

Cardiac rehabilitation

Resource Pack

April 2004



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This is the 2nd version of the BHF Cardiac Rehabilitation resource pack. It is designed to be used by anyone involved or interested in cardiac rehabilitation as a reference tool. Its format allows the opportunity for local resources to be added as required.

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Thank you to Judith Joliffe for the section on 'Outcome measures in cardiac rehabilitation' and Professor Bob Lewin for the section on 'Minimum data set audit of cardiac rehabilitation'.

WHO and BHF Cardiac Rehabilitation team statements

“...the sum of activities required to influence favourably the underlying cause of the disease as well as the best possible physical, mental and social conditions, so that they may by their own efforts preserve or resume when lost, as normal a place as possible in the community. Rehabilitation cannot be regarded as an isolated form of therapy, but must be integrated with the whole treatment of which it forms only one facet.”

World Health Organisation 1993

Cardiac rehabilitation

Team statement

April 2004



Strategic aim

- to develop, deliver and encourage rehabilitation and secondary prevention programmes that maximise the recovery of heart patients
- through action research funding, increase the take-up of rehabilitation services and increase the numbers of patients who maintain a healthy lifestyle
- pilot models of rehabilitation and secondary prevention that make a lasting difference to the length and quality of life of heart patients
- promote and encourage the implementation of tested rehabilitation and secondary prevention service models
- develop and promote evidence-based standards and practice.

Background

The British Heart Foundation (BHF) is a National Research Charity, which has two principle objectives:

- to fund and promote research into all aspects of cardiovascular disease
- to fund and promote the welfare of patients, the teaching of emergency life skills and the education into the prevention of cardiovascular disease.

One of the main objectives of the BHF is to help patients with heart disease and their partners/families and carers by providing information, advice and support. The BHF promotes the establishment of cardiac rehabilitation programmes and encourages the growth of patient support networks, as well as funding BHF Nurses.

Cardiac rehabilitation

Cardiac rehabilitation is widely acknowledged and accepted for improving the quality of life of patients. The BHF began to support the concept of cardiac rehabilitation with emerging evidence from the meta-analyses of randomised trials showing reduction in mortality from patients who had sustained a myocardial infarction (MI) or had undergone coronary artery bypass graft (O'Connor 1989).

Cardiac rehabilitation is a multi-disciplinary service that aims to promote recovery and long-term secondary prevention of Coronary Heart Disease. It encompasses exercise, education, psychosocial aspects, and the medical approach to secondary prevention.

The British Association of Cardiac Rehabilitation defines cardiac rehabilitation as the process by which patients with cardiac disease, in partnership with a multi-disciplinary team of health professionals are encouraged and supported to achieve and maintain optimal physical and psychosocial health. The involvement of partners or other family members, and carers is also important.

The BHF acknowledges that the more a patient understands about their condition the better chance they have of regaining their confidence. That is why the BHF is working to promote cardiac rehabilitation for heart patients and

providing them with information and support to help them take control of their future health and lead as normal a life as possible.

The quality of care and support a patient and their carers receive after a cardiac event plays a major part in their recovery. The Cardiac Care Department provides and funds care and support initiatives that help heart patients and their carers through rehabilitation and secondary prevention.

The National Service Framework (NSF) for Coronary Heart Disease (CHD) 2000 - Standard 12 recommends that the "NHS trusts should put in place agreed protocols/systems of care so that, prior to leaving hospital, people admitted to hospital suffering from coronary heart disease have been invited to participate in a multi-disciplinary programme of secondary prevention and cardiac rehabilitation. The aim of the programme will be to reduce their risk of subsequent cardiac problems and to promote their return to a full and normal life."

Cardiac rehabilitation is based on an individualised assessment of a patient's physical, psychological and social need for cardiac rehabilitation and BHF promotes the approach of developing individualised and menu-based cardiac rehabilitation. BHF's grant-making opportunities have helped to facilitate and support the establishment of hospital and

community based initiatives. The grants have supported innovative programmes, which respond to the needs of patients who may have previously been unable to participate in

rehabilitation, as in the case of home based programmes for people with poor access to services.

Strategic direction

The Rehabilitation and Secondary Prevention Committee (RSP) is a group of professionals who provide strategic direction and expertise to the BHF's Medical Division. There is also a sub group formed from the main committee to assess applications for funding. The membership of this committee comprises experts from a number of organisations or disciplines interested in or linked

to rehabilitation such as the British Cardiac Society (BCS), British Association of Cardiac Rehabilitation (BACR), Royal College of Nursing (RCN), Primary Care health professionals, psychologist, educationalist, exercise specialist and observers from Diabetes UK and the Department of Health. A separate term of reference is available for this committee.

The BHF developing strategy for cardiac rehabilitation

The main aim of the BHF Cardiac Care Department in relation to cardiac rehabilitation is to maximise the length and quality of life of all heart patients, through effective rehabilitation and secondary prevention.

In order to ensure that the BHF is meeting the needs of both health professionals and patients, it was felt that a strategy for rehabilitation should be produced, and presented to the RSP. A Cardiac Rehabilitation Multi-disciplinary Strategy Group was set up with members representing the BACR, BCS, RSP, and the CHD Collaboratives. Results from a number of cardiac rehabilitation surveys helped to inform the developing strategy, including a survey to the Directors of Public Health, results from a BACR survey of its members and a survey to the BHF Cardiac Liaison Nurses.

The strategy group drew up a list of priorities for the BHF and for the Cardiac Rehabilitation team. These are as follows:

- to establish a minimum dataset in conjunction with the centre at York, and to pilot this with an IT system to be used alongside MINAP. This is being piloted in 17 centres around England in 2003-2004, and will eventually be mainstreamed in to the work of the CR team
- to review the current standards and competencies for those working in CR, and to link with relevant groups such as the BACR, BCS, and Skills for Health group to achieve this
- to review the training needs of those working in CR, starting with a review of all courses available to meet their needs. Following on from this would be recommendations on what are the gaps and needs for professionals
- to fund up to 40 programmes through New Opportunity Funding (NOF) grants to ensure gaps around access and inequalities for patients post MI and revascularisation are met

- to review the gaps in provision of CR programmes, including the needs of younger patients, in terms of rehabilitation
- to review the current guidelines, criteria and evaluation process of any BHF CR funded programmes
- to review the current CR professional resource toolkit, producing additional practical materials and resources for all client groups including minority ethnic groups

- to write a business case toolkit for CR professionals to help plan and develop their services more effectively.

This strategy is still in the consultation stages and BHF plan to review the rehabilitation team statement when the strategy has been finalised in 2004.

The BHF Cardiac Care Department

Under the direction of the Cardiac Care Department there are three teams. Each of these is working on projects that meet the department philosophy and objectives. The three teams are:

- Patient Network team
- BHF Nurse team
- Cardiac Rehabilitation team.

Patient Network team

The Patient Network Manager leads on the patient network initiatives and a team of Patient Network Co-ordinators facilitates the development of support network programmes and information for heart patients and their carers, so they are able to maximise their health, and be less anxious and better informed about their illness.

This team is responsible for developing training and development packages specifically to promote user-led/user-run services and develop user involvement opportunities and skills base.

These include:

- patient involvement (The Hearty Voices Project)
- heart support groups (HSG)
- DIPEX (Directory of Individual Patient Experiences)
- buddy networks
- Chronic Disease Self Management

- patient conferences
- Lay Exercise training and provision review.

For information about this initiative please contact the Patient Network Manager on 020 7487 7125.

BHF Nurse team

The Head of BHF Nursing Services leads on the Nurse project developing nurse-based interventions to maximise the length and quality of life of heart patients.

The Foundation's goal in funding the BHF Nurse project is to help develop models of specialist nursing which meet the needs of both patients and professionals. Evaluation of these roles enables us to establish the value of these posts, inform others and spread best practice. Using the experience of each group of BHF Nurses, suitable training, resources and standards are developed which can be used to guide service development across health care in the following areas:

- Cardiac Liaison Nurses
- Heart Failure Nurses
- Acute Coronary Syndrome Nurses
- Paediatric Cardiac Liaison Nurses.

More information about the Nurse project can be obtained by contacting the Head of BHF Nursing Services on 020 7487 9435.

Cardiac Rehabilitation team

Under the supervision of the Cardiac Rehabilitation Manager, a team of BHF Cardiac Rehabilitation Co-ordinators works across fields of care from primary health care to tertiary centres enabling the development of good communication networks.

The Cardiac Rehabilitation team works in collaboration with national bodies at strategic level to raise standards in cardiac rehabilitation and contribute to developing areas within rehabilitation, such as the involvement and dissemination of the cardiac rehabilitation competency framework.

The Co-ordinators provide advice and support to professionals working in cardiac rehabilitation and help to highlight areas for further

development, as well as identifying unmet needs in the provision of education materials, resources and training for professionals. The BHF Co-ordinators may also be invited to represent BHF on National Service Framework (NSF) CHD working groups at national and regional level.

The Cardiac Rehabilitation Co-ordinators also represent BHF on steering groups where successful funding has been awarded for the development of a cardiac rehabilitation programme. Their role is to arrange site visits, provide support, report on progress and help disseminate the results to help inform future practice.

For more information about the Cardiac Rehabilitation team please contact the Cardiac Rehabilitation Manager on 01788 334488.

Partnerships

The British Association of Cardiac Rehabilitation (BACR)

The Cardiac Rehabilitation Manager represents the BHF on the BACR Council. The aims of the BACR are:

- to promote the practice and philosophy of cardiac rehabilitation
- to produce national guidelines for cardiac rehabilitation which will improve safety and standards of programmes throughout the UK
- to develop an educational programme and professional training system for new and existing rehabilitation practitioners
- to produce BACR newsletters as a means for communication and resource tool for all members
- to act as a resource centre holding: - a national register; - information on regional groups.

The BHF Centre for Care and Education Research Group

The BHF Centre for Care and Education Research Group is based at the University of York, under the direction of Professor Robert Lewin. BHF provide a funding contract to undertake research, evaluation and data collection in the developing area of cardiac rehabilitation.

The research group has been based in York since 1998, and have undertaken other research contracts from a wide variety of government, charitable and commercial sources as outlined in the department's strategy.

Strategy:

- to 'open up' clinical and research areas that has been relatively neglected
- to innovate to solve clinical or health service problems of delivery or quality
- to encourage better patient care through demonstrating unmet psychological, social and emotional needs

- to encourage better care through developing multi-disciplinary clinical guidelines and outcome measures.
- to influence health promotion policy and practice
- to build capacity for health promotion research.

The BHF Health Promotion Research Group

The BHF Health Promotion Research Group is part of the Department of Public Health at the University of Oxford and is core-funded by the BHF. It was founded by the current Director (Dr Mike Rayner) in 1994. Besides the Director it currently consists of two senior researchers, three researchers and a research/admin assistant.

The Group has four aims:

- to carry out research which contributes to the development of effective methods for health promotion and in particular for the primary prevention of cardiovascular disease
- to carry out research which contributes to a better understanding of the burden of disease and in particular of cardiovascular disease

The BHF National Centre for Physical Activity and Health

Professor Len Almond heads the BHF National Centre for Physical Activity and Health, which is based at the University of Loughborough. The aim of the centre is to ensure that physical activity remains an important item on the health care agenda. The work at the centre includes identifying and addressing significant gaps in the research, knowledge base and resources needed to effectively promote physical activity for the primary and secondary prevention of diseases.

The BHF role in funding cardiac rehabilitation

The Foundation's initial remit in rehabilitation was to promote the establishment of cardiac rehabilitation programmes by awarding pump-priming grants. Since 1989, BHF have awarded funding to support the creation of over 155 cardiac rehabilitation programmes throughout the UK.

With the advent of the National Service Framework for Coronary Heart Disease (CHD) 2000, BHF then shifted the focus to award grants to innovative projects targeting groups often previously excluded - such as patients with angina, heart failure, women, the elderly population or those from ethnic minority groups.

Grants have also been awarded to fund action research projects that provide cardiac rehabilitation and secondary prevention. The action research approach aims to bring new insights from the findings and conclusions that can be disseminated to a wider audience, as is the case with any research method. However, as action research is concerned with the pursuit of resolving local level problems, the findings may only be relevant in certain circumstances and cannot always be generalised.

Resources/Information for rehabilitation programmes

There are a number of recommended assessment tools to assist rehabilitation professionals in measuring patient outcomes.

The Cardiac Care Department can provide you with a full list of BHF resources, leaflets, videos

and publications available for patients or professionals working in cardiac rehabilitation.

To obtain an updated copy please contact the BHF Cardiac Rehabilitation Co-ordinator for your region, as outlined below.

Contact details

BHF Cardiac Rehabilitation Manager

Shirley Hall
13 Falstaff Drive
Woodlands
Rugby CV22 6LL

Tel: 01788 334488
Mobile: 07850 752721
email: halls@bhf.org.uk

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Cardiac rehabilitation

Traditional phases of cardiac rehabilitation

Traditionally cardiac rehabilitation has fallen into four phases.

Phase I

This is commonly known as the 'in hospital' phase because many people get admitted to hospital following a myocardial infarction (MI), but we should acknowledge for some, Phase I might be at home.

