

Comment	Group response	Editorial response
<b>Is the layout easy to read?</b>		
Yes, I found the booklet was well presented.	√	√
Yes, very easy to read, liked the fact that there was no jargon, kept simple.	√	√
Yes, very clear.	√	√
The layout is fine	√	√
Yes, very well written and clear.	√	√
<p>We felt the picture on the front made cardiac rehab and exercise synonymous which is mis-representative and could actually discourage people from engaging. Equally the age range of the patients in the photo could may make cardiac rehab feel less relevant for younger patients.</p> <p>We felt that "Who is the booklet for" and "The booklet explains" should come first. Also, the patient story "What is a cardiac rehab assessment" seems to reflect a particular method of delivering cardiac rehab which is not representative of the picture nationally. We felt the language needed to be less specific and more general to assure people that CR may be delivered slightly differently in each area nationally.</p>	<p>Ok we will make this more relevant.</p> <p>Patient story removed so this alters the structure.</p> <p>Add quote from patient representative on group to help cover what cardiac rehab is.</p> <p>Keep general to include those who</p>	<p>√ Picture to change.</p> <p>√</p>

	have not had heart attack.	
The layout works well. I like the highlighted recommendation boxes and the simple "thumbs up" coding. Overall it is easily read.	√	√
Yes flows well from the highly effective patient story through assessment and rehabilitation process with inclusion of feelings patients and families may have to description of programme and role of team members. It addresses practical issues like return to work and lead on to sources if information and support. Format concludes on the role of SIGN	√	√
Yes Good size font, print and diagrams very clear on pages.	√	√
1. A good layout, colour and font size 2. Quotes from patients are good.	√	√
Yes this is well laid out, and easy to read.	√	√
Feedback has suggested the patient story would be better placed between 'the booklet explains' and 'what is this booklet about?' Booklet is well presented and laid out.  P.10 last line, replace "then" with "they"  P.23 second line, insert "as" between such and	We have removed the patient story in light of the comments.          √	√

Chest Heart etc.		
Yes very easy. Well laid out and text broken up to make it easier on the eye.	√	√
<b>Are the images and diagrams appropriate and meaningful?</b>		
Yes	√	√
Yes	√	√
Yes, all clear	√	√
Not that many images. Could have more?	Ok, we will aim to include more.	√
We felt the images on pages 3 and 11 could be improved.	Ok, we will change these to colour.	√
<p>The picture on the front page presents an image of Cardiac Rehabilitation as practiced for the last 20 years. This is then reinforced by Elaine's story which is a typical old style 4 phase approach. It doesn't give a sense of the new approach to CR on which the guideline is based. The images in the lifestyle section are fine although there should be one for healthy eating. The other images don't really add anything or relate particularly well to the text.</p> <p>A patient version of the pathway early on would be helpful.</p>	<p>Change to a more meaningful picture. Refer/ link to Eat Well plate. Offer more information on healthy eating in line with recommendations in prevention guideline. Offer tips.</p>	√
Yes again follows house style of symbols to assist patient understanding with strong impact. P3 useful	√	√

for those whom graphic representation is appropriate way of presenting information. Useful format for recommendations. Not sure if there should be more included on feelings for example, a lot of information to put across. Perhaps another photo on exercise in addition to that on the cover.	Guideline doesn't go into detail.	√
Yes. Easy to understand meaning of images.  One comment Pages 3 and 11 The black is rather harsh and sinister.	√  Agree, change to colour	√
1.Yes, although big chunks of text could be further broken up with pictures / diagrams 2. Use of "ticks"and "thumbs up" is good	Ok we will aim to break up further.	√
Yes.	√	√
More images would be good but not sure what you could have.	Ok we will aim to have more images.	√
<b>Do you think that the language and tone is appropriate?</b>		
The booklet is well written and appropriate, I have let a patient look at it also they were very impressed.	Thank you	√
Yes, easy to read	√	√
The information is accessible Cardiac and heart are used interchangeably should	We think we need to use these interchangeable but we will define	√

cardiac be defined as relating to the heart?	'cardiac' at the beginning.	
Writing style just ok. A little too dumbed down for my liking but there you go.	We aim to make this accessible by all regardless of background.	√
Yes, very simple. The definitions are really good and helpful.	√	√
Yes	√	√
No issues with the style and tone of the text.	√	√
Language and tone appropriate. Inclusive and encouraging patient and carer partnership in care. All terminology should be familiar to patients and supported as they are by nurse specialists.	√	√
Yes Good everyday language no jargon.	√	√
1. The reading age is probably quite high although it might not be simple to deal with this due to technical terms required.	Comments from patients have suggested that they didn't find a problem with language.	√
Should be understood by all levels of education.	√	√
Just right I would say. Definitions are really helpful.	√	√
<b>How useful is the content?</b>		
I found all the content useful; good to see that it advises that Cardiac rehabilitation is not only about the exercise. It's a multi-disciplinary team approach.	√	√
Very	√	√
Content fine apart from two issues: A) I don't like Elaine's story at all. I would drop it and start on page 3. It is always someone who has	We have removed this.	√

