Alliance for
Heart Failure

Westminster Heart Failure roundtable

26th October 2020

Heart failure provision, the NHS Long Term Plan, and the future of services for patients - Roundtable discussion, hosted by Steve McCabe MP

Host / Chairs

- Steve McCabe MP
- Louise Clayton, Advanced Nurse Practitioner, Co-Chair, Alliance for Heart Failure
- Richard Corder, Cardiovascular Care Partnership

Agenda

- 16.00 – 16.05: Welcome - Steve McCabe MP
- 16.05 – 16.10: Introduction - Louise Clayton
- 16.10 – 16.15: The patient experience - Sarah Worsnop
- 16.15 – 16.20: The patient experience - Rich Cleverley
- 16.20 – 16.25: The importance of early diagnosis and the role of primary care - Prof. Ahmet Fuat
- 16.25 – 16.30: How specialist teams impact on patient outcomes - Prof. Andrew Clark
- 16.30 – 16.35: The importance of cardiac rehabilitation - Prof. Rod Taylor
- 16.35 – 16.40: The impact of Covid-19 on heart failure care - Prof. Nick Linker
- 16.40 – 16.45: NICE guidelines and the new recommendations – Prof. Abdallah Al-Mohammad
- 16.45 – 17.20: General discussion / Questions from guests
- 17.20 – 17.30: Closing remarks

Heart failure provision, the NHS Long Term Plan, and the future of services for patients - Roundtable discussion: Hosted by Steve McCabe MP

Guests

- Carys Barton, Heart Failure Nurse Consultant, Imperial College Healthcare NHS Trust
- Andrew Brown, Bayer
- Dr Claire Colebourn, British Society of Echocardiography
- Dr Parminder Chaggar, Heart Failure Consultant, Royal Cornwall Hospitals NHS Trust
- Dr Hayes Dalal, British Association for Cardiovascular Prevention and Rehabilitation
- Jon Develing, Cheshire and Merseyside Health and Care Partnership
- Samual Dick, British Heart Foundation
- Dan Evans, Abbott
- Prof. Berne Ferry, National School for Healthcare Science
- Dr Sarit Ghosh, GP and Royal College of General Practitioners
- Karon Gilkes, Boehringer Ingelheim Ltd
- Dr George Godfrey, AstraZeneca UK
- Dr Moj Goonewardene, Bedford Hospital
- Nick Hartshorne-Evans, Pumping Marvellous Foundation

Heart failure provision, the NHS Long Term Plan, and the future of services for patients - Roundtable discussion: Hosted by Steve McCabe MP

Guests

- Paul Hodge, Abbott
- Dr Cliona Kenny, Milton Keynes University Hospital
- Dr Claire Lawson, British Association for Nursing in Cardiac Care
- Jane Lynch, Health Education England / National School of Healthcare Science
- Ros Meek, Medtronic UK
- Dr Jim Moore, President, Primary Care Cardiovascular Society
- Prof. Jerry Murphy, County Durham and Darlington NHS Foundation Trust, Durham University
- Dr Sue Piper, Consultant Cardiologist, Kings College Hospital NHS Trust London
- Stephen Richardson, Novartis
- Andy Riley, Boehringer Ingelheim Ltd
- Joel Rose, Cardiomyopathy UK
- Lynne Ruddick, British Heart Foundation
- Sally Hinton, British Association for Cardiovascular Prevention and Rehabilitation

Heart failure provision, the NHS Long Term Plan, and the future of services for patients - Roundtable discussion, hosted by Steve McCabe MP

Guests

- Diane Saunders, NHS England and NHS Improvement
- Alison Scott, Medtronic UK
- Henry Smith MP, Acting Chair of the APPG of Heart and Circulatory Disease
- Prof. Iain Squire, Past Chair of the Alliance for Heart Failure, Professor of Cardiovascular Medicine, University of Leicester
- Prof. Simon Ray, President, British Cardiovascular Society
- Stephanie Whelan, Heart Failure Policy Network
- Jacqui Young, Roche Diagnostics

Alliance for Heart Failure Secretariat

- Sarah Carter, 3:nine
- Colin Hallmark, 3:nine
- Melissa Barnett, PB Consulting
- Alfred Slade, PB Consulting

Louise Clayton

Advanced Nurse Practitioner, Co-Chair, Alliance for Heart Failure

Alliance for
Heart Failure

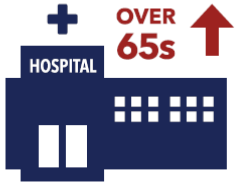
Working together to raise the profile of heart failure in Government, the NHS and media

The burden of Heart Failure

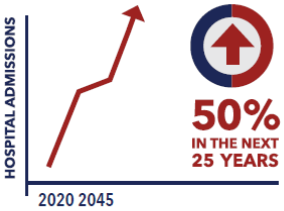
Prevalence

AFFECTED IN THE UK[i]

In the UK, heart failure affects over 900,000 people with 200,000 new cases annually.[ii]



Heart failure is the leading cause of hospital admissions in over 65s.[iii]



Projections indicate that hospital admissions for heart failure are set to rise by 50 percent in the next 25 years.[iv]

HEART FAILURE ACCOUNTS FOR 5%

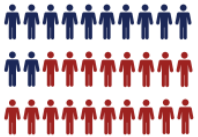
of all emergency medical admissions to hospital.[v]

Mortality

SURVIVAL RATE FOR **HEART FAILURE** IS **WORSE** THAN BREAST OR PROSTATE CANCER[vi]

UP TO **40%**

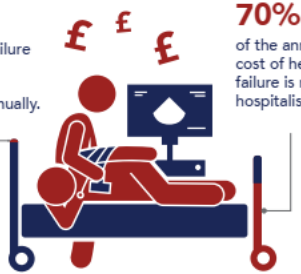
of people diagnosed with heart failure die within one year.[vii]



Cost

The overall cost of heart failure to the **NHS** is currently **£2.3 billion** annually.

Approximately **2%** of the total health service budget.[ix,x]



70% of the annual cost of heart failure is related to hospitalisation.[xi]

Alliance for
Heart Failure

Working together to raise the profile of heart failure in Government, the NHS and media

