Modernising cardiac rehabilitation services

The improvement journey

New health policy priorities will bring new challenges to tackling issues around access and uptake to CR, so a good place to start planning service improvement is with the research and evidence available.

We know that CR is cost-effective, reduces mortality by 26% and improves quality of life for many. It can also help to reduce unplanned admissions and yield significant savings (Heran et al, 2011; Lam et al, 2011; Davies et al, 2010).

The Department of Health CR commissioning pack, launched in 2010 (tinyurl.com/CR-resources), offers support to CR commissioners and providers, presenting an opportunity to make changes to deliver better quality and more consistent services.

In a process led by NHS Improvement, the CR pack was tested in sites across England, bringing providers and commissioners together to develop robust local services with the aim of increasing access and uptake of high-quality CR services.

University Hospitals of Leicester Trust developed a unique interactive, password protected, web-based cardiac rehabilitation (CR) programme to increase access and choice for suitable patients.

Web-based CR suits patients returning to work quickly, or those who prefer to do their rehab at home. Patients accepted on the programme can access CR more quickly, conveniently and at their own pace.

The Leicester CR team reports 65% of patients who completed a web-based CR programme would have declined a place on a conventional programme.

The Leicester team has redesigned its education programme to start much earlier in the patient pathway. Separating it from the rest of the rehabilitation programme means that patients can access education within two weeks of discharge instead of waiting 4-6 weeks. These changes may have a positive impact on reducing anxiety while at the same time facilitating early patient engagement, potentially increasing the uptake of CR.

During testing, innovations such as the web-based CR service and early education models in Leicester were shared (Box 1); methods to improve access and uptake of services in south London, south of the Tyne and Wear and Addenbrooke’s Hospital in Cambridge were developed. A collaborative sub-project with the National Audit for Cardiac Rehabilitation team tested an adaptation of the national dataset and produced a user-friendly report for commissioners/providers to help measure progress toward commissioning pack outcomes.

Conclusion

Improvement is not always easy. Motivating a team can be tough and letting go of traditional practice to embrace new ideas presents challenges for many.

The resources in Box 2 help support service improvement by setting out the standards, providing knowledge and evidence and examples of innovation.

References


