



SCOTLAND

SCOTTISH CAMPAIGN FOR CARDIAC REHABILITATION

Briefing for MSPs

'If there were a pill that cost very little, reduced cardiac deaths by 27 per cent, improved quality of life, and reduced anxiety and depression, every cardiac patient in Europe would be expected to take it. There is no such pill, but taking part in a cardiac rehabilitation programme can provide all these benefits.'

Professor Bob Lewin, European Society of Cardiology, Amsterdam 2005

Our demands

1. That every heart patient who is suitable and wishes to take part be given access to a rehabilitation programme
2. That patients be offered alternative methods, such as home-based rehabilitation, if they prefer not to take part in a community programme or attend hospital.
3. That efforts be made to ensure that rehabilitation programmes meet the needs of under-represented groups, such as people in deprived or in remote and rural communities.
4. That each programme meets the minimum standards set out by the British Association for Cardiac Rehabilitation (BACR) and in SIGN guidelines
5. That cardiac rehabilitation provision be monitored through an audit of cardiac rehabilitation

BHF Scotland and Chest Heart & Stroke Scotland are launching this campaign to ensure that access to cardiac rehabilitation is improved, and to fulfil our key campaign objective: ***That every heart patient who is suitable and wishes to take part is given access to a rehabilitation programme.***

Cardiac Rehab saves and can transform lives

- It reduces deaths from heart disease by **more than a third** over ten years.
- It reduces anxiety and depression- studies have shown this can make patients 3 to 4 times less likely to die from their conditionⁱ

Cardiac rehab saves money

- A **single day** in a coronary care unit can cost **£1,400**ⁱⁱ
- A heart bypass operation can cost **£8000**ⁱⁱⁱ
- Cardiac rehab costs only **£600** per patient^{iv}

Cardiac rehab saves valuable NHS resources...

- ...by cutting readmissions to hospital, by **up to 30%**^v
- ...by helping people to make and maintain changes to their lifestyle and reducing the chances of a further event, such as a heart attack.





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Across Scotland...

Some groups of heart patients have good access to cardiac rehabilitation in Scotland, which shows what can be achieved. Many other groups, however, are still excluded, despite the publication of a national guideline 6 years ago in 2002.^{vi}

The Good

Up to 60% of heart attack and heart bypass patients currently receive cardiac rehabilitation

The Bad

Only 3% of angina patients get cardiac rehab

The Ugly

Less than 1% of patients with heart failure get cardiac rehabilitation

Up to 80% of all categories of heart patients would benefit from Cardiac Rehabilitation and reap the benefits of this life changing intervention.

What next?

- NHS Scotland needs national standards for the implementation of cardiac rehabilitation programmes for all eligible heart patients and a robust audit system to ensure equitable access.
- NHS Scotland needs to recognise the value of cardiac rehabilitation following angioplasty, chronic angina and heart failure.
- NHS Scotland needs to offer a dynamic, inclusive and evidence-based cardiac rehabilitation service which meets the needs of all heart patients and particularly the under-represented groups; women and those in remote/rural and/or deprived communities.
- NHS Scotland needs to make cardiac rehabilitation for all eligible heart patients a priority and a reality, providing targeted resources.

ⁱ SIGN 57 (2002)

ⁱⁱ Cardiac Rehabilitation...Recovery or By-Pass? The Evidence, BHF 2007

ⁱⁱⁱ Cardiac Rehabilitation...Recovery or By-Pass? The Evidence, BHF 2007

^{iv} Extrapolated by National Audit for Cardiac Rehabilitation from *Health Technology Assessment* 2004; Vol. 8: No. 41 October 2004.

Provision, uptake and cost of cardiac rehabilitation programmes: improving services to under-represented groups. AD Beswick, K Rees, I Griebisch, FC Taylor, M Burke, RR West, J Victory, J Brown, RS Taylor and S Ebrahim

^v Lewin B, Robertson IH, Cay EL, et al. Effects of self help post myocardial infarction rehabilitation on psychological adjustment and use of health services, *Lancet* 1992

^{vi} SIGN 57 (2002)