Patient voice in response to COVID-19

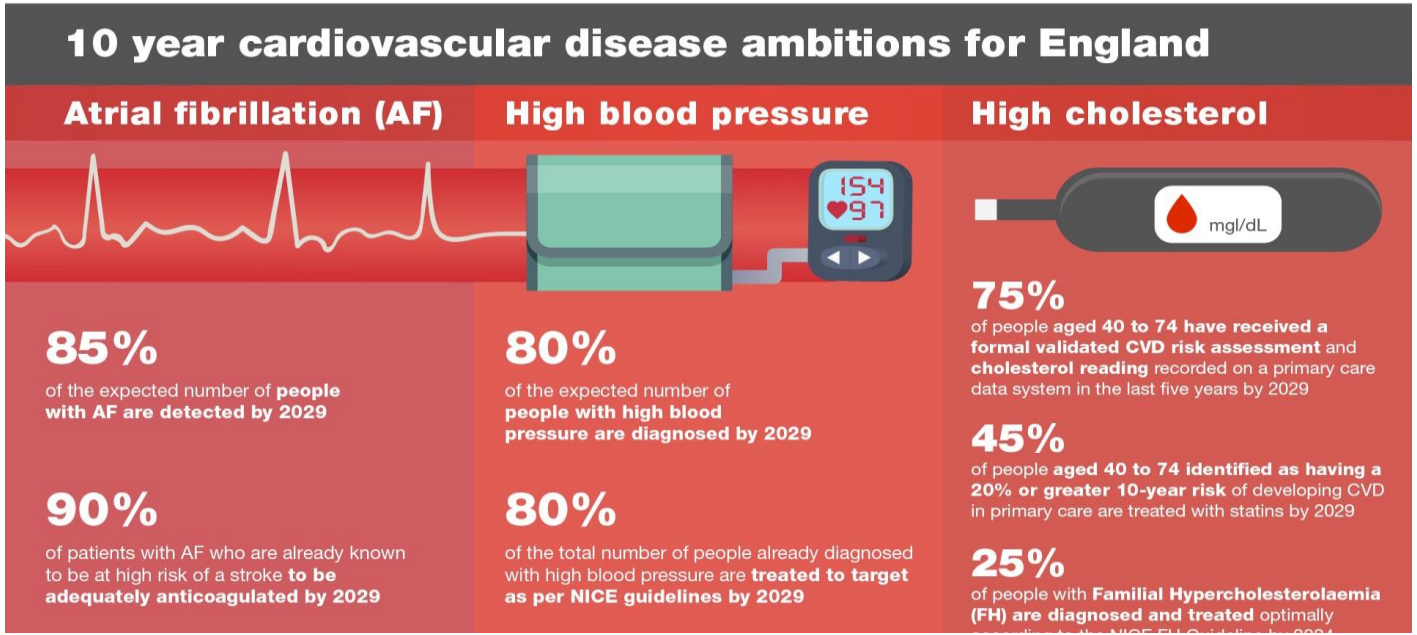
Pumping Marvellous Foundation Survey (2020)

- The study highlighted fear and anxiety amongst patients and a significant lack of communication
- 65% of respondents reported disruption to Heart Failure appointments.
- 37% of cardiac investigative or procedural appointments have also been cancelled (46% postponed), with the most commonly reported cancelled procedure being pacemaker implants
- 32% of patients also expressed reluctance to attend hospital appointments
- 25% said they would only attend hospital if there was no alternative
- 7% said they were too afraid to attend hospital at all
- An overwhelming majority (71%) chose the ‘One stop diagnostic Heart Failure clinics’ as an option to receive care

Prevention strategy, ‘stem the tide’

Public Health England

Health Matters



HF to add as a priority; identify, test and monitor as key objectives

Alliance for
Heart Failure

Working together to raise the profile of heart failure in Government, the NHS and media

Prevention strategy, ‘stem the tide’

Public Health England

Health Matters

HF to add as a priority, identify, test and monitor as key objectives

Alliance for **Heart Failure**

Working together to raise the profile of heart failure in Government, the NHS and media

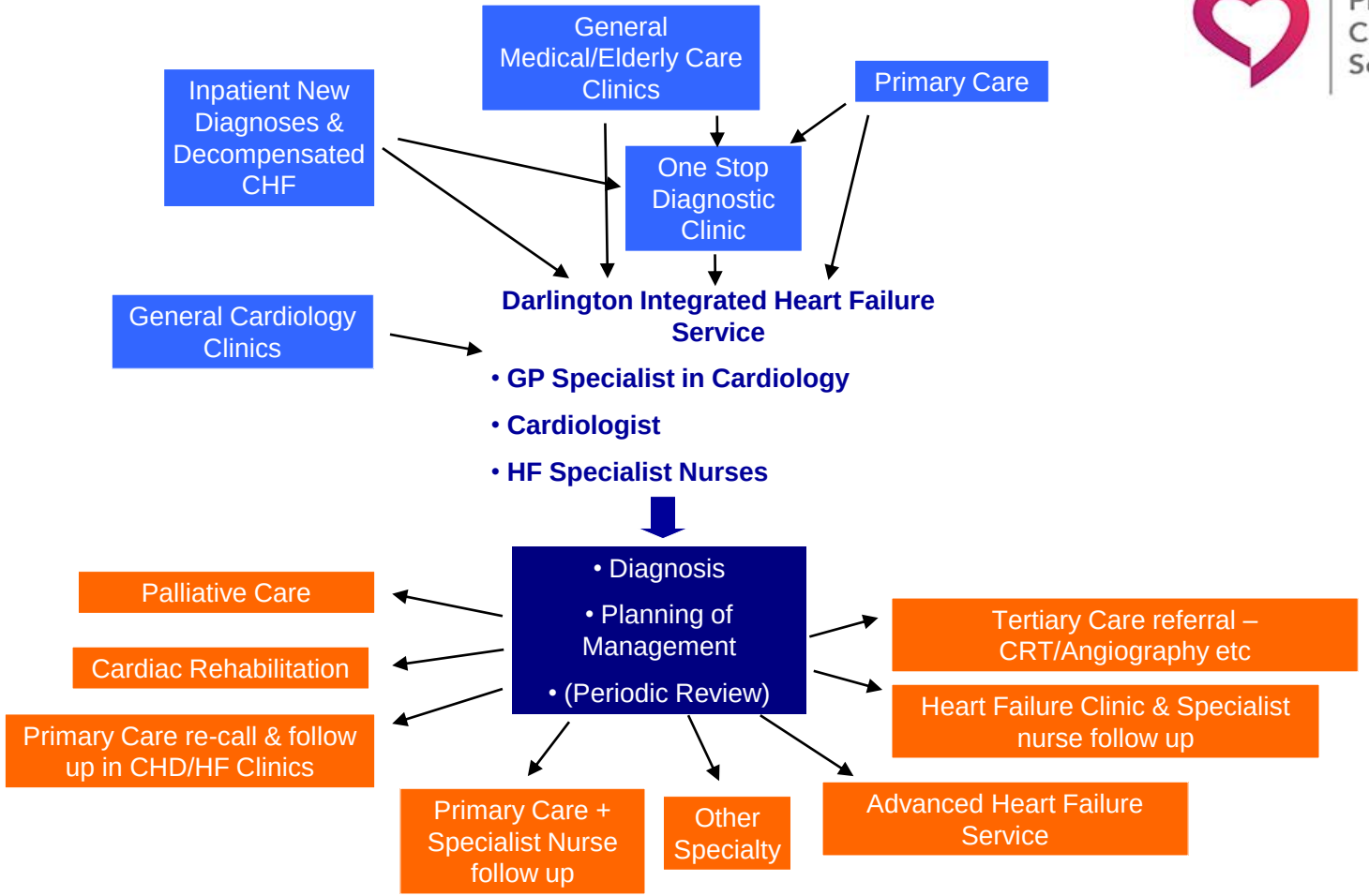
The importance of early diagnosis and the role of primary care