Wherever this phase is, it should include:

- explanation, information and reassurance including education, risk factor assessment and discharge planning (sometimes involving a pre-discharge exercise test) when in hospital
- BHF information leaflets, video and audio-tapes for patients. Please refer to the resources list for more information.

Phase II (2-6 weeks after the event)

This involves either early rehabilitation, if appropriate, or continued investigations and treatment, such as angiography, cardiac surgery or angioplasty. This phase should include referral to the BHF Nurse/cardiac liaison nurse, if one is available, for home visits as appropriate and the primary healthcare team for secondary prevention. There should be a helpline/contact number available for patients and their carers during this phase.

BHF funds Cardiac Liaison Nurses who work in the community. BHF Nurses visit heart patients at home in the first week post discharge, at a time when patients are most vulnerable and before they attend a formal rehabilitation programme. The nurses are there to answer questions, offer advice and give reassurance to both patients and their families. They forge links with community health care professionals, including GPs and practice nurses to offer information and encourage improved services for cardiac patients. In many areas an appropriate member of the cardiac rehabilitation team does the home visiting aspect of this role.

The educational aspect of the cardiac rehabilitation programme looking at what CHD is, risk factors and lifestyle changes may begin now, in some areas these sessions start with the exercise programme at Phase III.

Phase III (Intermediate post discharge: 6-12 weeks after the event)

This may be a suitable stage for a formal rehabilitation programme with individualised exercise training and educational sessions with members of a multi-disciplinary team.

Exercise Tolerance Testing (ETT) is often a medical requirement following a MI and is useful both for pre-exercise assessment and to monitor patient's progress. This is not always an entry criteria into a rehabilitation programme, but should be recommended.

Many programmes now use exercise assessment tools such as a 'shuttle walk' test or a bike test before a patient starts rehab. A health professional will record heart rate, blood pressure and rate of perceived exertion throughout. This can set the level of exercise for the individual, and help reassure both patient and professional.

During Phase III, people can be taught simple ways of self-assessing the level of physical activity such as pulse rate measurement or by using the Borg rate of perceived exertion scale. See Diagrams 1 and 2.

Since 1989 BHF have been funding cardiac rehabilitation programmes, initially to set up new schemes. Now with the advent of the National Service Frameworks for CHD, SIGN and our continued work and support of rehabilitation and secondary prevention, we have extended the criteria to innovative projects. These address groups who have been excluded in the past: patients with angina, heart failure, the elderly population or those from minority ethnic groups. BHF are keen to improve the uptake of cardiac rehabilitation increasing access and equity of rehabilitation services.

Phase IV (Long term maintenance)

This involves long term maintenance of the patients individual goals set during Phases I, II and III. It is the period where appropriate and individualised exercise is encouraged and where advice regarding lifestyle changes is reinforced. Risk factor monitoring should be carried out within primary healthcare and maintenance of exercise with the expertise of fitness instructors working in the community. Any exercise training should be preceded by locally agreed risk stratification, usually an exercise test following a MI. An exercise test may also be indicated for patients following cardiac surgery or other cardiac conditions. Local protocols and guidelines must be adhered to. Appropriately qualified instructors, for example BACR Phase IV exercise instructors should lead exercise groups.

For more information, please contact:

Sally Hinton
BACR Phase IV
PO Box 355
Farnham
Surrey GU9 7WB
Tel: 01252 720640

Phase IV training

This training course aims to equip students with the appropriate knowledge and skills to prescribe and deliver safe and effective exercise for individuals with coronary heart disease (CHD) who have already benefited from a Phase III rehabilitation programme. The course was developed by the British Association of Cardiac Rehabilitation (BACR) supported by the British Heart Foundation. Strong links are formed between exercise professionals and clinical professionals within the field of cardiac rehabilitation to enable a high standard of care for the individual with CHD.

The course is aimed at exercise professionals who are looking to develop their knowledge in CHD and exercise. It is now well established and nationally recognised, with over 700 qualified students from the last 5 years.

Borg's RPE scale instructions

While exercising we want you to rate your perception of exertion, i.e. how heavy and strenuous the exercise feels to you. The perception of exertion depends mainly on the strain and fatigue in your muscles and on your feeling of breathlessness or aches in the chest.

Looking at this rating scale; we want you to use this scale from **6** to **20**, where **6** means 'no exertion at all' and **20** means 'maximal exertion'.

- 9** corresponds to 'very light' exercise. For a normal, healthy person it is like walking slowly at his or her own pace for some minutes.
- 13** on the scale is 'somewhat hard' exercise, but it feels OK to continue.
- 17** 'very hard' is very strenuous. A healthy person can still go on, but he or she really has to push him – or herself. It feels very heavy, and the person is very tired.
- 18** on the scale is an extremely strenuous exercise level. For most people this is the most strenuous exercise they have ever experienced.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Don't underestimate it, but don't overestimate it either. It's your feeling of effort and exertion that's important, not how it compares to other people's. What other people think is not important either. Look at the scale and the expressions and then give a number.

Diagram 1

Source – BACR Phase IV Handbook

Borg RPE scale reprinted, by permission, from Gunner Borg, 1970, 1984, 1985, 1988, Champaign, IL, Human Kinetics.

Borg's CR10 scale instructions

Basic instruction: **10**, 'Extremely strong – Max' is the main anchor. It is the strongest perception (P) you have ever experienced. It may be possible, however, to experience or imagine something even stronger. Therefore, 'Absolute Maximum' is placed somewhat further down the scale without a fixed number and marked with a dot '●'. If you perceive an intensity stronger than **10**, you may use a higher number.

Start with a verbal expression and then choose a number. If your perception is 'Very weak', say **1**; if 'Moderate', say **3**; and so on. You are welcome to use half values (such as **1.5**, or **3.5** or decimals, for example, **0.3**, **0.8**, or **2.3**). It is very important that you answer what you perceive and not what you believe you ought to answer. Be as honest as possible and try not to overestimate or underestimate the intensities.

Scaling perceived exertion: we want you to rate your perceived (P) exertion, that is, how heavy and strenuous the exercise feels to you. This depends mainly on the strain and fatigue in your muscles and on your feeling of breathlessness or aches in your chest. But you must only attend to your subjective feelings and not the physiological cues or what the actual physical load is.

- 1** Is 'very light' like walking slowly at your own pace for several minutes.
- 2** Is not especially hard; it feels fine, and it is no problem to continue.
- 5** You are tired, but you don't have any difficulties.
- 6** You can still go on but have to push yourself very much. You are very tired.
- 10** This is as hard as most people have ever experienced before in their lives.
- This is 'Absolute maximum', for example, **11** or **12** higher.

Scaling pain: What are your worst experiences of pain? If you use **10** as the strongest exertion you have ever experienced or can think of, how strong would you say that your worst pain experiences have been?

- 10** 'Extremely strong – Max P' is your main point of reference. It is anchored in your previously experienced worst pain, which you described, the 'Max P'.
- Your worst pain experienced, the 'Max P', may not be the highest possible level. There may be pain that is still worse, if that feeling is somewhat stronger, you will say **11** or **12**. If it is much stronger, **1.5** times 'Max P', you will say **15**!

Diagram 2

Source – BACR Phase IV Handbook

*Borg RPE scale reprinted, by permission, from Gunner Borg, 1970, 1984, 1985, 1988,
Champaign, IL, Human Kinetics.*

Models of cardiac rehabilitation

Hospital based

This is the model most people will be aware of and is described in the introduction to cardiac rehabilitation. Patients are invited back to the secondary or tertiary centre for a 6-8 week programme of education and exercise (the length of programme may vary). This is usually provided via a multi-disciplinary team, which may include nursing staff, physios, pharmacist, occupational therapists, psychologist, social worker and medical staff. The programme may be extended if required but on completion the patient is discharged to the care of the primary healthcare team.

Community based

These programmes run along the same lines as the hospital programme and are quite often run by the same staff, but in the community. They may be held in leisure centres, community halls or any other appropriate community based venue. These programmes may not have the support of all the disciplines that attend the hospital programme, but can still offer a comprehensive and safe service. On completion the patients are discharged to the care of the primary healthcare team.

Community programmes are quite often in the domain of the secondary or tertiary care provider. As Primary Care Trusts and local health groups develop their role in service provision for cardiac patients, there is an expectation that primary care will lead and develop community cardiac rehabilitation services in partnership with secondary and tertiary care.

Home base

"A flexible way to deliver home-based cardiac rehabilitation to patients"

Below is an outline of a model developed at Papworth Hospital and is just one example of how a home based service may be run.

The Outreach Cardiac Rehabilitation Programme was developed for patients following Coronary Artery Bypass Surgery (CABG) who had no access to local rehabilitation services.

The service was started in 1996 and has resulted in hundreds of patients following a comprehensive six week programme of education, exercise and long-term lifestyle advice from the comfort of their own home.

The patients visit the hospital a total of three times over the course of one year. The first visit, at 6 weeks post surgery, is for assessment and explanation of the rehabilitation package contents – an education book, exercise video, heart rate monitor, relaxation tape and stress management video. The second visit is 6 weeks later and involves a reassessment and further guidance on long-term lifestyle advice. The third visit is at one year post surgery for a final evaluation and discussion of the patient's progress in maintaining secondary prevention advice.

The programme is co-ordinated by a detailed telephone link line where the patients are contacted weekly to discuss progress and give guidance.

The Outreach service has enabled many patients to benefit from cardiac rehabilitation who previously would not have been able to access the rehabilitation care due to no local service, travel limitations, work commitments or living in a rural environment.

The programme continues to develop and expand. Valve surgery, angioplasty and MI patients are also beginning to benefit from this service.

The programme requires:

- a large room to run a programme – including space for assessments, fitness tests
- access to a telephone link line
- written and audio materials including the progress diary, exercise videos, stress management videos, relaxation tapes and heart rate monitors
- approximately 1 day per week of nursing and physiotherapy staff with appropriate cardiac rehabilitation skills
- funding to staff nursing, physiotherapy and admin support
- access to treadmill testing or equivalent risk stratification testing for safe exercise prescription.

Heart manual

This is a 6 week, facilitated self-help rehabilitation programme for people recovering from a heart attack. Following discharge or within a week of the heart attack a facilitator contacts the patient either by telephone or home visit. Further visits or contact is made in weeks 3 and 6.

The patient has a workbook for 6 weeks, consisting of education programmes, home based exercise and stress management. There is also information including answers to specific problems, about medication, sex, anxiety and other symptoms. To compliment the workbook the patient receives two audiotapes. One is a relaxation training programme and the second a scripted interview between a doctor and patient; this is to help the patient and family understand what has happened, what they can do and how to care for the patient following discharge.

At the end of the 6 weeks the patient completes a questionnaire to see if all their needs have been met. The team can then either discharge the patient offering advice on local exercise programmes, refer to primary care or refer to a hospital based rehabilitation service for further follow up.

For further details please contact:

The Heart Manual Project

Astley Ainslie Hospital

Grange Loan

Edinburgh EH9 2HL

Scotland

Tel: 0131 537 9127

Vocational rehabilitation

Vocational rehabilitation is a co-ordinated and planned programme aimed at returning someone with an illness or disability back into the workplace. It works best as an integrated approach combining physical and psychological support, work-site rehabilitation and appropriate employer policies. Communication between health professionals and industry needs to be greatly improved to identify strategies which enable people with heart problems to return to their existing jobs or to other forms of employment.

The issues relating to employment and disability are complex and span a number of professional disciplines. Currently there is a lack of expertise in this area and not enough dedicated professionals to offer the comprehensive advice, guidance and counselling that individuals require.

Government drivers

The welfare agenda in the UK during recent years has led to a radical overhaul of work-focused interventions for people with a disability. A number of innovative approaches have been piloted and some of these are now mainstream services.

Access to these programmes is still a problem and many people most in need, do not get the support that is available. As with anything that is new and innovative, there is a case for a planned programme to raise awareness across all stakeholder groups.

The government have recognised this in the form of two major policy documents:

- Pathways to Work: Helping people into employment. White Paper. (2002). HMSO. <http://www.dwp.gov.uk/publications/dwp/2003/pathways2work.pdf>
- Securing Health Together: A long term occupational health strategy for England, Scotland and Wales. (2000). HSE. <http://www.ohstrategy.com>

There is a case for all rehabilitation professionals to become more aware and proactive in helping people to return to employment following a period of illness.

Some of the issues you may want to consider, from the patients perspective not the employers, are the barriers preventing people from returning to work or seeking alternative employment. These include the following:

- fears about how they will cope with the physical demands of the job
- worries about the attitude of colleagues who may feel that they will have to do extra work
- lack of career progression opportunities
- loss of confidence
- fear of being unable to cope with stressful situations
- loss of status
- financial worries, for example returning to work too early because of financial pressures; or the possible insecurities brought about by losing social security benefits.

