BACPR Annual Conference 2015

Tomorrow’s World in Cardiovascular Prevention and Rehabilitation

1-2 October 2015
The Palace Hotel, Manchester
Welcome to BACPR 2015

On behalf of the BACPR conference committee, I’d like to thank you all for joining us in Manchester for this year’s annual conference. Over the next two days, we hope to deliver an event as vibrant, diverse and interesting as our host city.

We have aimed to maintain previous high standards of clinical and scientific work being presented, with keynote sessions from acclaimed speakers, our usual lunchtime workshops and symposia, and moderated posters and parallel sessions showcasing innovation taking place across the UK. At our prize giving on Thursday evening, we look forward to presenting a new award, ‘New Investigator in Scientific Research’ which will give recognition to exceptional, original work undertaken by novice researchers. As always, you are invited to enjoy a drink whilst attending the BACPR’s AGM in the main conference hall at the end of Thursday’s session.

We have used delegate feedback from our 2014 conference to shape the programme, and have strived to incorporate ‘hot’ topics receiving recent media attention, including smoking cessation, sugar and saturated fats. New for 2015 are the ‘Country Area Stations’ in the exhibitor area; we encourage you to use the ‘station’ posters to share, and find out about, exciting new projects and developments within each country. Also new, a workshop on ‘Prescribing in Cardiac Rehabilitation’ is open to all who are interested in this topic – output from both activities will be shared across our membership later in the year.

Many thanks to all of our exhibitors and sponsors – please take time to visit their stands. And finally, huge thanks from myself to our conference team - Sally Hinton, Alison Hornby, Jenni Jones, Mima Traill, Valerie Collins, Vivienne Stockley and Priscilla Chandro – all of whom have worked extremely hard all year in preparing this conference. We hope you enjoy!

Dr Aynsley Cowie
BACPR Scientific Chair

Dear Colleagues

Welcome to Manchester for the 2015 BACPR Conference, with the theme “Tomorrow’s world in cardiovascular prevention and rehabilitation”. Many thanks go BACPR Scientific Officer, Dr Aynsley Cowie and her conference team for such an exciting programme. We are delighted to welcome the many illustrious speakers that Aynsley and team have engaged, including our International Keynote speaker, Professor Mark Haykowsky. Those of you who attended BACPR Exercise Professional’s study day in May will know that Mark is an entertaining and informative speaker, so we very much look forward to his talks during this conference. Also speaking is a long standing friend and supporter of BACPR, Professor David Wood, whom we congratulate on his upcoming appointment as President of the World Heart Federation.

In addition to thanking all of the invited speakers for their contribution to our conference, we extend thanks to the people who have submitted abstracts for inclusion in the programme. We hope that you will consider submitting your research or programme innovation to us next year, as these abstracts really do show us where we could improve our own practice. Finally, we thank our sponsors, particularly our Senior Partner - Astra Zeneca, as without their support this conference would not be able to take place.

I do hope that your conference experience this year is enlightening and entertaining, and that you are energised to take new ideas and new networks back to your work. Thank you for supporting this year’s BACPR conference, which I’m sure will continue to promote excellence in cardiovascular prevention and rehabilitation.

Professor Gill Furze
BACPR President
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## BACPR Annual Conference 2015

**THURSDAY 1ST OCTOBER 2015**

### Registration opens from 11.00am

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<tbody>
<tr>
<td>11.00-12.00</td>
<td>Pre-conference Sponsored Symposium: One Heart Programme – Astra Zeneca</td>
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<tr>
<td>11.20-12.20</td>
<td>NACR workshop</td>
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<tr>
<td>12.00-12.45</td>
<td>Lunch</td>
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### Session 1: Conference Opening

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>12.45-12.50</td>
<td>Welcome to Conference</td>
<td>Dr Aynsley Cowie</td>
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<tr>
<td>12.50-13.10</td>
<td>Conference Opening Address</td>
<td>Prof Gill Furze</td>
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<td>Dr Joe Mills</td>
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### Session 2: Smoke and Sugar - Tackling Risk Factors

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<th>Time</th>
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<tr>
<td>13.10-13.50</td>
<td>Hot Topics in Smoking Cessation</td>
<td>Prof Robert West</td>
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<tr>
<td></td>
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<td>Department of Epidemiology and Public Health, University College London</td>
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<tr>
<td>13.50-14.20</td>
<td>Sugars and CVD: Sweet or Sour?</td>
<td>Ursula Arens</td>
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<td>Nutrition writer – Network Health Dietitians magazine</td>
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### Session 3: Improving Heart Function

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<th>Time</th>
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<tr>
<td>14.20-14.50</td>
<td>New Horizons in AF Management</td>
<td>Dr Dhiraj Gupta</td>
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<td>Consultant Cardiologist Liverpool Heart and Chest Hospital, NHS Foundation Trust</td>
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<tr>
<td>14.50-15.20</td>
<td>TAVI Approaches, Complications and Recovery – Implications for Rehabilitation</td>
<td>Dr Timothy Fairbairn</td>
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<td>Consultant Cardiologist Liverpool Heart and Chest Hospital, NHS Foundation Trust</td>
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<tr>
<td>15.20-16.05</td>
<td>Healthy Break Prescribing in Cardiac Rehabilitation – Workshop</td>
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<td></td>
<td>Open to all delegates, prescribers and non-prescribers, this session will provide the chance to explore current issues around implementation of this practice development. Facilitators: Bernie Downey, Cardiac Nurse Specialist, Mater Hospital, Belfast Health &amp; Social Care Trust, Belfast; Jacqui Cliff, Lead Cardiac Rehabilitation Nurse, Wrexham Maelor Hospital</td>
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<tr>
<td>15.35-16.05</td>
<td>Moderated Posters (for poster prize)</td>
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### Session 4: Taking Rehabilitation into Tomorrow

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<th>Time</th>
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<tbody>
<tr>
<td>16.05-16.30</td>
<td>‘25 by 2025’ – What does it mean for you? The WHF Secondary Prevention Roadmap</td>
<td>Prof David Wood</td>
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<td></td>
<td>WHF President Elect</td>
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<td>16.30-17.10</td>
<td>The Earlier the Better: Early Exercise Rehabilitation to Improve Functional Outcomes and Re-hospitalisation in Heart Failure</td>
<td>Prof Mark Haykowsky</td>
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<td>Professor and Moritz Chair of Geriatric Nursing Research</td>
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<td>17.10-17.30</td>
<td>Update from the British Heart Foundation</td>
<td>Dr Mike Knapton</td>
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<td>Associate medical director, BHF</td>
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### 17.30-18.00 BACPR AGM (members only)
### THURSDAY 1ST OCTOBER 2015 EVENING EVENTS

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<tr>
<th>Time</th>
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<tr>
<td>19.30</td>
<td>Drinks Reception</td>
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<tr>
<td>20.00</td>
<td>Gala Dinner and Prizes</td>
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<td>22.00</td>
<td>Disco</td>
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### FRIDAY 2ND OCTOBER 2015 MORNING SESSION

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<tr>
<td>7.00</td>
<td>Early Morning Walk / Run</td>
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<td>From 8.30</td>
<td>Registration Opens (day delegates only)</td>
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#### Session 5: Special Highlight Session: The Great Taboo

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>8.55-9.00</td>
<td>Welcome to Friday and Housekeeping</td>
</tr>
<tr>
<td>9.00-9.30</td>
<td>‘I’m not exactly sure if I am the person to be talking to about this?’ Sexual Issues in Cardiovascular Rehabilitation</td>
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#### Parallel Sessions

<table>
<thead>
<tr>
<th>Session 6: Oral Abstract Presentations</th>
<th>Session 7: Oral Abstract Presentations</th>
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<tbody>
<tr>
<td>9.35-9.45  Dr Carolyn Deighan</td>
<td>Hatoun Alabdulkarim and Dr Mike Morris</td>
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<tr>
<td>Can we cross the digital divide with the new digital heart manual?</td>
<td>Does a light-pacing strip reduce the need for a practice test of the incremental shuttle walking test? A pilot study in healthy participants</td>
</tr>
<tr>
<td>9.45-9.55  Dr Rebecca McPhillips</td>
<td>Amanda Branford</td>
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<tr>
<td>Integrating psychological care into cardiac rehabilitation pathways: the pathway trial</td>
<td>Is there a difference in cardiovascular disease risk categorisation when screening patients using different anthropometric measurements? Addenbrooke’s hospital cardiac rehabilitation</td>
</tr>
<tr>
<td>9.55-10.05 Dr Dominic Micklewright</td>
<td>Avril Copeland</td>
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<tr>
<td>The cardiac rehabilitation inventory: understanding and overcoming individual patient anxieties</td>
<td>Development of an innovative web and smartphone application to assist health professionals promote physical activity for the prevention of cardiovascular diseases</td>
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<tr>
<td>10.05-10.15 Questions to all presenters</td>
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#### Session 8:

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<tr>
<td>10.15-10.45</td>
<td>Spiritual Support in End-stage Heart Failure</td>
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<td>Dr Linda Ross Reader in Spirituality and Healthcare, University of South Wales</td>
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#### Session 9:

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<tr>
<td>10.45-11.05</td>
<td>Physical Activity Monitoring</td>
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<td>Dr Charlotte Edwardson University of Leicester</td>
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<tr>
<td></td>
<td>Tea, Coffee, Posters</td>
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### Session 10: Optimising Outcomes from Cardiac Intervention

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<tr>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>11.05-11.45</td>
<td>Debate: Bioabsorbable Stents are the Future of Interventional Cardiology</td>
<td>Dr Joe Mills</td>
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<tr>
<td>11.45-12.15</td>
<td>Self-management of Coronary Heart Disease in Angina Patients after Percutaneous Coronary Intervention</td>
<td>Dr Susan Watt</td>
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<tr>
<td>12.15-13.15</td>
<td>Lunch</td>
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#### FRIDAY 2ND OCTOBER 2015 AFTERNOON SESSION

### Session 11: National and Global Perspectives

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<th>Time</th>
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<tbody>
<tr>
<td>13.15-13.40</td>
<td>What do the Latest Cochrane Reviews Say about Rehab?</td>
<td>Prof Rod Taylor</td>
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<tr>
<td>13.40-14.05</td>
<td>NACR Update</td>
<td>Prof Patrick Doherty</td>
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<tr>
<td>14.05-14.30</td>
<td>'How was it for us' - Experiences from two BACPR/NACR Certified Sites</td>
<td>Liz Britton, Joanne Holdsworth</td>
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### Session 12: Fats in the Future: Where is Research Taking Us?

