal to group based. This study used NACR data from England to assess routine supervised vs. facilitated self-delivered rehabilitation. Utilising a retrospective observational approach the research compared patient level outcomes in the two mode of delivery groups taking account of baseline demographics and risk factors associated with mental health. The results showed no clinical or statistically significant difference in outcomes across the two modes. The populations served by the self-delivered rehab were older and female which represent demographics often missing by the conventional predominantly supervised rehabilitation offer.
Dr Iain Todd
SIGN Guideline for Cardiac Rehabilitation

A graduate of Edinburgh University, I have been involved in the management of heart disease for almost 40 years, firstly as a trainee cardiologist but for the past 22 years as a Consultant in Cardiovascular Rehabilitation. During my Cardiology training I developed an interest in Cardiac Rehabilitation, played a leading role in the establishment of the Cardiac Rehabilitation service in Glasgow's Victoria Infirmary, and participated in a range of research projects on the subject. In 1991, my MD thesis on the effects of exercise training on myocardial perfusion in Angina Pectoris was published challenging the accepted doctrine that the presence of angina was a contraindication to exercise training. I sat on the SIGN Guideline Group which produced the original guideline for Cardiac Rehabilitation, SIGN 57, and have had the honour of chairing the guideline group which has produced the latest guideline for Cardiac Rehabilitation, SIGN 150. My current research interest is in the area of needs assessment for Cardiac Rehabilitation.

SIGN Guideline for Cardiac Rehabilitation

In 2014 the cardiac rehabilitation community in Scotland met to agree a cardiac rehabilitation vision for 2020. Central to that vision was the desire to move towards more individualised programmes of care based around a specialised assessment of need leading to improved outcomes. SIGN 150: Cardiac Rehabilitation represents one element of an integrated strategy to deliver the 2020 vision. It explores the evidence for a model based on individualised assessment and identifies evidence-based strategies for implementing the recommendations for lifestyle risk factor modification set out in the guideline SIGN 149: Risk estimation and the prevention of cardiovascular disease. In line with the BACPR Standards and Core Components it places greater emphasis on long-term self-management strategies. The guideline group recognises that the evidence base for this approach is limited and hope that the guideline will help to stimulate much needed researching areas where it is currently lacking. This presentation will highlight those areas alongside the positive recommendations in the guideline.
Dr Elizabeth Sparkes/Laura Allen
The use of Mindfulness in Chronic Disease Prevention and Rehabilitation

Dr Elizabeth Sparkes is a Health Psychologist and mindfulness teacher. Specific areas of interest include pain management and maternal health outcomes. Elizabeth is course director at Coventry University for the MSc Health Psychology, and has also developed and directs the MSc Mindfulness and Compassion. Elizabeth leads 8-week mindfulness courses for everyone, mindfulness and pain workshops and is also trained to teach mindful parenting. Elizabeth writes a blog for the Huffington post on mindfulness.

Laura Allen is a PhD student at Coventry University and has an MSc in Health Psychology. Laura works at CU Coventry as a Student Wellbeing Advisor. Laura is exploring the impact of mindfulness and compassion upon the heart. Specifically measuring HR, BP, dispositional mindfulness and conducting EEG testing. Laura has just been reelected as a committee member for the East Midlands British Psychological Society.

The use of Mindfulness in Chronic Disease Prevention and Rehabilitation

Mindfulness and compassion for health, specifically heart health. The session will explore what mindfulness is and a short meditation demonstration will take place. Research supporting the impact of mindfulness on wellness will be discussed. Current research findings will be presented on the investigation of HR, BP and dispositional mindfulness following short courses of mindfulness with a specific focus on compassion. The research also includes EEG testing pre and post course attendance.
Ivor Cummins
An Alternative Viewpoint - A Biomedical Approach to Tackling CVD Prevention

Ivor Cummins BE(Chem) CEng MIEI completed a Biochemical Engineering degree in 1990. He has since spent over 25 years in corporate technical leadership and management positions. Ivor’s particular specialty is leading teams in complex problem-solving scenarios.

Several years ago Ivor encountered a complex technical challenge in his personal life. Receiving very poor blood test results, he was unable to get solutions via the doctors consulted. He thus embarked on an intense period of biochemical research into the science of human metabolism. Within eight weeks he had resolved and optimized all of his blood test metrics. In the following years he intensified his research into the many mechanisms and root causes of cardiovascular disease, from “cholesterol” through to insulin resistance. He has given many public talks and chaired interviews with various health experts. These are available on his YouTube channel at: https://www.youtube.com/channel/UCPn4FsiQP15nudug9FDhlUuA. His other blog content is available at www.thefatemperor.com

Ivor is now working on behalf of David Bobbett and the Irish Heart Disease Awareness charity (www.IHDA.ie). The goal is to promote awareness of heart disease diagnostics, and to fully explain the addressable root causes. Understanding the latter which will enable one to avoid this, the biggest cause of death in the world.

Ivor lives in Dublin, Ireland, with his wife and five children

An Alternative Viewpoint - A Biomedical Approach to Tackling CVD Prevention

Is the world of CVD prevention really focusing on the most important biomarkers for CVD risk? And are the primary root causes of the disease understood and prioritized in prevention?

In his talk Ivor will explain some quite familiar risk factors. And detail some rather more important ones which truly speak to root causes of CVD. Sadly the latter receive little attention - yet their value far exceeds those based on “cholesterol”.

A highly effective CVD prevention intervention will be described. Its power comes directly from focusing on root causes rather than surrogate markers of disease.

The truth is that we all on a chronic disease spectrum. A person’s position on the latter is best measured via insulin and measures of metabolic dysregulation, rather than “cholesterol” metrics. We can move people to the safe end where the risk of CVD is low. But the majority drift to the diseased end, where the metabolic mayhem of full-blown diabetes drives massive rates of CVD. There are indeed many superb measures which can help us navigate to the safe end. But lacking insight, the orthodox world fixates on cholesterol and other weak biomarkers.

Ivor will wrap up with the solutions to minimize CVD and chronic disease risk. We can transform population health, but only if take a root cause approach.
Professor Rod Taylor  
Early Results from REACH-HFpEF

Rod Taylor, MSc, PhD is Professor of Health Services Research at Medical School, University of Exeter, Director of Exeter Clinical Trials Unit, and National Institute for Health Research (NIHR) Senior Investigator. He is an Adjunct Professor at National Institute of Public Health in Copenhagen. His former academic appointments include the London School of Hygiene and Tropical Medicine and the Universities of Birmingham and Glasgow and he was first Director of Technology Appraisals at the National Institute for Health and Care Excellence (NICE).

He has published over 3000 peer review articles the field of health services research and health technology assessment. One of Rod’s main research interests is the development and evaluation of secondary prevention and rehabilitation strategies for heart disease. He is currently co-Chief Investigator (with Dr Hayes Dalal) for the NIHR Programme Grant ‘REACH-HF’ (https://www.royalcornwall.nhs.uk/services/research-development-innovation/rehabilitation-enablement-chronic-heart-failure-reach-hf/); lead Investigator for NIHR HTA Programme ‘ExTraMATCH II’: An individual participant data meta-analysis of randomised controlled trials of exercise-based rehabilitation for chronic heart failure (http://medicine.exeter.ac.uk/research/healthresearch/primarycare/projects/extramatchii/); and is the Programme Director for the Cochrane Cardiac Rehabilitation Reviews portfolio (http://medicine.exeter.ac.uk/esmi/workstreams/cochraneheartfailurerehabilitationreviews/).

Early Results from REACH-HFpEF

Professor Rod Taylor on behalf of the REACH-HF Research Group. Rehabilitation EnAblement in CHronic Heart Failure (REACH-HF) is an ongoing National Institute of Health Research (NIHR) funded programme of research designed to develop and evaluate a home-based comprehensive self-management rehabilitation intervention, including a self-care manual, an exercise programme, and facilitation by health professionals designed to improve self-management and health-related quality of life in patients with heart failure. The REACH-HF intervention also includes a ‘Family and Friends Resource’ designed to support caregivers.