Many of the barriers, both perceived and actual, are common to people with any health condition. Some are heightened for people with heart problems, particularly those relating to physical activity. This is where a 'job analysis' would be useful, allowing the individual to conduct a self-appraisal of the physical and psychological demands of their job. This information could then be reviewed by the rehabilitation professionals, comments and guidelines added and passed to the relevant Occupational Health Nurse/Physician. Ultimately, this document containing pooled information could be given to the employer who can then undertake any modifications to the job, or working practices. A Disability Employment Adviser would also find this a valuable source of evidence to substantiate a claim for any 'back to work' financial support which may be available to the individual or to the employer.

Useful reference points

Jobcentre Plus – www.jobcentreplus.gov.uk

New Deal for Disabled People –
www.newdeal.gov.uk

National Vocational Rehabilitation Association
(NVRA) – www.nvra.org.uk

Rehab Window – www.rehabwindow.net

Disability Alliance – www.disabilityalliance.org

The BHF would encourage all cardiac rehabilitation professionals to look at the vocational support they are able to offer and begin to forge links with the appropriate personnel and agencies to provide this much underestimated aspect of the rehabilitation process.

The BHF are looking at ways in which it may be able to support the development of this aspect of CR. It may take the form of an additional section for this file - please contact the BHF Cardiac Rehabilitation Co-ordinator in your area for any update on progress with this.

Self-management programmes for heart disease

Misconceptions that people hold about their illness and what to do can lead them to adopt mistaken ways of coping. In people with angina, holding misconceptions can lead to them reducing activity levels to the extent that their quality of life is affected. Cognitive behavioural treatments target these misconceptions in addition to negotiating behaviour change through goal setting and pacing.

The Angina Plan

The Angina Plan is a brief, cognitive-behavioural, facilitated, self-help programme targeted at those recently diagnosed with angina. It consists of a 76 page, patient-held work-book and audio-tapes, and targets the unhelpful beliefs about angina, in addition to promoting risk factor reduction, physical activity and stress and angina management. Patients (and their relatives) are introduced to the Plan in a 30-40 minute interview during which their misconceptions are discussed and they are encouraged to set small goals for behaviour change. They are followed up with four, 10 to 15 minute appointments or phone calls over three months.

In a randomised, controlled trial comparing it to a nurse led, secondary prevention education session, the Angina Plan was significantly more successful in reducing the number of attacks of angina and also disability, anxiety and depression (Lewin et al. 2002).

Facilitator training is by distance learning and includes a training manual, video-tape, patient pack and assessment. Facilitators have access to peer support through a web-based SmartGroup.

The Angina Plan was initially intended for use in primary care, as that was where most angina patients were cared for. However, the increase in the number of rapid access chest pain clinics in the last few years has meant that an increasing number of hospital trusts are looking to help the patients who are diagnosed within these clinics.

The Angina Plan programme has demonstrated that it is flexible enough to be implemented in many different ways to suit the locality.

Reference: Lewin RJP, Furze G, Robinson J, Griffith K, Wiseman S, Pye M & Boyle R. A randomised controlled trial of a self-management plan for patients with newly diagnosed angina. British Journal of General Practice 2002;52:194-201.

The Angioplasty Plan

There have been many requests from people who wanted to know whether they could use the Angina Plan for people who were on the revascularisation waiting lists. But the Angina Plan is only suitable for people who have angina. This led to the Angina Plan being re-written for people waiting for Angioplasty. It targets the misconceptions about different types of coronary heart disease, and includes a description of what is involved with angioplasty. It can be used to help people while they are waiting for angioplasty, and/or to help to regain fitness afterwards. This is important as many people return to work within a couple of weeks of undergoing angioplasty, and so miss out on attending cardiac rehabilitation.

The Angioplasty Plan can be facilitated by Angina Plan facilitators with no extra training, although we do recommend that facilitators have forged links with the centre where angioplasty is performed, and they are knowledgeable about the patient pathway.

The HeartOp Plan

The HeartOp Plan is in development at the moment, with grant funding from the British Heart Foundation. A cognitive-behavioural programme to help people to prepare for coronary artery bypass graft has been written, and is being tested in a randomised, controlled trial. If successful, it is likely to be available in late 2006.

Prices and details

Angina Plan patient packs (workbook, advice tape, relaxation tape and misconceptions questionnaire)	£8.50
Angioplasty Plan patient pack (workbook and relaxation tape)	£8.50
Angina Plan Facilitator Training (training manual, video, patient pack and assessment, all by distance learning: inclusive of VAT)	£111.63

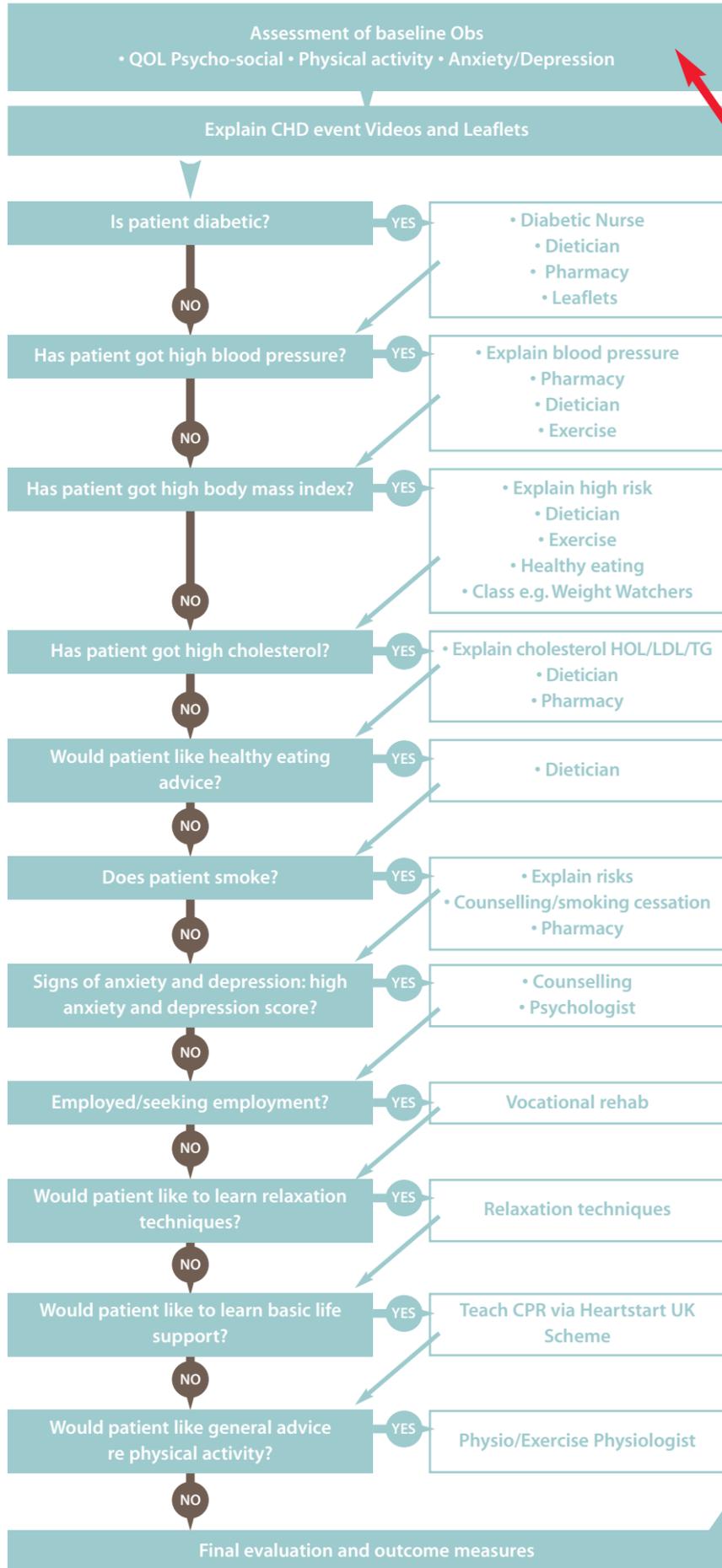
For more details please contact:

Jessica Hemingway
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Area 2 Seebohm Rowntree Building
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York YO10 5DD
Tel: 01904 321327
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email: jah14@york.ac.uk
www.anginaplan.org.uk

Flowchart mapping the patient journey

Cardiac event

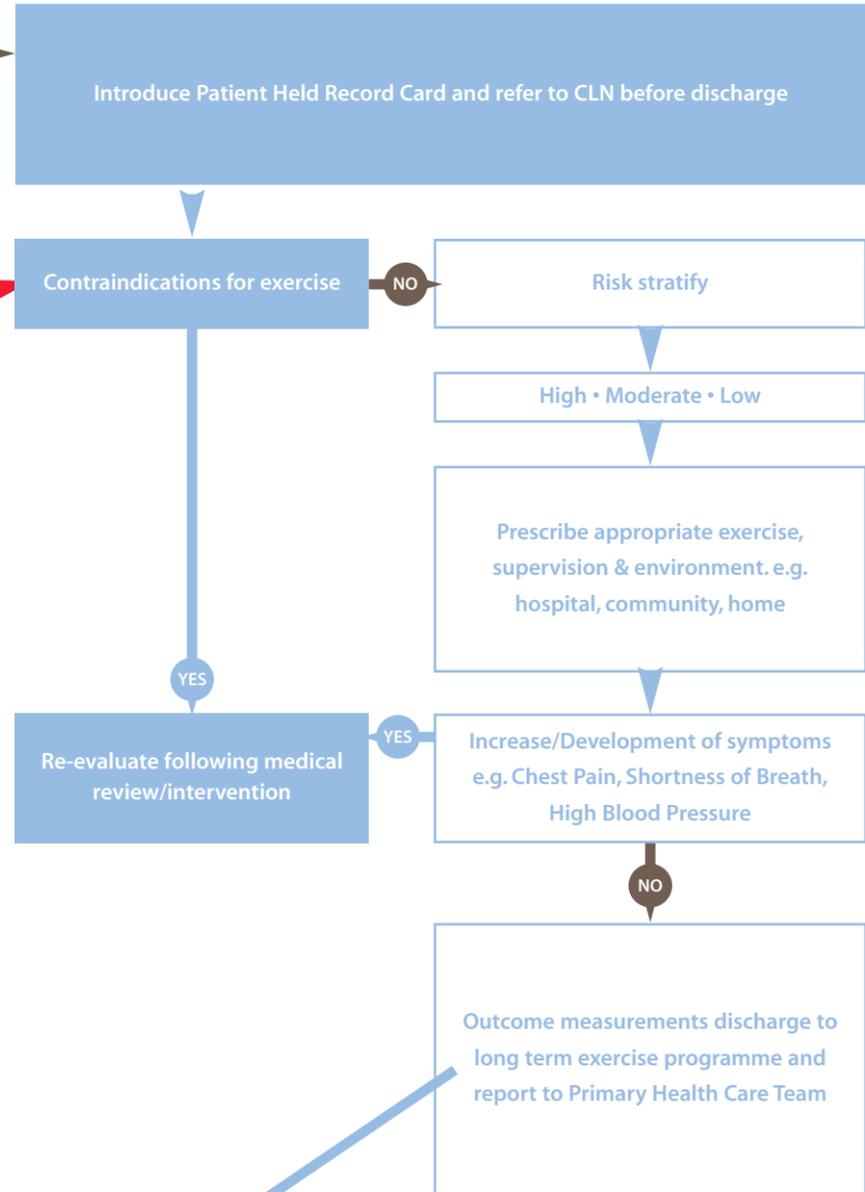
education



Has patient got left ventricular failure: CXR/Echo/bloods NYHA score?

- YES
- HF Nurse Specialist
 - Dietician
 - Pharmacist
 - Physiotherapy
 - Counselling
 - Palliative care
 - Primary Health Care Team
 - Introduce Patient Held Record Card

physical activity



Re-assess at 6 months and 12 months

Refer to Primary Health Care Team as appropriate

This is a guide, intended to be adapted to local needs and is not a prescriptive recommendation.

Please note local protocols will apply. The recommendation is that national guidelines are adhered to where they exist re BP, cholesterol, heart failure etc.

Minimum data set audit of cardiac rehabilitation

The BHF Centre for Care and Education research group is based at the University of York, under the direction of Bob Lewin. It is funded by research contracts from a wide variety of government, charitable and commercial sources.

Aims

- to encourage better patient care through demonstrating unmet psychological, social and emotional needs
- to 'open up' research areas that have been relatively neglected: such as services to children with heart disease and rehabilitation for ICD patients
- to develop and evaluate innovative ways to solve problems of delivery or quality.

Since 2003 the BHF have been providing some core funding in return for advice, research and consultancy. One of the current projects is to develop a method of audit for cardiac rehabilitation.

Rehabilitation is more than secondary prevention; it aims to help a person attain their optimal level of medical, psychological, social and vocational well-being.

CR started as hospital based group exercise training classes for low risk, middle-aged men to restore cardiac output and work capacity after a MI. Today its aims, as described in the NSF for CHD, are to include all cardiac patients (except unstable conditions) to be multi-disciplinary and holistic, individualised and fully integrated with primary care and the patient pathways.

If we allow an audit of what we do to be restricted to smoking, BMI, aspirin use and other secondary prevention outcomes we may come

to be regarded as an expensive and possibly unnecessary, add-on to secondary prevention clinics. Therefore it is essential we audit psychosocial and quality of life outcomes to reflect our holistic aims and benefits.