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<th>Time</th>
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<th>Chair</th>
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<tbody>
<tr>
<td>14.30-15.00</td>
<td>Managing Hyperlipidaemia: Past, Present and Future</td>
<td>Dr Deepak Bhatnagar</td>
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<tr>
<td>15.00-15.30</td>
<td>Recent Media is full of Mixed Messages and Confusion about Dietary Fat: What are the Facts about Dietary Fat and Cardiovascular Disease Risk?</td>
<td>Dr Scott Harding</td>
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<tr>
<td>15.30-15.40</td>
<td>Closing Remarks and Evaluation Followed by tea and networking</td>
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AstraZeneca

AstraZeneca is a global, innovation-driven biopharmaceutical business that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of cardiovascular, metabolic, respiratory, inflammation, autoimmune, oncology, infection and neuroscience diseases. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. 
www.astrazeneca.com

Amgen

Amgen works to unlock the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. Using tools like advanced human genetics, we unravel the complexities of disease to understand the fundamentals of human biology. In cardiovascular disease, our research includes areas such as high cholesterol and heart failure. Amgen has been a biotechnology pioneer since 1980, growing to become one of the world’s leading independent biotechnology companies and leveraging its biologics manufacturing expertise in the quest for solutions that improve health outcomes and dramatically improve people’s lives. 
www.amgen.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

British Heart Foundation

For over 50 years we’ve pioneered research that’s transformed the lives of people living with heart and circulatory conditions. Our work has been central to the discoveries of vital treatments that are changing the fight against heart disease. Join the flight for every heartbeat in the UK. Every pound raised, minute of your time and donation to our shops will help make a difference to people’s lives. 
www.bhf.org.uk/heart-health

CanRehab

CanRehab is a specialist training company and leads the way in providing cancer and exercise rehabilitation Level 4 training programmes, seminars and workshops in the UK. We offer educational and professional support to anyone wishing to develop exercise based rehabilitation programmes for cancer patients. 
www.canrehab.co.uk

Daiichi Sankyo

Daiichi Sankyo Group is dedicated to the creation and supply of innovative pharmaceutical products to address the diversified, unmet medical needs of patients in both mature and emerging markets. While maintaining its portfolio of marketed pharmaceuticals, the Group has also launched treatments for thrombotic disorders and is building new product franchises. 
www.daiichi-sankyo.co.uk
Dot Medical

Dot Medical Ltd is the UK distributor delivering innovative high quality healthcare products in the field of cardiology. Founded in 1997, Dot Medical has a well established reputation in the provision of medical technology quality, service and support for all our customers. We are delighted to present the Nuubo WearCare, a unique wearable Cardiac Rehabilitation monitoring system without adhesive electrodes or wires to assist patient progress throughout their planned rehabilitation. www.dot-medical.com

Human Kinetics

At Human Kinetics, our mission is to produce innovative, informative products in all areas of physical activity that helps 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/europe

Imperial College

This programme in Preventive Cardiology is delivered by an interdisciplinary team of academic staff from the National Heart and Lung Institute, together with senior clinicians from Imperial College Healthcare NHS Trust and visiting experts in the field of cardiovascular prevention and rehabilitation. This programme is aimed at healthcare professionals with a role in prevention of cardiovascular disease. www.imperial.ac.uk/medicine/study/postgraduate/masters-programmes/msc-pg-dip-and-pg-cert-preventive-cardiology/

MSD

At MSD we believe the most important thing we make is a difference. We operate in more than 140 countries and through our prescription medicines, including biologic therapies and animal health products, we work with customers to bring innovative healthcare solutions to those who need them the most. Through a joint venture, we are also collaborating to develop future vaccines. We also demonstrate our commitment to increasing access to healthcare through far-reaching policies, programmes and partnerships. For more information visit www.msd-uk.com. We are called MSD everywhere, except in the United States and Canada, where we are known as Merck & Co., Inc., Kenilworth, NJ, USA.

NACR

The British Heart Foundation (BHF) National Audit of Cardiac Rehabilitation (NACR) is hosted by the University of York in collaboration with the Health and Social Care Information Centre (HSCIC). Over the last seven years the audit has majored on establishing a platform for inputting clinical data and monitoring uptake and patient outcomes for cardiovascular rehabilitation (CR) services in the UK. In doing so the NACR has secured its position as the official audit for CR endorsed by the Department of Health (2010) CR Commissioning Pack (DH CRCP), NICE (CMG40) 2011 and as a minimum standard of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR 2012). www.cardiacrehabilitation.org.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

The Heart Manual programme, (NHS Lothian), is the UK's leading home based supported self-management programme for individuals recovering from acute MI and/or Revascularisation. Used UK wide and further afield, it is supported by a wealth of evidence including at least 2 RCTs and is specified in SIGN and NICE as a comprehensive home based programme validated for patients who have had an MI. The MI edition is now available as a digital/on line format. Evaluated during 2014-15, this format has been welcomed by many. Please visit our stand at BACPR to find out more or/and visit 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 of Leicester

ACTIVATE YOUR HEART is an online cardiac rehabilitation programme that has been designed by cardiac rehabilitation specialists and patients at the University Hospitals of Leicester NHS Trust. The aim of the programme is to help people with coronary heart disease to manage their condition more effectively. It provides advice and support for individuals to make lifestyle changes and reduce their risk factors for coronary heart disease. Progress is monitored throughout by a cardiac rehabilitation specialist. ACTIVATE YOUR HEART is password-protected and only those registered can access the programme.


www.activateyourheart.org.uk/

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Professor Gill Furze and Dr Joe Mills
Conference Opening Address

Professor Gill Furze
Professor Gill Furze is currently President of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) (until October 2015), and Professor of Cardiovascular Rehabilitation at Coventry University. She is also Chair of the BACPR/NACR Certification Assessment Panel, to certify whether cardiovascular rehabilitation programmes meet minimum standards. She was one of the core 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. Prior to moving to Coventry, Gill Furze was a senior member of the British Heart Foundation Care and Education Research Group at the University of York since 1998. Her research has crossed the boundaries between psychology and nursing, and has formed two interlinking streams: the effects of specific beliefs on health outcome (with particular reference to people with heart disease), and the design, testing and implementation of self-management and rehabilitation programmes for people with long term conditions. She was co-author and research lead for the successful Angina Plan self-management intervention. Prior to choosing research as a career, she held posts in various UK National Health Service hospitals as a senior clinical nurse.

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 and president-elect of the British Association for Cardiovascular Prevention & Rehabilitation – I may have “graduated” to BACPR president by the time you read this!
Professor Robert West
Hot Topics in Smoking Cessation

Robert J. West, PhD, is Professor of Health Psychology and Director of Tobacco Studies at the Cancer Research UK Health Behaviour Research Centre, University College London, UK. Professor West is also advisor to the UK’s National Centre for Smoking Cessation and Training and is Editor-in-Chief of the journal Addiction. He has published more than 500 academic works. Professor West’s research includes population studies of smoking and smoking cessation patterns, evaluations of national tobacco control policies, development and evaluation of smoking cessation interventions, and development and testing of behaviour change theories. He is co-author of the English and Scottish National Smoking Cessation Guidelines that provided the blueprint for the UK-wide network of smoking cessation services. He has recently authored a popular book to help smokers stop called ‘The SmokeFree Formula’ which has so far been translated into 10 languages. See www.rjwest.co.uk.

Hot topics in smoking cessation

Tobacco smoking remains the main preventable cause of premature death in most countries. Britain has had a comprehensive tobacco control strategy since 1998 which has contributed to a fall of around 0.7% per year in smoking prevalence. However, in Britain smoking still causes some 100,000 deaths premature each year with an adult prevalence of just under 20%. This paper will address key topics that are causing a lot of discussion at the moment: the increased use of electronic cigarettes, decline in the use of stop-smoking services, and safety of the smoking cessation medicine, varenicline. It will also review the state of the science in supporting smokers to stop through behavioural support and medication.
Ursula Arens
Sugars and CVD: Sweet or Sour?

Ursula Arens has a degree in dietetics, and is currently a freelance nutrition writer (including as features editor of Network Health Dietitians magazine). She has worked as a clinical dietitian, but most of her career has been in the food and pharmaceutical industry. Her last employment was as senior nutrition scientist at the British Nutrition Foundation.

Sugars and CVD: Sweet or Sour?

The Scientific Advisory Committee on Nutrition (SACN) released their review of carbohydrates in the diet, in July 2015. They recommended a reduction in the free sugars content of the UK diet to 5% energy: this is about half the amounts typically consumed by adults, and about one third of the amount typically consumed by children and teenagers.

The SACN report concluded that data from prospective studies on sugars intakes, did not allow any recommendations to be drawn in relation to CVD risk factors or endpoints (events). However, a flurry of studies report associations between intakes of sugary foods, and risks of adverse conditions such as overweight and type 2 diabetes.

Are there good sugars and bad sugars in relation to heart health? Could advice to eat less free sugars result in greater intakes of other ‘adverse’ nutrients?

Can conclusions can be drawn, on which to base valid and pragmatic advice on CVD risk reduction?
**Dr Dhiraj Gupta**  
**New Horizons in AF Management**

Dr Dhiraj Gupta is a consultant cardiologist and electrophysiologist at the Liverpool Heart and Chest Hospital, the largest cardiac center in the United Kingdom. He is also Senior Lecturer at the Imperial College London, where he supervises doctoral research students. Dr Gupta is an active researcher, and has authored over 50 scientific publications. He is the Principal Investigator for two ongoing multi-center Atrial Fibrillation (AF) ablation trials, and has been awarded over £1 million in competitive research grants.