Prof. Ahmet Fuat

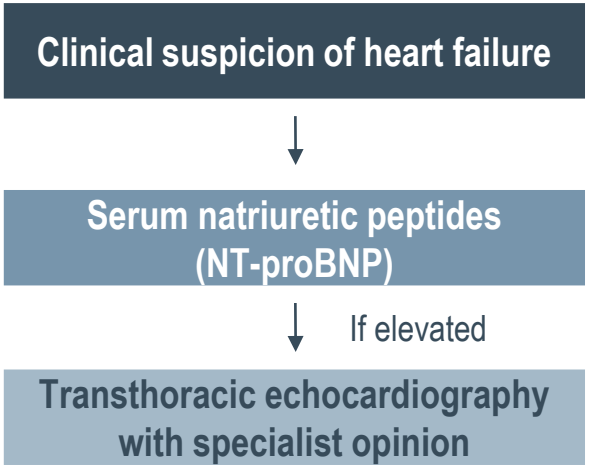
Primary Care Cardiovascular Society

The Darlington Integrated Heart Failure Service

Professor Ahmet Fuat, Professor Jerry Murphy and Teams


General Medical/Elderly Care Clinics
Inpatient New Diagnoses & Decompensated CHF
Primary Care
One Stop Diagnostic Clinic
General Cardiology Clinics
Darlington Integrated Heart Failure Service
• GP Specialist in Cardiology
• Cardiologist
• HF Specialist Nurses
• Diagnosis
• Planning of Management
• (Periodic Review)
Palliative Care
Cardiac Rehabilitation
Primary Care re-call & follow up in CHD/HF Clinics
Tertiary Care referral – CRT/Angiography etc
Heart Failure Clinic & Specialist nurse follow up
Primary Care + Specialist Nurse follow up
Other Specialty
Advanced Heart Failure Service

Which investigations should be requested to diagnose heart failure in primary care?[1]*



*When a patient is admitted to hospital, serum natriuretic peptide testing may be omitted.
NT-proBNP, N-terminal pro-B-type natriuretic peptide.
1. National Institute for Health and Care Excellence. Chronic heart failure in adults: diagnosis and management. NG106. 2018. Available at: https://www.nice.org.uk/guidance/ng106. Accessed November 2018.

