

# Spring 2008 Newsletter

**Contents: Letter from the Chair, Report from BHS Blood Pressure Measuring Working Party. Report from CASH, Report from BPA, Report from Nurse Prescribers Meeting, Writing an Abstract, News from Ireland, News from Scotland and Dates for your dairy**

## **Letter from Chair- Jo Wilkins**

Welcome to the first 2008 **edition** of the **Nurses Hypertension Association News Letter**.

I am now in my second year as Chair and for those of you who we unfortunately missed at the BHS Meeting in Cambridge in September, I would like to introduce to you our new committee.

Last September the members voted on a change in the constitution, which has allowed us to increase the size of the NHA committee to nine.

**Naomi Stetson** continues as Vice-Chair. Naomi is now working as a Nurse Manager in primary care. Since September we have met twice and are working together to increase the membership and raise the profile of the NHA. In December Naomi attended the BHS Executive meeting to present a proposal 'The Nurses Hypertension Association-Securing its Future' I was very disappointed not to attend myself to present my proposal as I was ill that day. The result of this has ensured that we can continue to hold a joint scientific meeting in September. So a personal thank you from me to Naomi on behalf of us all.

Naomi as the NHA representative on the BHS working party and has also been key in putting together the non-medical prescribers study day, later on in the newsletter Naomi has written a piece to tell you more about it.

**Wendy Callister** from St Mary's has now taken over the reins from Laura Elwood and is the current secretary and also supports the website. There is a

lot of work that Wendy does which goes on in the background. If you haven't seen the web-site take a look, there have been some changes.

**Christine Carney** is now in her 2<sup>nd</sup> year as a committee member and this year is the Newsletter Editor. She has spent a lot of time finding contributors and putting this together. Christine also continues as the NHA representative on the BHS blood pressure measurement working party and has written an update for you too.

**Joanne Collins** a Research Nurse from Manchester is our new Treasurer. She has taken over from Clare Addison, the transition was very smooth and I am happy to say we are in the black.

**Laura Elwood:** continues as a valuable and experienced committee member. Laura is planning to represent the NHA at the next, BHS/NHA Non- Medical Prescribers day planned for April in the London area. She is also fielding enquires we receive via the website.

**Maureen Holland:** is also a new committee member and part of the Manchester research team. Maureen has the task of helping to recruit more members from secondary care specialist units. All current BHS members will be sent a letter and

flyer to encourage them to invite membership from their nurse teams.

**Manju Luckson:** is our third new member from Manchester with lots of fresh ideas and has the responsibility of being Minutes Secretary. Manju is also supporting Maureen with the mailshot.

**Zoe Wells:** is our 4<sup>th</sup> new member who works in the Clinical Pharmacology Unit at St Bartholomew's and is based at the William Harvey Institute, London. Zoe has very bravely stepped straight into the role of Scientific Secretary. Currently she is putting together the draft programme for 2008. It may be 8 months away but we need to get organised early.

You may know I am both a Practice Nurse and a Specialist Nurse.

I have been to Warrington this week to meet with Novartis. We will be working together via their regional sales team to increase the membership we have from Primary Care. In September the members voted to change the constitution to allow for this. Further on in the newsletter there is an outline of this plan and purpose.

### **September 2007 BHS and NHA Annual Scientific Meeting**

34 members came along to St John's College for annual Scientific Meeting. I really enjoyed my first experience as Chair and thank you to those who gave some feedback. A particular success was the forum on the first day, the afternoon in discussion groups and a drink in the bar provided networking opportunities.

Four abstracts were submitted, 'An audit of blood pressure measuring equipment in Homerton University' was presented by Sylvia Kefyalew, 'Blood pressure measurement during exercise' was presented by Sally Brett, 'An audit of the stage of change model as documented in secondary prevention of Coronary Heart Disease in Greater Glasgow Primary Care' presented by

Susan Kennedy and Management of patients with phaeochromocytoma, was presented by Michaela Watts.

It was a difficult task for the committee to choose the prize winner and I wish to offer my congratulations once again to Sally Brett.