Dr Gupta has gained national repute for his expertise in treating patients suffering from Atrial Fibrillation, and was awarded the Arrhythmia Alliance Excellence in Practice Award in 2014 for ‘Outstanding Individual who has contributed to Arrhythmia Services’. Dr Gupta works closely with the British Heart Foundation to author and edit their educational materials for AF, and he is member of the Medical Advisory Board of the AF Association UK.

**New Horizons in AF Management**

Atrial Fibrillation (AF) affects around a million people in the United Kingdom. It is directly responsible for a fifth of all strokes, and can have significant impact on quality of life, morbidity and mortality. With our aging populace, the prevalence of AF is likely to double by the year 2050.

The past few years have seen considerable advances in AF management. These include better risk stratification of patients with the use of scoring symptoms, the availability of Novel Oral Anticoagulants as alternatives to Warfarin, development of the Left Atrial Appendage Occlusion procedure for patients intolerant to anticoagulation, and new technologies for Catheter and Surgical AF ablation that have translated to higher success rates.

In his talk, Dr Dhiraj Gupta will give an overview of each of these advances. In particular, he will concentrate on those aspects of AF management that are important for generalists to be conversant with.
Dr Timothy Fairbairn
tAVI Approaches, Complications and Recovery
– Implications for Rehabilitation

Dr Fairbairn is a Consultant Imaging Cardiologist at Liverpool Heart and Chest Hospital and an Honorary Fellow at the University of Leeds. He specialises in advanced echocardiography, cardiac MRI and cardiac CT. His clinical and research interests include aortic valve disease, TAVI and inherited cardiac conditions. Graduating in medicine from the University of Manchester his cardiology training was in Yorkshire and the North West of England, completing his PhD studies at the University of Leeds and an International Fellowship at Toronto General Hospital, Canada.

TAVI Approaches, Complications and Recovery – Implications for Rehabilitation

Aortic stenosis (AS) is the commonest valvular heart disease in the western world. The onset of symptoms heralds a poor prognostic outcome, with a 50% 2 year mortality. Transcatheter aortic valve implantation (TAVI) has developed as an alternative and comparable treatment to surgical aortic valve replacement (SAVR) in high-risk AS patients. TAVI is a less invasive procedure compared to SAVR but still has significant risks associated with it; principally death, stroke, major bleeding and permanent pacemaker implantation. Expert pre-procedural planning and dedicated post-procedural care are required to minimise the risk and maximise the benefit of TAVI. This talk will cover the difficulties and nuances of planning for a TAVI in a predominantly elderly and frail population, discuss the potential major complications and likely clinical outcomes with specific implications for the rehabilitative period.
Professor David Wood

“25 by 2025” – What does it mean for you? The WHF Secondary Prevention Roadmap.

Professor Wood 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 instigated the Joint British Societies (JBS) Guidelines on CVD prevention in clinical practice and has served on NICE guidance for CVD risk assessment, lipids and diabetes. He was a founder and President of the European Association for Cardiovascular Prevention and Rehabilitation, and he 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 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 MyAction preventive cardiology 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 has served as a Board member, most recently as Secretary/Treasurer, of the European Society of Cardiology. In 2014 he was elected as President Elect of the World Heart Federation.

“25 by 2025” – What does it mean for you? The WHF Secondary Prevention Roadmap

The United Nations and the World Health Organization (WHO) have set an ambitious target for us all: to reduce premature mortality from non-communicable diseases - most importantly cardiovascular diseases - by 25% by the year 2025. The World Heart Federation is supporting this ambition through the development of Roadmaps to achieve “25 by 25” on secondary prevention, hypertension and tobacco control. To this end all of those working in the prevention and rehabilitation community have a role to play in the complete integration of secondary prevention and cardiac rehabilitation services to deliver comprehensive lifestyle, risk factor and therapeutic programmes to help our patients achieve longer and healthier lives.
Professor Mark Haykowsky

The Earlier the Better: Early Exercise Rehabilitation to Improve Functional Outcomes and Re-hospitalisation in Heart Failure

Mark Haykowsky is a Professor and the Inaugural Moritz Chair in Geriatrics in the College of Nursing and Health Innovation at the University of Texas at Arlington. Professor Haykowsky completed his Ph.D. in cardiovascular exercise physiology at the University of Alberta (U of A) in 1998 followed by a postdoctoral (Heart Failure) fellowship in the Division of Cardiology, Faculty of Medicine at U of A. During the past 16 years, he was a Professor in the Faculty of Rehabilitation Medicine at U of A. Professor Haykowsky’s research program examines: (1) the biologic mechanisms responsible for the decline in health related physical fitness across the heart failure continuum, and the role of exercise training to restore cardiovascular and skeletal muscle function; (2) the efficacy of exercise training to reverse chemotherapy and/or biological therapy mediated cardiotoxicity in women with breast cancer, and; (3) cardiac mechanics and left ventricular remodeling in athletes. Professor Haykowsky has published over 170 papers in high-impact medical journals and he has been an invited speaker at numerous national and international cardiology, cardiac rehabilitation, physiology and exercise science meetings. Dr. Haykowsky has supervised 92 trainees during the past 16 years.

The Earlier the Better: Early Exercise Rehabilitation to Improve Functional Outcomes and Re-hospitalisation in Heart Failure

Cardiac (exercise) rehabilitation improves left ventricular function and quality of life, and is associated with a reduction in hospitalization in clinically stable heart failure (HF) patients1, 2. Haykowsky et al.3 previously reported that exercise training is an effective therapy to attenuate LV remodelling in post myocardial infarction (MI) patients with the greatest benefits occurring when the program began around 1-week after hospital discharge and lasted for 6 months. Currently, there is no consensus as to when exercise training should being in clinically stable HF patients with reduced or preserved ejection fraction (HFREF and HFPEF, respectively) after hospitalization. This session will highlight the benefits of exercise training during and early after hospital discharge on health related and functional outcomes in HFREF and HFPEF patients.

References

Dr Mike Knapton
Update from the British Heart Foundation

Dr Mike Knapton joined the BHF in January 2006, from a clinical background. He was Medical Director for the combined Cambridge City and South Cambridgeshire PCTs. He trained as a GP at Cambridge University and has significant experience in Primary Care roles, especially working with heart patients. He was Chairman of the Cambridge City Primary Care Trust (PCT) Professional Executive Committee, before becoming the combined PCTs’ Medical Director in 2004.

As Associate Director (Prevention, Survival & 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.

Mike was also appointed as a non-Executive Director at Addenbrooke’s Hospital in 2013.

Update from the British Heart Foundation

The purpose of this session is to provide an update on developments at the British Heart Foundation and the potential opportunities this presents for the BACPR. I will cover the current reviews of the BHF work on prevention and support. I will also comment on the developments of the National Audit of Cardiac Rehabilitation and BHF support for the NACR.

I hope there will also be time to put this into the context of the current state the health and social care in the UK and future direction of health and social care and the key role played by rehabilitation and long term condition management, integration of services and patient centred care.
Dr Molly Byrne
‘I’m not exactly sure if I am the person to be talking to about this?’ Sexual issues in Cardiovascular Rehabilitation

Dr Molly Byrne is a Senior Lecturer in Health Psychology and Health Research Board (HRB) Research Leader in the School of Psychology at the National University of Ireland, Galway. She currently directs the Health Behaviour Change Research Group which focuses on applying evidence-based approaches to the development and evaluation of behaviour change interventions in health services research.

Her interest in the area of sexual aspects of cardiovascular disease arose 10 years ago, when cardiovascular patients who were participating in a study looking at healthy eating told her she should be doing research about sex! Since then, she has lead a number of research studies in this area. Most recently, she has started the CHARMS intervention study, a pilot trial of an intervention to promote sexual counselling in cardiac rehabilitation in Ireland. She has co-authored an international consensus document on sexual counselling for individuals with cardiovascular disease and their partners endorsed by the American Heart Association and the European Society of Cardiology Council on Cardiovascular Nursing and Allied Professions (CCNAP). She is currently leading a Cochrane review on interventions for Sexual counselling for sexual problems in patients with cardiovascular disease.

‘I’m not exactly sure if I am the person to be talking to about this?’ Sexual issues in Cardiovascular Rehabilitation

In her presentation, Molly will outline the latest research around how cardiovascular disease has been shown to be linked to important sexual outcomes. Molly will present recently published international guidelines – of which she is an author – on sexual counselling for people with cardiovascular disease. She will describe the research that she and her team have conducted in this area over the past ten years, including the CHARMS study, which documented prevalence of sexual problems among an Irish cardiovascular cohort and described service users’ and providers’ experiences of sexual aspects of cardiac rehabilitation. She will present the CHARMS Intervention study, a recently commenced pilot trial of an intervention to promote sexual counselling in cardiac rehabilitation in Ireland.
Dr. Joe Mills / Dr Rod Stables / Dr Vasim Farooq
Debate: Bioabsorbable Stents are the Future of Interventional Cardiology

Introduction

Whilst searching for a vaccine to atherosclerosis, intra-coronary stents have become the mainstay of therapy for stable angina refractory to medication and inseparable partners to medical therapy for patients with acute coronary syndromes. The Achilles heel of bare-metal stents – restenosis – has been overcome but modern second & third generation drug-eluting stents remain susceptible to fracture and thrombosis. In addition, their placement may preclude future attempts to adequately position coronary artery by-pass grafts. The holy grail of a coronary stent which has all the advantages of DES but then dissolves into the ether is upon us. Or is it? Our two “contestants” are ideally qualified to thrash this out in public and will almost certainly resort to all kinds of malicious subterfuge in order to gain your support!!