HF screening in chronic disease management / health promotion

Primary Care Cardiovascular Society

Driving primary care to deliver the best in cardiovascular health

Hypertension

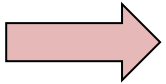
CHD

Atrial Fibrillation

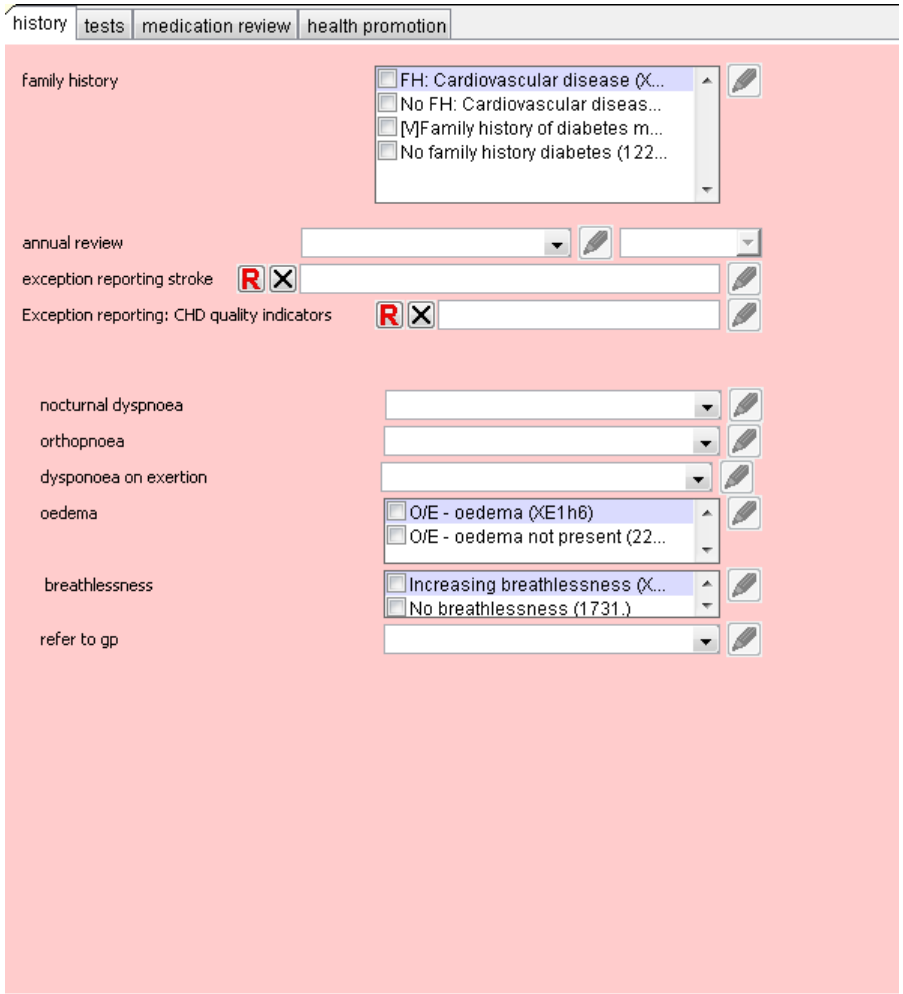
Stroke

Diabetes

CKD



> 90% target population coverage

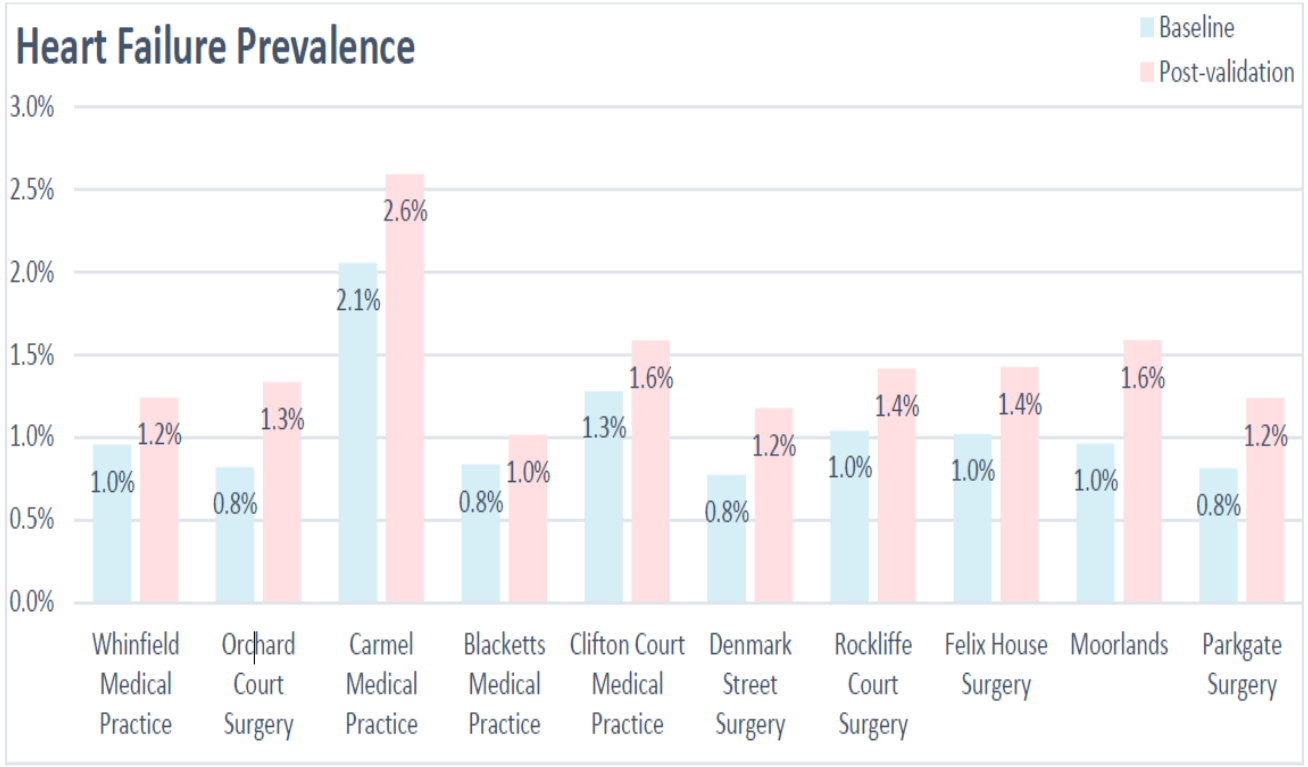


Primary Care Cardiovascular Society

Primary Care Cardiovascular Society

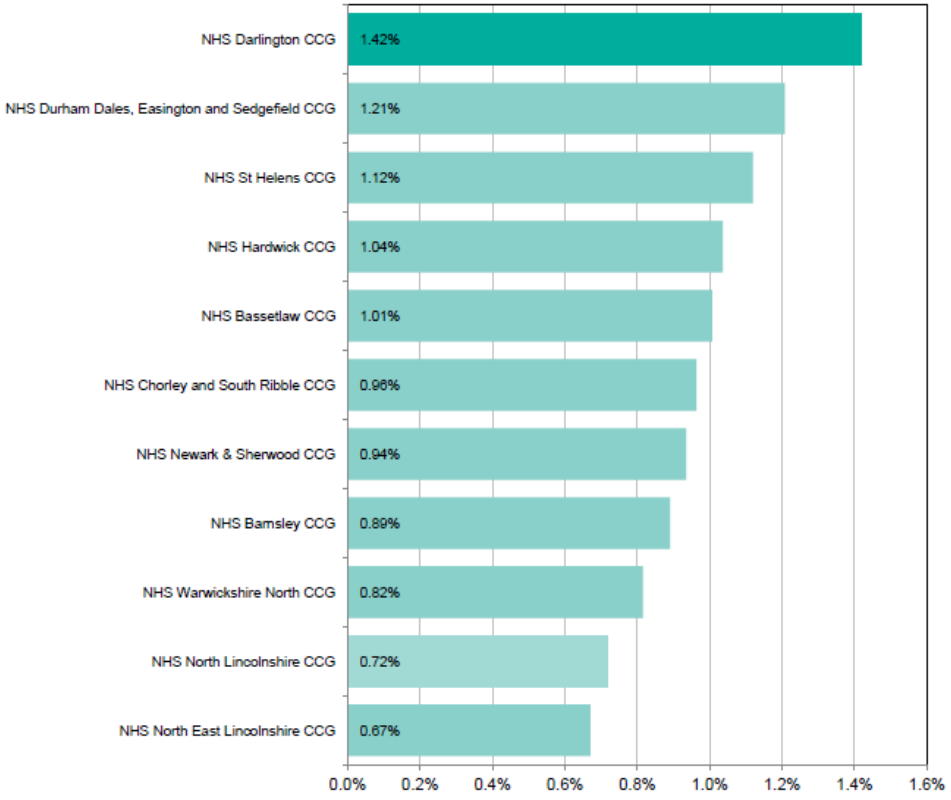
Driving primary care to deliver the best in cardiovascular health

Enhance/Oberoi HF program Darlington 2015



Heart failure prevalence by CCG

Comparison with demographically similar CCGs

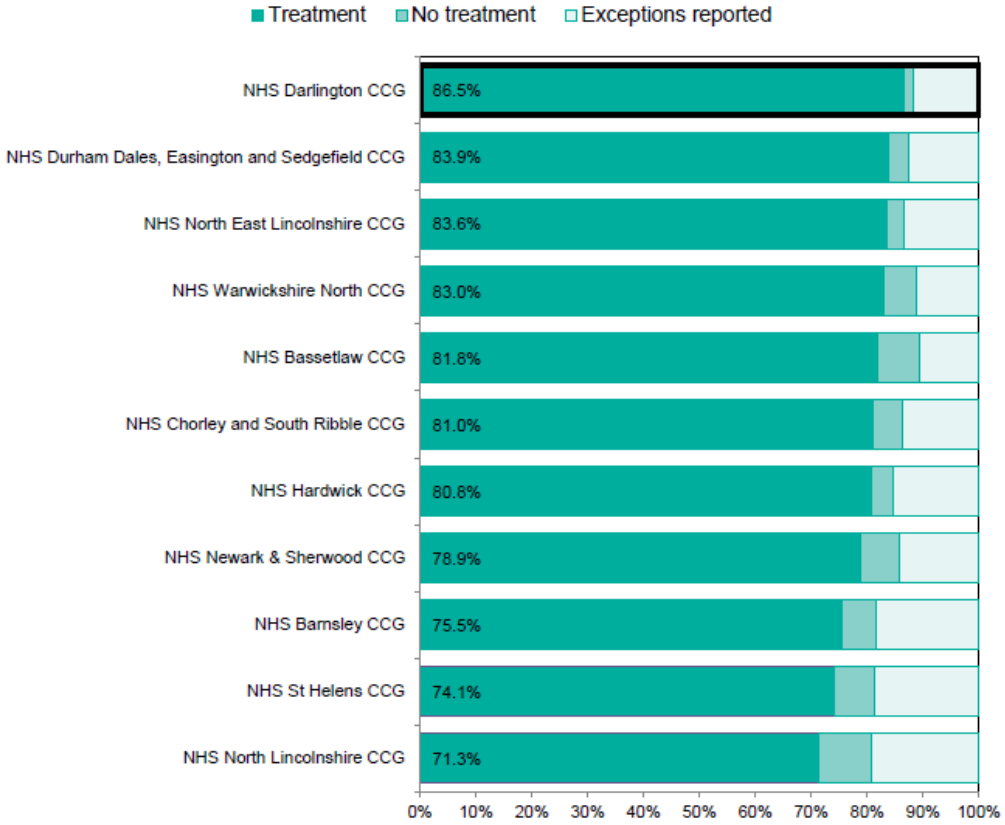


Primary Care Cardiovascular Society

Percentage of patients with heart failure due to left ventricular systolic dysfunction (LVSD) who are treated with ACE-I / ARB and BB by CCG

Primary Care Cardiovascular Society

Comparison with demographically similar CCGs



Darlington CCG has the highest prevalence of heart failure in the region (93), but the lowest rate of admission to hospital (Figure 31), significantly lower than England as a whole. Darlington also had one of the lowest mortality rates from heart failure in the region in 2015-17 (94). A similar pattern can be seen for Durham Dales, Easington and Sedgefield CCG.