Audit requires the use of valid and standardised measures and questionnaires, as does individualised care. A menu driven system is one that involves all patients being assessed for their rehab needs, followed by a discussion with the patient as to how these needs and aims might best be achieved. This should be followed by repeating the measures after the intervention to check that the aims have been met. If they have not, other strategies can be discussed from the 'menu'.

The York group, working with rehabilitation programmes and patients as well as national bodies and national and international experts have developed a minimum dataset. The aim is that it can be used routinely in clinical situations for menu driven programmes and for audit. An ambition is to establish a National Benchmarking Club using 'process benchmarking'. Process benchmarking involves collecting information about the programme the patient received as well as the outcomes. In this way we could answer many questions as to the best way to achieve the aims of CR and demonstrate the need for better resources.

A steering committee has been established to take this work forward with representatives from: the Heart Team (Department of Health), BACR, BHF, SIGN guidelines group, NHS Information Authority, CHD Collaborative and patient and CR programmes.

A simple computer programme has been developed to collect the dataset and process data over the internet. This is being pilot tested in 17 centres in a project being run for the BHF and BACR by York. In the future programmes receiving support from the BHF will be expected to use the minimum dataset and electronic collection.

More about the dataset, including the questionnaires, and a trial version are available at: www.ccad.org.uk. It requires a copy of Lotus Notes to run on your computer and is not supported, so please don't phone CCAD for help. You can download a trial copy of Lotus Notes 6.5 from: <http://www-10.lotus.com/ldd/down.nsf>

For further information please contact the Cardiac Rehabilitation Co-ordinator covering your area.

Heartstart UK



Heartstart UK is an initiative co-ordinated by the British Heart Foundation, to teach members of the public what to do in a life-threatening emergency; simple skills that can save lives. The Heartstart UK initiative has been designed to improve the action taken by the public in emergency situations through a wider knowledge of emergency life support (ELS).

Heartstart UK aims are:

- to increase awareness of the need for ELS training
- to help create opportunities for ELS training
- to support ELS training initiatives.

What is ELS?

ELS is the set of actions needed to maintain life in an emergency. This includes:

- treating a suspected heart attack casualty;
- treating an unconscious person who is breathing;
- giving rescue breathing;
- performing cardiopulmonary resuscitation (CPR);
- dealing with choking;
- dealing with serious bleeding.

ELS techniques are applicable to a wide range of emergencies where the prompt action of a bystander may make the difference between life and death. The most life-supporting measure is CPR which is easily learned and carried out by lay people with no special medical knowledge.

Why is ELS training so important?

There is a wealth of evidence that bystander CPR more than doubles the victim's chance of survival. Approximately 70% of cardiac arrests take place out-of-hospital with the majority of these occurring in the home, where a spouse or family member is the most likely bystander. However, a family member is the least likely to perform CPR. A Heartstart UK course not only gives people an opportunity to learn these vital skills, but increases their confidence to use the skills if they are ever faced with an emergency.

If you would like to know more about Heartstart UK, contact us at:

For Scotland, Northern Ireland & north England

Heartstart UK Office
British Heart Foundation
4 Shore Place
Edinburgh EH6 6UU

Tel: 0131 554 6954

email: heartstart-edin@bhf.org.uk

For England and Wales (excluding north England)

Heartstart UK Office
British Heart Foundation
14 Fitzhardinge Street
London W1H 6DH

Tel: 020 7487 9419/7115

email: heartstart@bhf.org.uk

Planning a case for cardiac rehabilitation

Planning a case for cardiac rehabilitation - guidelines

Cardiac rehabilitation should aim to achieve standards of care that are:

- patient centred
- evidence based
- meet the aims and objectives of the service
- meet clinical governance standards.

These aims can be supported by evidence using the National Service Frameworks for CHD for England and Wales, the clinical standards set for Scotland and the British Association for Cardiac Rehabilitation guidelines.

Creating a business plan

Producing a business plan and case for continuing or developing a service can be one of the most daunting tasks for a cardiac rehabilitation co-ordinator. Get it right and you will have secured funding for the continuation of the service and hopefully the continued development and expansion of care offered to patients with CHD... get it wrong and the continuation, development and future of the service may be taken out of your hands.

This section gives brief guidelines and an outline of what you might want to consider. BHF are producing a cardiac rehabilitation business case toolkit for health professionals. Contact your BHF Cardiac Rehabilitation Co-ordinator for more details.

You need to prepare a resume of the service. Include representatives from all relevant disciplines and ask each to take a section about the service development. Include where it all started, what has been achieved, identify where the gaps are in the service that need addressing. Look at alternative ways of delivering the service, visit other programmes, share good practice.

Include all aspects of development, both positive and negative, for example:

- What are the obstacles in delivering and developing the service: can these be overcome? How? If not what is the 'sticking' point?
- What worked well and why you thought it worked well?

Include figures and recommendations:

- statistics to show the patient population your service should be serving
- the population mix, eg, minority ethnic groups, older people, women, and any excluded groups
- record the local SMR for CHD and compare these with national figures
- state the current CHD problem nationally in terms of heart attack, angina, heart failure etc
- review current provision across all four phases of cardiac rehabilitation – highlight gaps in service
- quote NSFs (England & Wales) or SIGN (Scotland) as recommendations.

State the importance of cardiac rehabilitation as a service to patients and the Trust as a whole. Use published guidelines, NSF for CHD, British Cardiac Society, Royal College of Physicians etc. Include the effectiveness of cardiac rehabilitation in health terms for patients but also the cost per patient of CR compared to hospital admission.

You need to be able to present the following information:

- how many patients are coming through the system?
- has this number increased over the years?
- is cardiac rehabilitation part of an integrated pathway of care?
- what referral mechanisms are in place for each phase of rehab?

- how are patients assessed?
- what outcome measures are you using? (see outcome measures section);
- is the service being audited?
- are carers and family involved?
- is there a support group in the area? Does this need to be developed?
- which groups are excluded? (eg, Heart Failure, Angina)
- is the service accessible and providing equity?
- have staff numbers/hours been increased/decreased/stayed the same?
- which disciplines are involved in service provision and during which phase?
- how many hours is each member contracted to rehab?
- who funds each post?
- who is the overall manager for rehab?
- has the service got a full time co-ordinator?
- do you need more staff? If so which disciplines and grade?
- is the cardiac rehabilitation service part of the Trusts business plan?
- training issues – is there any available locally? Is there a budget?
- and finally... what do you need to continue the service? What would be needed to develop the service?

Proposals for service development should include the cost of staffing the programme appropriately, all disciplines, and other resources such as: venue cost; equipment; defibrillator; exercise equipment; staff training; over head projector; screen; heart models; slides; slide projector; acetates; videos; video recorder etc.

Think about this as a CV for the service – if you take the time to produce a report it may help you in the future to apply for funding to develop the service, as well as being a strong case to present to the Trust for continuation and development. It can also be used as a baseline to measure progress.

If you need further help and support in the development of the cardiac rehabilitation programme in your area please contact your local BHF Cardiac Rehabilitation Co-ordinator, who will be happy to offer any support they can.

Outcome measures in cardiac rehabilitation

Outcome measures in cardiac rehabilitation

The term “outcome measures”, as opposed to health related quality of life (HRQoL) has been used deliberately. Many of the instruments used regularly in cardiac rehabilitation do not truly measure HRQoL. If you look at the table included with this pack, you will see only some of the instruments included purport to measure HRQoL, eg, the SF36, the Nottingham Health Profile, the Sickness Impact Profile and the QLMI, others measure various aspects that go to make up HRQoL.

To understand HRQoL we should first look at health.

Health is “a state of complete physical, mental and social wellbeing, not merely an absence of disease and infirmity.”

(WHO 1958)

Bowling (Bowling 1998) states that most existing indicators measure disease, not health – the negative, not the positive.

Quality of life is possibly harder to define it can include functional ability, psychological wellbeing, somatic sensations, life satisfaction and will include housing, income, environmental and spiritual factors.

HRQoL should be decided by the patient. It represents the functional effect of an illness and its consequent therapy upon a patient, as perceived by that patient (Oldridge 1997). I think it is important that we include not just the illness, but the effects we have on the patient during that illness as having a part to play in HRQoL. Sometimes the treatment may be worse than the illness itself!

Why do we need to measure outcomes?

- to discriminate whether a clinical intervention is necessary, eg, the HAD Scale can determine whether input from a psychologist is necessary
- to evaluate the patient’s improvement (or not) over time
- to show clinical effectiveness – is the programme we run effective in improving this outcome for the majority of our patients?

The instruments we use must be valid, reliable, sensitive and practical. Outcome measures may not agree with clinical findings, eg, there may be a clinically successful operation, but due to external factors (eg, unable to return to work, overprotective family), the patient’s quality of life may be poor.

There are various ways of measuring these outcomes:

- generic instruments measure across a wide variety of types and severity of disease, intervention, sociodemographic and cultural populations. It can allow comparison across chronic disease, eg, CHD and stroke. There are “norms” based on the general population that allows comparison between the patient group and the norm
- disease specific instruments are applicable to populations with specific conditions, diseases and symptoms. The instruments are seen to be more sensitive and may therefore measure smaller changes.

The instruments that have been included with this pack are those most commonly used in practice or research in cardiac rehabilitation and secondary prevention.

Further information on many of these instruments can be obtained from:

**Northern & Yorkshire Public Health Observatory
Occasional paper No. 4**

http://www.nypho.org.uk/files/Occ_paper.htm

**The American Association for Cardiovascular
and Pulmonary Rehabilitation**

<http://www.aacvpr.org/resources/publications/index.cfm>

**The British Heart Foundation Cardiac
Rehabilitation Research Unit**

<http://www.cardiacrehabilitation.org.uk/>

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WHO 1958, *The First Ten Years. The Health Organization.*, World Health Organization, Geneva.

Instrument	Generic/disease specific	Measures	Population valid for	Restrictions on use	Available from	Cost
SF-36	Generic ^{1 2 3 4 5}	QoL in 8 sub-scales: physical functioning, role physical, bodily pain, general health, vitality, social functioning, role emotional & mental health.	all.	Copyright to Quality Metric. Users must be registered and licensed.	QualityMetric Incorporated 640 George Washington Hwy Suite 201 Lincoln RI 02865 USA www.qualitymetric.com www.sf-36.com www.AmlHealthy.com	SF36 Health Survey Reference Kit \$210. Enquiries to purchase may be referred to the UK Centre. crispin.jenkinson@public-health.oxford.ac.uk
Nottingham Health Profile	Generic ^{2 4 6 7}	Measures 6 domains (physical mobility, pain, social isolation, emotional reactions, energy and sleep). The NHP was designed to measure perceived health problems but it is best to regard it as a measure of distress in the physical, emotional and social domains. It is not a measure of quality of life. Adapted and re-tested versions of the NHP are available for use in North America and in the following languages, Spanish, Catalan, French, Italian, German, Dutch, Danish, Swedish, Norwegian, Portuguese, Turkish, Greek, Finnish, Polish and Japanese.	The NHP is appropriate for use in the following ways: a. For the evaluation of medical or social interventions, with pre and post-administrations b. As an outcome measure for group comparisons c. As a survey tool for selected populations where there are likely to be a high proportion of positive scorers d. To monitor changes in the subjective health of chronically ill patients over time e. As an adjunct to the clinical interview. In clinical trials for selective groups of patients.	All language versions of the NHP are copyrighted to the authors and / or their collaborators. No version of the measure can be used in any study without written permission from Galen Research.	Galen Research Enterprise House Manchester Science Park Lloyd St North Manchester M15 6SE Tel 0161 226 4446 smckenna@galenresearch	£120 + VAT

Instrument	Generic/disease specific	Measures	Population valid for	Restrictions on use	Available from	Cost
*Sickness Impact Profile	Generic ⁷	A 136-item self- or interviewer-administered, behaviourally-based, health status questionnaire. Everyday activities in 12 categories, sleep and rest, emotional behaviour, body care and movement, home management, mobility, social interaction, ambulation, alertness behaviour, communication, work, recreation and pastimes and eating, are measured. Respondents 'endorse' items that describe themselves and are related to their health. The SIP is scored according to the number and type of items endorsed. Scoring can be done at the level of categories and dimensions as well as at the total SIP level.	all.	Permission must be sought from Medical Outcomes Trust www.outcomes-trust.org There is also a version: The Functional Limitations Profile developed in the UK. There is little information on this as yet. Contact Judy Jolliffe for more information. judyjolliffe@eclipse.co.uk	Medical Outcomes Trust 198 Tremont Street #503 Boston MA 02116 USA Tel: (617) 426-4046 Fax: (617) 523-7322 info@outcomes-trust.org www.outcomes-trust.org	A master copy of the instrument including: royalty-free permission to use and reproduce (upon filing a Project Registration Form); an 89 page Sickness Impact Profile User Manual; a technical notes article from March 1996 Bulletin titled "The Sickness Impact Profile: Part I"; reprints of two articles on the development and formulation of the instrument. \$160
Dartmouth Coop Charts	Generic ⁴⁸	Charts measuring physical fitness, feelings, daily activities, social activities, changes in health, overall health, pain, social support and quality of life. Translations available in Chinese, Danish, Dutch, Finnish, French, German, Hebrew, Italian, Japanese, Korean, Norwegian, Portuguese, Spanish, Spanish Gallego, Castilian and Catalan, Slovak, Swedish and Urdu. A separate set of charts is available for under 18s.	all.	Permission obtained from The Dartmouth Coop Project excludes the right to distribute, reproduce or share the Charts for commercial purposes or sale. Permission is granted for research or clinical use only.	Deborah J. Johnson Executive Director, The Dartmouth COOP Project, Dartmouth Medical School, HB 7265 Hanover, NH 03755 USA Tel: (603) 650-1974 Fax: (603) 650-1331 Deborah.J.Johnson@Dartmouth.EDU Recommended by N&YPHO.	\$20

