intervention is not, however, embedded within the current cardiac rehabilitation landscape, as such, future work will be needed to address how the intervention could fit within service structures.

29 EVALUATION OF DIGITAL CARDIAC REHABILITATION USING MYHEART APP
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Background Cardiac rehabilitation (CR) is an evidence-based intervention that supports patient recovery following a cardiac event. It offers patients a structured education and exercise programme to aid recovery and support behavioural changes to help reduce the risk of future cardiac events/complications. The myHeart app brings digital support to patients with heart disease or recovering from cardiac surgery, delivering personalised self-management and CR programmes. It has over 50 new educational videos, an activity diary, a medication diary and enables the team to remotely support patients with heart failure, post-cardiac event or surgery.

Aim To undertake a comprehensive service evaluation to gather subjective feedback from patients and CR healthcare professionals following the introduction of the myHeart app.

Methods A multi-method approach, including the use of surveys and semi-structured interviews, is being used to evaluate the introduction of myHeart and the potential benefit of using the myHeart app to supplement existing CR.

Results Data collection is ongoing. Thematic analysis will be undertaken using Braun and Clarke’s (2006) six-stage process.

Conclusion This evaluation will provide insight into the potential impact of myHeart to supplement CR services.

31 DEVELOPING SCALABLE TRAINING FOR THE DELIVERY OF REACH-HF, HOME-BASED CARDIAC REHABILITATION FOR HEART FAILURE
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Background REACH-HF is a comprehensive home-based cardiac rehabilitation (CR) programme for people with heart failure (HF). The 3-day facilitator training has trained over 500 NHS staff across the UK to date. However, to address the NHS Long Term Plan aim of increasing uptake of CR in HF to 85%, more scalable formats of training delivery are required.

Aim To adapt REACH-HF facilitator training for scalable delivery in close collaboration with NHS staff involved in the delivery of CR.

Methods In the first two phases we designed and developed the eLearning platform with active involvement from a patient advisory group and a service provider advisory group and tested usability of the platform with the training providers. The third and final phase consisted of the evaluation of the training course. Fifteen health professionals were trained. We conducted semi-structured interviews with 11 of these facilitators about the training and REACH-HF delivery. We also received audio recordings of programme delivery to seven patients and one caregiver to assess fidelity (quality of delivery).

Results The resulting training consists of (a) an eLearning platform with core modules relating to REACH-HF programme elements and required patient-centred delivery, and (b) a group-based live session for consolidation. The platform was considered easy to use with good navigation through the modules. Trainees noted that there was a lot of content (time consuming), with perceived usefulness of specific modules being dependent on trainee background. Although sites were paid for 2.5 days per health professional for training time, some reported that this had not translated in allocation in their workload. The fidelity assessment is ongoing.

Conclusion The project has developed a scalable format of delivering REACH-HF training to upskill the CR workforce in delivering HF specific rehabilitation. Some refinements (e.g. tailoring of content to trainee needs) are recommended prior to implementation.