Following the initial research phase where we developed the REACH-HF intervention using Intervention Mapping methods (https://www.ncbi.nlm.nih.gov/pubmed/27965855/) and tested it’s acceptability to patients, carers and healthcare professionals, we are now in the formal evaluative stage of the project. We have undertaken two UK randomised trials (each comparing the addition of the REACH-HF intervention plus usual medical care to usual medical care alone) to assess the clinical and cost-effectiveness of the REACH-HF intervention in patients and their carers – ‘REACH-HFpEF’: a single centre pilot trial in 50 patients with heart failure with reduced fraction (HFpEF) and their caregivers (https://www.ncbi.nlm.nih.gov/pubmed/27798024) and ‘REACH-HFrEF’: a multicentre centre in 216 patients with reduced ejection fraction (HFrEF) and their caregivers (https://www.ncbi.nlm.nih.gov/pubmed/26700291).

This presentation will overview the REACH-HF research programme, present the results of the REACH-HFpEF pilot trial, and discuss the implications of the findings.
Dr Angela Busuttil
Developing Psychology Skills in Practitioners / IAPT

Angela Busuttil BSc., MSc, Psych. D., C. Psychol. AFBPsS is a Consultant Clinical Psychologist and Lead for Clinical Health Psychology at Sussex Partnership NHS Foundation Trust.

Dr Busuttil’s work experience has concentrated on service developments for those suffering from psychological distress in association with physical health problems including cardiology.

Angela has served as the British Psychological Society Division of Clinical Psychology Physical Health Area Lead, and has served as Chair of the BPS Faculty of Clinical Health Psychology. She also worked with South East Coast Strategic Health Authority supporting the development of integrated physical and mental health.

She has contributed to the expert reference group defining the competence framework for psychological interventions for persistent physical health problems and she has also contributed to the development and implementation of the Increasing Access to Psychological therapies (IAPT) curriculum for Long Term Conditions which includes evidence based interventions for working with cardiac conditions.

Addressing Psychological Distress in Patients with Cardiac Conditions: Developing Practitioner Skills in Integrated Care and the Development of the Increasing Access to Psychological Therapies Programme

It is well documented that cardiac problems are associated with psychological co-morbidity including anxiety, depression and PTSD. The issues are important to recognise and address as psychological distress is both common and persistent, particularly in conditions such a heart failure and CVD. Psychological distress is associated with poorer quality of life and poorer functioning as well as increased healthcare usage and cost. Importantly, co-morbidity, particularly depression, has been implicated in the development and progression of heart failure and CVD and has been been linked with increased morbidity and mortality.

In patients with cardiac conditions psychological distress is higher than population norms. 20-40% have symptoms of depression with up to 20% meeting the diagnosis for Major depressive disorder. Anxiety symptoms have been reported to be as high as 50% with up to 13% reaching the threshold for diagnosis.

The Five year Forward view for the NHS (2014) calls for more integrated physical and psychological care for patients and the 5YFV for mental health (2016) further develops this calling for increased access to psychological therapies for those with long term physical health problems including through the extension of the Increasing Access to Psychological Therapies Programme (IAPT).

This presentation will look at the problem of psychological distress and cardiac conditions:

a. Discussing the relationship between cardiac conditions and possible mediating factors
b. Outlining the continuum of psychological distress and the concept of “matched care”
c. Describing an initiative to train cardiac nurses and some Allied health professionals to better recognise, screen for and respond to psychological distress
c. Outlining pathways for psychological intervention for those presenting in distress including the IAPT programme for Long Term conditions which includes cardiology.
Dr Simon Nichols
HIIT: Current Evidence and Future Application in Cardiovascular Rehabilitation

Simon is a Senior Research Fellow in Exercise Physiology at Sheffield Hallam University. Simon worked as an exercise professional in Hull’s cardiac rehabilitation service before pursuing a career in research. His research focuses on the cardiovascular, cardiorespiratory and metabolic responses to exercise training in patients with heart disease. He has a particular interest in the role that exercise dose plays in improving cardiorespiratory fitness and metabolic profiles. Simon is also a member of the National Centre for Sports and Exercise Medicine (NCSEM), an Olympic legacy project delivering research, education and clinical services in sport, exercise and physical activity.

Simon is a local principal investigator for the HIITorMISSUK study, a large scale multi-centre randomised control trial investigating the effects of High Intensity Interval training (HIIT) when delivered by healthcare practitioners.

HIIT: Current Evidence and Future Application in Cardiovascular Rehabilitation

The application of high intensity interval training (HIIT) for improving an athlete’s aerobic fitness dates back to the 1920’s. Its use within clinical populations has been investigated as early as the 1970’s. HIIT is often advocated on the premise that it is more effective than other exercise training modalities. However, results from studies using a range of HIIT protocols in different athlete and patient populations are not this definitive. Despite the popularity of HIIT within the research and healthcare communities, there is a lack of clarity surrounding what HIIT entails and when it may be useful. This presentation will consolidate some of the evidence surrounding HIIT in healthy and cardiac populations and provide a brief update on the HIITorMISSUK study.
Dr Mitchell Lindsay
Transformation of NSTEMI Care at the Golden Jubilee National Hospital

Dr Mitchell Lindsay is a consultant interventional cardiologist at the Golden Jubilee National hospital where he holds the position of Operational and Strategic Lead for the Dept of National and Regional Medicine. He qualified in 1993 from Glasgow University. He completed cardiology training and a higher degree prior to undertaking an international fellowship in the OLVG Amsterdam. Dr Lindsay was appointed to a consultant post in 2004. He has maintained a high volume interventional practise with a commitment to clinical research. Dr Lindsay has published papers in journals such as The Lancet, Journal of American College of Cardiology and Circulation. Recently Dr Lindsay has led a regional service change in the delivery of NSTEMI care.

Transformation of NSTEMI Care at the Golden Jubilee National Hospital

Acute coronary syndromes account for 150,000 hospital admissions annually. Significant delays to angiography and revascularisation persist, despite clear guidelines recommending expedited care in this patient group. The status quo is both clinically and economically ineffective. We describe a new pathway of care for this high risk patient group, focused on meeting evidence based guidelines and facilitating early discharge.
Dr Mike Knapton / Joanne Oliver
An Update from the BHF

Dr Mike Knapton joined the BHF in January 2006, from a clinical background. He trained as a GP at Cambridge University, and has significant experience in Primary Care roles, especially working with heart patients. He has held a number of roles in the NHS including, general practitioner, GP Tutor, Chairman of the Cambridge City Primary Care Trust (PCT) Professional Executive Committee, PCTs’ Medical Director in 2004. More recently he was appointed as a non-executive director of Cambridge Hospitals NHS Foundation Trust.

As Associate Medical Director (Prevention Survival and Support) at the BHF, Mike is responsible for initiating innovative programmes for all people at risk of, or affected by, heart disease, and leads the charity’s efforts to prevent avoidable heart disease, save lives and maximise recovery and quality of life. He is also a much sought-after spokesperson in media work for the BHF’s health campaigns.

Joanne Oliver. I qualified as a Registered General Nurse in 1989 specialising in cardiac nursing until 2012 and latterly as a Cardiac Rehabilitation and BHF Heart Failure Specialist Nurse within Cardiff and Vale University Health Board, South Wales. I successfully completed my Masters in Advanced Nurse Practice at Cardiff University and my dissertation focussed on education programmes to support best practice provision within Palliative Care for Heart Failure Patients.

Since 2012 I have worked in a few different roles within BHF and was appointed as BHF Health Service Engagement Lead for Wales in April 2016. The priority of this role being to lead high level engagement whilst influencing senior decision makers within NHS Wales health and social care to raise the understanding and need for prioritising evidence based care for those people at risk of or who have CVD. It is also a priority to use my knowledge and field intelligence to identify current and future opportunities for CVD innovative implementation, best practice development, spread and adoption, and the co-ordination of activities to capitalise on all opportunities.

I am currently the BHF co-opted BACPR Committee member, sit on the All Wales Cardiac Rehabilitation and Heart Failure Specialist Nurse Group and am the third sector representative within the All Wales Heart Conditions Implementation Board.

An Update from the BHF

Driving service innovation and improvement remains a core part of the BHF strategy for prevention survival and support for people affected by cardiovascular disease. We believe that applying the findings of research, much of it funded by the BHF, into usual care, is the best way of ensuring optimal patient outcomes though evidence based practice. This session will be an opportunity to hear how the BHF can support cardiac rehabilitation teams, across the UK, can be supported to achieve these aims, including updates on the BHF Health Service Engagement team, Service Innovation team, the BHF Alliance, the National Audit for Cardiac Rehabilitation and close working with BACPR.