Instrument	Generic/disease specific	Measures	Population valid for	Restrictions on use	Available from	Cost
Hospital Anxiety & Depression Scale	Generic ^{9,10,11}	Anxiety and Depression.	all.	Must be registered with Nfer-Nelson.	Nfer-Nelson Freepost Windsor Berks SL4 1BU Tel:01753 827249 edu&hs@nfer-nelson.co.uk www.nfer-nelson.co.uk Recommended by N&YPHO.	Complete set Manual & 100 record forms £49.85 + VAT + £2.95 postage. Record forms (100 copies) £33.20 + £2.95 postage.
Profile of Mood Sates	Generic ¹²	Tension-Anxiety, Depression-Dejection, Anger-Hostility, Vigor-Activity, Fatigue-Inertia, Confusion-Bewilderment.	all adults. Norms available for outpatients.	Copyright to EdITS/ EDUCATIONAL AND INDUSTRIAL TESTING SERVICE.	www.edits.net/POM/html	POMS Specimen Set (containing Manual, copy of the Inventory and one copy of each of the Profile Sheets) at \$9.75 per set. Package of 25 POMS Forms at \$ 10.25 per package. Package of 25 POMS Profile Sheets at \$ 7.50 per package.
Cardiac Depression Scale	Disease specific ¹³	Adjustment Disorder with Depressed Mood.	almost all cardiac populations including general ambulatory out-patients (all cardiac diagnoses), unstable in-patients awaiting urgent CABG, patients in cardiac rehabilitation programmes after AMI and CABG, heart failure patients, long term follow-up in randomised controlled trials of coronary surgery, heart failure surgery, RCTs of programmes for maintenance of risk factor modification after acute coronary syndromes, etc. There is also cross-cultural validation, eg. of the German version in Germany.	There is copyright but permission is easily obtained.	Available from: Annette Harris Department of Cardiology Austin & Repatriation Medical Centre Studley Road Heidelberg Vic. 3084 AUSTRALIA Tel: + 61-3-9496-5527 Fax: + 61-3-9459-0971 annette.harris@armc.org.au	Licensing fee is AUS\$1.00, generally approximately UK 40p (44p including 10% GST), per patient allowing unlimited use for each patient. Electronic copies are available for local printing. In addition, high quality original printed questionnaires can be purchased for AUS\$1.00 (generally approximately UK 40p each) plus postage and plus 10% GST. For completely unfunded studies, it can be possible to waive the licence fee. Payment is made to: "Austin Hospital Medical Research Foundation" Account Number: 2-1652.

Instrument	Generic/disease specific	Measures	Population valid for	Restrictions on use	Available from	Cost
Quality of Life after MI	Disease specific 5, 14, 15	Global HRQL score with physical limitations, emotional function, and social function scales.	developed and validated for patients with MI, also validated for patients with angina, and being assessed in patients with heart failure; norms available for patients with MI, angina, and heart failure.	None.	Judy Jolliffe, Ley Green Farm, Teigngrace, Newton Abbot, Devon TQ12 6QN Tel 01626 369304 judyjolliffe@eclipse.co.uk Please send large SAE with order.	None.
Quality of Life in Cardiac Spouses	Disease Specific 16	Based on QLMI, designed for spouses of cardiac patients. Currently undergoing revalidation in USA.	cardiac patients.	Under development.	Judy Jolliffe Ley Green Farm Teigngrace Newton Abbot Devon TQ12 6QN Tel 01626 369304 judyjolliffe@eclipse.co.uk	? – probably none.
Quality of Life Index-Cardiac Version IV	Generic & disease specific Versions have been developed also for cancer, diabetes, stroke etc. See website for details. ⁵	Satisfaction with life.	cardiac patients.	It is copyrighted but open use without permission has been granted.	Carol Estwing Ferrans PhD FAAN University of Illinois at Chicago College of Nursing (M/C 802) 845 S. Damen Avenue 7th floor Chicago, IL 60612 U.S.A. cferrans@uic.edu http://www.uic.edu/orgs/qli/	None – print direct from website.
*Heart Patients Psychological Questionnaire	Disease specific 17, 18, 19, 20	Well being, feelings of being disabled, despondency, social inhibition.	cardiac patients – these references refer to patients post CABG and PTCA.	Developed by Ruud A. M. Erdman (Department of Medical Psychotherapy and Medical Centre Rotterdam, Rotterdam, Netherlands). Need for permission unknown.	For more information contact Judy Jolliffe. judyjolliffe@eclipse.co.uk	Unknown.

Instrument	Generic/disease specific	Measures	Population valid for	Restrictions on use	Available from	Cost
Global Mood Scale	Disease specific 21,22,23,24,25	Emotional distress and fatigue in patients with CHD.	CHD – used initially with men only. The scale has now been used in a number of studies in the UK, yielding good psychometric properties and sensitivity to change, and indicating cross-cultural applicability.	Permission should be sought from Dr Johan Denollet.	Dr. Johan Denollet, PhD Dep. Psychology Room P508 Tilburg University PO Box 90153 5000 LE Tilburg The Netherlands. Tel: +31-13-466 2390 /2175 Fax: +31-13-466 2370 Johan.Denollet@uza.uia.ac.be	Free, with permission. For original paper see Denollet, J Emotional distress and fatigue in coronary heart disease: the Global Mood Scale. <i>Psychological Medicine</i> 23:111-121.
*Seattle Angina Questionnaire	Disease specific	19 items designed to measure the functional status of CAD patients. 5 domains: physical limitation; anginal stability; anginal frequency; treatment satisfaction and disease perception. Translations available in: Australian & UK English; Canadian French; Danish; Dutch; French; German; Italian; Norwegian; Spanish; Swedish.	cardiovascular.	Permission must be sought from Medical Outcomes Trust www.outcomes-trust.org	Medical Outcomes Trust 198 Tremont Street #503 Boston MA 02116 USA Tel: (617) 426-4046 Fax: (617) 523-7322 info@outcomes-trust.org www.outcomes-trust.org	SAQ Pack includes: master copy of the instrument including royalty free permission to use and copy; SAQ scoring & Interpretation Guidelines. Reprints of 5 publications \$125.
Minnesota Living with Heart Failure Questionnaire	Disease specific 26,27,28	Patient perceptions concerning the effects of congestive heart failure on their lives.	heart failure.	Licensing agreement with University of Minnesota must be completed before questionnaire is employed.	Professor JN Cohn Dept of Medicine Cardiovascular Division University of Minnesota PO Box 508 420 Delaware Street SE Minneapolis MN55455 USA info@mlhfq.org	\$500 admin fee. Academic centres carrying out unfunded research work and clinicians working with patients may be exempt from the main licence fees (\$2,500 for one year's licence for less than 500 patients).
Duke Activity Status Index	Generic ^{29,30}	Functional status.	all.	None.	Mark Hlatky mah@stanford.edu	None.
The Short Measure of physical Activity	Generic ³¹	Physical activity.	all.	None.	Northern & Yorkshire Public Health Observatory http://www.nypho.org.uk/files/Occ_paper.htm	None.

* Information taken from websites or previous communication and not confirmed by suppliers/authors.

Instrument	Generic/disease specific	Measures	Population valid for	Restrictions on use	Available from	Cost
Shuttle Walk Test	Generic ^{32,33}	Functional status, cardiovascular fitness, exercise tolerance.	COPD, MI, HF, CABG.	Copyright to UHL NHST.	Ann Barmacle UHL NHST Glenfield Hospital Groby Road Leicester LE3 9QP Tel:0116 2563181	Incremental test: £30 +£1.80 p&p.
Chester Step Test	Generic	Functional status, cardiovascular fitness.	all.	Only limited by patient eg orthopaedic or neurological problems resulting in inability to use step.	ASSIST creative resources Ltd Unit E Redwither Business Centre Wrexham Industrial Estate Wrexham LL13 9XR Tel:01978 664743 help@assist.co.uk	CD Version £29.99. Hard copy & tape £34.99. Will also need heart rate monitor (from £22 + VAT) and step (eg, Reebok step £9.99). Complete kit available £164.99 incl VAT.

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Patient Network team projects and resources

Patient Network team projects and resources

The BHF Patient Network team work on developing patient network initiatives. Three Patient Network Co-ordinators facilitate the development of support network programmes and information for heart patients and their carers, so that they are able to maximise their health, and be less anxious and better informed about their illness.

This team is responsible for developing training and development packages specifically to promote user-led/user-run services and develop user-involvement opportunities and skills base.

These include:

- patient involvement (The Hearty Voices Project) (a national register of heart patient/carer representatives, regular newsletter and free training)
- heart support groups (including Grants, Development Toolkits and Development Sessions)
- DIPEX (Directory of Individual Patient Experiences) – web based resource where patients and health professionals can learn about others' experiences of living with their condition
- buddy networks
- chronic disease self management
- patient conferences
- lay exercise training and provision review
- BHF Patient Advisory Group (meet twice a year to feed suggestions and comments on the work of BHF to other strategic committees).

All resources developed by the Patient Network team can be ordered directly from Dataforce (tel: 01604 640016 or email ds-bhf@mail.dataforce.co.uk).

Please quote the relevant order code:

- Heart Support Group Development Toolkit (Vol 1 – Running an Effective Heart Support Group) with Start-up booklet (**G111a**)
- Heart Support Group Development Toolkit (Vol 1 – Running an Effective Heart Support Group) without Start-up booklet (**G111b**)
- Heart Support Group Development Toolkit (Vol 2 – Developing and Delivering Services) (**G112**)
- Hearty Voices Poster (**G148**)
- Hearty Voices leaflet with registration form (**G149**).

Forthcoming resources include:

- Monitoring and Evaluation Toolkit (for Heart Support Groups)
- Dealing with Loss Toolkit (for Heart Support Groups)
- Additional resources for patient/carer representatives (Hearty Voices Project).

Anyone wanting further information on any of these projects please contact the Patient Network team on 020 7487 7125.

BHF Nurse team

BHF Nurse statement

Overview

In the early years, the British Heart Foundation (BHF) traditionally concentrated resources on medical research. Now since the early 1990s, the Foundation has steadily increased its commitment and dedication to education and care. In 1995, following a review of its non-research activities, the Foundation identified a growing need for an innovative model of specialist community nursing specifically for cardiac patients. The Nurse project spearheaded change initially through the BHF Cardiac Liaison Nurse post (1996) and the BHF Paediatric Cardiac Liaison Nurse post (1999). The success and demand of these roles has meant that new BHF Heart Failure Nurse posts have been introduced (2002). In addition, spring 2003 heralded the launch of 6 BHF Acute Coronary Syndrome posts. Within the next year the Nurse project aims to create a further 76 Heart Failure Posts, 11 Paediatric Cardiac Liaison posts, and 11 'adopted' Paediatric Liaison Nurses.

Mission

The BHF Nurse project is at the forefront of driving the development of specialist community nursing models up and down the country. These models are being developed specifically for meeting the needs of both patients and professionals. In evaluating these roles, the BHF promotes both the need and value of these posts by recognising the gaps in services offered to patients and identifying much needed areas of improvement. By using the experiences of the BHF Nurses, providing accredited training and ensuring resources/standards are of the highest quality – the Nurse project is a vehicle for improvement and ambassador of good practice in service development across the NHS.

BHF Nurse posts - funding

There are two types of posts: substantive and adoptive.

Substantive nurses in post are BHF Nurses employed by Hospitals or Primary Care Trusts. The Foundation contributes to the costs of these posts on a block grant quarterly basis. Substantive nurses are entitled to:

- professional development budget
- access to BHF study events (three times a year, running over two consecutive days)
- BHF generated research/education articles
- BHF uniform, business cards and name-badge
- one-to one support with Regional Nurse Co-ordinators
- BHF orientation course.

Adopted nurses are employed by Hospitals or Primary Care Trusts. The Foundation contributes to:

- professional development budget
- BHF generated research/education articles
- BHF uniform and name-badge.

Trusts

BHF Nurses are employed and managed by their Trusts, in addition to this the Foundation offers guidance and suggestions to Nurses and their managers to help with development and direction in an unusual/unique role.

Peer support is especially important, and BHF Nurses are encouraged to hold regular regional meetings to discuss their work, and to act as mentors or advisors to new BHF Nurses. In addition, local steering group committee meetings are held on a quarterly basis.