Figure 31: Heart failure admissions for North East CCG populations, 2017/18

Heart failure admissions (all ages) 2017/18

Directly standardised rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	84,062	161.7	160.6	162.8
Cumbria and North East NHS region	-	-	-	-
NHS North Tyneside CCG	398	191.1	172.7	211.0
NHS Hartlepool And Stockt...	510	189.2	173.0	206.4
NHS South Tyneside CCG	282	185.4	164.2	208.4
NHS North Cumbria CCG	663	178.8	165.4	192.9
NHS Northumberland CCG	632	169.4	156.3	183.2
NHS Newcastle And Gateshe...	724	168.0	155.9	180.8
NHS Sunderland CCG	429	161.1	146.0	177.2
NHS South Tees CCG	405	152.5	137.9	168.2
NHS North Durham CCG	340	139.3	124.8	155.0
NHS Durham Dales, Easingt...	398	139.0	125.6	153.5
NHS Darlington CCG	123	112.0	93.0	133.7

Source: HES, NHS Digital, ONS

Source: Cardiovascular Disease Profile, within Fingertips at https://fingertips.phe.org.uk

The importance of cardiac rehabilitation

Prof. Rod Taylor

Alliance for
Heart Failure

Working together to raise the profile of heart failure in Government, the NHS and media

The Importance of Cardiac Rehabilitation

Rod Taylor

Professor of Population Health Research, University of Glasgow.

on behalf of REACH-HF collaboration

University of Glasgow

reachHF
Rehabilitation Enablement in Chronic Heart Failure

Heart failure provision, the NHS Long Term Plan, and the future of services for patients - Roundtable discussion , 26th Oct 2020

Exercise-Based CR for HF Evidence Base

- 44 RCTs in 5783 patients
- Outcomes
  - Clinically meaningful **improvement in quality of life**
  - >30% relative **reduction in all cause & HF related hospitalisations**
- Benefits **consistent across patient subgroups**
  - Age/sex/NYHA class/ethnicity/ejection fraction

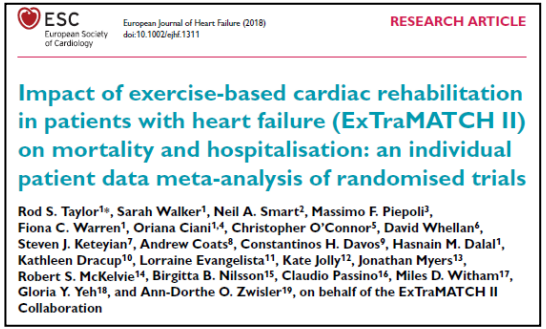

JACC: HEART FAILURE VOL. 7, NO. 8, 2019

© 2019 THE AUTHORS. PUBLISHED BY ELSEVIER ON BEHALF OF THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION. THIS IS AN OPEN ACCESS ARTICLE UNDER THE CC BY-NC-ND LICENSE (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Exercise-Based Rehabilitation for Heart Failure

Cochrane Systematic Review, Meta-Analysis, and Trial Sequential Analysis

Rod S. Taylor, PhD,[a] Linda Long, PhD,[b] Ify R. Mordi, MD,[c] Michael Tvilling Madsen, PhD,[d] Edward J. Davies, MD,[e] Hasnain Dalal, MD,[f,g] Karen Rees, PhD,[h] Sally J. Singh, PhD,[i] Christian Gluud, DrMedSci,[j] Ann-Dorthe Zwisler, PhD[k]


ESC European Society of Cardiology

European Journal of Heart Failure (2018) doi:10.1002/ejhf.1311

RESEARCH ARTICLE

Impact of exercise-based cardiac rehabilitation in patients with heart failure (ExTraMATCH II) on mortality and hospitalisation: an individual patient data meta-analysis of randomised trials

Rod S. Taylor[1]*, Sarah Walker[1], Neil A. Smart[2], Massimo F. Piepoli[3], Fiona C. Warren[1], Oriana Ciani[1,4], Christopher O'Connor[5], David Whellan[6], Steven J. Keteyian[7], Andrew Coats[8], Constantinos H. Davos[9], Hasnain M. Dalal[1], Kathleen Dracup[10], Lorraine Evangelista[11], Kate Jolly[12], Jonathan Myers[13], Robert S. McKelvie[14], Birgitta B. Nilsson[15], Claudio Passino[16], Miles D. Witham[17], Gloria Y. Yeh[18], and Ann-Dorthe O. Zwisler[19], on behalf of the ExTraMATCH II Collaboration


JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY VOL. 73, NO. 12, 2019

© 2019 PUBLISHED BY ELSEVIER ON BEHALF OF THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Impact of Rehabilitative Exercise on Functional Capacity and Quality-of-Life in Patients With Heart Failure

Rod S. Taylor, PhD,[a] Sarah Walker, PhD,[b] Neil A. Smart, PhD,[c] Massimo F. Piepoli, MD, PhD,[d] Fiona C. Warren, PhD,[e] Oriana Ciani, PhD,[b,e] David Whellan, MD, MHS,[f] Christopher O'Connor, MD,[g] Steven J. Keteyian, PhD,[h] Andrew Coats, DM,[i] Constantinos H. Davos, MD,[j] Hasnain M. Dalal, MD,[b,e] Kathleen Dracup, PhD,[k] Lorraine S. Evangelista, PhD,[l] Kate Jolly, PhD,[b] Jonathan Myers, PhD,[e] Birgitta B. Nilsson, PT, PhD,[a] Claudio Passino, MD,[c] Miles D. Witham, PhD,[a] Gloria Y. Yeh, MD,[c] on behalf of the ExTraMATCH II Collaboration

But access remains a problem…

BMJ open

Why do so few patients with heart failure participate in cardiac rehabilitation? A cross-sectional survey from England, Wales and Northern Ireland

Hasnain M Dalal,[1] Jennifer Wingham,[2] Joanne Palmer,[2] Rod Taylor,[3] Corrina Petre,[4] Robert Lewin[4] on behalf of the REACH-HF investigators

European Journal of Heart Failure (2015)
doi:10.1002/ejhf.271

ExtraHF survey: the first European survey on implementation of exercise training in heart failure patients

Massimo F. Piepoli[1,2]*, Simone Binno[1], Ugo Corrà[3], Petar Seferovic[4], Viviane Conraads[5†], Tiny Jaarsma[6], Jean-Paul Schmid[7], Gerasimos Filippatos[8], and Piotr P. Ponikowski[9], on behalf of the Committee on Exercise Physiology & Training of the Heart Failure Association of the ESC