Given we know what works in cardiac rehabilitation the questions are how best to provide evidence based care, reduce variation in care and secure optimal outcomes in an increasingly challenging NHS environment.

These efforts to improve front-line services are supported by effective engagement. The BHF will listen to patients, health care professionals and influence key decision-makers. Our impact is greatest when we are able to engage decision-makers, and when our supporters are empowered and motivated to help us promote our efforts in fighting heart disease.

There will also be an opportunity to review how the UK is doing in tackling the burden of CVD and where we can do much better.
Dr David Unwin
Revolutionising Diabetes Care using Hope and a Low Carb Approach

Dr David Unwin FRCGP is senior partner of the Norwood Surgery in Southport where he has worked since 1986 as a family doctor. For the past few years he has been a Royal College of General Practitioners expert clinical advisor on diabetes. As a result of his interests in both better communication with patients and Type 2 diabetes he was made Royal College of General Practice National Champion for Collaborative Care and Support Planning in Obesity & Diabetes in 2015.

In 2016 he was the proud National winner of the NHS Innovator Of The Year Award for published research into lifestyle changes; working with patients’ personal health goals as an alternative to drug therapy in type 2 diabetes –so that his GP practice spends £40,000 per year less than expected on drugs for diabetes.

He is particularly interested in the low carb-diet as an alternative to lifelong medication in type 2 diabetes and obesity. As part of this he has also published research into improving liver function and blood pressure by reducing dietary carbohydrate, especially sugar.

His work has been covered on both BBC and C4 television, The New Scientist and The Times.

Revolutionising Diabetes Care using Hope and a Low Carb Approach

After 25 years as a doctor I was fed up and exhausted, just waiting for early retirement, convinced the best days of the NHS were behind us. Then a single patient who had ‘reversed’ her diabetes and come off all medication, gave me the chance to reconnect with why I had become a doctor in the first place. I decided to ignore guidelines and budgets - to finally practice medicine in a way I could be proud of. Using a low carb approach to diet, but also using a more collaborative approach, one which incorporates patients’ own hopes, my practice now saves £40,000 per year on its diabetes drug budget. We have also improved lipid profiles, blood pressure, liver function and weight significantly, in a way that gives hope in the battle against the great epidemics of our time. Lessons learnt in my practice were recently incorporated into an online module taken up by over 250,000 people. The low carb approach is now gaining momentum world-wide. I hope to share aspects of this journey in a way that has relevance to your own work, and cardiovascular prevention.
Elaine Allen
Elaine Allen is a Registered General Nurse, qualified since 1985. Early career was spent in the ITU/CCU environment, gaining the appropriate qualifications in both specialities. After a period of time working in the pharmaceutical industry I returned to CCU and Cardiac Catheter Lab. I started in my current role as lead for the Cardiac Disease Risk Management programme in 2008 and have developed the service from one consisting of two part time nurses and borrowed limited physiotherapy time to a service that has a multi-disciplinary team of eleven. The service achieved BACPR certification in April 2016 and since then I have been involved in the BACPR/NACR Certification Steering Group and been a Certification Assessment Panel member.

Frimley Park Hospital
Frimley Park Hospital is part of the Frimley Health Trust. The Cardiac Disease Risk Management Service, which serves the population in Surrey, NE Hants and East Berkshire, achieved BACPR Certification in April 2016. The team consists of a named consultant, five nurses, two BACPR trained exercise professionals, an administrator, Clinical Psychologist, a Pharmacist and a Dietician. We work closely with the Alcohol Specialist and Smoking Cessation Nurse. The influence to apply for certification came after attending the BACPR Conference in Manchester in 2015 and listening to the presentation ‘How was it for us- BACPR/NACR Certification’. This presentation will outline the service we have at Frimley Park Hospital, the challenges since certification and those for future.

Sophie McIntosh
Sophie McIntosh MSc, BSc (Hons). Currently works as Cardiac Rehabilitation Specialist for Cheshire and Wirral Partnership NHS Foundation Trust and Countess of Chester Hospital NHS Foundation Trust. Has been in the NHS and Cardiac Rehabilitation since 2000 after graduating from Liverpool University with a Biology degree and Masters Degree in Exercise and Nutrition Science in 1999. I manage the cardiac rehab and community heart failure nursing service. My role is about 80% clinical. Works within a magnificent multidisciplinary team delivering cardiac rehabilitation in the North West and currently has a role as clinical tutor for MSc students in Cardiovascular Rehabilitation at the University of Chester. Also acts as a clinical supervisor for the Cheshire and Merseyside Cardiac Rehabilitation for regional Exercise Physiologists. Main duties apart from managing a team are complex caseload management, clinical team support and clinical assessment in delivering phase 1-3 cardiac rehab as a practitioner (the best bits)!

Countess of Chester Hospital
What does an accredited service look like? “It should challenge historic practice and maybe look a little left or right of the bell curve!”

continued>>
Cardiac rehabilitation services are required to continually evolve in the context of new evidence based medicine, but more usually through the financial and staffing constraints in an ever changing population with ever changing complexities. COCH has used its existing resources in up skilling the staff it has to meet these challenges, looking across the boundaries of historic practice to deliver patient choice and diverse CR clinics in a variety of ways.

- Early access;
- Function specific;
- Strength and balance;
- Not just exercise;
- Higher intensity resistance training;
- Home based/therapy (1:1);
- Phone triage (Bands 3-7);
- Female only (aqua mobility);
- Joint clinics (inpatient and community heart failure specialist nurses delivering Heart Failure clinics within Phase 3 Cardiac Rehabilitation)
- Patient Choice (1 week or 20 weeks, education alone, anxiety alone, dietitian only?);
- Independent prescribing (V300 for AHP/RGN)
  Aim for achieving ‘accepted secondary prevention targets’ from entry to CR for BP and lipids titrate on the hoof!
- Clinical Examination and diagnostics;
- Jump on staff interests in: Weight Management, CBT, Anxiety Management, Mobility, Resistance Training;
- Audit (Pre and Post Exercise assessments with identified 1:1 discharge session

Based at the Countess of Chester Hospital and community sites across western Cheshire, we provide a multidisciplinary service for the care of patients who have been diagnosed with a heart attack or undergone any cardiac interventions or complex devices (including a diagnosis of heart failure). We have cardiac nurse specialists, Occupational Therapy, Exercise Physiologists, Dietitian, Anxiety Counsellors, Heart Failure Specialist Nurses, Diabetes Specialist Nurse, Exercise assistant, and a lead Cardiologist.
**Professor Mike Kirby**

**Sex and the Heart**

Professor Kirby qualified at St Mary's Hospital, London and worked as a GP in Letchworth, Hertfordshire from 1973 until 2007. He also worked in the cardiology department at the Queen Elizabeth II Hospital, Welwyn Garden City, for 36 years, and provided an open-access echocardiography service for patients with heart failure for the North Hertfordshire Primary Care Trust. He was Director of HertNet (the Hertfordshire Primary Care Research Network) from 1998 until 2007. He is now Visiting Professor to the Faculty of Health and Human Sciences, at the University of Hertfordshire, where he was appointed as consultant to the Clinical Trials Coordinating Centre.

He works with the University of Bedfordshire as Visiting Professor to the Institute of Diabetes for Older People.

His clinical work is now at the Prostate Centre in London, where he deals with complex cardio-metabolic diseases, sexual problems and andrology.

He is an Associate Member of the British Association of Urological Surgeons and a Fellow of the Royal College of Physicians. His special interests include cardiology, diabetes, osteoporosis, men’s health, urology and education. He is Editor of the Primary Care Cardiovascular Journal, on the editorial board of the British Journal of Primary Care Nursing, the British Journal of Cardiology, Geriatric Medicine and the International Journal of Clinical Practice. He also holds membership of several NHS advisory boards. He has published more than 400 clinical papers and 30 books.

**Sex and the Heart**

The most common physical causes of Erectile Dysfunction (ED) are conditions that impair arterial flow to the erectile tissues or disrupt the nervous system, such as atherosclerosis, hypertension or diabetes. ED may often be the first presenting symptom in men with previously undiagnosed chronic conditions such as cardiovascular disease and diabetes. The proactive identification of ED can not only help restore a sexual relationship, but also enable underlying diseases to be diagnosed at an earlier stage, thereby improving treatment outcomes and helping to fulfil government standards for cardiovascular care.

