



The Coventry and Warwickshire Cardiovascular Network e-Newsletter is available for information to health professionals with an interest in cardiac care. To subscribe or unsubscribe, please contact [Genevieve Gardner](#), network administrator.

## Issue 25: 29 October 2012

**This issue contains the latest information and education events relevant to delivering Cardiac Services.**

### Showcasing excellence and sharing outputs Web pages redesign to create 'resource library'

The NHS Improvement heart team is currently revamping the [atrial fibrillation \(AF\) pages of the website](#). The redesigned site will feature a specific section, in the form of a resource library, dedicated to sharing the major outputs from the national priority projects and the excellent work being undertaken by cardiac and stroke networks across the country. The types of resources presented will include relevant local guidelines, strategies and protocols, business cases and service specifications as well as a wealth of other local resources. The intention is not to provide definitive guidance on 'how to do it', but to help guide all those interested in preventing AF-related strokes to identify 'what works' and save others from reinventing the wheel. If you would like to submit any resources for inclusion in the library, please contact [Lesley.manning@improvement.nhs.uk](mailto:Lesley.manning@improvement.nhs.uk).

### GRASPing the initiative on stroke prevention

#### Commons launch of report on NHS Improvement's GRASP-AF

Glyn Davies MP hosted the official launch of the '[Grasp the initiative](#)' report during an afternoon tea reception for the [Atrial Fibrillation Association](#) (AFA) on Wednesday, 24 October 2012 at the House of Commons. The report has been produced by the AFA in support of the nationwide roll-out of the NHS Improvement [GRASP-AF](#) audit tool for stroke prevention. Trudie Lobban MBE, CEO and founder of the AFA explained: "This report is designed to be used by healthcare commissioners as well as clinical staff in primary care. Its purpose is twofold: to offer an introduction to GRASP-AF and demonstrate the potential that this tool has in improving care for people with AF across England." The report provides a series of practical recommendations on what more can be done by commissioners and primary care clinicians to promote the use of GRASP-AF across the country and on how to use the tool most effectively.

## **Report from the Clinical Advisory Group for Prescribed Services**

### **Recommends which specialist services should be commissioned nationally**

A [Clinical Advisory Group for Prescribed Services \(CAG\) report](#) has been published recommending which specialised services should be commissioned nationally in England. The recommendations are to be agreed by Ministers and the NHS Commissioning Board (NHSCB) this autumn and the final list of specialist services will be commissioned by the NHSCB from April 2013. The CAG was established to advise the government on which specialised services should be commissioned nationally by the NHSCB, rather than by local Clinical Commissioning Groups (CCGs).

Section 13, pages 65 through to 73 focuses on specialised adult cardiology and cardiac surgery services including:

- cardiac electrophysiology (EP);
- inherited heart disorders (IHD);
- adult congenital heart disease services;
- cardiac surgery, invasive cardiology and cardiac MRI; and
- pulmonary hypertension services.

Specialised paediatric cardiology and cardiac surgery services are covered in section 23.3 on page 126. The CAG recommended that familial hypercholesterolaemia (FH) should not be included in the list of prescribed inherited cardiac conditions, but that the management of FH should instead be commissioned by CCGs.

The CAG also recommended that all primary percutaneous coronary intervention (PPCI) for ST-elevation myocardial infarction services should be prescribed (i.e. commissioned by the NHSCB), subject to early review (2-3 years).

## **More patients opting to take up CR services**

### **2012 NACR report highlights 2% increase in participation**

[The 2012 Annual Statistical Report for the National Audit of Cardiac Rehabilitation \(NACR\) published on the NACR website](#) highlights a number of improvements in the take up and delivery of cardiac rehabilitation (CR).

The report indicates that between April 2010 and March 2011 the percentage of patients in the three main groups that took part in CR increased from 42 to 44%. However, the number of patients in these groups discharged from hospital decreased by more than 7,000 in England and Wales.

Other improvements include:

- the number of programmes excluding heart failure patients dropped from 20 to 15%;
- the percentage of patients invited who declined dropped from 25 to 21%;
- the time between the acute event and first assessment reduced; and
- the average wait-time for Phase 3 programmes reduced (by three days).

The report notes that there is again a wide variation in the multi-disciplinary staffing of programmes. Only half of programmes have access to a dietician and 10% to a psychologist.

## **‘Payment by Results’ (PbR) 2013-2014 detail announced Information and provisional timetable published**

The Department of Health has announced information on and a provisional timetable for „Payment by Results“ (PbR) for 2013-2014 and for the second year running PbR includes a post-discharge tariff for cardiac rehabilitation. Full detail is available on the [Department of Health website](#).

## **‘Stop thinking aspirin, start thinking oral anticoagulation’ SPAF workshops spearhead campaign**

The SPAF Academy, promoting stroke prevention among atrial fibrillation patients, is holding four free regional workshops before Christmas driving a „Stop thinking aspirin, Start thinking oral anticoagulant“ campaign. The workshops, which will be held in the evening, will be in Leeds (30 October), Birmingham (7 November), Manchester (22 November) and Bristol (6 December). Full details for each event are available from the [SPAF Academy campaign website](#) together with [registration details](#). The events will also highlight [GRASP-AF](#), the NHS Improvement audit tool supporting the management of AF patients in general practice. GRASP-AF is downloadable from the NHS Improvement website and is free to practices in England.