### **September 2008 BHS and NHA Annual Scientific Meeting**

This is taking place on September 15<sup>th</sup>-17<sup>th</sup> Queens College, Cambridge. We will keep the Forum and the general programme outline but there may be some minor changes and we will have some new methods to help people to keep to time.

The most exciting change we are making this year is to allow both research based and case study based abstracts for submission. Please note that the deadline for submission is now midday Monday April 7 2008; the word limit is 250 and fax the abstract to Zoe 0207 882 3430.

May I wish you a happy new year for 2008?

Jo

### **Outline of this year's plan for the NHA 2008**

The following is an outline of this year plans. The majority of our work is not only focused on the Scientific Meeting of 2008 and keeping things afloat but also on increasing our numbers. We appreciate this is going to be difficult and have outlined some of our plans for you to see and to support.

There have also been some discussions about the scientific meeting and how it needs to be improved to attract primary care members but I am unable to include those details at the moment.

### **INCREASE MEMBERSHIP**

#### **Specialist nurses and Research nurses (current number 45)**

- Maintain the research and specialist focus within the NHA
- All members will continue to receive present benefits including invitation to the annual scientific conference, bi-annual newsletter and subscription to "British Journal of Cardiology"
- On going communication via electronic link. (via committee)

- Engage existing membership in recruiting new members by asking them to promote organisation via flyer.

**INCREASE MEMBERSHIP of primary care nurses**  
**(Currently 6) to a maximum 25% of the total membership.**

- This will balance the skill mix of our members
- Promote communication between primary and secondary care settings.
- Encourage sharing of good practice between primary and secondary care, amongst specialist nurses nationwide

**Constitution change**

In order to allow for the change in the profile of the membership, the NHA constitution has been changed to allow inclusion of nurses from Primary care. This was carried out at the AGM in September 2007.

**The NHA have produced a promotional flyer to advertise our existence and purpose, this includes incentives to encourage readers to join.**

**We are able to**

Reach **Practice nurses** with the flyer, via study days, the NHA website and through existing national membership. The flyer is currently available on the website.

Approach **Specialist and Research Nurses** via BHS members so that they can be encouraged to include suitable team members to join the NHA

Approach the same nurses via existing national NHA. The proposal and flyer is included in the January Newsletter in electronic form for easier dissemination.

Target nurses, including Key Opinion Leaders with the help of Novartis. The flyer will be distributed via mail shot and through field representatives in the New Year.

Approach Primary Care Trusts to invite their suitable specialist nurses to join the NHA

**At this point in time we have ruled out an advert in the journals, as the costs were too high.**

Pictured below is the flyer, which we hope will encourage primary care and research nurses to join our organisation. We will be sending you a copy of this with the newsletter and hope that you will put it in a prominent position in you work place.

Do you have a major role in managing  
**HYPERTENSION**  
and preventing  
**CARDIOVASCULAR DISEASE?**



The  
**NURSES HYPERTENSION ASSOCIATION**  
could be for you

A resource that is available to support your clinical  
practise and meet your CPD needs

**Join today and receive:**

Brand new BHS DVD on Blood Pressure Measurement worth £5.99.

Membership until April 2009

Exclusive access to the NHA conference run alongside the British  
Hypertension Society in Cambridge

The British Journal of Cardiology, bi-monthly

Newsletters & Networking opportunities with other members and  
experts in their field

Join at [www.nha.uk.net](http://www.nha.uk.net)

Annual fee £40

## Report from the BHS Blood Pressure Measurement Working Party.

I have represented the NHA on the BHS Blood Pressure Measurement Working Party for most of 2007.

The year 2007 has seen the launch of the new BHS DVD for teaching accurate blood pressure measurement at the scientific meeting in Cambridge in September 2007 and the new validation service was later launched in November 2007. We were asked by Dr Kennedy Cruickshank at the September meeting to encourage the purchase of the new DVD.

The question of removing mercury devices was brought to the fore again in December with plans by, MHRA regarding the removal of mercury devices from the professional market by 2010.

