The Adult Congenital Heart Disease (ACHD) service is a success story. Ever more people born with ACHD are surviving well into adulthood. The consequent need to expand the service to treat people in a more timely manner and closer to their homes has been recognised. A £400,000 phase one investment from Welsh Health Specialised Services Committee has been earmarked for service development and from March 2015 onwards, new staff will be joining the South and West Wales Adult Congenital Heart Disease Service. The service will be lead by Dr Gergely Szantho, the first ACHD Consultant to be appointed in Wales.

ACHD clinics are currently held in Cardiff, Swansea, Neath Port Talbot, Merthyr and Haverfordwest. Aided by the new investment each LHB across South Wales will have a local ACHD cardiologist lead, a local lead physiologist and a local clinic. When recruitment is complete, these new clinics will be supported by a visiting consultant, ACHD physiologist and specialist ACHD nurse. These staff will be based at the University Hospital of Wales but will work across the whole of south Wales.

New clinics will be held in the following hospitals:

<table>
<thead>
<tr>
<th>UHB</th>
<th>Hospital</th>
<th>Local ACHD Lead</th>
<th>Local Physiologist</th>
</tr>
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<tbody>
<tr>
<td>AB UHB</td>
<td>Ysbyty Ystrad Fawr</td>
<td>Dr Phil Campbell</td>
<td>Cath Templeton</td>
</tr>
<tr>
<td>ABM UHB</td>
<td>Princess of Wales</td>
<td>Dr Helen Wallis</td>
<td>Leann Gibbs</td>
</tr>
<tr>
<td>CT UHB</td>
<td>Ysbyty Cwm Rhondda</td>
<td>Dr Claire Williams</td>
<td>Cath Templeton</td>
</tr>
<tr>
<td>HDd UHB</td>
<td>West Wales General</td>
<td>Dr Helen Wallis</td>
<td>Nerys Matthews</td>
</tr>
</tbody>
</table>

In addition to these local ACHD clinics, each LHB will have a Transition Clinic up to twice a year and UHW will host a new Joint Cardiovascular-Obstetric Clinic to look after pregnant women with heart disease and those contemplating pregnancy.

The newly appointed staff are:
- Dr Gergely Szantho, Consultant in ACHD
- Mrs Sarah Finch, ACHD Nurse Specialist
- Miss Bethan Shiers, ACHD Nurse Specialist
- Ms Leann Gibbs, ACHD Lead Cardiac Physiologist, ABM UHB
- Ms Nerys Matthews, ACHD Lead Cardiac Physiologist, Hywel Dda UHB

The Lead Physiologist post for Cardiff & Vale UHB is currently out to advert.

Background of new specialist clinicians

Dr Gergely Szantho, ACHD Consultant

Gergely realised early on in his training that congenital heart disease and congenital echo scans excited him most. Finding out about rare or previously unseen cardiac problems of young adults and then working on solutions for them was really motivating and rewarding for him.

His congenital cardiology fellowship at the Bristol Heart Institute involved him in interventions, resynchronisation therapy, interventional and perioperative imaging and he introduced 3D and 4D TOE imaging guidance for congenital cardiac interventions. His later research involved using MRI to better understand the different causes of exercise limitation in patients with congenital heart disease. MRI is essential in the diagnosis and management of congenital heart disease, and a well-established body of evidence supports its use in general cardiology.

In his new post he is looking forward to improving the care of the Welsh patients, closer to their homes. His aim with his team is to provide a more pro-active, preventative and accessible service that reduces travel and avoidable hospital admissions.

He is already in love with the beautiful South-West Welsh coast and the Brecon Beacons, and is excited to explore Wales with his family.
Sarah Finch, ACHD Nurse Specialist
Sarah graduated in nursing at UWCM in 2003 and undertook a cardiothoracic rotation at UHW, working on cardiology, cardiac surgery, thoracic surgery and cardiac intensive care. She worked as a senior staff nurse in cardiac ITU for a further 4 years during which she obtained a Masters Degree in Medical Law.

In 2009 she set up a structural inherited cardiac conditions service within the existing heart muscle service at UHW, working closely with the All Wales Medics Genetics Service and funded initially by the British Heart Foundation. For the past three years she has been working as a heart failure / inherited cardiac conditions specialist nurse at UHW. She is passionate about nursing and improving cardiac care/services for all patients including the newly expanded ACHD service.