## **NICE scope of the familial hypercholesterolaemia quality standard Minutes of first workshop on 17 September available**

The National Institute for Clinical Excellence (NICE) has published the [scope of the familial hypercholesterolaemia quality standard](#) including details of the first meeting of the topic expert group Quality Standards Familial Hypercholesterolaemia scoping workshop held at the NICE Manchester offices on 17 September.

## **NICE guideline on the diagnosis and management of acute heart failure Final scope published this month**

The National Institute for Clinical Excellence (NICE) has published the final scope on the diagnosis and management of acute heart failure. Full details are available on the [NICE website](#).

## **Consultation on NICE quality standards**

### **Final reminder: registered stakeholder contributions required**

#### **Draft venous thromboembolic diseases quality standard**

Consultation on the draft management of venous thromboembolic diseases quality standard will finish this Wednesday 31 October 2012. Consultation started on 3 October this year. Further details on the draft quality standard and how to respond are available on the [NICE website](#). Only registered stakeholders“ comments can be considered.

#### **Draft hypertension quality standard**

Consultation on the draft hypertension quality standard will finish at 5pm on Friday 2 November 2012. Consultation started on Friday 5 October this year. Further details on the draft quality standard and how to respond are also available on the [NICE website](#). Again only registered stakeholders“ comments can be considered.

## **Evidence update: the management of stable angina**

### **Relevant to NICE clinical guideline 126**

The [Management of stable angina: evidence update September 2012](#) provides a summary of the latest selected new evidence relevant to the NICE clinical guideline 126 '[Management of stable angina](#)'. Evidence updates reduce the need to search for new evidence by providing key points from all new information available and providing a commentary describing strengths and weaknesses.

### **Greater Manchester and Cheshire Cardiac Network**

#### **Can you inform a cardiac imaging workforce initiative?**

The Greater Manchester and Cheshire Cardiovascular Network have recently established a group to look specifically at the workforce requirements of those working within cardiac imaging. This will encompass all the sub-specialties and sub-disciplines within this area; from consultants to technicians. This is a challenging piece of work and following an initial scoping exercise, the Network are now seeking to follow this up with more detailed analysis in order to understand:

- current numbers;
- age of staff (for succession planning);
- emerging technologies;
- cross boundary/modality working;
- waiting time;
- hours of operation of the service; and
- capacity v demand.

This work will inform a robust plan for the future workforce. If anyone has undertaken a workforce planning exercise the network would be most keen to learn from your experience. Please contact Karen Gibbons, Service Improvement Manager ([karengibbons@nhs.net](mailto:karengibbons@nhs.net)) / Alison Bali, Project Manager ([a.bali@nhs.net](mailto:a.bali@nhs.net))

### **Mandate to provide risk assessment to local populations**

#### **Alcohol checks to be included from 1 April 2013**

From 1 April 2013 local authorities will be mandated to provide health check risk assessments to their populations, and ensure that everyone eligible is offered a check every five years. Assessing alcohol consumption for everyone attending will be part of the mandatory function. Practitioners carrying out this NHS Health Check will use the validated World Health Organisation developed Alcohol Use Disorder Identification Test (AUDIT).

About 22% of adults are drinking above lower-risk guidelines. Most people attending an NHS Health Check will be assessed as low risk for alcohol consumption. For those patients who are AUDIT positive, the AUDIT score will help the NHS Health Check practitioner decide what to do next. Further information is available in a [special edition of the NHS Health Check bulletin](#).

### **Facts about caring 2012 - Carers UK**

#### **Charity publishes new digest**

[Carers UK](#) the charity set up to help the millions of people looking after family or friends has published a digest of key facts and figures about carers drawing on its own research and other external sources. [The digest](#) contains key statistics on health, employment, age, tasks, finances and poverty.

## **Applications invited for heart patient charity bursary**

### **Heart Care Partnership (UK) award**

Heart Care Partnership (UK), the national heart patient charity, is inviting applications to its bursary scheme encouraging patient and/or carer and clinician partnership to promote good practice. This is the second time the bursary award has been offered by the Heart Care Partnership. Dedicated to the memory of a former president, David Geldard MBE, it offers a £300 cash prize and publicity on the Heart Care Partnership (UK) and British Cardiovascular Society (BSC) websites and in newsletters. To be considered, please fill in an application form on the [BSC website](#). Completed forms must be returned by Friday 29 March 2013. The successful application will be awarded the bursary at the Heart Care Partnership (UK) Conference at the Excel, London 4 June 2013.