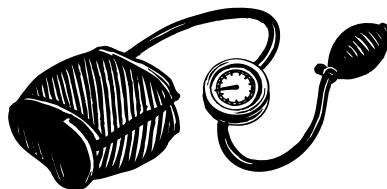
Additionally the working party continues to look at published validation reports on blood pressure monitor and Declaration of Equivalence where manufacturers make cosmetic or other changes to previously validated devices.

Printed below is BHS flyer to promote the use of validated blood pressure measuring devices

Christine Carney  
Committee Member NHA



Are you using a  
**VALIDATED**  
**BLOOD PRESSURE MONITOR?**



Do you recommend  
**VALIDATED**  
**BP MONITORS FOR HOME USE**  
to your patients?

Visit our **website** for a regularly updated,  
impartial list of  
**validated Blood Pressure Monitors**  
for clinical and home use  
[www.bhsoc.org/blood\\_pressure\\_list.stm](http://www.bhsoc.org/blood_pressure_list.stm)

## **Non – Medical Prescribing Study day in Association with the BHS and the NHA**

Derby City Hospital hosted the first study day for non-medical prescribers on November 5<sup>th</sup> 2007. The idea came from the Education Group of British Hypertension Society in response to lack of specialist training within the non-medical prescribing course. Nationally the courses were believed to be too generic, and in did not necessarily prepare Specialist Hypertension/Renal or Diabetic Nurses to work with confidence independently.

The first study day in Derby covered kidney disease and diabetes, with some reference to hypertension. The speakers were all from the Trust and the principal organiser was Dr Gillian Manning, assisted by NHA committee members. It attracted a lot of interest and was vastly over subscribed, so much so that a waiting list was set up for future study days. It was attended by nurses and pharmacists in the main, with a few interested General Practitioners.

There are 3 further study days being planned, the first will be at the end of April in London, September in Glasgow and another in the spring of 2009, venue to be decided. A generous grant from the friends of the British Hypertension Society enabled the study day to be free of charge and we sincerely hope that this will continue.

If you are interested in the study days please contact:

Jackie Howarth - [jh245@leicester.ac.uk](mailto:jh245@leicester.ac.uk) or  
Naomi Stetson - [naomistetson@aol.com](mailto:naomistetson@aol.com)

We hope that this study day will be a permanent fixture on the NHA calendar, so if you are interested, e-mail one of us and put your name on the list  
Naomi Stetson  
Vice Chair  
NHA

### **News from Consensus Action on Salt and Health (CASH)**

Consensus Action on Salt and Health (CASH) is a group of specialists concerned with salt and its effects on health. It is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet, and bring about a reduction in the amount of salt in processed foods as well as salt added to cooking, and the table. CASH is supported by 22 expert scientific members. CASH also runs National Salt Awareness Week at the end of January each year for which it receives widespread media coverage.

We will be holding our 9th National Salt Awareness Week from 28th January until 3rd February 2008 which will focus on Salt and Children. A child aged 7

years could easily eat up to 8g salt a day when they should be eating no more than 5g. We aim to highlight the long-term health implications of eating too much salt in childhood, including an increase in blood pressure leading to increased risk of heart attack and stroke, an increased risk of osteoporosis and stomach cancer and aggravation of asthma. The week will be supported by all the major retailers. The Food Standards Agency, the Minister of State for Public Health and many non-governmental health organisations. Previous events have been a huge success gaining considerable media attention, for example a previous Week totalled a media circulation of around 29 million people.

It is vital that we reduce the amount of salt eaten in the UK as people who cut their salt intake by around 2.5g a day can reduce their risk of having a stroke or heart attack by one quarter. Furthermore, for every gram of salt that we remove from the nation's diet we can save 6,500 lives every year through the reduction in deaths from stroke and heart attack. Eating too much salt affects blood pressure in children and blood pressure tracks into adulthood. In other words, the higher the blood pressure in childhood the higher it is in adulthood. Therefore reducing salt intake in childhood will help to save lives in the long-term.

We encourage health professionals throughout the country to put on a display or event during Salt Awareness Week using resources produced by CASH. Resources are available to order throughout the year. If you would like to order copies of these then please see the resources list and ordering form in the health professionals section of our website <http://www.actiononsalt.org.uk>.