Chronic heart failure in adults: diagnosis and management

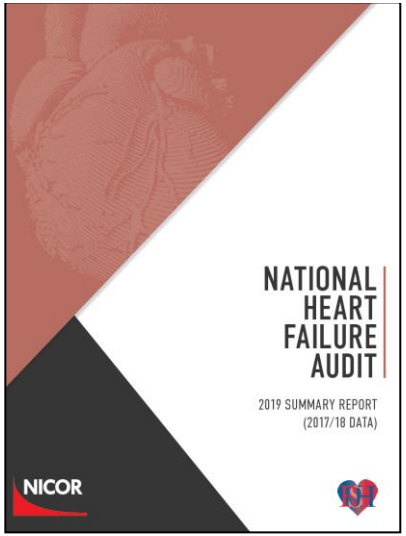
NICE guideline

Published: 12 September 2018

nice.org.uk/guidance/ng106

NICE National Institute for Health and Care Excellence

NICE guideline



Offer exercise based cardiac rehabilitation therapy to people with stable heart failure in a format and setting that is easily accessible.

LTP Cardiac Rehabilitation Ambitions – 10 year plan

Increasing the delivery of rehabilitation to patients who would benefit from it

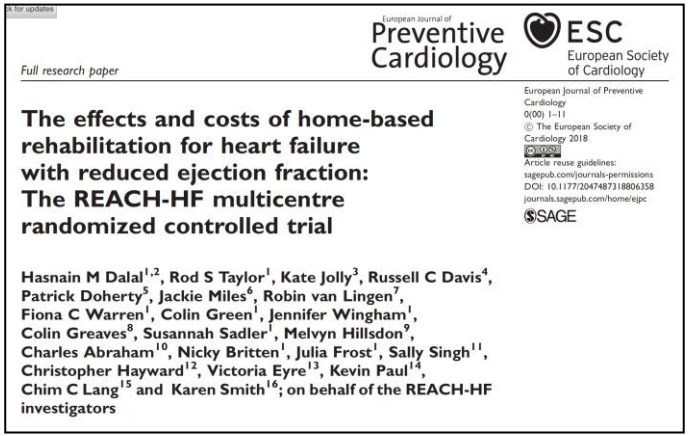
- How will we do this?
  - We will invest nearly £28 million in widening access to cardiac rehabilitation

Total patients with HF starting CR

	Total	% of all eligible patients	Self-delivered at home
Pre COVID May 2019/Jan 2020	4969 (76.4%)	<10%	22.2%
Post COVID Feb 2020/Aug 2020	**1474 (23.6%)**	**<5%**	**72.4%**

Thanks for Professor Patrick Doherty and NACR team at University of York for provision of this data

REACH-HF evidence base



European Journal of Preventive Cardiology

ESC European Society of Cardiology

Full research paper

The effects and costs of home-based rehabilitation for heart failure with reduced ejection fraction: The REACH-HF multicentre randomized controlled trial

Hasnain M Dalal[1,2], Rod S Taylor[1], Kate Jolly[3], Russell C Davis[4], Patrick Doherty[5], Jackie Miles[6], Robin van Lingen[7], Fiona C Warren[1], Colin Green[1], Jennifer Wingham[1], Colin Greaves[8], Susannah Sadler[1], Melvyn Hillsdon[9], Charles Abraham[10], Nicky Britten[1], Julia Frost[1], Sally Singh[11], Christopher Hayward[12], Victoria Eyre[13], Kevin Paul[14], Chim C Lang[15] and Karen Smith[16]; on behalf of the REACH-HF investigators

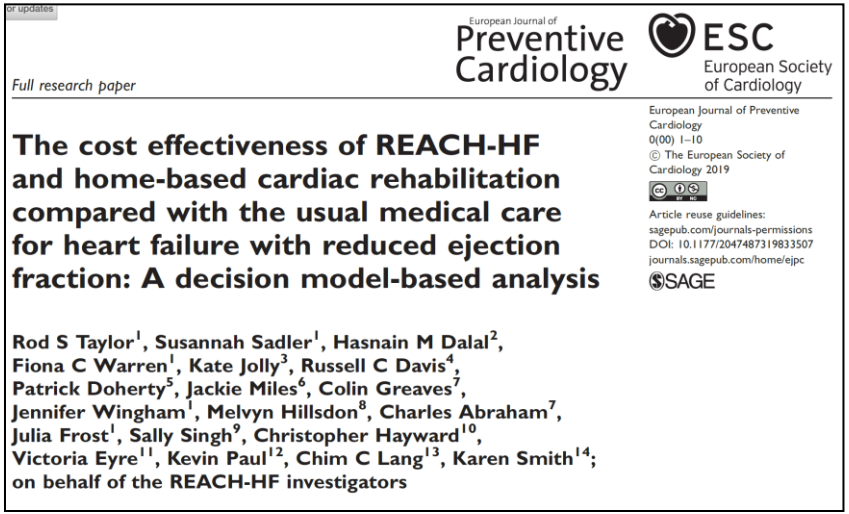
European Journal of Preventive Cardiology
0(00) 1–11

DOI: 10.1177/2047487318806358
journals.sagepub.com/home/ejpc
SAGE

Open access Research

BMJ Open Home-based rehabilitation for heart failure with reduced ejection fraction: mixed methods process evaluation of the REACH-HF multicentre randomised controlled trial

Julia Frost,[1] Jennifer Wingham,[2] Nicky Britten,[1,3] Colin Greaves,[4] Charles Abraham,[5,6] Fiona C Warren,[7] Kate Jolly,[8] Patrick Joseph Doherty,[9] Jackie Miles,[10] Sally J Singh,[11] Kevin Paul,[12] Rod Taylor,[1,13] Hasnain Dalal[14,15]



European Journal of Preventive Cardiology

ESC European Society of Cardiology

Full research paper

The cost effectiveness of REACH-HF and home-based cardiac rehabilitation compared with the usual medical care for heart failure with reduced ejection fraction: A decision model-based analysis

Rod S Taylor[1], Susannah Sadler[1], Hasnain M Dalal[2], Fiona C Warren[1], Kate Jolly[3], Russell C Davis[4], Patrick Doherty[5], Jackie Miles[6], Colin Greaves[7], Jennifer Wingham[1], Melvyn Hillsdon[8], Charles Abraham[7], Julia Frost[1], Sally Singh[9], Christopher Hayward[10], Victoria Eyre[11], Kevin Paul[12], Chim C Lang[13], Karen Smith[14]; on behalf of the REACH-HF investigators

European Journal of Preventive Cardiology
0(00) 1–10

DOI: 10.1177/2047487319833507
journals.sagepub.com/home/ejpc
SAGE

reachHF
Rehabilitation Enablement in Chronic Heart Failure

REACH-HF evidence base

REACH-HF costs	£15,452
Usual care costs	£15,051
Difference	+£400
CR QALYs	4.47
Usual care QALYs	4.24
Difference in QALYs	+0.23
Cost per QALY	£1720/QALY