Despite cardiovascular disease being one of the increasingly recognized causes of ED, healthcare professionals can be overly cautious when it comes to the day-to-day management of ED in the cardiovascular patient. This presentation will dispel common myths associated with cardiovascular disease, sexual intercourse and ED, providing healthcare professionals with the knowledge and confidence to improve the management of patients with ED.
Martin Dockrell
Vaping and E-cigarettes

Martin Dockrell has worked in public health for over 30 years. Starting his career in HIV prevention in the 80s, he was involved in drugs harm reduction and safer sex work. For several years he was director of policy at ash where he was involved in the campaigns for Smokefree legislation, point of sale display bans and standard packaging. In 2014 he set up the tobacco control team at Public Health England. Dockrell became involved in e-cigarette research in 2009 and while at ASH established the Smokefree GB study, the first and longest standing continuous national survey of e-cigarette use in the world.

Vaping and E-cigarettes

Have e-cigarettes contributed to an increase in smoking or do they help smokers to quit? If the Royal College of Physicians estimate e-cigarettes to carry not more than 5% of the risk of smoking, why to the public increasingly think that they are at least as harmful?

The UK approach to e-cigarettes has been described as “seeking to maximise the opportunities while managing the risk”. Although often perceived as taking a liberal stance on e-cigarettes, UK regulation is among the most comprehensive in the world. This presentation will look at the latest UK data on e-cigarette use among adults, smoking prevalence, the relationship between youth smoking and youth vaping, evidence of harm from primary use and secondary exposure. UK regulations will be compared to policy in other jurisdictions.
Thursday 5th October 2017  12.45 – 13.15

**Advances in Lipid Management in Cardiology**
Dr Joe Mills, Liverpool Heart and Chest Hospital.  
*Sponsored by Amgen*

Thursday 5th October 2017  15.00 – 16.00

**Practicalities of Meeting the Certification Standard**

Friday 6th October 2017  12.45 – 13.15

**Optimisation and Acceleration of the Management of ACS Patients in the Acute Setting**
Dr Tim Lochie, Royal Free Hospital, London.  
*Sponsored by AstraZeneca*
Chairpersons

Brian Begg

Brian, a Sport and Exercise Science graduate from the University of Limerick (Ireland), has worked in Cardiac Rehabilitation since 2005. He qualified as a BACPR Instructor in the same year, and has been a BASES Certified Exercise Practitioner since 2012.

Brian currently works for the Cardiac Rehabilitation team of Aneurin Bevan Health Board (South East Wales) and the Countryside Service of Caerphilly County Borough Council in an innovative partnership post. Brian is the past Chair the Exercise Instructor Network and of the BACPR Exercise Professional Group.

Laura Burgess

Laura is a Clinical Lead Physiotherapist and Team Manager in Cardiac Rehabilitation (CR) at Wythenshawe Hospital in South Manchester and home to the Northwest Cardiac Centre. She has a particular interest in heart failure (HF) and was one of the first providers of CR for HF patients in the UK with her programme starting in 1998.

Laura is on the BACPR Certification Assessment Panel and a member of the BACPR certification steering group. She is a BACPR Education tutors and is also on the BACPR-EPG committee and was part of the working group responsible for developing BACPR competences for the physical activity and exercise component of CR. She will become BACPR-EPG chair after EPG conference this year.

She is co-chair for the Association of Chartered Physiotherapists in CR and is the Association’s link with NICE. She assists with the production and revision of ACPICR documents and wrote the ACPICR document “Role of the Support Worker in CR” in collaboration with the Chartered Society of Physiotherapy.

Laura is co-author of the recently published Cochrane review ‘Exercise-based cardiac rehabilitation in heart transplant recipients’

Despite her involvement in education and development activities, Laura continues to maintain a large varied clinical workload in CR.
Dr Aynsley Cowie

Aynsley joined the BACPR council and immediately took up the role of Scientific Officer in December 2014. As chair of the conference committee, Aynsley has co-ordinated the annual conference programme since 2015. She hopes to finish her term in this role after the 2018 Annual Conference, which will be held in her home city of Glasgow. Aside from conference organisation, Aynsley has been leading development of the BACPR’s newest website development, the Research Network. She also acts as the BACPR reviewer for the British Journal of Cardiology.

Based within NHS Ayrshire & Arran, Aynsley is a consultant physiotherapist in cardiology. Her first objectives within this post have been to lead a Scottish Government funded research project to develop a new patient-reported outcome measure for cardiac rehabilitation, and to co-ordinate evaluation of a new model of multi-morbidity rehabilitation being piloted within Ayrshire. Aynsley has a PhD in (home-versus centre-based) exercise training in heart failure, and continues to work to further develop exercise training and physical activity options and pathways for this group.

Dr Hayes Dalal

Hasnain (Hayes) Dalal is a clinical researcher having worked as a GP in Truro, Cornwall for 30 years where he was inspired by a patient to find out about more about cardiac rehabilitation. Over the years, he has developed an interest in primary care cardiology and led a RCT, funded by the NHS, comparing centre vs home based cardiac rehabilitation. He is currently jointly leading the REACH HF Study – a Programme Grant for applied research from the NIHR. He is an honorary Clinical Associate Professor with the University of Exeter Medical School and an ordinary council member of the BACPR.

Dr Carolyn Deighan

Dr Carolyn Deighan, C Psychol, is a chartered health psychologist for the Heart Manual Department NHS Lothian leading the psychology input into the facilitated resources and associated clinician training in the UK and internationally. Academic roles include lecturer in health psychology at Queen Margaret and Heriot-Watt universities, Edinburgh. Carolyn also led research into psychosocial factors and health behaviour on behalf of the Health and Safety Executive. She is a regular guest lecturer for sports science and medical students at the Institute of Sports and Exercise, University of Edinburgh. Carolyn was principle investigator for the Digital Heart Manual evaluation with the Centre for Population Sciences, University of Edinburgh. She has collaborated in the development of new rehabilitation interventions and training in heart failure (Heart Cycle EU and REACH-HF) and cancer (the Cancer Manual). She is a committee member for the British Psychological Society, Division of Health Psychology, Scotland. Carolyn was involved in the writing of the BACPR Core Competences in Education and Health Behaviour Change later joining BACPR council in December 2016.
Chairpersons

Bernie Downey

Bernie Downey is a cardiac nurse specialist working for the BHSCT. Her main clinical interests are in cardiovascular disease management. She has extensive experience in nursing cardiac patients and has participated in research trials and nurse led advisory boards to help promote best practice in all aspects of cardiac care. She has been responsible for developing patient education tools and patient information literature and currently is an honorary lecturer for the HSC Clinical Education Centre. Bernie is an independent non-medical prescriber and currently works in that role as part of a cardiac rehabilitation and secondary prevention service to manage cardiovascular risk factors such as hypertension, lipid management, smoking cessation and obesity in patients with coronary heart disease (CHD) and those at high risk of developing CHD.

Bernie is past president of the British Association for Cardiovascular Prevention & Rehabilitation and previous chair of the clinical advisory group for cardiac rehabilitation and secondary prevention for the NI Regional Cardiac Network.

In 2007 Bernie was awarded an MBE for services to nursing and health care in Northern Ireland.

Jo Hayward

I am the Cardiac Rehabilitation Coordinator at the Norfolk & Norwich University Hospital and an ordinary officer on BACPR council. Over the past 25 years I have gained a broad range of experience as a nurse in both acute cardiology and rehabilitation. I believe quality cardiac rehabilitation is central to the long term wellbeing of our patients and should always be an integral part of their care.

I have been involved in our regional cardiac rehabilitation alliance for many years and the experience of working across areas, with different teams and programmes, sharing best practice, has been of great benefit to evolving our service. The Norfolk & Norwich hospital is a busy heart attack centre providing rehabilitation in conjunction with our community colleagues to over 1000 patients a year. We are working hard to move towards certification and appreciate some of the difficulties involved in this. I feel privileged to work with our rehabilitation patients and see the dramatic changes they often make in their lives.
Sally Hinton

Sally is the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) Executive Director and Education Director responsible for supporting the BACPR executive committee across all aspects of the work of the association and responsible for the expanding education programme including the BACPR Exercise Instructor qualification, range of short courses and on line education. She is both founder chair of the ACPICR (Association of Chartered Physiotherapists interested in Cardiac Rehabilitation) and the BACPR Exercise Professionals Group committee. Sally completed an MSc in Health Promotion at Brunel University with a dissertation in patients’ compliance with exercise after cardiac rehabilitation and has many years’ experience lecturing in the field of Cardiovascular Rehabilitation. Sally was one of the authors of the BACPR Standards and Core Components for Cardiovascular Prevention and Rehabilitation (2012), a key document for the cardiac rehabilitation programmes within the UK.