BHF Cardiac Liaison Nurses (CLNs)

Created in 1995, the original BHF Nurse role consisted of a pilot project of 15 Nurses from 1996 – 1998. Following the successful evaluation of this model, expansion was imminent with a further 28 BHF CLNs being appointed in 1999.

This role is two-fold:

- to visit patients at home during the immediate period post discharge from hospital (Phase II of cardiac rehabilitation) providing reassurance and advice to patients and their carers
- to link with the community health care team to provide education and advice on patients with heart disease and their long term follow-up.

The aim of this role is to help provide a seamless pathway of care for patients, with rehabilitation and secondary prevention enhancing quality of life and long-term health. Initially, these Nurses only worked with post-MI patients, now Primary Care teams are taking responsibility for this patient group. Consequently, BHF CLNs combine being a specialist resource for complex post-MI patients with focus on other patient groups such as those with heart failure, angina and pre- or post-surgery patients.

There are now 42 BHF CLNs in post throughout the UK.

BHF Paediatric Cardiac Liaison Nurse (PCLNs)

BHF helps to fund 3 PCLNs. These Nurses provide long-term emotional support, information and practical advice for children with heart conditions and their families.

They are involved in:

- support for patients and families, before and after surgery
- advice and information about long-term treatment
- educating practice nurses to care for these children

- providing services such as feeding clinics for babies with congenital heart problems.

BHF Heart Failure Nurse (HFNs)

Research has shown that specialist heart failure nurses improve both quality of life and long-term survival. In 2002 the BHF funded posts for 19 HFNs around the country.

The precise role of the BHF HFN varies around the country depending on local systems and resources.

As with the CLNs, Heart Failure Nurses visit patients and their carers in their own homes. They cover a number of duties:

- monitoring the patient's status (so that they can be re-admitted to hospital, or their medications changed if necessary)
- advising on lifestyle changes (particularly related to diet and exercise) which can improve their condition
- providing emotional support to cope with a terminal condition and declining quality of life.

They also provide a valuable service in the education of other local healthcare professionals such as practice nurses and health visitors, to promote the improved care of heart failure patients. All BHF HFNs have taken a specialised accredited training course at Glasgow Caledonian University.

BHF Acute Coronary Syndrome Nurse (ACSNs)

BHF helps to fund 6 ACSNs. The aim of these nurses is to reduce morbidity and mortality while improving the diagnosis and quality of care of patients with acute coronary syndrome.

These nurses are responsible for developing a liaison link between the Emergency Department, General Medicine and the Cardiology department, working with a defined case load of Acute Coronary Syndrome patients.

The future

The Foundation intends to continue to develop, evaluate, learn and grow from innovative models of nursing care for patients with heart disease, including appropriate training and educational

resources. In addition links are being made to work together with other charities and organisations.

Management of the project

The Rehabilitation and Secondary Prevention Committee guides the strategic direction of the BHF Nurses project. This includes experts from a number of organisations and professions including the British Cardiac Society, British Association of Cardiac Rehabilitation, the Royal College of Nursing, General Practitioner, psychologist, educationalist and observers from Diabetes UK and Department of Health.

The Nurse Project team is led by the Head of Nursing Services. Regional Advisors, Co-ordinators, Project Officer and an Administration Assistant make up the rest of the team and form the network of support for nurses.

Training

BHF directly organises appropriate training for BHF Cardiac Liaison, Heart Failure and Acute Coronary Syndrome Nurses. Nurse study days are organised three times a year to provide nurses with a regular forum for debate. In addition a BHF quarterly newsletter brings developments together, locally and nationally. Updates on recent research and new innovative working practices

are also brought to the forefront through the newsletter. In addition, nurses are granted a personal professional development budget which enables them to access opportunities to develop their own skills.

Nurse Project team are consistently developing ideas, ie, road-show workshops, e-learning etc.

Monitoring and evaluation

BHF Nurses complete a brief quarterly monitoring form, enabling the Foundation to develop a heightened awareness of fundamental issues and to keep abreast of achievements and

opportunities. The BHF strives to ensure the 'best value' for patients and professionals by auditing and evaluating all aspects of the nurse roles.

Resources/Information for BHF Nurses

- BHF Nurse Handbook giving advice on their role (currently being updated)
- copies of relevant BHF publications, posters and videos
- fact file (a monthly fact sheet sent to all the GPs in the country)
- business cards, uniform and name badges
- peer network/support
- professional development budget
- study days/training courses
- regular educational updates
- regular updates from BHF via nurses newsletter (currently being re-launched)
- regular email communication.

For further information, contact:

BHF Nurse Project Officer
British Heart Foundation
14 Fitzhardinge Street
LONDON W1H 6DH
Tel: 020 7725 0658
Fax: 020 7486 1273

Resources

The British Heart Foundation website

bhf.org.uk

The BHF website is designed as a resource tool for health professionals and to act as a quick and easy way for the public to get information about heart disease.

The website includes information on:

- stopping smoking
- healthy eating
- lowering cholesterol
- emergency life support skills
- physical activity
- lowering blood pressure
- current treatments
- latest research developments
- latest news
- general information about the BHF
- lists of activities in your area
- lists of Cardiac Support Groups
- fundraising activities
- resources for children, parents and teachers.

Trained cardiac nurses are also available to provide confidential information on issues relating to heart disease by calling our Heart Information Line on 08450 708070 (calls charged at local rate).

Suggested contacts for Cardiac Rehabilitation co-ordinators

- Alcohol Groups
- Benefit Agency
- Citizens Advice Bureau
- Community Health Council
- Counsellors/Psychologist
- Dietician
- English Sports Council
- Exercise Prescription Schemes
- Fitness Wales
- General Practitioners
- Health Advocates
- Health Promotion Unit
- Heart Support Group
- Interpreter Agencies
- Local BACR Phase IV Tutors
- Local Crossroads Organisation/Respite Carers Group
- Local Sports Centres
- National Carers Association
- Primary Health Care
- Pharmacist
- Practice Nurses/Health Visitors
- Regional BHF Cardiac Rehabilitation Co-ordinator
- Relate
- Smoking Cessation
- Social Workers
- Vocational Counsellors/Re-ablement officers
- Walking the Way to Health.

Suggested reading

Counselling in Heart Disease

Davis H & Fallowfield L (Eds) Bennett P & Hobbs T (1991)

Counselling and communication in health care. Chichester: Wiley

BACR Guidelines for Cardiac Rehabilitation

Coats A, McGee H, Stokes H, Thompson D (Eds) (1995)

Blackwell Science Publications

Developing and Managing Cardiac Rehabilitation Programs

Hall L (1993)

Human Kinetics Publications

ISBN 0-87322-358-6

The Community Prevention of Coronary Heart Disease

Kemm J (1992) Diet, Cholesterol and Heart Disease. Williams K (Ed)

London: HMSO

Cardiac Rehabilitation Guidelines and Audit Standards

Thompson D, Bowman G, De Bono D et al (1997)

Royal College of Physicians: London

ISBN 186016-048-4

Counselling the Coronary Patient and Partner

Thompson D (1990)

Arrow: Scutari Press

Heart Health for Women

Smart F, Hodright D (1996)

ISBN 0-7225-2992-9

National Forum for Coronary Heart Disease Prevention

A catalogue of Key Resources

ISBN 1-874279-02-0

Improving Outcomes in Chronic Heart Failure – A practical guide to specialist nurse intervention

Simon Stewart and Lynda Blue

ISBN 0-7279-1602-5

National Service Framework for Coronary Heart Disease (England)

Department of Health (March 2000)

Tackling Coronary Heart Disease in Wales.

Implementing through evidence (Wales)

The National Assembly for Wales (July 2001)

SIGN Guidelines (Scotland)

Scottish Intercollegiate Guidelines Network

SIGN Executive (January 2002)

Suggested journals

- BCPA Journal
- British Journal of Diabetes and Vascular Disease
- British Medical Journal
- Circulation
- European Heart Journal
- Journal of Cardiology (free to BACR members)
- Journal of Cardiopulmonary Rehabilitation
- Journal of Clinical Excellence
- Journal of Physical Activity and Health
- Practice Nurse
- Sportex.

Cardiac rehabilitation

Publications list

April 2004



Statistical information

Code	Title reference	Description	Patient	Professional
B3	Coronary Heart Disease Statistics Book	A4 book that aims to provide the most recent statistics related to the causes and effects of CHD. Useful when planning service.		✓
B9	Coronary Heart Disease Statistics Diabetes Supplement	A4 book of statistics on diabetes in relation to CHD. Also available from Diabetes UK. Diabetes is a common co-morbidity with CHD; this is useful for planning and targeting services.		✓
B10	CHD Statistics; Heart Failure Supplement	Booklet. This supplement brings together a range of data to provide comprehensive statistics on the burden of heart failure in the UK.		✓
B11	CHD Congenital Heart Disease Statistics	Booklet shows the consequences of congenital heart disease, maps progress over the past 40 years and draws attention to some of the problems facing teenagers and adults whose heart defects have been treated surgically.		✓
G30	Coronary Heart Disease Fact sheet	A summary of current CHD statistics. Useful for health fairs, displays etc. May be useful for the interested patient.	✓	✓

Patient involvement

Code	Title reference	Description	Patient	Professional
G148	Hearty Voices Poster	A promotional tool for the BHF patient representative project and training course.	✓	
G149	Hearty Voices leaflet with registration form	An informational leaflet about patient involvement and representation with invitation to join the national heart patient/carer database of representatives.	✓	

Resources for Heart Support Groups

Code	Title reference	Description	Patient	Professional
G111a	Heart Support Group Development Toolkit - Volume 1 (with Start-Up booklet)	An informative guide for patients wishing to establish or maintain an effective support group.	✓	
G111b	Heart Support Group Development Toolkit – Volume 1 (without Start-Up booklet)	A guide to help established groups to provide effective support for local heart patients.	✓	
G112	Heart Support Group Development Toolkit – Volume 2	Developing and Delivering Services.	✓	
M83/ month/ year	Network Newsletter	Newsletter to share news and information between heart support groups enabling groups to have better communication and gain from others experiences.	✓	

Cardiac rehabilitation tool kit for professionals

Code	Title reference	Description	Patient	Professional
G110	Cardiac Rehabilitation Resource Pack	Useful reference tool for cardiac rehabilitation contains a number of useful contacts and information on various aspects of cardiac rehabilitation including business planning and outcome tools.		✓

Heart Information Series

The Heart Information Series (HIS) is a range of booklets, which explain the different conditions affecting the heart and circulation. This series is intended to help patients, together with their family and friends, to understand their illness and its management. This information allows people to feel more confident, well prepared and better able to control their conditions. These booklets are

regularly updated and your supply should not be older than 2 years. Such copies should be destroyed or sent back to Warners for recycling. The full set of HIS booklets and a display box can be ordered from Warners email: bhforders@warners.co.uk Most of the booklets have been awarded crystal marks for plain English.

Code	Title reference	Patient	Professional
HIS1	Physical Activity and your Heart	✓	
HIS2	Smoking and your Heart	✓	
HIS3	Reducing your Blood Cholesterol	✓	
HIS4	Blood Pressure	✓	
HIS5	Eating for your Heart	✓	
HIS6	Angina	✓	
HIS7	Heart Attack and Rehabilitation	✓	
HIS8	Living with Heart Failure	✓	
HIS9	Tests for Heart Conditions	✓	
HIS10	Coronary Angioplasty and Coronary Bypass Surgery	✓	
HIS11	Valvular Heart Disease	✓	
HIS12	Having Heart Surgery	✓	
HIS13	Heart Transplantation	✓	
HIS14	Palpitations	✓	
HIS15	Pacemakers	✓	
HIS16	Peripheral Arterial Disease	✓	
HIS17	Medicines for the Heart	✓	
HIS18	The Heart- Technical Terms Explained	✓	
HIS19	Implantable Cardioverter Defibrillators (ICD)	✓	
HIS20	Caring for Someone with a Heart Problem	✓	

Diet and food

Code	Title reference	Description	Patient	Professional
M2	So you want to lose weight... for good	A4 colour booklet on how to lose weight and guidelines for healthy eating. Includes BMI chart and what makes a portion. Easy to read and practical advice.	✓	
M4	Cut the Saturated Fat from your Diet	Wall chart, which unfolds to A2 size and offers advice on how to cut down on the saturated fat in your diet. Chart comes with a copy of Guide to food labelling.	✓	
G54	Guide to food labelling	Guide to help you understand what food labels mean and what you should eat to help keep your heart healthy.	✓	
G186	Food should be fun... and healthy!	Replaces "Food should be fun". Gives advice on how to follow an everyday healthy eating plan and features delicious mouth watering recipes.	✓	
G198	Obesity and your health	New booklet explaining the effects of obesity on heart health.	✓	