MLWHF	Mean Diff (95% CI) at 12mth	P-value
Total	-5.7 (-10.6 to -0.7)	0.025
Physical	-3.2 (-5.7 to -0.6)	0.02
Emotional	-0.8 (-2.2 to 0.6)	0.27

reachHF
Rehabilitation Enablement in Chronic Heart Failure


thebmjawards
in association with
MDDUS
Stroke and Cardiovascular
Team of the Year
REACH HF
Royal Cornwall Hospitals NHS Trust and
University of Exeter

REACH-HF in a nut shell…

- **Home-based** programme for heart failure patient's & their caregivers
- **Facilitated** over 12-week duration by trained healthcare professional
  - HF specialist nurse, CR nurse, physiotherapist
  - mix of home-visits and telephone follow up
- **Core components**
  - Education – drug therapy/fluid balance/diet
  - Psychosocial management
  - Exercise programme – chair based/walking

Pilot and Feasibility Studies

RESEARCH Open Access

Optimising self-care support for people with heart failure and their caregivers: development of the Rehabilitation Enablement in Chronic Heart Failure (REACH-HF) intervention using intervention mapping

Abstract

reachHF
Rehabilitation Enablement in Chronic Heart Failure

Future of REACH HF: Digital development

- **Aims**
  - To develop & assess a digitally enhanced version of REACH-HF for people living with heart failure and their caregivers (2020-2021)
  - To develop & assess an NHS-ready digitally delivered version of the training programme for the REACH-HF facilitators (2021-2023)
  - Promote the delivery of REACH-HF by cardiac rehabilitation teams across the UK

British Heart Foundation Hope for Hearts Fund

NHS National Institute for Health Research

reachHF Rehabilitation Enablement in Chronic Heart Failure

NICE guidelines and the new recommendations

Prof. Abdallah Al-Mohammad

NICE recommendations pertinent to the topics of interest in today's meeting

Professor Abdallah Al-Mohammad, @AAlMohammad87

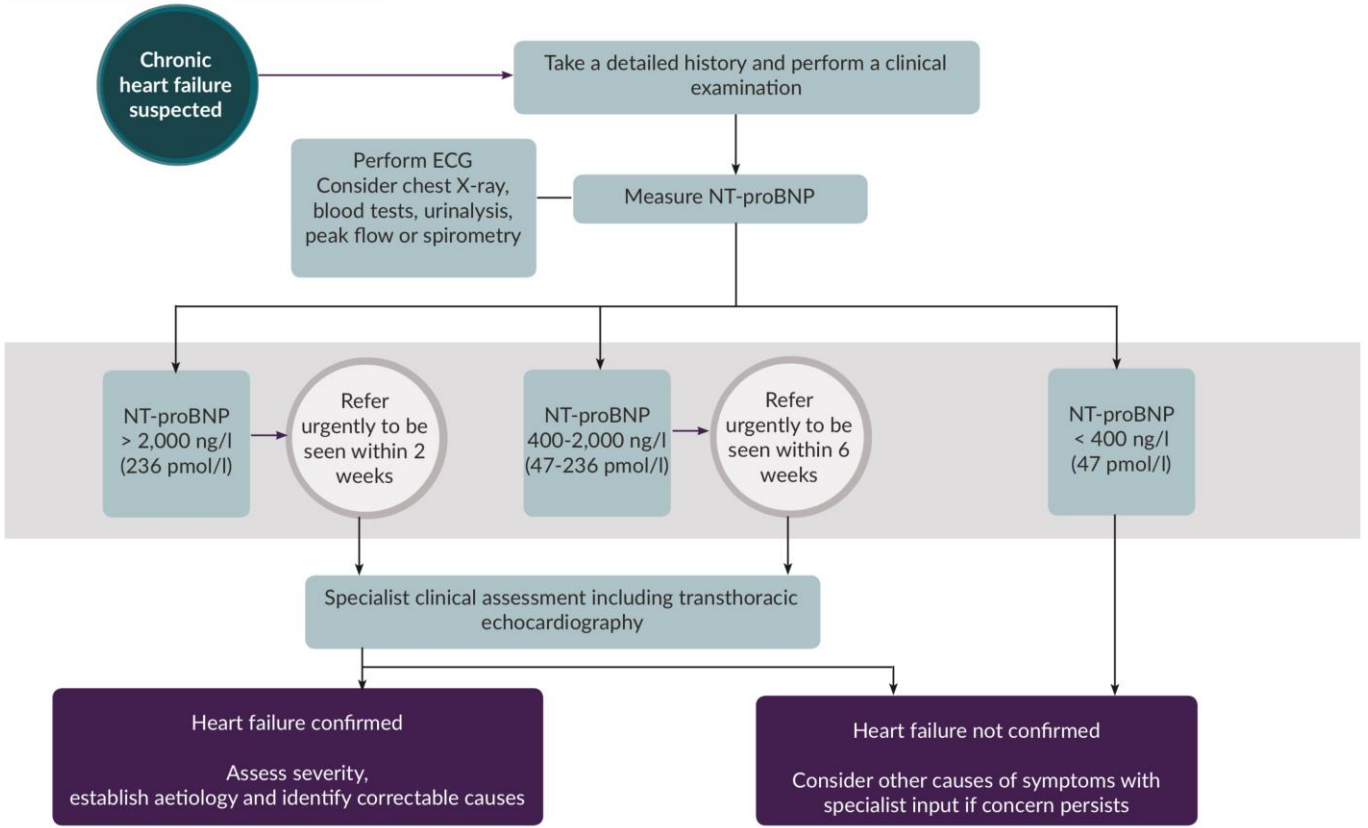
MD(Damascus), MD(Aberdeen), FRCP(Edinburgh), FRCP(London), FESC, FHFA

Professor of Cardiology, Sheffield Teaching Hospitals NHS FT and University of Sheffield