Annie Holden

Annie has extensive experience in strategic and operational management of Health business at National and European level, with expertise in physical activity and cardiovascular health. Annie is now Executive Director of the National Institute of Preventive Cardiology and a Director at Croí, the West of Ireland Cardiac Foundation, a registered heart and stroke charity based in Galway, Ireland. Working in partnership with academic organisations and national Clinical Leads, her responsibility includes development of innovative models of cardiovascular healthcare, to address priority health needs which contribute to research, ultimately raising the standards in preventive healthcare (including cardiac rehabilitation) nationally.

Annie has been a BACPR Council member since 2012 and is currently the Treasurer. She is also an Assessor and Course Director for the BACPR delivering the Exercise Instructor qualification and other Health Professional courses. Annie was one of the founder members of the BACPR-EPG and former committee member.
Alison Iliff

Alison has worked in a range of health roles for the past 20 years and is currently Health and Wellbeing Programme Manager at Public Health England’s Yorkshire and the Humber Centre, where she leads on the children and young people and healthy ageing agendas. She started her career in the voluntary sector, in health education and communications roles at the National Society for Epilepsy and the Parkinson’s Disease Society. She has also worked in healthcare inspection and quality assurance of public health screening programmes.

More recently Alison has worked in public health within the NHS and local government, with a topic portfolio including tobacco control, Roma/EU Migrant communities, work and health, diabetes, cardiovascular health including leading on the Rotherham Heart Town five-year strategic partnership with the British Heart Foundation and managing the local Health and Wellbeing Strategy.

Alison has an MSc in Health Education and Health Promotion from King’s College London and is a Fellow of the Royal Society for Public Health.

Louise Jopling

Louise Jopling is a cardiac nurse, trained in Glasgow who now works within the voluntary sector promoting cardiovascular health. Within charity Chest, Heart & Stroke Scotland in Edinburgh, Louise held a senior management role with responsibility for service development and campaigns. Louise worked with both the Scottish Parliament and Scottish Government to raise awareness of the need to support and sustain cardiovascular rehabilitation services. She has also worked in a number of supporting roles with smaller charities and patient-led initiatives. Since 2013, Louise has been the Honorary Secretary and Chair of Membership & Communications for BACPR, with involvement in a wide variety of work and projects across the organisation. Louise is now living in South-West England and will stand down from a formal BACPR Council role in October 2017, though she will always remain passionate about cardiovascular prevention and rehabilitation!
Rachel Owen

My nursing career has been spent in the speciality of Cardiology, working on the Cardiology ward, Coronary Care and 18 years in Cardiac Rehabilitation. Cardiac Rehabilitation is extremely rewarding and I thoroughly enjoyed my time leading the team and developing the service at the University Hospital of Wales, Cardiff. I am currently the Cardiovascular Lead Nurse on the Wales Cardiac network, supporting the Cardiac Rehabilitation and Heart Failure services with the aim of developing services in line with the Cardiac Delivery Plan.

I recently commenced a new role in a neighbouring Health Board, Cwm Taf as Lead Nurse for Cardiology. I am enjoying my new challenge and am very fortunate to continue my commitment to BACPR as an Ordinary officer.

Katherine Paterson

She is currently the Clinical Lead Cardiology & Complex Tier 3 Obesity Dietitian at the Norfolk & Norwich University Hospital with weight management work in primary care. This autumn she begins a new role at Anglia Ruskin University teaching Public Health Nutrition & Clinical Nutrition. Her research work includes role as dietitian for an Novonordisk antiobesity drug trial and she has a strong interest in Nutritional Epidemiology, particularly related to CVD prevention.

She has served on BACPR council for 5 years. In that role she has particularly enjoyed the communications role of producing BACPR Connect magazine and enewsletters with colleagues. She assesses programmes for BACPR/NACR certification and her latest task is piloting the BACPR Dietetic competences.

In her spare time she likes to travel and improve her Spanish and Hungarian language skills.

Sarah Quinlan

Sarah Quinlan is a Specialist Occupational Therapist, currently co-ordinating the Heart Failure Rehabilitation programme for Cheshire Wirral Partnership, based at the Countess of Chester Hospital. Sarah has over 10 years’ experience working within Cardiac Rehabilitation, initially as a Phase 4 instructor and exercise physiologist following completion of a Sport and Exercise science degree at the University of Bath. Sarah then chose to retrain as an Occupational Therapist, qualifying in 2012, and has since been delivering therapeutic interventions to heart failure patients.

Sarah is passionate about promoting and developing the value and role of occupational therapy within cardiac rehabilitation. As a result she applied for the position of ordinary officer on the BACPR council which commenced in June 2015. During her time on council she has developed links between the College of Occupational Therapy and BACPR, to date holding two networking days for occupational therapists currently working within cardiac rehabilitation. Plans are now underway to create a specialist section within the College of Occupational Therapy for occupational therapists working within cardiac or respiratory rehabilitation programmes.
**An Evaluation Of The Uk National Audit Of Cardiac Rehabilitation (NACR) (2013-2017) For Adults With Heart Failure**

A V Jones¹ ², A S Harrison³, L B Sherar¹, R A Evans², P Doherty ³*, S J Singh ²*

* Joint last authors

¹ National Centre for Sport and Exercise Medicine (NCSEM), School of Sport Exercise and Health Sciences, Loughborough University
² Centre for Exercise & Rehabilitation Science (CERS), Glenfield Hospital, Leicester
³ Department of Health Sciences, University of York, York

**Introduction**

Cardiac rehabilitation is advised in the management of adults with stable heart failure. A Cochrane Review confirmed the clinical effectiveness of exercise based cardiac rehabilitation (CR) for heart failure (HF)¹. Aim: to investigate whether similar improvements are achieved in adults with HF after routine CR in the UK as recorded in the NACR database (funded by the British Heart Foundation and hosted by NHS Digital).

**Methods**

Adults with a primary diagnosis of HF that completed CR throughout England, Wales, Northern Ireland and the Isle of Man between April 2013 and January 2017 were identified. ANCOVA and logistic regression were used and a priori variables controlled for.

**Results**

Mean(SD) age was 70(13) years, 68.1% (N=2,424) were male and most were NYHA class II (48.2% N=340; total valid NYHA=705 records). Statistically significant improvements were recorded in exercise capacity, psychological and some cardio-metabolic variables (table 1).

**Discussion**

Nationally, routine CR is beneficial for adults with HF and the improvements are similar to values reported in clinical trials (mean change in 6MWT 40.87m). This supports the clinical effectiveness of CR for HF patients at a national level.

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Pre</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure (% below 140/90 mmHg)</td>
<td>2034</td>
<td>76.9</td>
<td>-0.4*</td>
</tr>
<tr>
<td>Total cholesterol (mmol/L)</td>
<td>335</td>
<td>4.4</td>
<td>-0.2*</td>
</tr>
<tr>
<td>HADS anxiety</td>
<td>1664</td>
<td>5.8</td>
<td>-0.7*</td>
</tr>
<tr>
<td>HADS depression</td>
<td>1665</td>
<td>5.8</td>
<td>-1.0*</td>
</tr>
<tr>
<td>Shuttle walk (metres)</td>
<td>301</td>
<td>270.6</td>
<td>+87.8*</td>
</tr>
<tr>
<td>6MWT (metres)</td>
<td>661</td>
<td>260.0</td>
<td>+51.2*</td>
</tr>
<tr>
<td>30mins exercise 5/wk (% yes)</td>
<td>1637</td>
<td>28.2</td>
<td>+30.7*</td>
</tr>
</tbody>
</table>

*(p≤0.05)
The Experiences Of Informal Caregivers Of Adults Living With Heart Failure, COPD And Coronary Artery Disease

University of Exeter
M Noonan¹, J Wingham², RS Taylor³

Author Affiliations
¹ Institute of Health Research (Primary Care), University of Exeter Medical School, European Centre for Environment and Human Health, Knowledge Spa, Royal Cornwall Hospital, Truro, Cornwall, UK
² F37, Research Design and Innovation, Knowledge Spa, Royal Cornwall Hospital, Truro, Cornwall, UK
³ Institute of Health Research (Primary Care), University of Exeter Medical School, South Cloisters, St. Luke’s Campus, Heavitree Road, Exeter, UK EX1 2LJ

Introduction
There are 6.5 million people in the UK caring for another person, this number is expected to rise to 9 million by 2037 (Carers UK, 2015). Current NICE clinical guidelines for “Chronic Heart Failure in Adults: Management” (CG108), recommend that family members or caregivers are included in discussions about care.