<p>had a heart attack who 'provides the story'. I prefer the idea of 4 or 5 comments from folk coming from different directions and identifying a couple of points each. This dumbed down conversational style irritates me. It would have put me off reading any more.</p> <p>B) I would like to see anxiety issues mentioned on page 4.</p> <p>They are well dealt with later on but someone with issues would appreciate an up front mention. Something along the lines of:</p> <p>If you are suffering from anxiety because of your heart condition how you can find help to overcome it.</p>	<p>Disagree. This is just an overview of the content. By giving a lot of detail under 'what the booklet explains' we would be making it unnecessarily long.</p>	<p>√</p>
<p>There are areas which indicate that the content is relevant to those other than people with CHD, this is not followed through within the content i.e. heart failure and those requiring arrhythmia management (ICD). In text feedback sent as an attachment.</p> <p>There is also a reference to self-management but this is also not followed through other than health behaviours.</p>	<p>Ok, we will remove 'to prevent further cardiac events' and change to 'prevent future cardiac events' which will cover those who haven't had a heart attack.</p> <p>We will change 'event' to diagnosis to take into account those with angina etc.</p> <p>Expand this section and link to other</p>	<p>√</p> <p>√</p>

	cardiac guidelines. Include full link and include information from other guidelines.	
<p>Very useful. The quotes are great, good to have that contribution from people who have experience of rehab.</p>	√	√
<p>It distills a large quantity of often complex information and makes it easy to read and understand. However there are several areas which we feel require revision.</p> <p>We feel the document is heavily weighted towards exercise classes. Firstly, most areas offer a menu of exercise options for patients of which supervised classes are only one and we feel the discussion should be around exercise 'programmes' instead. All bar one of the patient comments, in all sections of the document refers to their attendance at their exercise class. This possibly reflects where patients' comments were gathered but it may make patients and relatives assume that all the benefits of CR are contingent upon attendance there which isn't the case.</p>	<p>√</p> <p>Place more emphasis on other areas such as diet. Yes, comments were collected from patients who attended CR programmes. Source other quotes about other aspects of CR.</p>	<p>√</p> <p>Very difficult to get quotes when the guideline is recommending a new approach.</p>

<p>We felt the patient comment of page 8 about "being better than before if we adhere to the advice given" may not send out the correct message. CR is a collaborative process, using adult learning theory and motivational interviewing techniques to allow the patient to set their own goals and priorities to create a mutually agreed care plan.</p> <p>One patient story discusses The Heart Manual which is now neither the first choice for post MI patients nor widely used, and the timing of this particular patient's commencement at the exercise programme is far later than the evidence recommends.</p> <p>In the section "what is Cardiac rehab" we felt one of the stated aims should be to help people recover safely and appropriately from their event along with the other aims. One of those aims actually mentioned is about patients taking responsibility and control of their condition but the patient comments in the boxes below don't relate to that, they are about attending the exercise programme.</p>	<p>Remove the word 'adhere'.</p> <p>This is removed now.</p> <p>Work with a patient to come up with</p>	<p>√</p>
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	<p>story/quote at very beginning to place emphasis on partnership working which in turn helps people to recover safely and appropriately.</p>	<p>√</p>
<p>There is inevitably a bit of a clash between the recommendations which are based on a new approach to CR and the patient comments many of which relate to CR as practiced for years. My initial reaction was that this might give readers a somewhat confusing image of CR and reinforce the perception that it is all about the exercise component. I do appreciate, however, that there has been an attempt to match the comments to the recommendations as far as is possible.</p> <p>I like the fact there is a section on "Assessment" and mention of a care plan. I am less enthusiastic about describing it as a "medical and psychosocial assessment". Not sure it would attract me to attend! Might be better to describe the assessment either in general (a conversation to help identify how the team can help you) or specific (looking at understanding of your condition, medication, lifestyle, and self-management skills) terms.</p>	<p>√</p> <p>Source other quotes in relation to other aspects of CR.</p> <p>Change to individualised assessment.</p> <p>√</p>	<p>√</p> <p>√</p> <p>√</p>