Westminster Heart Failure Roundtable 26th of October 2020

Chronic heart failure: diagnosis

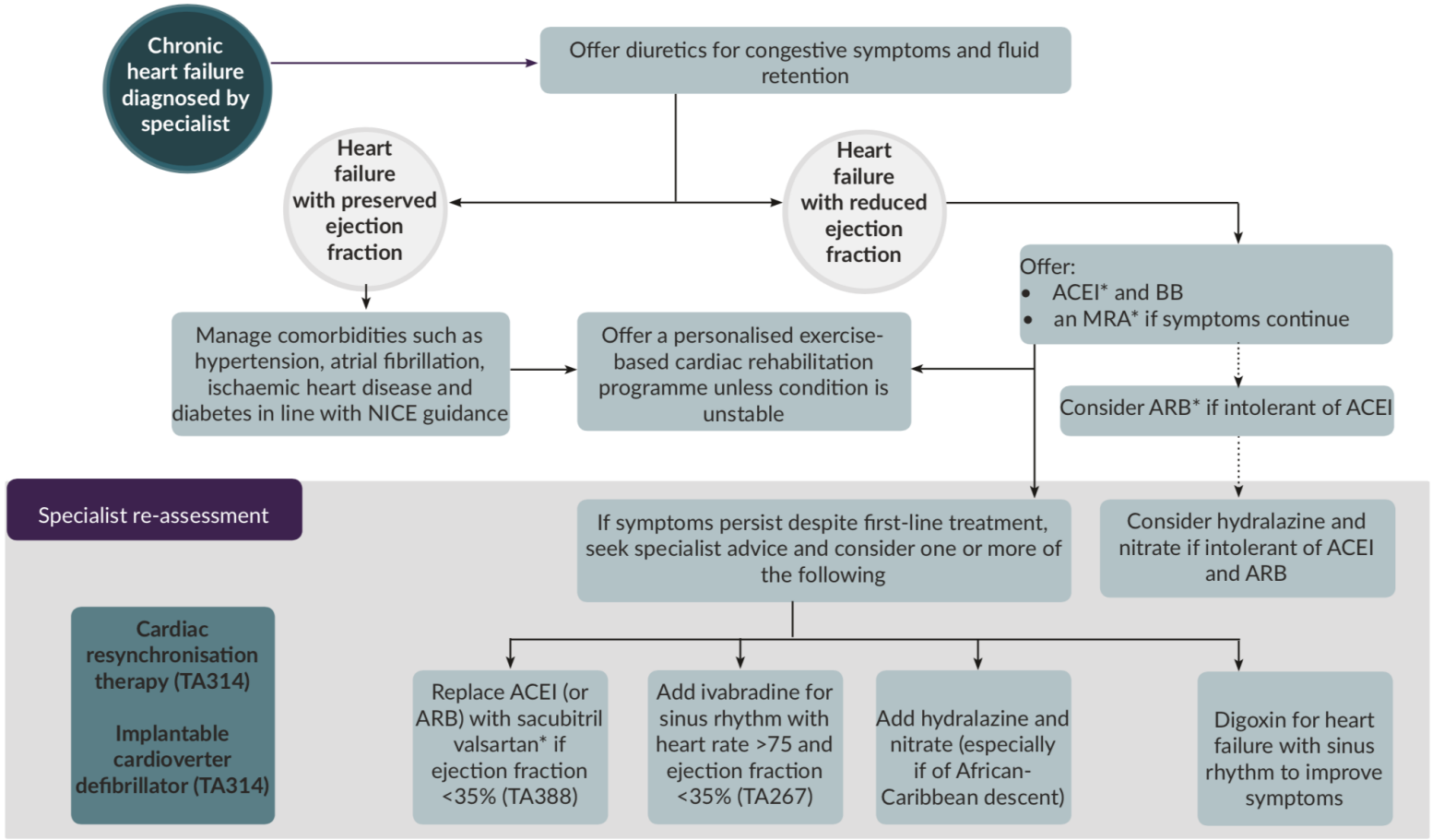
NICE National Institute for Health and Care Excellence



This is a summary of the recommendations on tests to offer to diagnose chronic heart failure from NICE's guideline on chronic heart failure. The guideline also covers management. See the original guidance at www.nice.org.uk/guidance/NG106

Diagnostic threshold for the biomarkers

- At NTproBNP threshold of 400ng/L, specificity is 82% (52%-95%) vs. specificity at the lower thresholds (125ng/L, 48% [19%-80%]; 280ng/L, 75% [38% - 94%]), which would reduce any clinical harms of over-referral.
- NTproBNP 400ng/L is the most cost-effective threshold for the diagnosis of HF



*Measure serum sodium, potassium and assess renal function before and after starting and after each dose increment.
If eGFR is 30 to 45 ml/min/1.73 m², consider lower doses or slower titration of ACEI or ARBs, MRAs, sacubitril valsartan and digoxin.

This is a summary of the recommendations on management from NICE's guideline on chronic heart failure. See the original guidance at www.nice.org.uk/guidance/NG106

Summary and the care plan – Communication 1

- The specialist HF MDT should write a summary for each person with HF that includes:
  - diagnosis and aetiology
  - medicines prescribed, monitoring of medicines, when medicines should be reviewed and any support the person needs to take the medicines
  - functional abilities and any social care needs
  - social circumstances, including carers' needs.

Summary and the care plan – Communication 2

- The summary should form the basis of a care plan for each person, which should include:
  - plans for managing the person's HF, including follow-up care, rehabilitation and access to social care
  - symptoms to look out for in case of deterioration
  - a process for any subsequent access to the specialist HF MDT if needed
  - contact details for a named healthcare coordinator (usually a specialist HF nurse), local HF specialist care providers, for urgent care or review
  - additional sources of information for people with HF.
- Give a copy of the care plan to the person with HF, their family or carer if appropriate, and all health and social care professionals involved in their care.

Communicating with the patient with HF

- Discuss the person's prognosis in a sensitive, open and honest manner. Be frank about the uncertainty in predicting the course of their HF. Revisit this discussion as the person's condition evolves.
- Provide information whenever needed throughout the person's care.
- Consider training in advanced communication skills for all healthcare professionals working with people who have HF.
- The specialist heart failure MDT should offer people newly diagnosed with HF an extended first consultation, followed by a second consultation, to take place within 2 weeks if possible. At each consultation:
  - discuss the person's diagnosis and prognosis
  - explain HF terminology
  - discuss treatments
  - address the risk of sudden death, including any misconceptions about that risk
  - encourage the person and their family or carers to ask any questions they have.

MDT: duties

- The specialist HF MDT should:
  - diagnose heart failure
  - give information to people newly diagnosed with HF
  - manage newly diagnosed, recently decompensated or advanced HF (NYHA class III to IV)
  - optimise treatment
  - start new medicines that need specialist supervision
  - continue to manage care after an interventional procedure such as implantation of ICD or CRT device
  - manage heart failure that is not responding to treatment.

The primary care team, tasks and duties

- The primary care team should carry out the following for people with HF at all times, including periods when the person is also receiving specialist HF from the MDT:

1. ensure effective communication links between different care settings and clinical services involved in the person's care
2. lead a full review of the person's HF care, which may form part of a long-term conditions review
3. recall the person at least every 6 months and update the summary and clinical record
4. ensure that changes to the clinical record are understood and agreed by the person with HF and shared with the specialist HF MDT
5. arrange access to specialist HF services if needed.

Rehabilitation

- Offer people with HF a personalised, exercise-based cardiac rehabilitation programme, unless their condition is unstable. The programme:
  - should be preceded by an assessment to ensure that it is suitable for the person
  - should be provided in a format and setting (at home, in the community or in the hospital) that is easily accessible for the person
  - should include a psychological and educational component
  - may be incorporated within an existing cardiac rehabilitation programme
  - should be accompanied by information about support available from healthcare professionals when the person is doing the programme.

Thank you for your kind attention

Professor Abdallah Al-Mohammad

Alliance for **Heart Failure**

The Alliance for Heart Failure is a coalition of charities, patient groups, professional bodies and corporate members for the purpose of raising the profile of heart failure in Government, the NHS and the media.

The Alliance for Heart Failure is supported and funded by Abbott, AstraZeneca UK, Bayer, Boehringer Ingelheim, Medtronic Limited, Novartis Pharmaceuticals UK Ltd, and Roche Diagnostics Ltd.