Aims
To undertake a systematic review examining the experiences of informal caregivers caring for individuals with heart failure (HF), chronic obstructive pulmonary disease (COPD) & coronary artery disease (CAD).

Methods
Detailed searches of a number of electronic databases were conducted up to December 2016. These included CINAHL, Embase, Medline, Medline in process, PsychInfo, Web of Science and Assia. Grey literature was also searched via Proquest and the British Library. A total of 7,709 papers were identified. 49 studies including a total of 26,033 caregivers (2,240 heart failure, 23,473 COPD, 320 CAD) were included for detailed data synthesis.

Results
Preliminary analysis indicate five emerging themes: lifestyle adjustment of caregivers, communication with health professionals, social interactions, time use, and carer burden. It appears that caregivers are learning through their experience rather than information provision by healthcare teams. Communication and interaction with health professionals is challenging and caregivers are experiencing varying levels of burden at all time points of diagnosis.

Conclusion
The full results of this systematic review will be available for presentation and discussion.
Understand The Lived Experience Of How Individuals Diagnosed With Chd Feel They Obtain Emotional Support Post Percutaneous Coronary Intervention (PCI)

S. McHale, S. Dawkes & G. Smith

Background
Around 92,000 people have PCI treatment each year and secondary prevention of CHD is vital afterwards. With the reduced length of inpatient stay, access to healthcare professionals for support is limited. Research confirms negative emotions are common and impair an individual’s ability to adhere to secondary prevention information. This study explored the lived experience of how CHD patients feel they obtain emotional support post PCI.

Method
A qualitative interpretative phenomenology approach.

Findings
Age and gender were associated with negative emotions related to the CHD diagnosis and non-curative PCI treatment. Three overarching themes were identified: PCI is not a fix, loss of identity and cardiac rehabilitation is a safety net. Two main groups of emotions were experienced. The emotions of fear, anxiety and disappointment are experienced in relation to the physical body and the non-curative PCI treatment. The emotions of frustration, embarrassment and guilt are experienced in relation to a perceived loss of identity. The information received within current cardiac rehabilitation pathway is insufficient to reduce negative emotions.

Conclusions
This is the first study to explore participant’s views of how certain factors affect emotions post PCI. For some males, this resulted in risk-taking behaviour and for others, a fixation with diagnostic tests. Patients after PCI have particular information needs that are not being met and suffer severe emotions. Further research is needed to discover the extent of this and find an intervention to effectively address their needs.
Background
A key aim of cardiac rehabilitation (CR) is to improve daily physical activity (PA) levels, alongside exercise capacity (or "physical fitness"). Despite the wealth of evidence supporting the efficacy of CR and its association with reduced risk of cardiovascular mortality and hospitalisation, improved health-related quality-of-life and exercise capacity, the impact of CR on PA remains unclear.

Objective
To undertake a systematic review and meta-analysis to assess the impact of CR on physical activity outcomes. This review updates the previous systematic reviews by Jolliffe and Taylor (1998) and ter Hoeve et al. (2014).

Methods
Databases (MEDLINE, EMBASE, CENTRAL, CINAHL, PsychINFO and SportDiscus) were systematically searched without language restriction from inception to January 2017 for randomised controlled trials (RCTs). We also searched for grey literature and undertook hand searches. RCTs comparing CR to usual care or no CR in adults with heart failure (HF) or coronary heart disease (CHD) (including myocardial infarction, angina, or revascularisation) and measuring PA subjectively or objectively were included.

Results
A total of 9900 papers were identified through the search strategy, following title and abstract screening. A total of 47 publications from 40 RCTs in a total of 6480 patients (655 HF, 5825 CHD) were included. Data extraction is currently underway and the results will be synthesised via meta-analysis.

Conclusion
The full results of the systematic review will be presented and available for discussion.
Comparing Hospital, Community And Web-Based Cardiac Rehabilitation Programmes. Is There A Difference In Exercise And Quality Of Life Outcomes?
Cardiac Rehabilitation, University Hospitals of Leicester NHS trust, Glenfield Hospital, UK
N. Gardiner, C. Bourne, M. Orme, S. Singh.

Introduction: Cardiac Rehabilitation (CR) programmes are proven to be clinically effective. Our CR service offers hospital-based, direct referral to community (Phase IV instructors) and web-based CR programmes. We wanted to investigate whether there were any differences between pre and post incremental shuttle walking test (ISWT), and hospital anxiety and depression scores (HADS) for each CR programme.

Method: ISWT and HADS were collected at baseline and post-CR. Change in ISWT was assessed in absolute (m), relative (%) and minimal clinically important difference (MCID; ≥70m) terms. Pre and post comparisons were examined using paired t-tests and changes in ISWT/HADS were assessed using analysis of co-variance (controlling for age/gender).

Results: The sample size was N=196 (83.7% male, mean age 65.8 years (SD 10.3)). CR group distribution was: hospital-based n=67, community n=73, web-based n=56. Overall, patients attending web-based CR were significantly younger, had lower HADS scores and higher exercise capacity (ISWT) at baseline. ISWT distance significantly improved pre-post across all three CR programmes, although there was no difference in absolute change (m) between groups. Anxiety significantly improved pre-post CR in hospital and community programmes.

Conclusions: All options were clinically effective. Interestingly the baseline ISWT was different between all three groups suggesting that choice and stratification of delivery may be important.

<table>
<thead>
<tr>
<th></th>
<th>Hospital (n= 67)</th>
<th>Community (n= 73)</th>
<th>Web (n=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
</tr>
<tr>
<td>ISWT (m)</td>
<td>362.8</td>
<td>408.4</td>
<td>475.5</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6.0 (4.0)</td>
<td>4.9 (3.6)</td>
<td>3.7 (3.3)</td>
</tr>
<tr>
<td>Depression</td>
<td>3.9 (2.9)</td>
<td>2.9 (2.2)</td>
<td>2.7 (2.5)</td>
</tr>
<tr>
<td></td>
<td>ISWT (m)</td>
<td>45.5 (11.7)</td>
<td>62.6 (11.2)</td>
</tr>
<tr>
<td>ISWT %</td>
<td>16.7 (3.2)</td>
<td>14.6 (3.0)</td>
<td>9.1 (3.5)</td>
</tr>
<tr>
<td>ISWT MCID (%)</td>
<td>No change/worse</td>
<td>22 (32.8)</td>
<td>19 (26.0)</td>
</tr>
<tr>
<td>Improve &lt;MCID</td>
<td>22 (32.8)</td>
<td>24 (32.9)</td>
<td>13 (23.2)</td>
</tr>
<tr>
<td>Improve ≥MCID</td>
<td>23 (34.3)</td>
<td>30 (41.1)</td>
<td>26 (46.4)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-1.1 (0.3)</td>
<td>-0.5 (0.3)</td>
<td>-0.4 (0.3)</td>
</tr>
<tr>
<td>Depression</td>
<td>-1.0 (0.3)</td>
<td>-0.4 (0.3)</td>
<td>-0.5 (0.3)</td>
</tr>
</tbody>
</table>

* p<0.05 within groups; ISWT, Incremental Shuttle Walking Test; MCID, Minimal Clinically Important Difference
Objective
Stopping smoking and participation in cardiac rehabilitation (CR) are effective in reducing morbidity and mortality. However little is known about the predictors of stopping smoking in CR. This study aimed to determine sociodemographic and clinical factors associated with the likelihood of stopping smoking among CR attenders.

Methods
Data from the UK National Audit of Cardiac Rehabilitation database, between April 2013 and March 2016, were used. Smoking status is categorised as smokers and quitters assessed by patient self-report. The study used patient demographics, cardiovascular risk factors, comorbidities, and physical and psychosocial health measures. Binary Logistic regression was performed to identify predictors of stopping smoking among CR attenders. Missing data was dealt through multiple imputation and expectation maximization as appropriate.