Bethan Shiers, ACHD Nurse Specialist
Bethan qualified in Adult Nursing in 2010 at the University of West England and worked as a cardiac and ACHD staff nurse at the Bristol Heart Institute and then as an ACHD clinical nurse specialist for three years. Originally from Wales she is passionate about developing and improving the ACHD service for Welsh patients.

Leann Gibbs, ACHD Lead Cardiac Physiologist, ABM UHB
Leann qualified as a Cardiac Physiologist in HTEC MPPM in 1991 and worked in Prince Philip Hospital, Llanelli. In 1997 she had the opportunity to work in New Zealand for a year, working with both paediatrics and adults in Cardiology. In 2001 Leann joined the Cardio-respiratory department at Princess of Wales Hospital, specialising in echocardiography. Leanne is currently studying a masters module in clinical assessment for healthcare scientists, to develop a physiologist led simple GUCH clinic. She is looking forward to developing her knowledge and skills in the ACHD service.

Nerys Matthews, ACHD Lead Cardiac Physiologist, Hywel Dda UHB
Nerys works as a Highly Specialised Cardiac Physiologist in Glangwill District General Hospital specialising in Echocardiography with a keen interest in Congenital Heart Disease. She is looking forward to a new challenge and gaining further experience by working with the ACHD specialists to develop cardiac services within Hywel Dda University Health Board.

Dr Gergely Szantho 029 2074 4603
Gergely.Szantho@wales.nhs.uk

Welcome to Judith Paget, SWCN and Implementation Group Chair
Judith Paget, as CEO of Aneurin Bevan Health Board, is delighted to have been asked to chair both the South Wales Cardiac Network and the Heart Disease Implementation Group. Judith recognises the need to reduce premature heart disease for the Welsh population and the importance of leading the implementation of the Heart Disease Delivery Plan through both the Networks and the Implementation Group.

Contact: Judith Paget 01495 435958
Judith.Paget@wales.nhs.uk

Clinicians and Coders working together — not an enigma
Improving Cardiac Clinical Terminology and Coding
Discrepancies in accurate coding of acute cardiac presentations are well recognised and have significant subsequent consequences for cardiac services, health organisations and ultimately for patient care. Following a meeting involving clinicians representing the SWCN and national coding leads and discussion with clinical colleagues in NWCN, a letter was distributed to all the Medical Directors and Cardiology Clinical Directors in Wales. This advised on the importance of using appropriate cardiac terminology by clinicians to enable accurate coding of hospital discharges by coders.

ACS Terminology and Coding
Clinicians were reminded that the term “Acute Coronary Syndrome” is an umbrella term encompassing three acute cardiac presentations, unstable angina, non-ST elevation myocardial infarction (NSTEMI) and ST elevation myocardial infarction (STEMI). Only the relevant specific cardiac terminology should be used in the final diagnosis.

Terms to avoid
Two examples of specific cardiac terms to avoid without appropriate qualification in listing of final diagnoses on discharge are ‘ACS’ and ‘LVSD.’ Similarly, the use of terms such as ‘possible’, ‘likely’, ‘impression’ and ‘?’ should also be avoided in this context.

If clinicians do not use clear and appropriate cardiac terminology coders will have difficulty recording the correct codes.

It is hoped that this type of collaborative work involving coders and clinicians will continue and further meetings are planned for the future.

Contact: Gethin Ellis 01443 443611
Gethin.r.ellis@wales.nhs.uk

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BHF Update

BHF Alliance

The BHF Alliance supports professionals who work with people affected by, or at risk of developing cardiovascular disease (CVD). Whether you are in traditional healthcare, public health or a voluntary organisation, if your role plays a part in the prevention, survival or support of people with or at risk from CVD, the BHF Alliance is for you.

As a member you can connect with your peers, share your expertise and develop best practice. Alliance members are equipped with support, information and resources to help them impact positively on patient care and service improvement, survival rates from sudden cardiovascular events and prevention of disease.

If you want to maximise your potential to make a difference, join the Alliance.

Benefits for members:

- a valued connection with the BHF
- annual learning and development allowance
- access to learning and development information
- access to a bespoke online discussion forum
- access to Alliance regional and national events
- access to BHF resources
- BHF e-newsletters
- auto subscription to the free Heart Matters service and magazine

Visit www.bhf.org.uk/alliance and complete the online application form.

BHF South Wales Portal Now Online

The BHF South Wales Portal on the South Wales Cardiac Network website contains useful links to BHF resources, information and team details and is accessed via a link on the Network’s home page (www.swcn.wales.nhs.uk).