Dr. Rod Stables

Dr Rod Stables is a consultant cardiologist and is the Director of Interventional Cardiology Services at the Liverpool Heart and Chest Hospital (LHCH), UK. Dr Stables graduated in Medical Sciences from Churchill College Cambridge and then trained in clinical medicine at St Edmund Hall, Oxford. He trained in cardiology at The John Radcliffe Hospital in Oxford and at the Royal Brompton Hospital in London and completed specialist training in 1998. Dr Stables has an established, leading reputation for practice and research in interventional cardiology. He founded the Clinical Trials and Evaluation Unit at the Royal Brompton Hospital and led its initial flagship ventures, including the landmark Stent or Surgery trial. His research interests are focused on the design, planning and reporting of clinical trials and other forms of outcomes analysis. Dr Stables is the elected national lead for research in interventional cardiology. He is a council member of the British Cardiovascular Interventional Society and serves on the national committee guiding performance monitoring and outcomes analysis in interventional cardiology.

Against

The recent history of UK interventional cardiology describes the unfortunate repetition of events little short of scandal and disgrace. New devices are brought to market before full safety and efficacy testing: they are implanted in real people, at full cost to the NHS by doctors who hope they are doing the best, but are attracted to the lure of the new and the different. Later more fastidious research shows that the devices are no different from established, cheaper alternatives or (in some cases) have issues with safety or efficacy. The subsequent withdrawal of the technology come too late for those already ‘treated’. This does not happen in the USA. If a technology is insufficiently established for an American, then I will not implant the device in a Scouser!

I do support the use of new technologies – like BVS, but only in the context of proper evaluation studies and not at the whim of the interventional cardiologist.
Dr Vasim Farooq

I am an interventional cardiologist at the Manchester Heart Centre, Manchester Royal Infirmary, United Kingdom. I undertook a research fellowship (PhD) under the mentorship of Professor Patrick Serruys at the Thoraxcenter, ERASMUS MC, Rotterdam The Netherlands from 08/10 to 02/13. The PhD was entitled: Understanding the Synergy between Percutaneous Coronary Intervention with Taxus and Cardiac Surgery (SYNTAX) Trial Implications for current and future clinical practice, and can be downloaded from http://repub.eur.nl/pub/51110/ and was successfully defended April 2014. During my PhD, in addition to my thesis focusing on decision-making between CABG and PCI, I undertook clinical research in multiple branches of interventional cardiology, including intravascular imaging, bioresorbable scaffolds, contemporary coronary drug eluting stents, basic science, outcome reporting of major clinical trials as well as the design and subsequent running of a multicentre trial (SYNTAX II ClinicalTrials.gov Identifier: NCT02015832). As of present, I have authored and co-authored over 100 publications indexed on PubMed. I have first authored numerous peer reviewed scientific papers in high impact journals such as the Lancet, European Heart Journal, Journal of American College of Cardiology and Circulation, and in multiple subspecialty journals.

For

Bioresorbable scaffolds represent a novel and innovative approach to coronary stent technology, and have been dubbed the ‘next revolution’ in interventional cardiology. In contrast to metallic stents, they provide temporary scaffolding to the treated vessel and then through a process of “resorption/decomposition” complete absorption of the scaffold occurs when it is no longer required. There are numerous devices currently undergoing pre-clinical and clinical testing, with one device (Absorb) currently commercially available for clinical use, having been granted a CE mark for use in Europe following extensive pre-clinical and clinical safety testing. Small scale clinical trials with long term clinical follow up have confirmed the safety and efficacy of the Absorb. Mechanistic trials (understanding how the device properly works in humans) and large scale clinical trials are either in progress or planned. Just like conventional metallic stent technology, bioresorbable scaffold technology is rapidly progressing.

The need for innovation and research – either through clinical trials or registries collecting data on the use of new technology (that has already undergone safety testing in Europe to allow its clinical use) – is the bedrock of interventional cardiology, and Europe can justifiably lay claim to be have immensely contributed to this progression. Certainly the rest of the world have looked towards Europe for guidance in this rapidly evolving field of medicine. Without such a dynamic approach, interventional cardiology would remain a niche specialty to the detriment of our patients. The introduction of first and new generation drug eluting stent technology and percutaneous valve replacement have only been possible through innovation and research – predominantly led by Europeans, which has undoubtedly improved the quality of life of our patients, and saved lives. When major safety concerns were identified (by Europeans) with first generation DES technology, this was substantially improved through a predominantly European lead initiative. The resultant current DES technologies we enjoy today are the end product of this exhaustive approach. Yet problems remain with current metallic stent technology which are the currently the target of current and future research. Bioresorbable scaffolds are simply the next step in the evolution of stent technology, and we as Europeans need to positively engage this technology to allow its progression and evolution. This will only be to the benefit our patients in the short, intermediate and long term. To quote the World Health Organization: “There Is No Health Without Research.” We should never forget this…
Dr. Susan Watt

Self-Management of Coronary Heart Disease in Patients with Stable Angina after Percutaneous Coronary Intervention: A mixed methods study

Dr. Susan Watt is a registered nurse who has spent over twenty years working in several health boards in Scotland with patients who have coronary heart disease (CHD). Her clinical roles included nursing in acute cardiology units in teaching hospitals and latterly working as a specialist nurse in cardiac rehabilitation. Susan began her career in higher education in 2002 when she joined the University of Edinburgh to teach clinical skills to undergraduate medical students and went on to join the School of Nursing, Midwifery and Social Care at Edinburgh Napier University in 2004. Now Susan is a Senior Lecturer and the Academic Lead for Learning and Teaching in the School and has overall responsibility for the programmes of study provided by the School. These programmes include undergraduate nursing and midwifery, Bachelor of Science and Master of Science degree programmes as well as overseas post-graduate programmes in Singapore, Hong Kong and China.

Earlier this year Susan completed her doctoral studies exploring how patients with stable angina self-manage their coronary heart disease after coronary revascularisation with percutaneous coronary intervention (PCI). Her major research interests are supporting patients in their self-management of CHD, psychological support for CHD patients and the use of telehealth.

Self-management of coronary heart disease in patients with stable angina after percutaneous coronary intervention: A mixed methods study

After having elective percutaneous coronary intervention (PCI) patients are expected to self-manage their coronary heart disease (CHD) by modifying their risk factors, adhering to medication and effectively managing any recurring angina symptoms but that may be ineffective. Objective: Explore how patients self-manage their coronary heart disease (CHD) after elective PCI and identify any factors that may influence that. Design and method:

This mixed methods study recruited a convenience sample of patients (n=93) approximately three months after elective PCI. Quantitative data were collected using a survey and were subject to univariate, bivariate and multi-variate analysis. Qualitative data from participant interviews was analysed using thematic analysis. Findings: After PCI, 74% of participants managed their angina symptoms inappropriately. Younger participants and those with threatening perceptions of their CHD were more likely to know how to effectively manage their angina symptoms. Few patients adopted a healthier lifestyle after PCI. Qualitative analysis revealed that intentional non-adherence to some medicines was an issue. Some participants felt unsupported by healthcare providers and social networks in relation to their self-management. Participants reported strong emotional responses to CHD and this had a detrimental effect on their self-management. Few patients accessed cardiac rehabilitation.
Professor Rod Taylor
What do the Latest Cochrane Reviews Say about Rehab?

Rod Taylor, MSc, PhD is Professor of Health Services Research and Academic lead for the Exeter Clinical Trials Support Network at the Exeter Medical School, University of Exeter in UK and National Institute of Health Research (NIHR) Senior Investigator. 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 230 peer review articles the field of health services research and health technology assessment. Rod’s main research interests include development and evaluation of secondary prevention and rehabilitation strategies for heart disease, clinical trial design for complex interventions, use of surrogate outcomes in clinical trials and reimbursement health care policy, , and comparative effectiveness research for evaluation of medical devices.

His postgraduate qualifications include PhD Clinical Physiology (Glasgow), MSc in Medical Statistics (London) and Postgrad. Dip. Health Economics (Aberdeen). He is currently Chair of NIHR Research, Health Service & Development Research Panel and South West RfPB funding panel, and member of Core member of NIHR HTA Themed Call Board, NIHR Health Services and Delivery Research Researcher-Led panel, 2013-present and Core group of Methodological Experts for the NIHR Programme Grants for Applied Research programme. He is member of editorial board for International Journal of Technology Assessment in Health Care, European Journal of Preventive Cardiology, Pain Practice, Neuromodulation, Cochrane Heart Group and acts a methodological reviewer for a number of peer review journals.

What do the Latest Cochrane Reviews Say about Rehab?

Since the Cochrane Collaboration was established in 1993, Cochrane systematic reviews have become a global gold standard source of evidence and a first port of call for healthcare policy makers and guideline producers. The first Cochrane review of cardiac rehabilitation (Exercise – based cardiac rehabilitation for CHD) was published in 2001. Since then the portfolio has grown to nine published Cochrane reviews of cardiac rehabilitation reviews and three ongoing review protocols. These reviews assess the efficacy and safety of rehabilitation in various cardiac aetiologies, compare components of rehabilitation and settings, and assess approaches to enhancing rehabilitation uptake and adherence. Recent additions to portfolio have included the impact of rehabilitation in less traditional populations – patients with atrial fibrillation, implantable cardiac defibrillators, and left ventricular assist devices, and following valve surgery,

This presentation will present what these latest Cochrane reviews say about cardiac rehabilitation.

(http://medicine.exeter.ac.uk/esmi/workstreams/cochrancardiacrehabilitationreviews/portfolio/).
Professor Patrick Doherty
NACR Update

Professor Patrick Doherty is Chair of Cardiovascular Health in the Department of Health Sciences at the University of York and Director of the National Audit of Cardiac Rehabilitation. He has over 20 years of clinical experience working in the NHS and was National Clinical Lead for Cardiac Rehabilitation (2008 to 2012) where he supported service innovation and led the development of the Department of Health ‘Cardiac Rehabilitation Commissioning Pack’. Prof Doherty is a past president of the British Association for Cardiovascular Prevention and Rehabilitation and is Chair of the ‘Cardiac Rehabilitation Section’ of the European Association for Cardiovascular Prevention and Rehabilitation. Patrick and the NACR Team are supporting the joint BACPR/NACR Certification programme that aims to ensure that all cardiac rehabilitation programmes are working to the agreed minimum clinical standards.

