



**British Heart
Foundation**

Cardiac rehabilitation: the big picture

**Highlights from the National Audit of Cardiac
Rehabilitation Quality and Outcomes Report 2018**

Life saving rehabilitation

When a person has a cardiac event, or undergoes heart surgery, cardiac rehabilitation (CR) can be a vital route back to living as full a life as possible.

CR is proven to reduce hospital readmissions.

It reduces the chance of a patient having another cardiac event.

It's highly cost effective.

But only half of eligible people take up their offer.

The National Audit of Cardiac Rehabilitation (NACR) is a BHF-funded report, hosted at the University of York, that supports CR programmes to achieve the best possible outcomes for people living with cardiovascular disease (CVD). The annual report collects anonymous data from almost 100,000 patients, giving a comprehensive picture of who takes part and the quality of services.

The 2018 report shows that, despite significant progress in improving CR uptake in recent years, CR programmes must do more to encourage eligible patients to attend.

Here we summarise those findings and highlight what more can be done to reduce inequalities in service delivery and outcomes.

Access the full NACR Quality and Outcomes Report 2018 at www.bhf.org.uk/cardiacrehab

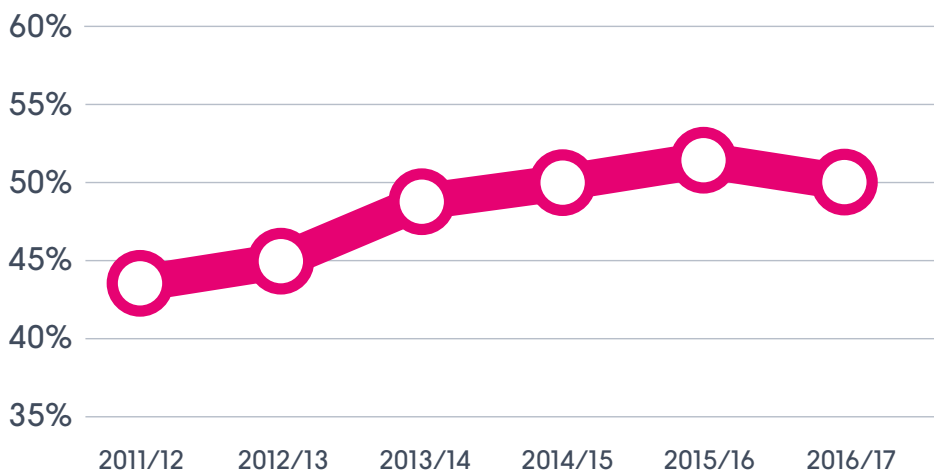
Source:

Dalal H, Doherty P, Taylor R. (2015) Cardiac rehabilitation. *BMJ* 2015;351:h5000.

Encouraging higher uptake

In recent years, CR programmes have made progress in getting more patients to attend CR. But we're reaching a plateau.

UK uptake over six years



New approaches to CR are needed, to ensure as many eligible patients attend CR as possible.

Achieving an uptake rate of 65% would result in 8,500 fewer deaths and 21,000 fewer hospital readmissions over 10 years.

And reaching 85% uptake could save a remarkable 20,000 lives and avoid nearly 50,000 admissions over the next decade, as well as saving the NHS tens of millions of pounds.

Source:

Hinde S, Bojke L, Harrison A, Doherty P. (2018) Modelling of potential CR uptake scenarios for the BHF vs 2015/16 NACR data

National variation

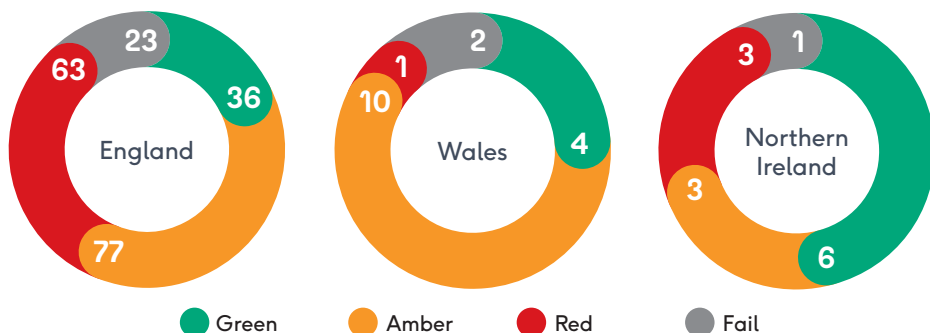
The number of people starting CR varies depending on where they live in the UK.*



Of the 229 CR programmes that contribute to the NACR report, 46 meet the seven key performance indicators of the National Certification Programme for CR and are classified as 'green', or certified.