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SHOCKING NEWS!

Research shows the need for life support training and AEDs in secondary schools

Sudden cardiac death in young people accounts for about 45 deaths per year in Wales. Prompt life-support intervention and defibrillation can improve survival in cases of cardiac arrest. There are clear international examples that show significant improvements in cardiac arrest survival by providing automated external defibrillators (AED), supported by appropriate training in schools.

In a recent survey led by two Sports and Exercise Medicine Physicians and a Cardiologist, supported by the South Wales Cardiac Network, a disappointingly low number of secondary schools in South Wales were identified as having an adequate number of staff trained in basic life support and a readily available automated external defibrillator. Not surprisingly, the requirement for improved training and provision of AED in schools, whilst not currently mandatory, was welcomed by the majority of respondents. The results of the survey have been presented both locally at a meeting held in the University of South Wales and nationally at a Public Health Medicine conference. A paper summarising the work was also published recently in abstract format in the Lancet.

The team are looking to extend the survey to schools throughout Wales to investigate this further and to establish the potential difference that may follow if life support training and AED provision are made mandatory in schools. The important work being undertaken by the British Heart Foundation in this area is also acknowledged and greatly welcomed.

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Ellis G; Martin R; Phillips, T; (2014) Survey of life support training in teachers and provision of automated external defibrillators in secondary schools in South Wales;
WAST Cardiac Survival Plan
WAST continues to deliver a range of developments in line with its Cardiac Arrest survival plan.

BHF Funded Rapid Resuscitation Response Unit (3RU) pilot shows improved survival rate
Managing a pre-hospital cardiac arrest can present challenges for pre-hospital staff including working in confined spaces, fraught relatives and a reduced number of staff available compared to the hospital setting.

A 3RU pilot is operating in the Cardiff and Vale UHB area funded by the BHF. The 3RU vehicle is staffed by an experienced paramedic who has undergone specialist training and assessment by the Scottish Ambulance Service 3RU team in leading a pre-hospital cardiac arrest. This highly skilled paramedic removes some of the challenges of dealing with a highly charged scene and ensures that the resuscitation remains patient focused and high quality. The paramedic is also trained in post return of spontaneous circulation care (ROSC), and ensures that the patient is transferred to the most appropriate department within the hospital. This may be the cath lab in preference to the ED. The trial is running seven days a week for 12 hours a day until the end of May. Using the 3RU has resulted in a ROSC rate of 31% at hospital (pulse on transfer to ED staff) compared with 3-8% previously.

New Defibrillators provide live ECG telemetry
As part of the clinical modernisation strategy WAST has received over £2 million from Welsh Government to purchase 140 new state of the art Corpuls3 Monitor Defibrillators. They will be placed on front line emergency medical ambulances in strategic parts of Wales. This will be rolled out across the whole of Wales in the next two years. The new Corpuls3 will assist WAST to deliver the best care possible for our patients enabling live ECGs to be sent by internet telemetry from an ambulance direct to clinicians in primary care, EDs and PPCI Labs. It will enable patients to be diagnosed more accurately and treated appropriately. The rollout of the initial 140 units will commence in June 2015.

Be a Defib Hero - register your defibrillator with WAST
In partnership with the British Heart Foundation, the Welsh Ambulance Service launched “Be a Defib Hero – fight for a life!” The campaign asks communities, businesses and the public sector to inform the Ambulance Trust of any automated external defibrillators that they hold, so that they can be added to the clinical contact centre dispatch system and be made available to the public if someone suffers a cardiac arrest nearby. An online reporting tool has been created and more can be found at www.ambulance.wales.nhs.uk. The launch was attended by survivors of pre-hospital cardiac arrest and Mr Vaughn Gething AM, Deputy Health Minister. Since the launch over 1000 previously unidentified defibrillators have been added to the register.

WAST continue to work with the BHF and communities across Wales to increase the number of public access defibrillators available.

Contact: Carl Powell 07702 443298
Carl.Powell@wales.nhs.uk

New funding for Welsh NHS to improve services
In late January 2015 the Health and Social Services Minister announced £70m additional and recurrent funding for the Welsh NHS. This included £30m to develop primary care services across Wales; £20m to take forward Intermediate Care projects linking out of hospital and social care; £30m for the creation of “efficiency through technology” fund and £10m to implement measures in 10 key delivery plans to take forward service reconfiguration.