Results
Of the 130,961 patients (97.5%) started CR, and of those, 2052 smokers (1.6%) aged 58.59 ± 10.49 years, 73.6% male. Quitters represented 1238 (0.9%) (57.63 ± 10.36 years, 75.8% male). Age, comorbidities, risk assessment, employment status, marital status, anxiety, depression and body weight were statistically significant between smokers and quitters. Patients who stopped smoking tended to be at lower cardiac risk, with less comorbidities, unemployed, in a partnership and have lower depression scores on starting CR.

Conclusion
Patients with high cardiac risk, multi comorbidities, being employed, single and more depressed tended to fail to stop smoking during CR. This study highlights routine factors that determine outcome which could help inform the delivery of the CR in order to achieve more quitters.
M1. Royal Wolverhampton NHS Trust: Recruitment Of Women To Cardiac Rehabilitation And Their Outcome Measures
R. Leslie, C. Scordis, S. Bradbury, I. Swift
Royal Wolverhampton NHS Trust

M2. Working-Age Attendees At Phase IV Cardiac Rehabilitation In Scotland: A Longitudinal Qualitative Study
R. Nutt and G. Ozakinci
University of St Andrews

M3. Concordance For Lifestyle And Cardiovascular Risk Factors, And Concordance For Change In Coronary Patients And High Risk Individuals Attending A Family-Centred Multidisciplinary Prevention Programme
B. Kobson
Imperial College London, Faculty of Medicine

M4. Lifestyle Risk Factors For Cardiovascular Disease For Cardiac Nurses And The Perceived Barriers They Face In Achieving A Healthier Lifestyle
E. Donlon
National University of Ireland, Galway

M5. Incorporating A Weight Management Programme Into Knowsley Cardiovascular Rehabilitation (Community) Setting
A. Roose, Z. McIntosh, S. Faulkner,
Knowsley Community Cardiovascular service, Liverpool Heart and Chest NHS Foundation Trust
T1. Vitamin C Exerts A Preventive And Not A Curetive Effect Against Isoproterenol-Induced Myocardial Infarction
SA Buckingham¹, RS Taylor J.
A. BESHEL¹, F. N. BESHEL¹, O. O. OTU², D. U. OWU¹
¹ Department of Physiology, Faculty of Basic Medical Sciences, College of Medical Sciences, University of Calabar, Calabar, Nigeria.
² Department of Physiology, Faculty of Basic Medical Sciences, Cross River University of Technology, Okuku Campus, Calabar, Nigeria.

T2. Breathing Pattern Disorder Clinic For The Cardiac Population
J Nash and J Hayward
Norfolk & Norwich University NHS Foundation Trust

T3. A Pilot Study To Test The Efficacy Of Cardiac Rehabilitation Mate: A Mobile App-Based System For Supporting Cardiac Rehabilitation
D Ponraj¹, Z Luo², S Y Tan³ & J W C Tan³
¹ School of Health Sciences, Nanyang Polytechnic, Singapore
² School of Information Technology, Nanyang Polytechnic, Singapore
³ National Heart Centre, Singapore

T4. Risk Factors In A Cohort Of Young Adults With MI
Sheila Marie O’Connor (Registered General Nurse, Cork University Hospital;
Katie Wedgeworth, Lecturer, School Of Nursing, Midwifery and Health Systems, University College Dublin;

T5. Can The Use Of More Sophisticated Heart Rate Monitors Optimise Exercise Prescription
A. Darby, N. Graham, C. Stapleton, A. Swan
Cardiac Rehabilitation, Addenbrooke’s Hospital, Cambridge University Hospitals NHS Foundation Trust

T6. Integrated High Intensity Interval Training Into A Standard Cardiac Rehabilitation Exercise Session
J. Sheldrake, I. McAllister, J. Easton
Peterborough City Hospital
Thursday Posters

   Alharthi FS, Alrahimi JS, Alotaibi AA, Alhamdi DA, Ibrahim BM, Badeeb YA
   National Guard Health Affairs, King Abdulaziz Medical City, King Faisal Cardiac Center- Jeddah

T8. Improving The Implementation Of Anti-Coagulation Therapy In AF Patients At Risk Of Stroke In A Primary Care Setting
   S.E.Agdomar
   University of Liverpool

T9. Arresting Tales: Life After Cardiac Arrest
   C.Guthrie
   Cardiac eResources Project Manager, Chest Heart & Stroke Scotland

T10. A Rare Case Of Infective Endocarditis; Mycobacterium Chimaera Infection
    A Ibrahem, A Eljaili, A Azzu, MN Payne, E Ibrahim.
    Betsi Cadwaladr University Health Board, UK.

T11. Takotsubo Cardiomyopathy Is Not Always A Bengin Disease: Rare Case Presentation And Literature Review
    A Ibrahem1, A Eljaili1, E Ibrahim2.
    Betsi Cadwaladr University Health Board, UK.

T12. Pilot Exercise Programme For Prostate Cancer Patients
    B. O’Gorman, J Walker, F Yow, JM Walker
    Hatter Cardiovascular Institute, UCLH, London

T13. ‘Show Me The Process!!’ A Real-World Perspective For Training Rehabilitation Staff For To Motivate Rehabilitation Patients To Exercise
    Eleanor Whittaker1,3, Adrian Midgley2,3, Bashir Matata3, Zoe McIntosh4, Andy Levy1,3
    1 Department of Psychology, Edge Hill University
    2 Department of Sport and Physical Activity, Edge Hill University
    3 Liverpool Heart and Chest Hospital NHS Foundation Trust
    4 Knowsley Community Cardiovascular Service
**Thursday Posters**

**T14.** Is The Incremental Shuttle Walk Test A Valid Test For Measuring Cardiorespiratory Fitness In Sub-Acute, Mild To Moderate Stroke Patients?
N Clague-Baker, T Robinson, S Drewry, A Hagenberg, C Gillies, S Singh
University Hospitals of Leicester NHS Trust, University of Leicester

**T15.** Cardiac Rehabilitation And Stroke Teams Attitudes To People With Stroke Taking Part In Cardiac Rehabilitation: Focus Group Study
N Clague-Baker, T Robinson, S Drewry, A Hagenberg, C Gillies, S Singh
University Hospitals of Leicester NHS Trust, University of Leicester

**T16.** Documentation Of Dual Antiplatelet Therapy And Duration Post-Percutaneous Coronary Intervention For Acute Coronary Syndrome
TC Kwok, S Joshi, R Cannell-Whiteley, P Henriksen, A Japp
Edinburgh Heart Centre, Edinburgh, United Kingdom

**T17.** Habitual Physical Activity Levels In Cardiac Rehabilitation Patients: Does The Current Standard Programme Facilitate An Increase In Activity Levels?
C Moore, S Ibegazene, MG Swainson, C Tsakirides, T Ispoglou, Z Rutherford, KM Birch
Leeds Beckett University
Friday Posters

F1. Impact Of Fenland Cardiac Rehabilitation Programme On The Service Users
J. Green, Community Dietitian & S. Corbett, S. Waldron, Cardiac Rehabilitation Nurses
Cambridge & Peterborough NHS Foundation Trust (CPFT)

F2. Primary Cardiovascular Disease Prevention Using Personalised Electronic Coaching In High-Risk Individuals: The Happy London Randomised Clinical Trial
MY Khanji1, A Balawon1, R Boubertakh1, L Hofstra2, J Narula3, M Hunink4,5, F Pugliese1, SE Petersen1
1 Centre for Advanced Cardiovascular Imaging and Research, William Harvey Research Institute, Queen Mary University of London, UK
2 Cardiologie Centra Nederland, Utrecht, Netherlands
3 Mount Sinai Heart, Icahn School of Medicine at Mount Sinai, New York, NY, USA
4 Department of Clinical Epidemiology and Radiology, Erasmus MC, Rotterdam, The Netherlands
5 Center for Health Decision Sciences, Harvard T.H. Chan School of Public Health, Boston, MA, USA.