<p>An exciting new feature of this booklet is the patient experience introduction. This not only establishes who the booklet is for but allows those reading it to identify with the relevance of the content. It highlights the stages and relevant team members involved and clearly outlines the flavour of the cardiac rehab classes. Overall the content is excellent and follows the usual format. Good point about automatic referral and fallback position if not.</p>	<p>Other feedback has suggested that this story is not helpful. We've worked with the person and taken various bits and turned into quotes as well as using quotes from others.</p>	<p>√</p>
<p>Very useful. Highlights the support that is in place to encourage people to rebuild their lives.</p> <p>Good examples of people who have used support services and how this has helped their rehabilitation.</p> <p>Good section on returning to work. Support is</p>	<p>√</p> <p>√</p>	<p>√</p> <p>√</p>

<p>required in this area when people feel vulnerable. (My personal experience).</p> <p>Good to see Depression and Physiological help taking an important place in this leaflet. Depression is something that can kick in at any time after an adverse heart event, even if person is making a good recovery. (Personal Experience).</p>	<p>√</p> <p>√</p>	<p>√</p> <p>√</p>
<p>1. Excellent and appropriate content</p> <p>2. Alcohol units need to be better explained</p>	<p>√</p> <p>Agree</p>	<p>√</p>
<p>Patients should be able to understand its importance.</p>	<p>√</p>	<p>√</p>
<p>The booklet was quite concise and informative, particularly on the Psychological side effects of Cardiac treatment. I also liked the patient comments interspersed throughout the booklet.</p>	<p>√</p>	<p>√</p>
<p>Information about assessment is really important. It's good this is in the booklet as people don't know what to expect.</p>	<p>√</p>	<p>√</p>
<p><b>Does the content help patients and carers understand what the latest evidence supports around: diagnosis, treatment and self-care?</b></p>		
<p>Yes I think this will benefit all patients and their</p>	<p>√</p>	<p>√</p>

carers.		
Yes and also gives details of how to find out more information.	√	√
<p>Yes but there is no reference to the evidence related to self-management. Perhaps there is an opportunity to sign-post to other guidelines such as those specific to heart failure or arrhythmia management if the steering group feel that self-management is covered elsewhere.</p> <p>Does everyone require to have an event before CR?</p> <p>Self management is mentioned but is it really addressed within the booklet?</p> <p>There is certainly evidence for the benefits of self management but what seems to be covered is secondary prevention.</p> <p>If CR is to include those living with angina, HF and arrhythmia, is there not an opportunity to provide some principles of self management or at least sign post to other resources?</p> <p>Page 7 - The psychosocial aspect of your assessment will look at your thoughts, feelings, and support you to return to social activity.</p> <p>Page 9 – risk factors for cardiac events - This covers the secondary prevention aspect of CHD. Does this mean that an event is required to access CR and that the pathology must be CVD? This does</p>	<p>Include recommendations from prevention guideline and signpost to other organisations.</p> <p>Change ‘cardiac event’ to diagnosis to take into account those who have angina.</p> <p>Add more information to the section on lifestyle changes by the use of quotes and tips.</p> <p>See above</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>

<p>not reflect the criteria on page 3.</p> <p>Page 12 – table – change to consider stopping.</p> <p>Page 14 - I fully appreciate the benefits/ evidence for physical activity but could there not be an example of the wider benefits of CR if these are quotes from participants?</p> <p>Page 19 - It would have been nice to have seen some reference to supporting people to return to work through prioritising and pacing.</p> <p>Page 21 – no comma in CHSS</p> <p>Page 25 – delete ‘medical’ in the blurb about CHSS.</p>	<p>See above</p> <p>Prevention guideline says ‘stop’ so want to be consistent.</p> <p>Agree</p> <p>Add sentence in that people will be</p>	<p>Covered on page 22</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>
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	supported and their return to work will be planned.  √  √	√  √
It is very clear. What about people who have angina? Sometimes it seems that its people who have had a heart attack. Could perhaps say more? Self care section is excellent.	Agree, we will change wording to ensure it reflects people who have not had a cardiac event such as people with angina.	√  √
We feel it does but that there may be changes requires (as above) to ensure it is relevant and accessible to people nationally	Ok, changes have been made after consultation to ensure accessibility.	√
To some extent.	√	√
Most useful page is page 9, particularly last two points on medication and risk factors for cardiac events also checklist on page 21 for stages of information and rehabilitation.	√	√
Yes the content is very helpful and is in a language that is easy to understand, it explains services and informs people that they have a network of support services to help and assist recovery.	√	√

<p>Page 11 "Green For Go, Recommendations to Rebuild My Life".</p>	<p>?</p>	<p>√</p>
<p>Yes.</p>	<p>√</p>	<p>√</p>
<p>14 units? Will people know how much that is? Can you give more information on this? Good to see CBT recommended. What about diet? How can people improve their diet? Need more helpful tips.</p>	<p>Link to prevention patient version. Include information on units and drinks.</p>	<p>√</p>