Physical activity

Code	Title reference	Description	Patient	Professional
M59	Physical Activity Toolkit for Primary Health Care Teams	This toolkit is a training resource to help primary care teams put physical activity on their agenda. It is designed to be used to inform, promote and trigger action on physical activity in primary care and includes material for a one hour workshop.		✓
G12	Get Active!	Replaces "Exercise for life". This is a 16 page booklet in full colour, explaining the benefits of regular exercise and suggesting various suitable activities to help keep the heart strong and healthy. Provides advice on how to get started and where to get more information.	✓	
G97	Physical Activity Advice Handouts Starter Pack	Series of physical activity advice handouts on specific medical conditions. Designed to be given to patients by health professionals to provide an individualised approach to encouraging physical activity. There are five in the series, and the starter pack contains 50 of each. The handouts are produced in association with SportEx Health and BHF National Centre for Physical Activity and Health and are only available to health professionals.		✓

continued overleaf

Physical activity (continued)

Code	Title reference	Description	Patient	Professional
G98	Physical Activity and Angina	Designed to be given to patients by health professionals to provide an individualised approach to encouraging physical activity. Only available to health professionals.		✓
G99	Physical Activity for Weight Loss	Designed to be given to patients by health professionals to provide an individualised approach to encouraging physical activity. Only available to health professionals.		✓
G100	Physical Activity for After a Heart Attack	Designed to be given to patients by health professionals to provide an individualised approach to encouraging physical activity. Only available to health professionals.		✓
G101	Physical Activity and High Blood Pressure	Designed to be given to patients by health professionals to provide an individualised approach to encouraging physical activity. Only available to health professionals.		✓
G102	Physical Activity and Diabetes	Designed to be given to patients by health professionals to provide an individualised approach to encouraging physical activity. Only available to health professionals.		✓
G152	Active for later life	A new pack aimed at those involved in developing physical activity programmes for older people of all ages and abilities.		✓
G26	Put your heart into walking	Guidance on walking as a cheap and effective form of exercise.	✓	

Smoking

Code	Title reference	Description	Patient	Professional
G118	Smoking and How to Give Up	Advice on how to give up and the effects of smoking on the heart.	✓	
	Asian Quitline 0800 0022 88	Specialist service for South Asian smokers and tobacco chewers. Culturally appropriate advice and information. Web site also available www.asianquitline.org	✓	

Posters

Code	Title reference	Description	Patient	Professional
M51	Know your heart	A1 size poster. Excellent diagrams of the heart and descriptions. Good teaching aid.		✓
M17	Heart Poster	A2 full colour poster with diagram of the heart showing how it works and how it can go wrong.	✓	
M68	CHD Risk Prediction Chart	A2 size wall chart.		✓

Heartstart UK

Code	Title reference	Description	Patient	Professional
M5A	Heartstart UK- Your Action in an emergency poster	A1 size poster giving instructions in Cardiopulmonary Resuscitation (CPR). For posters in other languages order M5B available in African/Afro Caribbean, Arabic, Bengali, Cantonese, Gujarati, Hindi, Punjabi, Somali, Turkish and Urdu.		✓
M7	Heartstart UK Cardiopulmonary Resuscitation Card	Plastic card (credit card size) explaining how to recognise a heart attack and giving basic instructions for CPR. Order M7D for cards in Arabic, Bengali, Cantonese, Gujarati, Hindi, Punjabi, Somali, Turkish and Urdu.	✓	
V4	Buying time	Video which includes five scenarios showing the application of emergency life support skills in real life emergency situations.	✓	

Videos

Code	Title reference	Description	Patient	Professional
V12	Heart Surgery-What's going to happen	This video has been made as a reassuring guide to heart patients and their families. Using a video diary, three people describe their experiences directly before and after heart surgery.	✓	
V13	Better than Before-Life after heart surgery	This video is a reassuring guide to heart patients and their families. It covers many aspects of life after heart surgery. Following the progress of three people who are looking forward to returning home and a more normal lifestyle.	✓	

continued overleaf

Statistical information

Code	Title reference	Description	Patient	Professional
V14	Your Life in Your Hands	Video for people who have had a heart attack, and their family and friends. It explains what a heart attack is, why they happen and how they are treated. It shows how a rehabilitation programme can help recovery and what the patient can do to get back to a full and active life and reduce the risk of further heart attacks.	✓	
V24	Angina – a patients guide	Divided into four informative sections. What is angina? Diagnosis, managing angina and monitoring the condition.	✓	
V25	Sex and Heart Disease – A guide for patients and their partners	Video dispels some of the myths and fears about sex and heart disease and reassures patients that resuming their sex life can and should be a normal and healthy part of their recovery.		✓
V26	Let's talk about sex – A guide for health professionals with heart disease patients	This video comes with supporting training materials and is aimed at health professionals to help them discuss with their patients and their partners some of the myths and fears about sex and heart disease.	✓	
V2	Cholesterol on the level	Video explains the role of cholesterol and heart disease, what causes high cholesterol and how to control it by making simple lifestyle changes.	✓	
V28	Living to Prevent heart disease	Healthy lifestyle video aimed at the Asian community translated into Bengali, Gujarati, Punjabi and Urdu (English version available).	✓	
V30	Cardiac Rehabilitation	Video intended for heart disease patients and their families. It takes you through different stages of cardiac rehabilitation including the role it plays in a patient's recovery and how it helps in the long term management of heart disease. The people featured in this video talk about their personal experience of cardiac rehabilitation and how it helped them.	✓	

Specialities

Code	Title reference	Description	Patient	Professional
M62	Diabetes and your Heart	A5 Booklet for people who have diabetes and how it affects the heart.	✓	
M34	The Marfan Syndrome – A clinical guide	Useful information on this genetic condition.		✓
M15	The Marfan Syndrome – A patient's guide	Booklet describing the diagnosis and treatment of this condition.	✓	
M32	Dilated Cardiomyopathy	A5 booklet about this condition aimed at patients and their relatives.	✓	
M25	Hypertrophic Cardiomyopathy	A5 booklet about this condition aimed at patients and their relatives.	✓	
M63	Arrhythmogenic right Ventricular Cardiomyopathy	A5 booklet about this condition aimed at patients and their relatives.	✓	
M37	Women and Heart Disease	Detailed booklet on heart disease and how it affects women.	✓	
G187	Stress and your Heart	This booklet looks at how stress can affect your heart, how to recognise when you are feeling stressed, how to cope with stress, and where to go for more information. Also available in PDF from bhf.org.uk	✓	

Miscellaneous

Code	Title reference	Description	Patient	Professional
M69	Good service? The National Service Framework for coronary heart disease	A guide for members of heart support groups, consumer groups and individuals interested in how services for coronary heart disease in England are developed.	✓	
G123	Workplace Health Activity Toolkit	Designed to help companies get their workforce more active. Advice on how to introduce simple and easy activity into the workplace. Suggested donation of £25.00.	✓	✓

New and forthcoming developments

Code	Title reference	Description	Patient	Professional
	Patient held diary	Pilot of this record begins in East Anglia in July for one year. This resource is designed for the patient with guidance from the health professional. The record will be in a soft plastic folder with extra sections available to enable the record to be as individualised as possible. It is intended that the record will enable patients to take a more active role in managing their disease. It is hoped the records will be available in Autumn of 2004.	✓	
	HIS Audio Tapes	Recording of two tapes, Heart Attack and Rehabilitation and one on lifestyle issues. These will use a radio interview format and are aimed at patients with sight or reading difficulties. They will hopefully be available early 2004.	✓	
	Looking after your heart	This booklet gives the basic advice on prevention of CHD. It explains about the function of the heart and why people get CHD. There is basic advice on diet, physical activity and smoking is also given. These booklets will be available in the following languages: Urdu, Hindi, Gujarati, Bengali and Punjabi.	✓ ✓	
	Medicines for heart	This is a version of the HIS series, but information is made as simple as possible. These booklets will be available in the following languages: Urdu, Hindi, Gujarati, Bengali and Punjabi.	✓	

We're committed to promoting a heart healthy lifestyle to everyone, therefore, we have decided to make our publications free of charge. We would however welcome a donation towards our costs.

To order any of our publications please contact:

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BHF Publications

PO Box 138

Northampton NN3 6WB

Telephone: 01604 640016

email: ds-bhf@mail.dataforce.co.uk

Professional development

Cardiac rehabilitation courses

Name of institution	Course title	Course details – format and length	Level of award	Professional access	Cost	Contact for further details
Glasgow Caledonian University	Rehabilitation in Cardiology	Mix of lectures, workshops and practical. Duration not specified.	30 Credits at M Level.	Multi-disciplinary.		Tel:0141 331 8143
	Cardiac Rehabilitation for Physiotherapists	Practice based around exercise leadership. Must have completed module above.	30 Credits at M Level.	Physios only.		
University of Glasgow	Developments in Cardiovascular Education: Managing Cardiovascular Risk Factors	Open / Distance Learning 1 year (Cardiac Rehab / Primary and Secondary Prevention).	30 Credits at Level III.	Registered Nurses with 1 year experience.	£750	Tel:0141 330 3901
Queen Margaret's University College, Edinburgh	Cardiac Rehabilitation	Elective Option as part of BSc in Acute Cardiac Nursing.	Level III.	Nursing.		Tel:0131 536 1000 / 1731 or Tel:0131 317 3568
University of Teeside	Secondary Prevention in Coronary Heart Disease	15 weeks x 3 hours (evenings). Stand alone module or part of pathway.	12 Credits at Level II or Level III	Multi-disciplinary.		Tel:01642 384100
University of York	Cardiac Prevention, Care and Rehabilitation	Half day intro + 6 taught study days.	20 Credits at Level II or Level III.	Multi-disciplinary.	See foot-note. ¹	Tel:01904 321 398
University of Bradford	Cardiac Rehabilitation in the Community	200 hours including 20 hours lectures over a semester. Part time.	20 Credits at Level II. Level III version due.	Multi-disciplinary.		Tel:01274 236367
Liverpool John Moores University	Contemporary Perspectives in Cardiac Care & Rehabilitation	6 taught sessions + other study Both modules are stand alone or part of pathway.	24 Credits at Level II.	Multi-disciplinary.	£350.	Tel:0151 231 4094
	Cardiac Rehabilitation	15 week taught module.	24 Credits at Level III.	Multi-disciplinary.	£350.	

¹ Course at York is openly available with costs quoted on request. The University has arrangements with Workforce Development Confederations in the region to offer free places to students from those areas. Similar arrangements may be available to students from other areas. Ring for details.

Name of institution	Course title	Course details – format and length	Level of award	Professional access	Cost	Contact for further details
University of Salford	Cardiac Rehabilitation	Stand alone module for CPD or part of diploma study.	20 Credits at Level II.	Multi-disciplinary.	£380.	Tel:0161 295 2129
University of Sheffield	Cardiac Rehabilitation	Part time equivalent to 10 study days over 8 weeks with minimum of 5 study days.	20 Credits at Level II or Level III.	Multi-disciplinary.		Tel:0114 222 9790
Chester College	Cardiovascular Rehabilitation	Full or Part time Master programme of 8 taught modules plus thesis. (Modules can be taken on stand alone basis).	MSc. Or: PG Cert (4 modules). Or: PG Dip (8 modules). 15 Credits at M Level per module.	Multi-disciplinary.	£410 per module.	Tel:01244 375 444 www.chester.ac.uk/cens
Keele University	Cardiac Rehabilitation	Half day clinical workshops plus other study.	30 Credits at M Level	Physiotherapists.		John Buckley j.p.buckley@keele.ac.uk Tel:01782 582 022
Staffordshire University	Coronary Heart Disease, Rehabilitation and Secondary Prevention	Half day per week, 12 weeks.	20 Credits at Level III.	Nursing.	£420.	Post Registration Department Tel:01785 353 672
University of Wales, College of Medicine, Cardiff	Prevention and Rehabilitation in Cardiac Care Cardiac Rehabilitation	Foundation Module in Clinical Practice. 14 Study Days. 2 Day Workshop as part of Cardiac Care modules.	30 Credits at Level III.	Multi-disciplinary.	£500.	Recruitment Department nurseinfo@cf.ac.uk Tel:029 2074 3298 www.uwcm.ac.uk/nursing
National Coronary Heart Disease Training Programme (based at Oxford) ²	Heartsave (Secondary Prevention and Cardiac Rehabilitation)	3 or 5 days over 3 – 5 months.	3 Day Cert. 5 Day Dip. 30 Credits at Level II.	Primary Care Nursing Staff.	£250. £375.	Tel:01865 226 975 www.heartsave.org.uk

²The Heartsave course, whilst organised and administered from Oxford, is run regionally at numerous centres. Contact Sue Weston, as above for further details. Academic credit is awarded from Buckinghamshire Chilterns University.