Programmes that meet 4-6 of these standards are classified as 'amber'. Programmes meeting only 1-3 standards are 'red'. Programmes meeting no standard 'fail'.

We want to see more programmes achieving a certified status.



* The NACR team plans to include data from Scotland in future reports

Women and CR

Fewer women start CR than men.



After CR, women are less likely to:



See an improvement in their physical fitness



Have their cholesterol levels treated appropriately



Reduce alcohol consumption to government guidelines

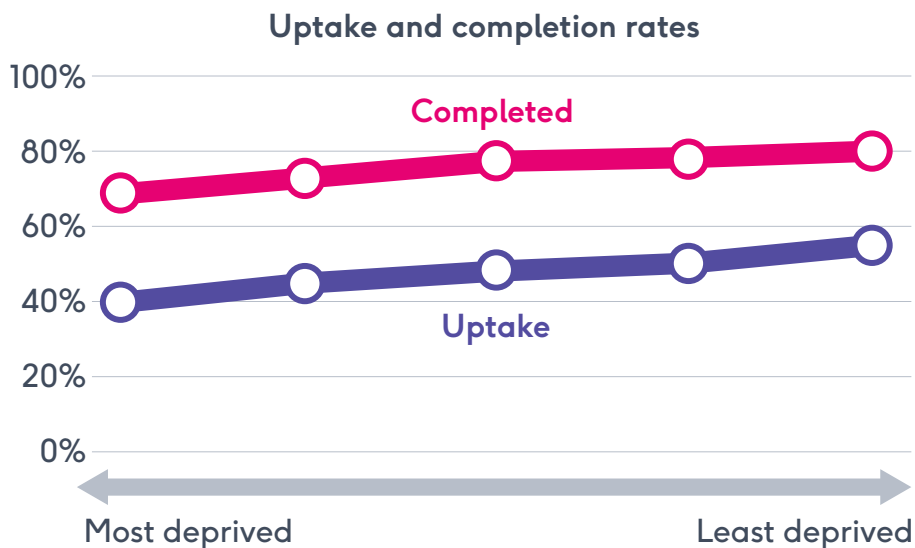
Women of certain ethnic backgrounds are even less likely to take part.

As few as 16% of people from mixed white and Asian backgrounds starting CR are women. And only 19% of people from Bangladeshi backgrounds starting CR are women.

CR programmes must focus on supporting more people from these backgrounds.

Deprived areas

People living in more deprived areas are less likely to attend CR. Those who do attend are less likely to complete their programme.



Recommendations

Recommendations for CR programmes from the NACR report:

- 1 Recruit more female patients.
- 2 Ensure that CR programmes are better tailored to the needs of female patients.
- 3 Carry out a comprehensive CR assessment prior to, and on completion of, CR.
- 4 Offer facilitated, home-based modes of CR delivery for all CVD patients, including those with heart failure.
- 5 Ensure programmes are working to certification standards and aim to secure certified status for the delivery of CR.

CR programmes must innovate to ensure they recruit more eligible patients.

Discover more at bhf.org.uk/cardiacrehab



Heart transplants. Clot busting drugs. Pacemakers. Breakthroughs born from visionary medical research. Research you fund with your donations.

Heart and circulatory diseases kill 1 in 4 people in the UK. They cause heartbreak on every street. But if research can invent machines to restart hearts, fix arteries in newborn babies, build tiny devices to correct heartbeats and give someone a heart they weren't born with, imagine what's next.

We fund research into all heart and circulatory diseases and their risk factors. Heart attacks, heart failure, stroke, vascular dementia, diabetes and many more. All connected, all under our microscope.

Our research is the promise of future prevention, cures and treatments.

The promise to protect the people we love. Our children. Our parents. Our brothers. Our sisters. Our grandparents. Our closest friends.

You and the British Heart Foundation.

Together, we will beat heartbreak forever.

The BHF would like to thank the National Audit of Cardiac Rehabilitation for its contribution to the project. For full references, visit www.bhf.org.uk/cardiacrehab

Beat Heartbreak Forever

Beat heartbreak from  heart diseases  stroke  vascular dementia  diabetes