Joanna Butten  
CASH

## **Update from the Blood Pressure Association. (BPA)**

### **Encouraging Home Monitoring**

Home blood pressure monitoring can be a useful additional way of keeping an eye on patients' blood pressure, says UK charity the Blood Pressure Association.

The BPA positively encourages its members to regularly check their blood pressure at home between visits to their doctor or nurse as it can help them to feel more in control of managing their condition. It can also help health professionals to track their patients' readings outside of the clinical setting.

"We know from our members that home monitoring can be a great way for them to feel more in control of what their condition," said Colin Cosgrove, the BPA's Head of Information and Support. "It can help people can see the real benefits of treatment or lifestyle changes, which is very important in the case of this largely symptom less condition.

“We’d like to see more health professionals encourage patients to monitor at home between visits. It’s not for everyone so it’s helpful for patients to talk to their doctor or nurse before starting home monitoring.”

Colin said: “It’s vital that it’s done accurately and the first step is to use a clinically validated blood pressure monitor which is regularly calibrated.”

A list of clinically validated blood pressure monitors published by the British Hypertension Society can be found on the BPA’s website [www.bpassoc.org.uk](http://www.bpassoc.org.uk)

The list includes the new automatic home blood pressure monitor launched by the Blood Pressure Association in conjunction with manufacturer Microlife.

The BPA/Microlife BP-3AG1 monitor is easy to use, comes with a three-year guarantee and at £34.99 is the cheapest clinically validated monitor on the UK market. A donation of £5 will be made to the BPA for every monitor sold. For more details visit [www.bpassoc.org.uk](http://www.bpassoc.org.uk)

Ensuring that patients adopt the correct home testing technique is also very important.

“How blood pressure is measured can affect the accuracy of results,” said Colin. “For example, if the arm is rested below heart level it can lead to an overestimation of as much as 10mmHg, and having the arm above heart level can lead to underestimation.

“So, as part of our wide range of patient information, we have produced a handy fact sheet which gives clear guidelines on home blood pressure monitoring. We also provide record sheets so that people are able to keep track of their results over a period of time. Health professionals can get in touch with us to get free samples of our patient information.”

For a free sample pack of the BPA’s patient information, which includes the home monitoring fact sheet, please visit [www.bpassoc.org.uk](http://www.bpassoc.org.uk) or call 020 8772 4994 (after the recorded message press 2 and follow the instructions for a free sample pack).

Sue Massey  
Blood Pressure Patient Association

### **Writing that elusive abstract**

It is that time of year again when we issue a call for abstracts for the Scientific Meeting in September. Just to repeat, please note that the deadline for submission is now midday Monday April 7 2008

I have taken the liberty of reprinting an article written by Sally Brett in 2006 when she made a plea for abstracts. She produced a useful guide on how to write an abstract and I hope it will again encourage you to put pen to paper. I

have copied her complete article and as you can see a shortage of abstracts is nothing new to the NHA

“We are coming around to that time of year when we once again issue a call for abstract for the Scientific Meeting in September. Some years we have a better response than others but in general we have a woeful number of abstracts submitted despite the lure of a prize for the best abstract. Nurses seem reluctant to write and present their work but it should be encouraged, not only to contribute to the body of nursing knowledge but also to increase confidence. It is also a wonderful way to gain feedback about your work and constructive criticism from a knowledgeable audience. There are still a number of members who are critical of the content of the Scientific Meeting – the presentation of their own work is their chance to do something about it.

The abstract is the basis on which the presentation will be accepted – or rejected. It is put in the conference literature and will encourage people to attend to hear what you have got to say. It should cover all the key points, be precise, accurate, concise and interesting.

An abstract may be informal or structured but in the case of the Annual Scientific Meeting, and increasingly for most conferences, we ask for a structured abstract.

**Title:** The title will advertise your abstract and it pays to be concise and include the main points of the abstract. If the title contains a statement this must be supported by data within the abstract.

**Background:** The abstract should start with a statement about the importance or purpose of the study within the context of previous work if space permits. The aims of the study should also be included.