NACR Update

The National Audit of Cardiac Rehabilitation (NACR) has moved into a new phase of reporting and evaluating cardiac rehabilitation services in the UK. The session will showcase the findings from the new NACR approach to regional and local reporting of cardiac rehabilitation by key indicators and patient outcomes. The session will also share findings from a recently published paper, by the BHF Care and Education Research Group, on the association between volume and outcome in cardiac rehabilitation.
Joanne Holdsworth / Liz Britton
How was it for us - BACPR/NACR Certification

Jo Holdsworth is the Cardiac Rehabilitation Programme Manager at Rugby. She completed her nurse training at Coventry in 1992. Jo gained her BA (Hons) in Nursing Studies at De Montfort University in 2000. In 1995 she took up her post in cardiac rehabilitation in Rugby and has managed the service for 20 years. Jo is a visiting lecturer at Coventry University delivering the cardiac rehabilitation lecture as part of the Enhancing the Delivery of Cardiac Care Module. Prior to the publication of the BACPR standards Jo collaborated with her West Midland Cardiac Rehabilitation Colleagues to produce the West Midlands Standards for Cardiac Rehabilitation.

Liz Britton qualified as a Registered Nurse 30 + years ago and after various experiences working in cardiac centres and as a ward manager, she has for the past 16 years been one of the Cardiac Rehab nurse specialists at the Royal Hampshire County Hospital, Winchester. The service delivers both in-patient consultation as well as an outpatient pre-assessment clinic and exercise programme.

How was it for us - BACPR/NACR Certification

The BACPR has been working with the National Audit of Cardiac Rehabilitation (NACR) to develop a system to certify whether a cardiovascular rehabilitation (CR) programme meets minimum standards. Over the past few years there has been a growing emphasis on quality assurance of health services. The BACPR 2012 Standards & Core Components are the gold standard for delivery of CR in the UK.

It would appear from the data gathered by the annual NACR report, that the UK was quite a way from meeting those standards so a steering group of experienced CR clinicians formed to reach consensus on a level of service that would identify acceptable practice.

Over the past year a number of CR programmes have been working with BACPR and NACR to identify the processes needed in place to assess whether programmes meet the minimum standards. The aim of the pilot was to confirm the data requirements needed to support a CR programme certification scheme. In brief, the majority of the information required for the certification scheme is collected from the NACR (you must be a NACR user to obtain this report); any additional data required was collected as part of a registration form which the pilot help developed.

Sixteen programmes worked with BACPR and NACR on piloting the Certification Registration and Assessment process. Of these, 11 have met the BACPR/NACR minimum standards for cardiac rehabilitation service delivery, and the other 5 are working with BACPR and NACR to achieve Certification standards.
Dr Deepak Bhatnagar
Managing Hyperlipidaemia: Past, Present and Future

Dr Bhatnagar is a Consultant in Diabetes and Metabolism at The Royal Oldham Hospital, Honorary Professor at the University of Salford and Honorary Clinical Senior Lecturer at the Centre for Endocrinology and Diabetes at the University of Manchester. His interests in diabetes, lipid metabolism and coronary prevention reflect his training in Newcastle, Leicester & Manchester with Professors Alberti, Winder and Durrington. His doctoral thesis was on postprandial metabolism with a special focus on CETP. He has published extensively on cardiovascular risk in diabetes, the effects of migration on coronary risk factors, heterozygous familial hypercholesterolaemia & lipid metabolism. He is actively involved in clinical trials of new drugs for diabetes & for lipid modification and has supervised and examined a number of higher degrees in his areas of interest in diabetes mellitus and in lipid metabolism. Dr Bhatnagar was responsible for setting up the diabetes services in his hospital & until 2009 was Director of R&D at The Pennine Acute Hospitals NHS Trust, one of the largest Trusts in England. He has had an active military career lasting nearly 28 years with several deployments to Iraq and Afghanistan. He has had the privilege of group formation command in Iraq and regimental command in Manchester and retired from the Forces in September 2011. He is busy running clinics for patients with diabetes, lipid disorders, adolescent & young persons with diabetes and pregnant women with diabetes & endocrine disorders.

Managing Hyperlipidaemia: Past, Present and Future

The management of hyperlipidaemia forms the cornerstone of primary and secondary prevention of coronary artery disease and the treatment and prevention of complications arising due to genetic disorders of lipid metabolism. Most decisions to start treatment are based on guidelines and risk assessment algorithms. However, a clinical approach to identifying the cause of lipid disorders will lead to a much more logical way of diagnosing and treating lipid disorders. The presentation will cover aspects of lipid metabolism with a brief historical review of the discovery of lipid metabolism. The evolution of lipid-lowering drugs will be outlined with an account of currently available drugs. The imminent launch of new drugs and their place in therapy will be covered. Finally, horizon scanning of possible future compounds for treating lipid disorders in the development pipeline will be presented.
Dr Scott Harding

Recent Media is full of Mixed Messages and Confusion about Dietary Fat: What are the facts about Dietary Fat and Cardiovascular Disease Risk?

Scott Harding is a Lecturer in Nutritional Sciences at King’s College London. He completed his PhD in Human Nutrition at McGill University in Montreal, Canada and has been building a research programme which investigates how diet and lifestyle interventions can be used to prevent chronic metabolic diseases such as cardiovascular disease and type 2 diabetes.

He is also interested in treating the metabolic risk factors related to cardiovascular diseases and type 2 diabetes with lifestyle interventions and dietary approaches, including functional foods. As well as publishing his research in high ranking peer-reviewed scientific journals he has contributed scientific content to mainstream media including the BBC’s Trust Me I’m a Doctor series, BBC Radio’s The Food Chain and ITV news.
Dr Linda Ross  
Spiritual Support in End-Stage Heart Failure

Reader in Spirituality & Healthcare, Faculty of Life Sciences & Education, University of South Wales, Linda has over 20 years experience of researching, publishing and consulting on spiritual aspects of healthcare nationally and internationally. Her PhD on nurses’ perceptions of spiritual care was the first study of its kind and size. She has over 30 publications including her book ‘Spiritual aspects of nursing’ published in 1997 and more recently a text on ‘Spiritual Assessment in Healthcare Practice’ (2010) which she edited with Professor Wilf McSherry who she also co-authored a chapter with, in the ‘Oxford Textbook of Spirituality in Healthcare’ (2012). She is currently developing teaching input on spiritual care within the department where she works where she also supervises MPhil and PhD students. She was part of the Royal College of Nursing Spirituality Task & Finish Group which produced guidance on spiritual care for nurses. She is currently leading research studies investigating spiritual care in end stage heart failure and dementia and she is the PI for an international study investigating how student nurses acquire spiritual caring skills. Linda is a founding member of the European Spirituality in Nursing/Midwifery Research Network and a founding member, Honorary Secretary and Conference Vice Chair for the British Association for the Study of Spirituality. She is Executive editor for the BASS affiliated ‘Journal for the Study of Spirituality’.

Spiritual Support in End-Stage Heart Failure
Authors: Dr Linda Ross (Reader), Dr Jackie Austin (Consultant Nurse Heart Failure)

Meeting patients spiritual needs should be an inherent part of care but may receive little attention in patients with end stage heart failure. This paper reports the findings from a study in South Wales which explored spiritual issues in 16 patients/carers’ through semi-structured interviews every 3 months over a year. Participants were struggling with spiritual concerns (such as the meaning and purpose of their lives) alongside the physical and emotional challenges of their illness. They valued the chance to talk about this aspect of their illness, so a feasibility study is currently trialling the effect of providing spiritual support on outcomes such as anxiety/depression (HAD Scale), health related quality of life (EQ-5D-3L) and spiritual wellbeing (WHO-SRPB). All eligible end-stage heart failure patients (around 270) in one Health Board have been invited to take part with a target sample of 65. Patients are randomly allocated to receive standard care only (regular review by the heart failure nurse specialist) or standard care plus spiritual support (visit by a trained volunteer every 2 months over 6 months). They complete measures of study outcomes at 2 monthly intervals. Other information needed to plan a full study, such as the likely effect size, is also being gathered.
Dr Charlotte Edwardson
Physical activity monitoring: availability, validity and usability of devices/tools

Charlotte is a Lecturer in Physical Activity, Sedentary Behaviour and Health in the Diabetes Research Centre at the University of Leicester. Her current research work focuses on three main areas: understanding objectively measured levels and patterns of physical activity and sedentary behaviour and their relationship to health; developing and evaluating lifestyle behaviour change interventions; and testing and reviewing physical activity and sedentary behaviour self-monitoring devices. Charlotte has published in a range of peer reviewed journals in the area of physical activity, sedentary behaviour and health and has been successful in attracting research grants from prestigious funding bodies such as the Medical Research Council, National Institute for Health Research, Department of Health and the European Commission.

Physical activity monitoring: availability, validity and usability of devices/tools
Physical activity monitoring will be presented from two perspectives: the health professional and the patient/client themselves.

Physical activity monitoring by the health professional:
In recent years research grade activity monitors (e.g., ActiGraph, GENEActiv, Sensewear, ActivPAL, Axivity) that provide time stamped measures of duration, frequency, and intensity of movement have become available. These provide a more accurate measure of physical activity compared to self-report questionnaires and are a robust method for evaluating the effectiveness of physical activity behaviour change interventions. Research grade objective measurement devices that health professionals could employ to monitor their patients/clients physical activity levels and evaluate their physical activity programmes will be briefly discussed.