Delivery Plan Implementation Groups, with the clinical leaders and patient voices have been asked to come up with ideas to support transformative proposals, reflecting the Group’s agreed priorities. Specified criteria include proposals that:

- Improve access to community and primary care
- Improve patient flow and reduce waiting lists
- Result in substantial pathway improvements, reducing pressure on unscheduled care
- Reduce admissions and re-admissions to hospital particularly for those with long term conditions
- Reflect prudent healthcare principles
- Link to Health Board IMTPs
- Offer learning which can be implemented across Wales

Proposals should be submitted via Implementation Group Chairs by the end of May. The Cardiac Networks will be able to submit proposals after the Cardiology Pathway Transformation Workshop on 18 June 2015. The funding is available for 2015 – 16 recurring.

Contact: Sue Wilshere 029 2036 4406 ext 201
Sue.Wilshere@wales.nhs.uk
All Wales Cath Lab Replacement Programme

In 2014 the all Wales Cath Lab Replacement Programme Board was set up to facilitate the collaborative procurement and phased replacement of cardiac catheter laboratories (cath labs) in Wales approaching the end of their useful life. These included Morriston Hospital, University Hospital of Wales, Royal Gwent Hospital, Princess of Wales Hospital, Royal Glamorgan Hospital and Glan Clwyd Hospital. Hywel Dda University Health Board is involved in the programme as it plans to build a cath lab in the future.

The programme is being managed by the NHS Wales Shared Services Partnership with project support from South Wales Cardiac Network.

The programme is funded by Welsh Government who allocated funding uplifts to each Health Board allowing organisations to prioritise their own needs.

Each Cath Lab comprises imaging, haemodynamic monitoring and CPACS data storage. During January and February 2015 cardiologists, cardiac physiologists, ICT managers, clinical systems managers and radiographers had demonstrations from different suppliers of the three components. Intensive scoring evaluations were undertaken by the Health Board representatives to establish preferred suppliers.

The most fragile components of the ageing labs - the CPACS and physiological monitoring equipment were prioritised by organisations to be purchased first. The imaging equipment will be purchased in 2015-16. The funding process for imaging in the next financial year is subject to discussion with Welsh Government.

The next stage of the programme will be to agree the phasing of the installation of the replacement equipment.

Contact: Andrew Ward 029 2090 4104
Andrew.Ward2@wales.nhs.uk

Reducing call to balloon time for heart attack patients

Paramedic, Emergency Department and cardiology staff from WAST, Aneurin Bevan, Cardiff & Vale and Cwm Taf UHBs came together in March for a Primary PCI Delays Improvement Workshop led by Dr Nigel Brown, SWCN Lead, Consultant Cardiologist and Clinical Director ABUHB and Dr Tim Kinnaird, Lead Interventional Cardiologist CVUHB.

UHW has provided a 24/7/365 PPCI service since January 2012. They began to accept interhospital transfers (IHT) for acute MI patients from DGHs in September 2013 for patients who arrive at their local DGH either by ambulance or as self presenters. When patients transport themselves or ambulances take patients to DGHs there can be lengthy delays in receiving PPCI, with poorer outcomes for the patients as a result.

The group discussed cases in detail to establish common themes including:

- DGHs not following the IHT PPCI protocol
- ECG misinterpretation / no patient demographics included / times not recorded / delays between repeating ECGs
- DGHs accepting patients from WAST when acute MI is already diagnosed
- Routinely involving cardiology registrar for advice
- Emergency Departments do not have ACS champions in South East Wales

WAST have recently received welcome funding to purchase new defibrillators that transmit live traces of ECGs. They are also rolling out digital pens which store the ambulance care record. Both of these hi-tech investments will help eliminate some of the causes of delays identified.

As a result of the workshop:
- UHW will share their triage criteria with DGH A&E departments and are relaxing their criteria to accept IHTs
- An ACS champion in each hospital ED will be nominated
- Real time audit and review feedback to UHW will be given
- There will be quarterly updates given on IHT patients at the clinical collaborative group meetings.

An online ECG self assessment tool will soon be made available to help support ECG interpretation.

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Nigel.Brown@wales.nhs.uk; Tim.Kinnaird2@wales.nhs.uk
Heart Disease Delivery Plan Priorities

Together for Health - a Heart Disease Delivery Plan was launched by Mark Drakeford, the new Minister for Health, in May 2013. It reaffirms the importance of the CHD NSF and has six HDIG agreed delivery themes.