**Methods:** The research design, study population (their selection and characteristics) and details of exactly what was measured (including times and techniques) should be included. The methods of statistical analysis should also be described.

**Results:** Summarize the key findings, including details of any statistical test results. Statements must be supported by specific facts, figures and statistics. This is not the place to air your opinions

**Conclusion:** This should be kept brief. State whether the hypothesis was proven, and highlight the importance of the work in the wider sense. It must follow directly from the results presented.

Very important - follow the rules! If asked not to exceed 250 words it is unacceptable exceed this even by one word. If necessary get someone to read over the abstract who has experience in writing them – it is amazing how many sentences can be pruned or even left out all together without significantly affecting the message of the abstract. If the rules specify a format and structure with particular headings, the style should be followed exactly

and the abstract submitted by the deadline. Although there may be extension this cannot be relied upon! An abstract must be precise and not include such phrases as “results have not yet been analyzed”. When the abstract is written the results and their implications should be clear. The results presented in the abstract should be the results that will be presented at the meeting. It is also worth remembering that the abstract is often published in a journal (as is the case with the annual scientific meeting) and as such will be permanent record of your work”.

Good luck! Sally Brett, Newsletter Editor 2006

### **New from our colleagues in Ireland**

**Meeting of the Irish Nurses Cardiovascular Association**, which was originally founded by some former Irish members of the NHA; Suzanne Storey, Fainse Mee, Joan Love and many more. They saw a need for a similar organisation to the NHA, which was an umbrella group for Nurses with an interest in all areas of Cardiovascular Risk Management.

The meeting is to be will be held in the Guinness Store House on Friday the 10<sup>th</sup> and Saturday the 11<sup>th</sup> of April 2008. Details and Agenda to be publish later as soon as available.

Mary Hall  
St James  
Dublin

### **News from our colleagues in Scotland**

Alison de Vries from Aberdeen is involved in:

Writing standard hypertension guidelines for use in Primary Care as it seems from her colleagues working in primary care that this would be of benefit to practice nurses to ensure care is standardised. This has already been carried out with diabetes and COPD.

.....

### **News from our colleagues in Wales**

Margaret Munnary from Cardiff says she runs a self- referral metabolic risk factor clinic among many other things. She promises some new exciting ideas in the pipeline from Cardiff and we look forward to hearing about those.

## **Dairy Dates**

Nirmala Markandu is organising her very popular “**Prevention and Management of Cardio Vascular Disease**” one day update meeting for nurses on **Tuesday, 11th March 2008**

### **Topics will include:**

- \*The importance of Blood Pressure
- \* Smoking
- \* Lipids and Diabetes

(the major risk factors for cardiovascular disease which is the commonest cause of death and disability in the United Kingdom)

Particular emphasis will be put on the management of these major risk factors including lifestyle and dietary changes and the best drug therapy. The meeting will include all of the latest advances and will also go into the acute management of strokes, heart attacks and heart failure. It will also discuss the National Service Framework for Coronary Heart Disease and the National Plan.

### **Speakers will include:**

Professor DG Beevers, City Hospital, Birmingham, one of the world's leading authorities on the prevention and management of strokes;  
Professor NR Poulter, Imperial School of Medicine at St. Mary's London, an international authority on the prevention of cardiovascular disease;  
Professor GA MacGregor, St. George's Hospital, London, one of the world's leading authorities on blood pressure, lifestyle changes and drug therapy in the prevention of cardiovascular disease.

This is a series of meetings that have been very successful and there is a lot of time set aside for open discussions, round table discussions with a large amount of audience participation.

Nirmala Markandu  
Blood Pressure Unit, St. George's Hospital  
Cranmer Terrace, London SW17 ORE  
Tel: 020 8725 2849; Fax: 020 8725 2959

## **The British Hypertension Society /Nurses Hypertension Association**

Next Annual Scientific Meeting to held at Queens College, Cambridge  
15<sup>th</sup> to 17<sup>th</sup> September.