Physical activity monitoring by the patient/client:
Consumer-based wearable devices and mobile phone apps have become widely available in recent years for individuals to self-monitor their own activity level and receive real-time feedback on their behaviour (e.g., step counts, distance walked, active and inactive minutes, sleep, calorie expended etc). These have the potential to motivate individuals to be more active. A range of currently available devices and apps (e.g., Fitbit, Jawbone, Garmin, Misfit) will be presented and reviewed.
Thursday 1st October : 11.20 – 12.20 Palace 1
NACR Workshop
‘Learning from the NACR Data’, This workshop will look at NACR Research on Volume and Timing of rehabilitation

Corinna Petre: Project Manager, National Audit of Cardiac Rehabilitation.
Nerina Onion: Training and Information Officer, National Audit of Cardiac Rehabilitation
Alex Harrison: Research Fellow and Statistician, National Audit of Cardiac Rehabilitation
Jenny Fell: Research Fellow, National Audit of Cardiac Rehabilitation

Thursday 1st October : 12.00 – 12.45 Grand Room Exhibitor Area
Country Area Stations
Please visit these as we hope these will provide an excellent networking opportunity and the chance to find out about, and share developments within your country

Thursday 1st October : 15.20 – 16.00 Grand Room
Prescribing in Cardiac Rehabilitation workshop

Bernie Downey  MBE, RN, Msc, Bsc (Hons)

Bernie Downey is a cardiac nurse 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 cardiac care. She has been responsible for developing patient education tools and patient information literature and currently is an honorary lecturer for QUB and the Beeches Management Centre. Bernie is an independent nurse prescriber and leads a nurse led secondary prevention service to manage cardiovascular risk factors in patients with coronary heart disease (CHD) and those at high risk of developing CHD. Nurse prescribing allows for timely and appropriate medication adjustment thereby optimising treatment of patients with CHD, hypertension, smoking and obesity.

Bernie is past president of the British Association for Cardiovascular Prevention & Rehabilitation. In 2007 Bernie was awarded an MBE for services to nursing and health care in Northern Ireland.

Jacqui Cliff

Jacqui has worked as a nurse in cardiac care for over 20 years. Currently the lead nurse for Betsi Cadwaladr University Health Board’s East cardiac rehabilitation service, Jacqui’s passion is for offering holistic and patient-centred care. In her career Jacqui trained as a practice nurse then lecturer giving her opportunity to update and revamp the cardio-vascular modules and resuscitation training for student nurses in North East Wales. More recently Jacqui graduated from Glyndwr University with MSc in Advanced Clinical Nursing Practice where she gained her qualification as non-medical independent prescriber. Last year Jacqui was pleased to have been elected as a BACPR ordinary council member where she feels she can have a greater input into cardiovascular prevention and rehabilitation in the UK.
Thursday 1st October : 15.20 – 16.00  Palace 1

Occupational Therapy and Cardiac Rehabilitation discussion group
An opportunity to share information and ideas on the delivery of therapeutic interventions in cardiac rehabilitation

Friday 2nd October : 12.15 – 13.15  Palace 4

How important is Lipid Management after a heart attack – should we ‘fire and forget’?
Dr Robert Cramb, Director of Pathology and Consultant Chemical Pathologist. University Hospitals Birmingham NHS Foundation Trust
Beverley Bostock-Cox RGN, BSc, MSc. Clinical lead at Education for Health
Sponsored by Merck Sharp & Dohme

Friday 2nd October : 12.30 – 13.15  Palace 1

NACR Workshop
‘Reporting and Data Quality’ and will look at the new NACR online reports and how these can be used to check, interrogate, and improve data that the programmes enter.
Corinna Petre: Project Manager, National Audit of Cardiac Rehabilitation.
Nerina Onion: Training and Information Officer, National Audit of Cardiac Rehabilitation

Friday 2nd October : 12.15 – 13.15  Grand Room Exhibitor Area

Country Area Stations
Please visit these as we hope these will provide an excellent networking opportunity and the chance to find out about, and share developments within your country
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 University Health Board (South East Wales) and the Countryside Service of Caerphilly County Borough Council in an innovative partnership post. Brian sits on the BACPR Council as the elected Exercise instructor representative; he chairs the BACPR Exercise Professional Group and the BACPR Exercise Instructor Network.

Dr Aynsley Cowie

Aynsley joined the BACPR council in December 2014, taking on the role of scientific officer at her first meeting (!). Aynsley has worked as cardiac rehabilitation physiotherapist within NHS Ayrshire and Arran for 11 years. In 2011, she completed a PhD examining effects of home-versus hospital-based exercise training in chronic heart failure; she has published several pieces of work on the outcomes from this project, and presented on several occasions at the BACPR annual conference. Within Ayrshire, there was no provision of exercise-based rehabilitation for those with heart failure prior to her PhD. Now at 10.4% (of the eligible heart failure population), the Ayrshire referral rate into rehabilitation is over three times the Scottish average.

Although currently on maternity leave, Aynsley has recently started in a new post as consultant physiotherapist in cardiology – a role which she is developing with a view to providing effective clinical, professional, educational and research leadership within her team. One of her first tasks is to lead on a Scottish Government funded project to develop a patient-reported outcome measure (PROM) for cardiology; the project is in its early stages, and its outcomes will hopefully be shared with you at next year’s conference.
Professor Gill Furze

Professor Gill Furze is currently President of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) (until October 2015), and Professor of Cardiovascular Rehabilitation at Coventry University. She is also Chair of the BACPR/NACR Certification Assessment Panel, to certify whether cardiovascular rehabilitation programmes meet minimum standards. She was one of the core 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. Prior to moving to Coventry, Gill Furze was a senior member of the British Heart Foundation Care and Education Research Group at the University of York since 1998. Her research has crossed the boundaries between psychology and nursing, and has formed two interlinking streams: the effects of specific beliefs on health outcome (with particular reference to people with heart disease), and the design, testing and implementation of self-management and rehabilitation programmes for people with long term conditions. She was co-author and research lead for the successful Angina Plan self-management intervention. Prior to choosing research as a career, she held posts in various UK National Health Service hospitals as a senior clinical nurse.

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.
Alison Hornby

Alison is a Registered Dietitian with a special interest in heart health, currently work in the Cardiac Prevention and Rehabilitation Service at Imperial College. With a background in community dietetics and diabetes care, she has extensive experience of delivering dietetic interventions focusing on the Mediterranean Diet and is currently working with the Diet Competencies Working Group on integrating key elements of this into cardiac rehabilitation programmes in the UK. Alison is an Ordinary Council Member for the BACPR, a media spokesperson for the British Dietetic Association and regularly contributes to cardiology, dietetic and nursing publications.

Joanne Oliver

Joanne Oliver is a Registered General Nurse and specialised in cardiac nursing from 1989 - 2012. Prior to working in her current role within BHF she was a Cardiac Rehabilitation and then latterly a BHF Heart Failure Specialist Nurse within Cardiff and Vale UHB, South Wales. She successfully completed her Masters in Advanced Nurse Practice at Cardiff University in 2012. The specialist focus of her dissertation was education to support Palliative Care for Heart Failure Patients.

In her role as BHF Regional Development Manager for Wales and West Joanne leads a team and is responsible for strategic planning for her region to facilitate localised planning in order to align strategic activity to local deployment. Engaging and advising on national agendas, projects and groups to promote BHF Innovation of Best Practice is key in ensuring evidence is recognised and implemented. Joanne supports gathering of local intelligence to inwardly influence on-going BHF developments and has been BHF representative on the BACPR council since January 2015.
Sarah Quinlan

Sarah Quinlan is a Specialist Occupational Therapist in Cardiac Rehabilitation for Cheshire Wirral Partnership. Sarah is based at the Countess of Chester Hospital where she currently co-ordinates the Heart Failure Cardiac Rehabilitation Programme.

Sarah has worked within the area of Cardiac Rehabilitation for over 10 years, initially as a Phase 4 exercise instructor and Exercise Physiologist following completion of a BSc in Sport and Exercise Science at the University of Bath. Sarah then chose to train as an Occupational Therapist, qualifying in 2012, and has since taken up her current post delivering a variety of therapeutic interventions to heart failure patients.

Mima Traill

Mima’s professional background is in intensive and coronary care nursing. Working specifically in this field, before moving on to the role of a clinical nurse specialist in cardiology and more specifically cardiac rehabilitation. A bursary award gave Mima the opportunity to travel to Canada and work at the Toronto rehab centre with Dr Terence Kavanagh, an internationally recognised expert in the field of cardiac rehabilitation.

She was the lead Nurse for Fife Cardiac Rehab team until 2012 when she moved initially to a seconded post with BHF in a new educational role being piloted by the organisation before joining the organisation in the permanent position highlighted above in February 2015. Mima has a great deal of interest in the role of physical activity and CVD and has a master’s degree in sports studies from Stirling University.

From the outset of the Fife rehabilitation programme a strong relationship was formed with community colleagues and GP integrated teams. This relationship expanded over the years and now includes multi agency partnerships with local authority and independent outside agencies, resulting in innovative programmes in both the hospital and community. 2009 saw a lot of changes and redesign of the service. A successful bid to BHF allowed the team to recruit 2 health coaches to concentrate on health inequalities and increase uptake of cardiac rehab in areas of recognised deprivation in Fife. This project evaluated very positively and the post was tailored to suit the service and patients and sustained by NHS Fife.

Mima took up role of Secretary for BACPR in 2012 and has remained on council as an ordinary council officer for a further two years completing her term of office in October of this year.
Purpose
In the ‘Digital Society’ users of health services seek more flexible ways of interacting with health professionals and receiving support for self-management. There remain uncertainties around how different kinds of patients interact with digital health interventions. Problems with usability and accessibility mean that many evidence based web interventions are seldom used, underutilising their potential to positively affect patients’ health outcomes.

We created a digital version of the Heart Manual which was examined and tested by cardiac rehabilitation patient graduates and health professionals over several iterations. Usage was tracked and usability and accessibility assessed.

Methods
Patient and health professional experience was assessed using semi-structured Usability and Accessibility questionnaire derived from standardised Web Content Accessibility Guidelines.

To gain further insights into the users’ interaction with the resource, their web activity (e.g. time spent on the resource, most viewed topics, popular time of accessing resource) was tracked remotely.