Name of institution	Course title	Course details – format and length	Level of award	Professional access	Cost	Contact for further details
Buckinghamshire Chilterns University	Advanced Practice in Cardiac Rehabilitation	8 Modules over 2 years – 4 weekends each year + Dissertation.	MSc.	Multi-disciplinary.	£1280 per year.	Tel:01494 522 141 x 2327 www.bcu.ac.uk
	Cardiac Rehabilitation and Health Promotion	Half Day per week, 15 weeks.	Credit at Level II or Level III.	Multi-disciplinary.		
University of Hertfordshire	Cardiac Rehabilitation	Half Day per week over 1 semester.	30 Credits at Level III.	Multi-disciplinary.		Tel:01707 284469
	Advancing Practice – Critical Care	40 Month Part Time or 20 Month Full time flexible masters programme – can be orientated towards numerous specialist fields including Cardiac Rehabilitation.	MSc.			
Thames Valley University	Secondary Prevention and Cardiac Rehabilitation	7 Study Days over 3 months.	20 Credits at Level III.	Multi-disciplinary.		Tel:020 7351 8847
	Managing Secondary Prevention in Cardiac Disease	7 Study Days over 3 months.	20 Credits at Level II or Level III.	Practice Nurses.		For information re costs contact Thames Valley University Tel:020 8280 5000 – ask for nurse recruitment
Kings College, London	Cardiac Disease, Prevention and Management	Alternate Wednesdays for 1 semester.	15 Credits at Level II.	Nurses.		Tel:020 7848311
	Prevention and Management of Cardiac Disease for Healthcare Professionals	Available twice a year, as above.	15 Credits at Level III.	Multi-disciplinary.		
Canterbury Christ Church University	Coronary Heart Disease, Prevention and Cardiac Rehabilitation	Stand alone module or part of degree / diploma in professional nursing practice.	15 Credits at Level II or Level III.	Nurses.		Tel:01227 782 621

Name of institution	Course title	Course details – format and length	Level of award	Professional access	Cost	Contact for further details
St Loyes School of Health Studies, Exeter	Cardiac Rehabilitation	82 years Part time by distance learning with short taught blocks.	MSc.	Multi-disciplinary.	£2340 per year.	Post Graduate Administrator loyespg@exeter.ac.uk Tel:01392 219 774
	Cardiac Rehabilitation	Module of 300 hours study: 150 hours course including 3 day block + 150 hrs in 2 assignments.	30 Credits at M Level.	Multi-disciplinary.	£760 + CPD registration fee.	Tel:01626 369 304 or Post Graduate Administrator as above. www.exeter.ac.uk/stloyes
	Cardiac Rehabilitation	Module of 100 hours study including 3 day study block.	10 Credits at M Level.	Multi-disciplinary.	£250 + CPD registration fee.	
University of Southampton	Introduction to the Prevention of CHD	5 Days study module.	20 Credits at Level II.	Both Multi-disciplinary for primary & secondary care.		uossonam@soton.ac.uk Tel:023 9286 6861 www.nursingandmidwifery.soton.ac.uk
University of Brighton	Cardiac Care in the Community	Stand alone module or part of masters degree programme.	20 Credits at M Level.	Multi-disciplinary.	£350.	Tel:01273 644 127

This is a list of courses known to the British Heart Foundation that offer training in Cardiac rehabilitation. None of the courses listed have been evaluated by the British Heart Foundation and are purely for information.

Useful websites

Name of organisation	Website	Notes
American Heart Association (The)	www.americanheart.org	
ASH	www.ash.org.uk	
Asian Quitline	www.asianquitline.org	Specialist service for South Asian Smokers and tobacco chewers. Culturally appropriate advice and information.
BBC Health	www.bbc.co.uk/health	
BHF Health Promotion Research Group (Oxford) – Heart Disease Statistics	www.dphpc.ox.ac.uk/bhfhprg	Direct link to the latest national heart disease statistics.
British Cardiac Patients Association	www.bcpa.co.uk	
British Association of Cardiac Rehabilitation	See British Cardiac Society	
British Cardiac Society	www.bcs.com/	Main website. To access the BACR website, click on Affiliated Groups then select British Association of Cardiac Rehabilitation.
British Library	www.bl.uk	
British Medical Journal	www.bmj.com	
Cardiovascular Diseases Specialist Library (CVDSL)	http://rms.nelh.nhs.uk/cardiovascular/ http://rms.nelh.nhs.uk/guidelinesfinder/	Specialist Library, Cardiovascular Diseases. Specialist Library, Guidelines Finder.
Central Cardiac Audit Database	www.ccad.org.uk	Minimum Dataset – trial version.
Charity Commission	www.charity-commission.gov.uk	
Charity Net	www.charitynet.org	Information and resource gateway of the voluntary sector.
Chest Heart Stroke Scotland	www.chss.org.uk	
Clinical Standards Board for Scotland	www.clinicalstandards.org	
Department of Health	www.doh.gov.uk www.doh.gov.uk/publications/index.html www.doh.gov.uk/wheretofind	Main website. A complete list of DOH publications. List of national suppliers of health promotion resources for the public.

Name of organisation	Website	Notes
Department for Work and Pensions	www.dwp.gov.uk www.dwp.gov.uk/publications/dwp/2003/pathways2work.pdf	Pathways to Work: Helping people into employment. White Paper. (2002). HMSO
Diabetes UK	www.diabetes.org.uk	
Dipex	www.dipex.org	Aimed at patients, their carers, family and friends, doctors, nurses and other health professionals giving access to patient experiences.
Disability Alliance	www.disabilityalliance.org	
EMIS	www.emis-online.com	
EQUIP (Electronic Quality Information for Patients)	www.equip.nhs.uk	
Grown up Congenital Heart (GUCH)	www.guch.demon.co.uk	The GUCH patients association is run by and for teenagers and adults with congenital heart disease.
Health Development Agency	www.hda-online.org.uk/	
Health Informatics	www.hipforchd.org.uk	
Heart Information Network – Patient Perspective (USA)	www.heartinfo.org	
Integrated Care Pathways	www.palliativecareglasgow.info	
Jobcentre Plus	www.jobcentreplus.gov.uk	
MRC – Medical Research Council	www.mrc.ac.uk	
National Assembly of Wales – Health	www.wales.gov.uk/subihealth/index.htm	
National Electronic Library for Health	http://rms.nelh.nhs.uk/cardiovascular/	Specialist online section for cardiovascular disease.
National Library of Medicine (Health Services/ Technology Assessment Text)	http://hstat.nlm.nih.gov	A searchable collection of large, full-text clinical practice guidelines, technology assessments and health information.
National Service Framework (England)	http://doh.gov.uk/nsf/coronary.htm	
National Service Framework (Wales)	www.wales.nhs.uk/Publications/coronary-heart-disease-e.pdf	

Name of organisation	Website	Notes
National Vocational Rehabilitation Association (NVRA)	www.nvra.org.uk	
New Deal for Disabled People	www.newdeal.gov.uk	
New Opportunities Fund	www.nof.org.uk	The NOF is a National Lottery Distributor created to award grants to health, education and environment projects throughout the UK.
NHS Net	www.nhsia.nhs.uk/nhsnet/pages/about/nhsnet.asp	
NHS Direct Online	www.nhsdirect.nhs.uk/index.asp	
NHS Executive	www.open.gov.uk	Guide to the NHS.
Northern & Yorkshire Public Health Observatory	www.nypho.org.uk	
Nursing Times	www.nursingtimes.net	
Occupational Health Strategy	www.ohstrategy.com	Securing Health Together: A long term occupational health strategy for England, Scotland and Wales. (2000). HSE.
OMNI	www.omni.ac.uk	Organising Medical Networked Information. Health and medical internet-based resources.
Oxford Research Online	www.oxecon.co.uk	University's directory of its scientific and medical research interest.
Patient UK	www.patient.co.uk	Directory of UK websites that provide information on health, disease and illness. Aim to list the most reputable and reliable sources of UK health information.
Public Access Defibrillation League	www.padl.org	
Rehab Window	www.rehabwindow.net	
Scottish Intercollegiate Guidelines Network	www.sign.ac.uk/	National clinical guideline for Scotland.
Sharing the Caring	www.sharingthecaring.org.uk	
Stroke Association (The)	www.stroke.org.uk	
The American Association for Cardiovascular and Pulmonary Rehabilitation	www.aacvpr.org/resources/publications/index.cfm	

Name of organisation	Website	Notes
The British Heart Foundation	bhf.org.uk	
The British Heart Foundation Cardiac Rehabilitation Research Unit	www.cardiacrehabilitation.org.uk/	List of all cardiac rehab programmes in the UK.
The Countryside Agency	www.countryside.gov.uk	News releases/Information on walking schemes and the first randomised control trial for walking for health.
The Heart Org – Cardiology Online	www.theheart.org	Online service for health care and media professionals.
The Royal College of General Practitioners	www.rcgp-signet.co.uk	
Walking the Way to Health	www.whi.org.uk	
Welsh Assembly Government	www.hpw.wales.gov.uk	
World Heart Federation	www.worldheart.org/	
World Health Organisation	www.who.int	

Search engines

Name of organisation	Website	Notes
Altavista	www.altavista.com	
Global Cardiology Network	www.globalcardiology.org	Includes a newly designed search engine which leads cardiology professionals to the best specialty information on web.
Google	www.google.co.uk	
SOSIG	www.sosig.ac.uk	Social Sciences Information Gateway – part of the UK Resource Discovery Network.

Contact details

United Kingdom

Organisation	Telephone number	Website
Age Concern England	020 8765 7200	www.ace.org.uk
Alcohol Concern	020 7928 7377	www.alcoholconcern.org.uk
Alcoholics Anonymous (AA)	01904 644026	www.alcoholics-anonymous.org.uk
Angina Plan (Jessica Hemingway)	01904 321327	www.anginaplan.org.uk
ASH (Action on Smoking and Health)	0207 739 5902	www.ash.org.uk
ASH Northern Ireland	02890 663281	www.ash.org.uk
ASH Wales	02920 641101	www.ash.org.uk
ASH Scotland	0131 225 4725	www.ash.org.uk
Asian Quitline	0800 002288	www.asianquitline.org
BACR Phase IV Training (Sally Hinton)	01252 720640	www.bacrphaseiv.co.uk
British Association for Counselling & Psychotherapy	0870 443 5252	www.bacp.co.uk
British Association of Cardiac Rehabilitation (BACR)	020 7383 3887	www.bcs.com/bacr
British Cardiac Patients Association Helpline	020 8289 5591	www.bcpa.co.uk
British Heart Foundation	020 7935 0185	bhf.org.uk
BHF Heart Information Line	08450 708070	
BHF National Centre for Physical Activity and Health	01509 223259	www.bhfactive.org.uk
British Nutrition Foundation	020 7404 6504	www.nutrition.org.uk
Cardiomyopathy Association	01923 249977 0800 018 1024	www.cardiomyopathy.org
Chest Heart and Stroke Association (Northern Ireland)	02890 320184 Advice helpline: 08457 697299 Cardiac Liaison Sister helpline: 08456 011658	www.nichsa.com
Chest Heart and Stroke Association (Scotland)	0131 225 6963 Advice line: 0845 077 6000	www.chss.org.uk
Children's Heart Federation	020 7820 8517 Helpline: 0808 808 5000	www.childrens-heart-fed.org.uk
Dataforce (BHF Publications)	01604 640016	

Organisation	Telephone number	Website
Department of Health	020 7210 4850 020 7210 5025 (minicom)	www.doh.gov.uk
Diabetes UK	020 7424 1000 020 7424 1030 (translation service) 020 7424 1031 (text)	www.diabetes.org.uk
Extend	01582 832760	www.extend.org.uk
Fitness Wales	02920 575155	www.fitnesswales.co.uk
Food Standards Agency (England)	020 7276 8000	www.foodstandards.gov.uk
Food Standards Agency (Northern Ireland)	02890 417711	www.foodstandards.gov.uk
Food Standards Agency (Scotland)	01224 285100	www.foodstandards.gov.uk
Food Standards Agency (Wales)	02920 678999	www.foodstandards.gov.uk
Grown Up Congenital Heart Patient Association (GUCH)	Helpline: 0800 854759	www.guch.demon.co.uk
HEA Primary Health Care Unit	01865 226042/741841	
Health Promotion Agency for Northern Ireland	02890 311611	www.healthpromotionagency.org.uk
Health Promotion Wales (Library only)	02920 752222	
Heartstart UK (England and Wales – excluding North England)	020 7487 9419	www.bhf.org.uk/hearthealth
Heartstart UK (Scotland, Northern Ireland & North England)	0131 554 6954	bhf.org.uk/hearthealth
Heart UK	01628 628638	www.heartuk.org.uk
National Forum for Coronary Heart Disease Prevention	020 7383 7638	www.heartforum.org.uk
QUIT	020 7251 1551 QUITLINE: 0800 002200	www.quit.org.uk
Register of Rehabilitation Programmes	Please contact the Cardiac Care Department at the BHF	
Relate	01788 573241 0845 456 1310	www.relate.org.uk

Organisation	Telephone number	Website
Smokeline	0800 848484	
Sport England	020 7273 1500	www.sportengland.org
Stroke Association	020 7566 0300	www.stroke.org.uk
The Health Education Board for Scotland	0131 536 5500 0131 536 5503 (text)	www.hebs.scot.nhs.uk
The Heart Manual Project	0131 537 9127	

Overseas

Organisation	Telephone number	Website
American Heart Association (The) National Center 7272 Greenville Avenue Dallas TX 75231	1-800-242-8721	www.americanheart.org
World Health Organisation Regional Office for Europe 8 Scherfigsvej DK – 2100 Copenhagen O Denmark	+45 39 171717	www.euro.who.int

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