The 18th Scientific Meeting of the **European Society of Hypertension** and the 22nd **Scientific Meeting of the International Society of Hypertension**, to be held in Berlin, Germany, from June 14 to 19, 2008

### **Diabetes UK**

Annual Professional Conference 2008

Date: 5 to 7 March 2008

Location: Glasgow

Venue: Scottish Exhibition and Conference Centre (SECC)

Contact: [conferences@diabetes.org.uk](mailto:conferences@diabetes.org.uk)

### **H-E-A-R-T UK 22nd Annual Conference 2008**

(Formerly called Annual Medical & Scientific Meeting 2008)

“Beyond Risk Assessment: Non-Invasive Assessment of Atherosclerosis”

Wednesday 25 - Friday 27 June 2008

### **London Hypertension Society**

Meetings are held at the Medical Society of London, Lettsom House, Chandos Street, London W1.

About the London Hypertension Society

The London Hypertension Society (LHS) meets regularly for evening scientific meetings where current work is presented by members. It also organizes occasional Workshops on topics relevant to Hypertension and Cardiovascular Disease.

Dates of Regular Meetings in 2008

Tuesday 5th February 2008, Tuesday 15th April 2008 and Tuesday 3rd June 2008

## NHA MEMBERS 2007-2008

NHA MEMBERS 2007-2008				
<b>Addison</b>	Clare	Cardio Direct,		<b>London</b>
<b>Beales</b>	Debbie	Gt. Peterborough Primary Care Partnership	City Clinic,	<b>Peterborough</b>
<b>Beesley</b>	Louise		Selly Oak Hospital,	<b>Birmingham</b>
<b>Beevers</b>	Michele	Heartsave,	The Atheneum,	<b>Warwick</b>
<b>Bunker</b>	Jill	Pearl-Rose Clinic,	St.Marys Hospital	<b>London</b>
<b>Campbell</b>	Alison	Hypertension Clinic	Leicester Royal Infirmary,	<b>Leicester</b>
<b>Carney</b>	Christine	Blood Pressure Unit,	St.Georges Hospital Medical School	<b>London</b>
<b>Callister</b>	Wendy	Pearl-Rose Clinic,	St.Marys Hospital	<b>London</b>
<b>Coghlan</b>	Candida	Clinical Investigation Unit,	St Marys Hospital	<b>London</b>
<b>Collins</b>	Joanne	Cardiovascular Trials Unit, Phase 2,	Manchester Royal Infirmary,	<b>Manchester</b>
<b>Cope</b>	Catherine	Cardiovascular Dept,	Arrowe Park Hospital	<b>The Wirrel</b>
<b>Corbett</b>	Susan	Doddington Hospital, .	Doddington Hospital	<b>Cambridge</b>
<b>Curzio</b>	Joan		Southbank University	<b>London</b>
<b>Dean</b>	Sally	Community Health Sciences	St Georges University of London	<b>London</b>
<b>Denver</b>	Elizabeth		Whittington Hospital	<b>London</b>
<b>De Vries</b>	Alison	Clinical Pharm.,	Aberdeen Royal Infirmary,	<b>Aberdeen</b>
<b>Dunkerley</b>	Janette	Cadiovasculare Trials Unit,	Manchester Royal Infirmary,	<b>Manchester</b>
<b>Dundas</b>	Jane	Neurosciences Dept, Charing Cross Hospital	Fulham Palace Road	<b>London</b>
<b>Dryden</b>	Christine	Community Cardiology,	Wallsend	<b>Wallsend</b>
<b>Elwood</b>	Laura	Hypertension Nurse Specialist	Homerton University Hospital	<b>London</b>
<b>Fernandez</b>	Rosemary	Waltham Forest PCT,	Leytonstone	<b>London</b>
<b>Findlay</b>	Evelyn	Hypertension Research Centre,	Ninewells Hospital & Medical School	<b>Ninewells</b>