We noted any additional comments participants made about accessibility and usability issues (via telephone, email/post). Further semi-structured telephone interviews were carried out.

Qualitative data was analysed thematically. User recommendations informed changes to the resource.

Results
Twenty eight people participated, 17 patient representatives aged 42 to 77 (7 familiar/9 unfamiliar with the Heart Manual paper format) and 11 health professionals (6 familiar /5 unfamiliar). Rich responses and arising themes challenged our preconceptions of patient/resource interaction.

Conclusions
Participants consistently found the digital Heart Manual very user friendly, clearly laid out and extremely easy to navigate. Age itself is no barrier to digital engagement.
Integrating Psychological Care Into Cardiac Rehabilitation Pathways: The Pathway Trial

R McPhillips
Manchester Mental Health and Social Care Trust

Thirty seven percent of cardiac rehabilitation (CR) patients experience clinically significant levels of anxiety and/or depression. Distressed CR patients are at greater risk of further cardiac events and mortality, and use more National Health Service (NHS) resources. Metacognitive therapy (MCT), a psychological intervention, has been shown to alleviate distress in mental health settings. PATHWAY aims to integrate a group-MCT into CR services, to improve patient wellbeing and reduce NHS costs.

Qualitative research is an integral component of PATHWAY trial design and procedure. This paper focuses on the analysis of the semi-structured, longitudinal interviews with seven healthcare practitioners, across three NHS Trusts, who will be delivering group-MCT in the trial.

During interviews prior to group-MCT training, practitioners stated that CR should support the psychological needs of patients. Practitioners saw their role as educators, not therapists, and explained that they use multiple techniques when supporting patients psychologically, including guided relaxation, motivational interviewing, and reassurance. Psychological support was understood to follow an implicit dose-response model; the more techniques used the better. Indicative of this was the simultaneous normalisation and problematisation of stress during CR. During group-MCT training every practitioner was enthusiastic about delivering group-MCT. However practitioners’ reported dilemmas raised by implementing group-MCT; the perceived difficulty of expressing themselves and engaging with patients while also retaining fidelity to the treatment model; understanding, and resolving, the potential (in)compatibilities of group-MCT with other techniques. This paper concludes by discussing the implications these findings have for integrating psychological care into CR pathways now and in the future.
The Cardiac Rehabilitation Inventory: Understanding And Overcoming Individual Patient Anxieties

Micklewright D & Sandercock GRH
University of Essex

Introduction: Poor uptake and adherence of cardiac rehabilitation (CR) is the most significant barrier to its effectiveness, and a contributing factor to this may be the practical difficulties of providing a tailored CR environment suited to individual preferences and needs. The aim of this study was to develop a short questionnaire that practitioners can use to better understand individual patient needs and tailor support accordingly. Methods: A conceptual framework CR engagement was derived from a literature review and content analysis of semistructured interviews with 15 CR patients. The framework was used to compose 42 questionnaire items with a 5-point Likert scale. Responses were gathered from 380 phase III and IV CR patients, and factor analysis (FA) was used to identify salient CR engagement factors. Results: Three reliable (Cronbach’s α) 6-item subscales were identified using FA that were labeled Outcome Anxiety (α=.726), Process Anxiety (α=.724) and Autonomy (α=.653). The 3-factor CRI model was verified using confirmatory FA (CMin/df = 3.2, root-mean-square error of approximation = 0.073). Attenders had higher levels of outcome anxiety than non-attenders (P<.001), and pre-contemplator non-attenders had lower autonomy compared to attenders (P<.001). Regression analysis indicated outcome anxiety was a strong predictor of CR intentions (r²=0.716), followed by autonomy (r²=0.110) and process anxiety (r²=0.031). Conclusions: The CRI is a reliable method of measuring CR outcome anxiety, process anxiety, and autonomy. These CRI measurements provide rehabilitation practitioners with valuable information that can help provide individual tailored support, although the effectiveness of CRI informed interventions needs further testing.
Background: A practice test is recommended to ensure the Incremental Shuttle Walk Test (ISWT) is reliable (Jolly et al, 2008 Int., J Cardiol 125; 144). Both time and personnel resources for delivering cardiac rehabilitation carry premium financial costs and thus any means of cost-savings can be re-invested to enhance the quality of patient care. For each patient a total of ~15 mins is required to conduct an ISWT. This added up over a year equates to 125 hours (500 practice tests) for a typical UK programme. Aim: To evaluate the effect of using a prototype light-pacing strip on ISWT reliability. Methods: Twenty healthy participants (25.8 ± 0.98 years; 7 male) performed 3 ISWTs (T1, T2, and T3). T1 and T2 were performed as recommended (with 30 min break), and T3 on a separate day within 7 days. Distance walked (DW), oxygen uptake (VO₂), heart rate (HR) and ratings of perceived exertion (RPE), were measured continuously during the three trials. Results: Summarised in Table 1

Table 1 Means (SD) for ISWT performance and responses

<table>
<thead>
<tr>
<th></th>
<th>DW m</th>
<th>VO₂ ml/kg/min</th>
<th>HR bpm</th>
<th>RPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>921 (28.0)</td>
<td>31.0 (1.0)</td>
<td>176 (3)</td>
<td>16.4 (0.7)</td>
</tr>
<tr>
<td>T2</td>
<td>914 (30.3)</td>
<td>30.3 (1.2)</td>
<td>175 (3)</td>
<td>15.9 (0.6)</td>
</tr>
<tr>
<td>T3</td>
<td>913 (28.7)</td>
<td>31.6 (1.2)</td>
<td>174 (3)</td>
<td>15.7 (0.6)</td>
</tr>
</tbody>
</table>

ANOVA
p = 0.61
95%LoA T1-T2 7 +/- 122
ICC T1-T2 0.94
95%LoA T2-T3 0.5 +/-134
ICC T2-T3 0.93

In 67% of participants (1xSD), there was less than a 6.5% difference between tests, compared with reported differences >10%. Conclusion The small differences and strong agreement between all variables summarised in Table 1 demonstrate that a light-pacing strip alleviates the need for a practice test of the ISWT in healthy participants. This device now needs assessing in cardio-pulmonary populations.
**Introduction**

The current practice within cardiac rehabilitation is to use BMI along with WC to assess cardiovascular disease risk. However, there is emerging evidence to show that waist-to-height ratio (WHtR) is a better predictor of cardiovascular risk factors such as hypertension, hyperlipidaemia, diabetes, metabolic syndrome and cardiovascular disease than body mass index (BMI) and waist circumference (WC). Therefore, WHtR may be a more useful method for cardiovascular disease risk stratification screening than other current anthropometric measures.

The aim is to look at the level of agreement when screening for individual’s cardiovascular risk using different anthropometric measurements.

**Methods**

A cross-sectional service evaluation of patient data from January 2008 to June 2015. The following anthropometric measurements will be collected and calculated: WHtR, BMI and WC. These measurements will then be categorised into low, increased and high CVD risk. Statistical analysis will look at the level of agreement between individual’s risk categorisation using the anthropometric measures.

**Results**

Awaiting data analysis.

**Discussion**

Based on the results of this service evaluation and the new emerging evidence – would it be beneficial to change use and inform the way we use anthropometric measurements to inform patients of their cardiovascular risk within our cardiac rehabilitation service?
Development Of An Innovative Web And Smartphone Application To Assist Health Professionals Promote Physical Activity For The Prevention Of Cardiovascular Diseases

A Copeland, S Rand, R Galvin, F Horgan.
Royal College of Surgeons in Ireland

Background
Physical activity (PA) is now internationally accepted as a key component in the prevention of cardiovascular diseases (CVDs). Barriers to implementing PA interventions have been identified. Developments in the area of technology have encouraged the use of smartphones in PA promotion and primary research studies have reported a positive impact on levels of PA adherence.

Purpose
The primary aim of this project was to develop an innovative web based platform which could act as a PA clinical decision support system (CDSS) for health care professionals (HCPs). A secondary aim was to develop a smartphone application which could enable the patient and HCP to track and monitor the prescribed PA.

Methods
An investigation into the current use of technology for PA promotion and current PA promotion pathways was undertaken. The output from these literature reviews informed the development of a user-informed, evidence based prototype for use by HCPs.

Results
The prototype was completed in December 2014. The CDSS enables HCPs to prescribe personalised PA plans. The smartphone application tracks the patient’s PA progress in real time and displays this data to the patient and prescribing HCP.

Conclusion
The prototype is now known as ‘TickerFit’ and represents a smartphone/CDSS that may serve to enhance PA prescription among HCPs for the primary and secondary prevention of CVDs.
Moderated Posters

**M1.** Can The Extent Of Patient Outcome Be Determined By The Timing Of Cardiac Rehabilitation?
J Fell, V Dale, P Doherty
University of York
Department of Health Sciences

**M2.** Illness Perceptions In Working-Age Cardiac Rehabilitation Attendees – A Gender-Sensitive Qualitative Synthesis Of The Literature
R Nutt & G Ozakinci
The University of St Andrews

**M3.** Changes In Smoking, Diet, Weight And Physical Activity Behaviours Using The Stages Of Change Model In The Westminster Myaction Cardiovascular Prevention & Rehabilitation Programme: A One-Year Follow Up Study
Grove TP, Murray K, Edwards J, Connolly SB
Imperial College Healthcare NHS Trust, Imperial College London

**M4.** The Effectiveness Of An Intensive Weight Management Programme
Imperial College Healthcare NHS Trust

**M5.** Cardiorespiratory Fitness And All-Cause Mortality: A 14-Year Follow-Up Of Community-Based Exercise Rehabilitation
C, Taylor¹, C, Tsakirides, K, Witte, J, Moxon, JWM, Moxon, S, Lawton, M, Dudfield, S, L, Ingle¹, Carroll¹
University of Hull¹
Thursday Posters

**T1.** A Region-Wide Audit Of Cardiac Rehabilitation Services - A 10 Centre Audit By The Alliance Of Cardiac Re-Prevention Services, Anglia Network (Acran)
J. Zaman. James Paget University Hospital, Lowestoft Road, Gorleston-on-Sea, Great Yarmouth, Norfolk NR31 6LA

**T2.** The Relationship Between Volume And Outcomes Using Data From The National Audit Of Cardiac Rehabilitation
A S Harrison, P Doherty, V Dale. The University of York

**T3.** The Minimum Clinically Important Improvement In The Incremental Shuttle Walk Test Following Heart Failure Rehabilitation
L. Houchen-Wolloff, A. Watt, S. Boyce, S. Singh. Centre for Exercise and Rehabilitation Science (CERS), Respiratory Biomedical Research Unit (BRU), Glenfield Hospital, Leicester

**T4.** Cardiac Rehabilitation Reduces Unplanned Hospital Re-Admission Rates
C. Lykidis¹, J.F. Fisher², A. Adlan³, M. Adams¹, and J. Burke¹. ¹Cardiovascular Rehabilitation and Prevention Services, Sandwell and West Birmingham Hospitals NHS Trust, ²School of Sport and Exercise Sciences, University of Birmingham, ³Department of Cardiology, Heartlands Hospital Birmingham.