The all Wales Heart Disease Implementation Group initially chaired by Andrew Goodall, now by Judith Paget, CEO of Aneurin Bevan UHB, was set up to provide strategic leadership at an all Wales level to support the delivery of the HDDP.

Five priorities should be delivered by March 2016:
- consistent model for cardiovascular risk assessment
- delivering cardiac waiting times by putting in place more effective cardiac pathways
- developing and piloting component or differential waiting times targets
- reviewing workforce capacity and considering new models of delivery that release capacity
- improving participation and case ascertainment in National Clinical Audit

Welsh Government has just made available £1 million to each Implementation Group to support delivery plans to drive faster improvements, linked to these priorities.

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Sue.Wilshere@wales.nhs.uk

Review of Clinical Networks

Back in early 2013 when the first Delivery Plans were published, one of the actions was to review the role and remit of the Cardiac and all other Clinical Networks. Draft recommendations to NHS Chief Executives on future arrangements have been circulated. They are intended to increase the influence and accountability of Clinical Networks.

The initial key changes being recommended are that all Networks should:
- be all Wales clinical networks – i.e. a single cardiac network for Wales
- influence, but not take on delegated responsibility for commissioning or collaborative service planning
- provide strong independent clinical advice to Health Boards, Trusts and WHSSC
- increase links with Delivery Groups
- Be hosted by a single NHS organisation

Criteria for new networks are agreed, but the six existing core networks, including the Cardiac Networks will be immediately designated as all Wales Clinical Networks. The final decisions on the recommendations will be made known in June and it is planned to transfer staff to the new host organisation by the end of the calendar year.

Two further workshops were held in north and south Wales. Stakeholder feedback is required by 24/4/15.

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Online ECG interpretation self assessment

Accurate ECG interpretation by ambulance staff is vital, especially when diagnosing acute MIs requiring primary PCI at a tertiary interventional centre.

South Wales Cardiac Network and WAST have been working together on an online ECG self assessment tool. This will provide a resource for paramedics to assess their ECG interpretation skills during allocated CPD time, during reflection after a call where it is identified that things could have been done differently, or whenever a paramedic would like to check their ECG interpretation skills. Staff will be encouraged to discuss their results with the Education and Training Department.

The self assessment will include 3-4 different ECGs each time it is accessed by paramedics in the following format:
- 12 lead ECG trace
- age, sex and brief history
- Travel time to PPCI centre
- Multiple choice question: What does this ECG show?
- Multiple choice question: What is the correct pathway for this patient?

The resource will be hosted on the Learning@NHSWales website and will be available to use as soon as it has been evaluated and approved by the WAST Operational Learning Group. This is expected to be in May 2015.

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Andy Williams 01792 563823
Andy.Williams2@wales.nhs.uk
The Cardiac Echo Issue 4 April 2015

Your Heart Our Passion Conference

The first conference held by the South Wales Cardiac Network targeting a range of health professionals involved in the care of cardiac patients including physiologists, fitness professionals, nurses, GPs and the voluntary sector, was a resounding success.

Held at the SWALEC Stadium in Cardiff on 23 January, the conference provided cutting edge education for 106 delegates. A diverse range of topics was presented and the posters displayed detailed innovative practice. Real insight into how to develop practice was welcomed and delegates had the chance to learn, compare notes and network.

A patient story produced by Suzanne Indge and Andrea Ellaway (AB UHB) started the day and one delegate commented, “this developed a good focus for the day and made all we do relevant”. Stepping in at the last moment Dr Chris Jones (Deputy Chief Medical Officer for Wales) gave a talk on Prudent Healthcare which raised much discussion especially amongst the GPs in the audience.

Other highlights included a passionate presentation from Helen O’Leary (AB UHB) on the use of Cognitive Behavioral Therapy in cardiac rehabilitation. The generalist advice we give to patients on exercise prior to discharge, from hospital following MI or surgery was highlighted as ‘very dubious’ by Brian Begg, a Cardiac Rehabilitation Exercise Specialist. Dr Hayes Dalal, a GP from Truro gave an inspiring talk outlining the new Re-Ablement in Chronic Heart Failure multi centre research study. This was followed by an entertaining session on the Evolution of ICDs from Robert Williams, Cardiac Physiologist at AB UHB. The last session of the day by Rebecca Gilbert from ASH Wales reinforced the advice given for smoking cessation.

A prize for the best poster entitled ‘Patient Stories’ was awarded to Suzanne Indge, Cardiac Rehabilitation Nurse Specialist, (AB UHB).