<b>Forsyth</b>	Hazel	Illuminate Clinical Trial,	Freeman Hospital	<b>Newcastle-upon-Tyne</b>
<b>Garrett</b>	Vera	Windsor Building	Leicester Royal Infirmary,	<b>Leicester</b>
<b>Harris</b>	Joanne	Clinical Pharm., UCL BHF Laboratories	S. University St	<b>London</b>
<b>Hall</b>	Mary	Dept of Pharmacology & Therapeutics,	St James's Hospital	<b>Dublin 8</b>
<b>Hedges</b>	Anne Marie	ASCOT Clinic, Clinical Pharmacology,	St Bartholomew's	<b>London</b>
<b>Holland</b>	Maureen	Cadiovascular Trials Unit,	Manchester Royal Infirmary,	<b>Manchester</b>
<b>Inch</b>	Susan	High Blood Pressure Foundation,	Western General Hospital,	<b>Edinburgh</b>
<b>Jenkinson</b>	Linda	Dr Patrick & Partners,	Nottingham	<b>Nottingham</b>
<b>Kennedy</b>	Susan	Nursing & Healthcare, University of Glasgow,	Glasgow	<b>Glasgow</b>
<b>Kefyalew</b>	Sylvia	Hypertension	Homerton Hospital	<b>London</b>
<b>Long</b>	Anne	Woodford	Stockport	<b>Cheshire</b>
<b>Luckson</b>	Manju	Cadiovascular Trials Unit,	Manchester Royal Infirmary,	<b>Manchester</b>
<b>Lambie</b>	James	Hypertension CNS, Homerton Hospital,	Homerton Row,	<b>London</b>
<b>McNulty</b>	Orlaith	Outpatients Dept.	St James Hospital,	<b>Ireland.</b>
<b>McBride</b>	Patricia	Outpatients Dept.	St James Hospital,	<b>Ireland.</b>
<b>Munnery</b>	Maggie	Wales Heart Research Institute	Cardiff University,	<b>Cardiff</b>
<b>O'Neill</b>	Veronica	Dept of Preventative Med & Health Promotion,	St Vincents University Hospital	<b>Ireland.</b>
<b>Pierce</b>	Eileen	Heartsave,	The Atheneum,	<b>Warwick</b>
<b>Phelby</b>	Jane	ASCOT Clinic, Clinical Pharmacology,	St Bartholomew's	<b>London</b>
<b>Roberts</b>	Deborah	Bollington Medical Centre	Macclesfield,	<b>Cheshire</b>
<b>Rowe</b>	Chloe		Addenbrookes Hospital	<b>Cambridge</b>
<b>Robertson</b>	Laura	Cardiovascular Risk Management,	Royal Free Hospital,	<b>London</b>
<b>Slack</b>	Julia	Neurosciences Dept,	Charing Cross Hospital	<b>London</b>
<b>Stetson</b>	Naomi		Edgeware	<b>Middsx</b>
<b>Studham</b>	Jo	Sir John McMichael Centre,	Hammersmith Hospital	<b>London</b>
<b>Sirrett</b>	Pat	Renal Office,	University Hospital,	<b>Birmingham</b>
<b>Thurston</b>	Denise	York St Medical Practice	York	<b>Cambridge</b>
<b>Wells</b>	Zoe	ASCOT Clinic, Clinical Pharmacology,	St Bartholomew's	<b>London</b>
<b>Witte</b>	Katherine	Clinical Pharmacology Unit,	Aberdeen Royal Infirmary,	<b>Aberdeen</b>
<b>Watts</b>	Michaela	Vascular Research Clinics,	Addenbrookes Hospital	<b>Cambridge</b>
<b>Wilkins</b>	Joanne	Balmoral Building, Leicester Royal Infirmary	Leicester Royal Infirmary,	<b>Leicester</b>
<b>JONES</b>	Clare	Clinical Investigation Unit,	St Mary's Hospital	<b>London</b>
<b>REID</b>	Fiona	Pearl-Rose Clinic, ICCH	St Mary's Hospital	<b>London</b>
<b>WILSON</b>	Natalie		Charing Cross Hospital,	<b>London</b>
			Blue = NHA Committee members	
Please contact <a href="mailto:wendy.callister@imperial.nhs.uk">wendy.callister@imperial.nhs.uk</a> if you are not on this list or you wish to contact another member.				