**T5.** Are Improvements In Exercise Tolerance Following Rehabilitation Related To Changes In Daily Physical Activity For Patients With Heart Failure?
A. Watt, L. Houchen-Wolloff, S. Boyce, S. Singh. Cardiac Rehabilitation, Centre for Exercise and Rehabilitation Science (CERS), Glenfield Hospital, Groby Road, University of Leicester NHS Trust

**T6.** Exercise Intervention As Part Of The Pre-Bariatric Surgery Pathway And Its Place Within Cardiac Rehabilitation
Gilchrest, J, Countess of Chester Hospital NHS Foundation Trust

**T7.** What Influences Patients To Attend A Cardiac Prevention & Rehabilitation Programme?
Tuson C, Edwards J, Ting F, Stokes E, Cabugao J, Harris N, Hornby, A, Bovill-Taylor, C, Connolly, S Charing Cross Hospital Cardiovascular Prevention & Rehabilitation Service, Imperial College Healthcare NHS Trust

**T8.** Cardiac Rehabilitation - Is There Room For New Researchers?
R Nutt & G Ozakinci. The University of St Andrews

**T9.** Cethnicity And Programme Attendance Affect Changes In Dietary And Physical Activity Behaviour In The Westminster Myaction Cardiovascular Prevention And Rehabilitation Programme: A One Year Follow-Up Study
Murray K, Grove TP, Edwards J, Connolly SB. Imperial College Healthcare NHS Trust, Imperial College London
Thursday Posters

T10. **Overview Of Pathway: Technology Enabled Behavioural Change As A Pathway Towards Better Self-Management Of Cardiovascular Disease**
C. Woods¹, D. Walsh¹, R. Buys², V. Cornelissen², A. Gallagher³, H. Newton⁴, N. McCaffrey¹, D. Monaghan¹, N. O’Connor¹ & K. Moran¹, E O’Leary¹
¹ Dublin City University, ² KU Leuven, ³ Mater Misericordiae University Hospital, ⁴ Beaumont Hospital

T11. **Achieving A 2 MET Improvement Without Coming To A Class!**
N Cooper, V Hatch, V Knight. Papworth Hospital Cardiac rehab team

T12. **The Prevalence Of Erectile Dysfunction In Men Attending Cardiac Rehabilitation: An Audit In East London**
Paul Williams MSc¹, Swallay Bandhoo², Hayley McBain¹³, Kathleen Mulligan¹³, Martin J Steggall⁴
¹ School of Health Sciences, City University London, UK
² Newham Cardiac Rehabilitation Service (East London NHS Foundation Trust), UK
³ Community Health Newham, East London Foundation Trust, UK
⁴ Faculty of Life Sciences and Education, University of South Wales, UK

T13. **Impact Of Cardiac Reynchronization Therapy On Daily Activity In Heart Failure Patients**
Gawad Gad S¹, S Martin², R Williams², S Kimber³, S Gulumhusein², E Lockwood², RG Haennel¹.
¹ Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, Alberta, Canada.
² CK Hui Heart Centre, Royal Alexandra Hospital, Edmonton, Alberta, Canada
³ Division of General Internal Medicine, University of Alberta, Edmonton, Canada

T14. **Adherence Trends In A Community Based Phase IV Cardiac Rehabilitation Programme (Cbcr): Medex Wellness**
O’Leary, E¹², McCaffrey, N¹, Doyle, F.³ Furlong, B.¹ and Woods, C.¹
¹ School of Health and Human Performance, Dublin City University, Ireland.
² DCU Sport, Dublin City University, Ireland
³ Division of Population Health Sciences, Royal College of Surgeons in Ireland, Ireland
Friday Posters

F1. A Novel Cardiac Rehabilitation Programme For Tomorrow’s World In A Socio-Economically Disadvantaged Community
ME Cupples, J Turnbull, J Cunningham, C McMaster. West Belfast Partnership, Belfast, Northern Ireland

F2. Reduce Your Risk CVD Prevention Programme – A Preventive Programme For Those Identified At >20% Risk Of CVD At NHS Healthcheck
L Visagie, D Wright, A Child. Cardiac Rehabilitation Service, Your Healthcare CIC, Kingston-upon-Thames, Surrey

F3. Evaluating The Impact On Cardiac Rehabilitation Services And Patient Outcomes Following The Introduction Of A Novel Service Model Within Buckinghamshire Healthcare NHS Trust

F4. Cardiovascular Disease Prevention And Recovery Programme: Early, Easy Access

F5. Staying Alive: The Value Of A Phase IV Cardiac Rehabilitation Exercise Group
Steve Meadows & Carla Meijen. School of Sport and Exercise Sciences, University of Kent

F6. Regulating exercise intensity with RPE in heart failure
Morris, M, Lamb, K, Cotterrell, D Wynn, G, Somauroo, J, Maclnstosh, S & Buckley J.P. University of Chester & Countess of Chester Hospital

F7. Cadence: A Feasibility Study And Pilot Trial Of Enhanced Psychological Care For Patients Who Experience Depressive Symptoms After An Acute Coronary Syndrome (Study Protocol)
R Taylor & S Richards, on behalf of the NIHR HTA Cadence Study Team (ISRCTN reference 34701576): R Anderson, J Campbell, R Chawner, C Dickens, M Gandhi, A Gibson, D Kessler, L Knight, W Kuyken, D Richards, K Turner, O Ukoumunne, F Warren, R Winder, C Wright. University of Exeter

F8. Occupational Therapists Enable People To Prepare For The Future Today
A. Gigg, J. Bowen, M. Davies, H. Davies, R. Davies, D. Beales, C. John, E. Hilsden, G. Middleton. All Wales Cardiac Rehabilitation and Heart Failure Occupational Therapy Group

F9. Evaluation Of Nutritional Knowledge, Understanding And Practice Of Patients Who Attend A Cardiac Rehabilitation Program In Preston
April Melia PhD student, Dr Stephanie Dillon (DoS). International Institute of Nutritional Sciences and Applied Food Safety Studies, School of Sport Tourism and Outdoors, University of Central Lancashire, Preston, Lancashire
Friday Posters

F10.  The Evolving Role Of The Heart Failure Nurse At Strength And Balance Cardiac Rehabilitation
C. James. Cheshire and Wirral Partnership

F11.  Cardiac Rehabilitation Leads The Way In Raising The Profile And Importance Of Physical Activity In The NHS Setting
R Tipson, A Welsh, J Flint, I Lahart, G Metsios. Action Heart, Dudley Group NHS Foundation Trust, Faculty of Education, Health and Wellbeing, University of Wolverhampton

F12.  Cancer Rehabilitation For Cancer Patients From Liverpool Heart And Chest Hospital – The Results

F13.  Integrating Patients With Peripheral Vascular Disease Into Cardiovascular Rehabilitation
Lunt L, Faulkner S, Evans Z, Roose A. Knowsley Community Cardiovascular Service, Liverpool Heart and Chest NHS Foundation Trust, Thomas Drive, Liverpool, L14 3PE

F14.  High Intensity Interval Training (HIIT) Versus Moderate Intensity Interval Training (Standard Care) Within Cardiac Rehabilitation

F15.  Role Of Cardiac Rehabilitation Practitioner’s Forum: How The Forum Can Influence Change, Provide Peer Support And Improve Patient Outcomes
Naybour J, Hannah D. Cheshire and Mersey cardiac rehabilitations Practitioners forum. Liverpool Heart and Chest NHS Foundation Trust, Thomas Drive, Liverpool, L14 3PE, England

F16.  The Role Of A Cardiovascular Nurse Within The Knowsley Community Stroke Team
Owens J, Faulkner S. Knowsley Community Cardiovascular Service, Liverpool Heart and Chest NHS Foundation Trust, Thomas Drive, Liverpool, L14 3PE, England

F17.  Cardiometabolic Profile Of Call Centre Workers
E. Parker, K. Cregan, M. Morris, D. Sheath. J.P. Buckley. 1 Department of Clinical Sciences & Nutrition, University of Chester. 2 Department of Human Resources, University of Chester. 3 Department of Health & Safety, Virgin Media

F18.  Dissemination Of A Novel Web-Based Cardiac Resource Centre Fueled By Social Media
MH McGillion, SL Carroll, EM Jolicoeur, S O’Keefe-McCarthy, L Pilote, HM Arthur. 1 McMaster Univ, Hamilton, ON, Canada; 2 Montreal Heart Inst, Montreal, QC, Canada; 3 Trent Univ, Peterborough, ON, Canada; 4 McGill Univ, Montreal, QC, Canada;
Future Diary Dates

BACPR Exercise Professionals Group Spring Study Day
Friday 13th May 2016
Aston University Birmingham

Keynote: Speaker Professor André La Gerche, St Vincent’s Hospital Melbourne
- Diabetes and the heart
- When does exercise become bad for the heart?

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

Annual Conference
6-8 June 2016
Manchester

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