F3. Celebrating 25 Years Of The Heart Manual
J. Elliott, H. Ranaldi, C. Deighan, L. Taylor
Heart Manual Department, Astley Ainslie Hospital

F4. The Use Of Exercise And Education To Support Patients With Heart Failure
H. Wilson and C. Golder
Wirral Community NHS Foundation Trust

F5. Cardiovascular Disease Prevention And Recovery Programme: Meeting The Challenges Of Current Practice
DTrudi List
Cardiovascular Rehabilitation Co-ordinator, Somerset West, 7130 South Africa

F6. Changing Trends In Infective Endocarditis: A Case Report And Review Of The Literature
A Ibrahem, A Eljaili, E Ibrahim.
Betsi Cadwaladr University Health Board, UK

F7. Why Do Patients Attend Their Cardiac Rehabilitation Assessment And Why Do They Think They Are Attending?
A Watt, C. Bourne, S. Singh.
Cardiac Rehabilitation, Glenfield Hospital, University Hospital of Leicester NHS Trust
Friday Posters

F8. **Introducing Complimentary Therapy Into Community Cardiovascular Rehabilitation**
Cunningham P, Hutchinson Z, McIntosh Z, Faulkner S,
Knowsley Community Cardiovascular Service Liverpool Heart and Chest NHS Foundation Trust, Thomas Drive,
Liverpool, L14 3PE England

F9. **Angina Management After Coronary Intervention**
S. Dawkes; R.Raeside; J.H. Donaldson; L. Elliott
Edinburgh Napier University

F10. **Older People’s Self-Management Of Coronary Heart Disease After Coronary Intervention**
S. Dawkes; R.Raeside; J.H. Donaldson; L. Elliott
Edinburgh Napier University

F11. **Medication Adherence After Percutaneous Coronary Intervention**
S. Dawkes; R.Raeside; J.H. Donaldson; L. Elliott
Edinburgh Napier University

F12. **Hosting A Child Weight Management Service In A Cardiovascular Rehabilitation Setting. Early Prevention – Completing The Circle?**
R. Tipson, M Salt, L Pountney, H Shone, L Murray, A Welsh, J Flint
Action Heart, Dudley Group NHS Foundation Trust, Dudley DY1 2HQ

F13. **High-Intensity Statin Therapy And Development Of Abnormal Liver Function: Real-World Data In An Acute Coronary Syndrome Cohort Attending A Cardiac Rehabilitation Programme**
Daconti G, Kaura A, Edwards J, Connolly S
Imperial College NHS Healthcare Trust, Charing Cross Hospital, Fulham Palace Road, London, W6 8RF

F14. **Preventing Cardiovascular Disease: Novel 12-Week Outpatient Cp+R Programme Universally Reduces Major Risk Factors**
T J Cowan¹, M Thompson¹, M A P Fawke¹, C Bucknall², I R Cradock¹
¹ Clinical Prevention + Rehabilitation (CP+R), London
² HCA U.K., London

F15. **The Use Of Acceptance And Commitment Therapy (ACT) As An Occupational Therapy Intervention Within A Cardiac Rehab Setting**
S F Kidder
Primary Care Cardiac Service, Nottingham Citycare
F16. **What Are The Reasons For Poor Attendance Among Women At Cardiac Rehabilitation?**
Z Feeley & M Haddad
University of London & Guy’s and St Thomas’ NHS Foundation Trust

F17. **Changes In Physical Activity Behaviours And Cardiorespiratory Fitness In High Risk Cardiac Patients Following The Imperial Cardiovascular Health Programme**
Imperial College Healthcare NHS Trust, Imperial College London

F18. **Familiarisation Of The 1km Treadmill Walk Test To Assess Cardiovascular Fitness In Phase Iv Cardiac Rehab Patients**
M Gault, B Page
University of Chichester

F19. **Chronic Illness (CVD), Physical Activity, Gender And The Ageing Body: An Exploratory Study Of Experiences And Motivations For Sustained Involvement In Phase 4 Cardiac Rehabilitation In The North-East Of England**
A. Vaittinen, E.Kaner and L. Stobbart
Newcastle University Institute of Ageing & Institute of Health and Society

F20. **Earlier Initiation Of Post Sternotomy Cardiac Rehabilitation (SCAR): A Randomised Controlled Trial**
S. Ennis¹, G.Lobley¹, S.Worrall¹, T.Barker¹, P.Banerjee¹,², G.Mcgregor¹,²
¹ Department of Cardiac Rehabilitation, Centre for Exercise & Health, University Hospital, Coventry, UK
² School of Health & Life Sciences, Coventry University, Coventry, UK
BACPR Research Network

The BACPR research network helps **share details of cardiovascular evaluative projects and research.** The network acts as a communicative hub, allowing researchers to upload details of their projects, and view the work of others. Non-members can submit studies to the network, and view the list of those added, however only BACPR members have full access to all project details and the ability to contact project leads.

Although not designed to provide an in-depth, detailed account (e.g. abstract or full report) of all studies, the network has a ‘related publications’ section which allows project leads to provide links to publications or presentations that have resulted from their work.

All studies remain ‘live’ within the network for five years, and details of all projects accepted for poster or oral presentation at the BACPR annual conference will be added to the network every year.

Visit [www.bacpr.com](http://www.bacpr.com) after conference for details of all of this year’s abstracts.....!
BACPR/NACR Certified Programmes

Congratulations to the following programmes who have successfully completed the National Certification programme (NCP_CR) and achieved BACPR/NACR accreditation:

Abertawe Bro Morgannwg University Health Board (Bridgend) (Bridgend)
Abertawe Bro Morgannwg University Health Board (Neath / Port Talbot) (Port Talbot)
Aneurin Bevan Health Board (Ysbyty Ystrad Fawr) (Ystrad Mynach)
Aneurin Bevan University Health Board (North Gwent Cardiac Rehab & Aftercare) (Abergavenny)
Belfast Health and Social Care Trust (Belfast)
Brighton & Sussex University Hospitals NHS Trust (Brighton)
Buckinghamshire Hospitals NHS Trust (Wycombe) (High Wycombe)
Calderdale and Huddersfield NHS Foundation Trust (Calderdale) (Halifax)
City Health Care Partnership CIC (Hull)
CMMC, Manchester Heart Centre (Manchester)
Countess of Chester Hospital NHS Foundation Trust (Chester)
Doncaster and Bassetlaw Hospitals NHS Foundation Trust (Worksop)
Frimley Park Hospital NHS Foundation Trust Cardiac Disease Risk Management (Camberley)
Hampshire Hospitals NHS Foundation Trust (Alton) (Alton)
Hampshire Hospitals NHS Foundation Trust (Winchester and Andover) (Winchester)
KCHFT NHS Cardiac Rehab Service (Covering Thanet, Dover/Deal, Ashford, Canterbury & Folkestone)
Kettering General Hospital NHS Trust (Kettering)
Mid-Essex Hospital Services NHS Trust (Broomfield) (Chelmsford)
Papworth Hospital NHS Foundation Trust (Cambridge)
Peterborough and Stamford Hospitals NHS Foundation Trust (Peterborough) (Peterborough)
Southport and Ormskirk Hospital NHS Trust (Southport and Formby District General Hospital) (Southport)
UCLH Cardiovascular Health and Rehabilitation Department (London)
University Hospital of South Manchester, Cardiac Rehabilitation Service (Manchester)
University Hospitals Coventry and Warwickshire NHS Trust (Coventry) (Coventry)
University Hospitals Coventry and Warwickshire NHS Trust (Hospital of St Cross) (Rugby)
West Suffolk Hospitals NHS Trust (Bury St Edmunds)
A national survey of cardiac rehabilitation exercise training provision in the UK

Dear Colleague,

We are conducting a survey to assess the provision of the exercise component of cardiac rehabilitation across the UK. We would like responses from one practitioner at each UK cardiac rehabilitation centre who is directly involved with the delivery of the exercise component of cardiac rehabilitation. The survey takes less than 20 minutes to complete. The information that you provide may inform future guidelines.

To start the survey, please enter the link below into your phone or computer internet browser:

https://northumbria.onlinesurveys.ac.uk/an-evaluation-of-exercise-provision-within-uk-cardiac-reha

Alternatively, you can scan the QR code below which will take you to the survey homepage:

It is possible to save your progress and return at a later time to complete the survey, should you wish to. All responses will be kept anonymous.

For enquiries please e-mail HL.CRsurvey@northumbria.ac.uk

Alasdair O’Doherty – Lecturer, Northumbria University

Dr Simon Nichols – Senior Research Fellow, Sheffield Hallam University
“Meeting the Challenges of Current Practice”

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