# Factsheet: Increase uptake of cardiac rehabilitation for people with coronary artery disease and following acute heart failure

| All figures per year | England | Per 100,000 | Comments |
|---|---|---|---|
| | | | |
| Potential lives saved from intervention | 380 | 0.56 | Calculation based on CVD strategy for AMI, PCI and CAGB only |
| Potential lives saved U75 | 285 | 0.54 | |
| Reduction in potential years of life lost (u75?) | 5,600 | 10.45 | Definition of deaths used in the calculation: Deaths with a primary cause of myocardial infarction (ICD10 codes, I21-I22)<br><br>Assumptions: That the distribution of deaths is the same as that for acute myocardial infarction |
| Cost (£) | - | 20,400 | Calculation based on CVD strategy |
| Cost-saving (£) | - | 13,000 | |
| Net cost (£) | - | 7,400 | |
| Strength of evidence | 1 | | |

Currently, many people who might benefit do not receive adequate cardiac rehabilitation, particularly following a diagnosis of heart failure. There are also marked inequalities in the way people access the available services. Women, minority ethnic groups, the elderly and people with more severe CHD are all under-represented among users of rehabilitation services. The extent and nature of provision varies dramatically around the country.

Nationally, our ambition is to increase uptake of cardiac rehabilitation (to 65 percent from 44 percent) for patients admitted with coronary artery disease and increase uptake of cardiac rehabilitation (to 33 percent from 4 percent) for patients admitted following acute heart failure[1].

Cardiac rehabilitation is recommended by NICE in 'Clinical Guideline 48 on myocardial infarction (MI): secondary prevention' as an appropriate intervention for people following a hospital admission for MI. The case for rehabilitation in patients with chronic heart failure is made in the NICE quality standard. There is evidence that exercise-based cardiac rehabilitation is effective in reducing mortality and hospital admissions in people

[1] NHS Improvement (2013) *Making the case for cardiac rehabilitation: modelling potential impact on readmissions* [pdf] available From: [http://www.improvement.nhs.uk/documents/Case_for_CR.pdf [Accessed November 2013]

with coronary heart disease and that it significantly reduces hospitalisation for chronic heart failure and significantly improves quality of life and exercise tolerance for people with heart failure.

The case for rehabilitation in patients with chronic heart failure is made in the NICE Quality Standard and in the clinical guideline.

There is also emerging evidence that cardiac rehabilitation can be effective in improving quality of life for other conditions, for example COPD.

According to the NICE Cardiac Rehabilitation Commissioning Guide, the indicative cost of delivering a good quality CR service is £477 per patient. The Department of Health's 'Cardiac Rehabilitation Commissioning Pack' gives the average weighted cost of a cardiac readmission as £3,637. Evidence shows a potential reduction in the cardiac readmission rate of 30 percent as a result of a robust CR service being completed by 65 percent of eligible patients.

A NICE guideline on acute heart failure is currently underway. There is no difference in the nature of the service provided for patients with coronary artery disease, or those with acute heart failure.