## **Cardiac arrest**

### **Bringing the hospital to the patient**

Innovations such as the „cool car“ have put London's Air Ambulance's physician response unit at the cutting-edge of emergency care in responding to medical emergencies such as cardiac arrests. [Read more...](#)

## **Arrested development!**

### **Insight into cardiac innovations**

Frost and Sullivan Research Analyst Somsainathan C Kamalasekar provides insight into the technological innovations that can help to prevent sudden cardiac death. [Read more...](#)

## **Study highlights risk of thrombosis on interruption of warfarin**

### **Danish retrospective analysis of 102, 591 patients hospitalized with AF**

A retrospective cohort study has highlighted the need for commissioning groups to balance the convenience of local provision and possible cost saving offered by a provider, with appropriate levels of support for the patient to ensure good compliance in receiving treatment. The Danish study showed that of the 48,989 patients receiving warfarin treatment after discharge, 35,396 (72%) had at least one episode of warfarin treatment interruption. During the observational period there were 16,738 thromboembolic events or deaths. Of these, 8,255 (49%) occurred during treatment interruption. Patients who receive anticoagulant therapy commonly interrupt treatment either due to a lack of compliance, need for surgery, or conversion to apparently stable sinus rhythm. [Read more...](#)

## **Weight gain a barrier to quitting smoking analysis shows**

### **Women particularly intolerant of average increase in weight**

The health benefits of quitting smoking far outweigh the weight gain people may experience after giving up. However, a meta-analysis of 62 trials assessing weight change among people who had successfully given up for 12 months showed that the average weight gain of 4-5lbs in 12 months among those who quit is higher than many, particularly female, smokers are willing to tolerate. [Read more...](#)

## **Smoking causes 2/3rds of deaths among UK women smokers aged 50 to 80**

### **Study suggests smokers' average lifespan reduction is 10 years**

A study of one million women smokers in the UK reported in [The Lancet](#) suggests that two thirds of all deaths of smokers in their 50s, 60s, and 70s are caused by smoking and that smokers lose at least 10 years of lifespan. The study also indicated that although the hazards of smoking until age 40 and then stopping are substantial, the hazards of continuing are ten times greater. Stopping before age 40 avoids more than 90% of the excess mortality caused by continuing smoking, stopping before 30 avoids more than 97%.

### **Training and events**

#### **Nurse Clinics 2012 fifth annual conference**

**Accelerate the success of your nurse clinic or service  
Tuesday 20 November 2012, London**

Nurse Clinics 2012 is the premier conference for nurses working at advanced practice and running their own clinics and services in primary and secondary care across a variety of specialities including cancer and palliative care, cardiology, urology, mental health and surgery and pre-assessment.

The conference features keynote presentations from Dr Peter Carter OBE, Chief Executive and General Secretary of The Royal College of Nursing and Professor Judith Ellis, Interim Chair of the Nursing and Midwifery Council, plus over 30 case study presentations offering practical advice, experience and solutions.

Download the brochure and book your place at the [conference website](#).  
or email [kerry@healthcareconferencesuk.co.uk](mailto:kerry@healthcareconferencesuk.co.uk)

#### **British Society for Heart Failure**

**15th annual autumn meeting – 'Heart failure, a multi-disciplinary approach' 29 and 30 November**

**Queen Elizabeth II Conference Centre, London**

Further information about this two day event (including AGM, and registration details) is available from the [BSH website](#).

#### **15th NHS Health Check National Learning Network Event**

**Wednesday 28 November 2012**

**Holiday Inn, Bloomsbury, London.**

The workshop features a policy update from the Department of Health, along with presentations, discussions and interactive groups around the emerging issues and themes affecting the NHS Health Check programme. It is for people involved in the commissioning, roll out and delivery of the NHS Health Check programme. Anyone representing a private company or charity will not be able to attend.

For further information and registration details are available on the [event webpage](#).

#### **Paediatric congenital heart disease**

**The Royal Brompton and Harefield NHS Foundation Trust**

**6 to 7 December**

This two day course is run by Imperial College London in collaboration with Royal Brompton and Harefield NHS Foundation Trust. Through a variety of interactive lectures, practical case scenarios and group discussions those attending will be

able to identify essential principles of care in the management of paediatric patients with congenital heart disease. All participants will be awarded an Imperial College London Certificate of Attendance on completion of the course. For further details and online registration please visit the [Imperial College London website](#).

### **Management of hypertension in primary care**

**11 to 14 February 2013**

**University of Birmingham**

A four day course aimed at providing health care professionals with skills and academic requirements for specialist clinical practice within the community as well as research skills and health service evaluation. The programme includes:

- an epidemiological overview;
- measurement of blood pressure;
- factors controlling or raising blood pressure;
- organ damage of hypertension;
- CVD risk assessment, evidence based treatment, QOF; and
- protocol development and referral pathways.

More details are available from the [University of Birmingham website](#). Or [register online](#).

### **Et al Training**

**Fully funded cardiovascular courses**

A range of courses is available - fully funded by sections of the NHS – on the [Et al Training website](#). Et al delivers education with a highly practical and engaging manner, with tutors including Jan Procter-King, Dr Clare Hawley, Dr Chris Harris, Cath Robertson and Linda Goldie.

Courses include:

- heart failure management in primary care – be confident with heart failure;
- hypertension management in primary care – be on the ball with the recent NICE guidance;
- stroke management and prevention in primary care – prevent 1 in 5 strokes; and
- CVD risk – delivering quality health checks will require skills.

### **Twitter!**

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