Copies of all the presentations are available at www.swcn.wales.nhs.uk

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Jackie.Austin@wales.nhs.uk

Harmonisation of NT-pro BNP cut offs for suspected chronic Heart Failure

The recent move to an all Wales Laboratory Information Management System highlighted variation in NT-pro BNP cut off levels used for suspected chronic heart failure across Health Boards. Whilst lower age-specific cut-offs have been previously recommended, audit data from AB UHB and experience in Cwm Taff UHB confirmed 100% sensitivity but at a cost of very low specificity. After all Wales consultation it was agreed that all laboratories would adopt NICE guidance, an approach already in place in BC UHB. The Biochemistry Standardisation Group have instructed NWIS to alter the reporting on LIMS.

For those with suspected heart failure, for a NTproBNP level of:

- >2,000ng/l: consider urgent cardiology referral
- 400-2000ng/l: consider cardiology referral
- <400ng/l: heart failure is unlikely

This change will reduce the requirement for echocardiography, ensuring a more prudent approach and improving waiting times.

Clinicians should be aware that obesity and treatment with diuretics, ACEI, beta-blockers, ARB and aldosterone antagonists can reduce levels of natriuretic peptides. If patients taking these drugs have a borderline BNP level, referral is still recommended. Conversely, high levels of natriuretic peptides can have causes other than heart failure (e.g. COPD, renal dysfunction, diabetes).

Contact: Graham Thomas 07901 820271
Graham.Thomas2@wales.nhs.uk

All Wales Cardiac Rehabilitation and Heart Failure Advisory Groups merge

Way back in the summer of 2014, in a service station on the M4 corridor, something quite extraordinary was taking place. Representatives from both the All Wales Cardiac Rehabilitation Advisory Group and the All Wales Heart Failure Group were deliberating their future. Both groups were already well established but there was a sense that together they could make even more of a difference to the delivery of ‘World Class’ Cardiac Rehabilitation and Heart Failure services across Wales.

With support from the South Wales Cardiac Network Lead Nurse (Dr Jackie Austin) both groups were encouraged to follow that aspiration and amalgamate to form the All Wales Cardiac Rehabilitation and Heart Failure Advisory Group. The inaugural meeting of the group took place in Llandrindod Wells in September 2014 and one of the first tasks was to define the mission statement and terms of reference.

Mission Statement
To inform, influence and contribute to the development and delivery of ‘World Class’ Cardiac Rehabilitation and Heart Failure services across Wales.

As a newly formed advisory group with representation from each speciality, discipline and Health Board they anticipate many challenges ahead but will strive to accomplish the aims of their mission statement.

Contact: Julie Thomas 01792 702222 ext 37013
Julie.Thomas7@wales.nhs.uk
**Future Events and Conferences**

**Welsh Primary Care Cardiovascular Conference**
**Wednesday 13 May 2015**
Liberty Stadium, Langdon Road, Swansea, SA1 2FA
For further information contact:
Claire Lewis, Network Administrator
029 2036 4406 ext 201; Claire.Lewis9@wales.nhs.uk

**Transforming the Cardiology Outpatient Pathway to deliver a 16 week GP Referral to Treatment Plan workshop**
**Thursday 18 June 2015**
Liberty Stadium, Langdon Road, Swansea, SA1 2FA
For further information contact:
Claire Lewis, Network Administrator
029 2036 4406 ext 201; Claire.Lewis9@wales.nhs.uk

**Cardiff Cardiovascular Genetics 2015**
**Tuesday/Wednesday 17/18 November 2015**
City Hall, Cardiff, CF10 3ND
For further information contact:
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**Contact Details for the South Wales Cardiac Network Team**

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- **Lead GP (South East Wales)**
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- **Cardiovascular Audit and Primary Care Project Nurse—Mid and West Wales**
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**South Wales Cardiac Network**
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Rumney
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029 2036 4406 ext 201
www.swcn.wales.nhs.uk

**South Wales Cardiac Network Website Survey**


We would love to hear what you think, and to have any suggestions for improvements. Thank you!

**Network Meeting Dates 2015**

- **Clinical Collaborative Group**
  - **South East Wales**
  - Friday 3 July
  - Central South Consortium Conference Centre, Nantgarw

- **Clinical Collaborative Group**
  - **Mid and West Wales**
  - Friday 26 June
  - Venue tbc

- **All Wales Cardiac Rehabilitation/Heart Failure Working Group**
  - Thursday 16 July
  - Media Resource Centre, Llandrindod Wells,