

CARDIAC PREVENTION & REHABILITATION

Continuing Cardiac Care-
SGH

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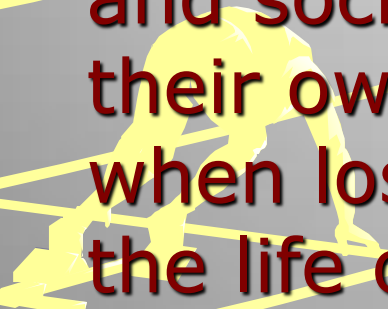


Agenda

- ◆ -Definition of CR
- ◆ -Key outcomes of CR
- ◆ -National guidelines for prevention &CR
- ◆ -Core components of CR
- ◆ -CR pathway of care
- ◆ -Who are we?
- ◆ -What do we do?
- ◆ -Referrals criteria for CR in Wandsworth
- ◆ -How can you refer?

Cardiac Rehabilitation is defined as:

'...the sum of activities required to influence favourably the underlying cause of cardiovascular disease, as well as to ensure patients' the best physical, mental and social conditions so that they may, by their own efforts, preserve or resume when lost, as normal a place as possible in the life of the community.'



WHO 1993

Cardiac Prevention and Rehabilitation (CP&R)

- ◆ **CR is a structured service which gives the best possible physical, psychological and social support for people with CHD and other heart conditions.**
- **Clinical Commissioning Groups (CCGs) are responsible for commissioning cardiac rehabilitation and secondary prevention of cardiovascular disease.**
- **CCGs should work closely with strategic clinical networks.**

NHS Outcomes Framework Domains & Indicators

(NHS Standard Contract Wandsworth CCG 2014, BHF, BACPR)

Cardiac Rehabilitation:

- ◆ Helps patients to recover quicker from episodes of ill-health or following injury.
- ◆ Treats and cares for people in safe environment and protects them from avoidable harm.
- ◆ Supports patients in developing illness self-management skills, builds confidence , supports in returning to work.
- ◆ Improves functional capacity and physical activity status.
- ◆ Enhances quality of life for people with long-term illness .
- ◆ Reduces anxiety & depression following a cardiac event.
- ◆ Prevents people from dying prematurely (20% of all cause reduction in mortality /27 % in cardiac mortality after 2-5 years
- ◆ Reduces re-admissions (28% reduction in cardiac) and the need for cardiac follow-up consultation.
- ◆ Cost-effectiveness (2nd only to Aspirin and Beta-blockers)

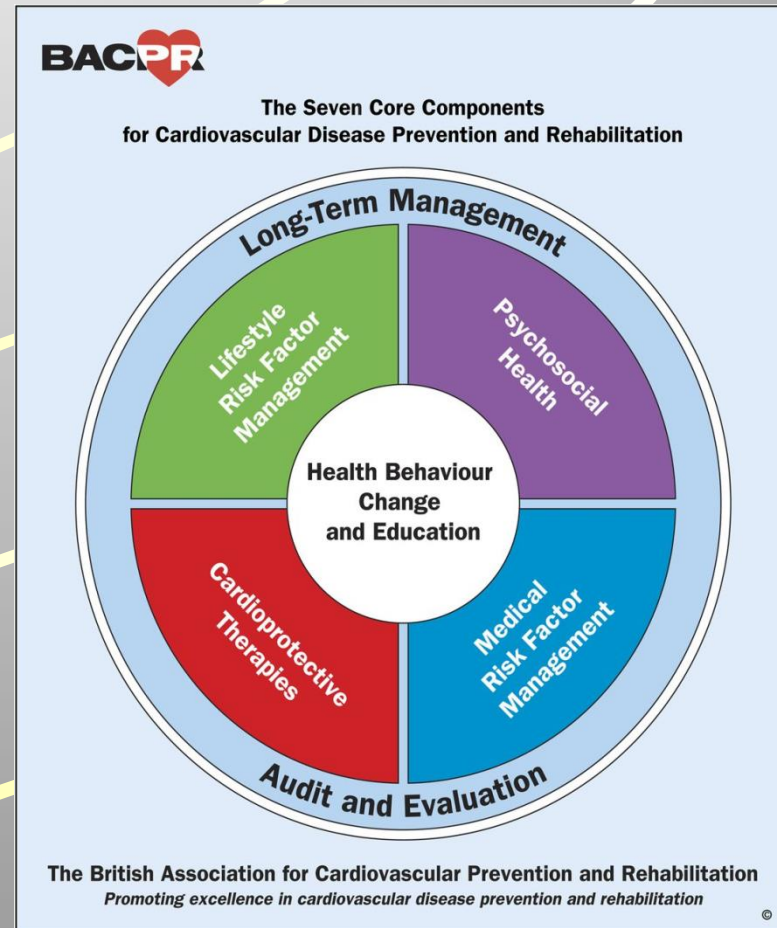
National Guidelines for Prevention

- ◆ NSF for CHD (2000) – 'White Paper' 10 year plan of action including: (85% of patients with ACS following revascularisation in CR)
- ◆ NICE Guidelines e.g. MI secondary prevention (2007), HF management, Lipids modifications etc.
- ◆ Joint British Societies (JBS 1998, 2005, 2010)
- ◆ NHS Health Checks (40-74 years) (2009)
- ◆ Cardio & Vascular Coalition: Destination 2020 (BHF, 2009) – emphasis on strategies for CHD, stroke, diabetes and kidney disease.
- ◆ Commissioning pack (Wandsworth CCG) (<http://www.dh.gov.uk/en/Publications>)
- ◆ BACPR standards (2012) – www.bacpr.com
- ◆ NACR (National Audit for Cardiac Rehabilitation)

Core components of CR

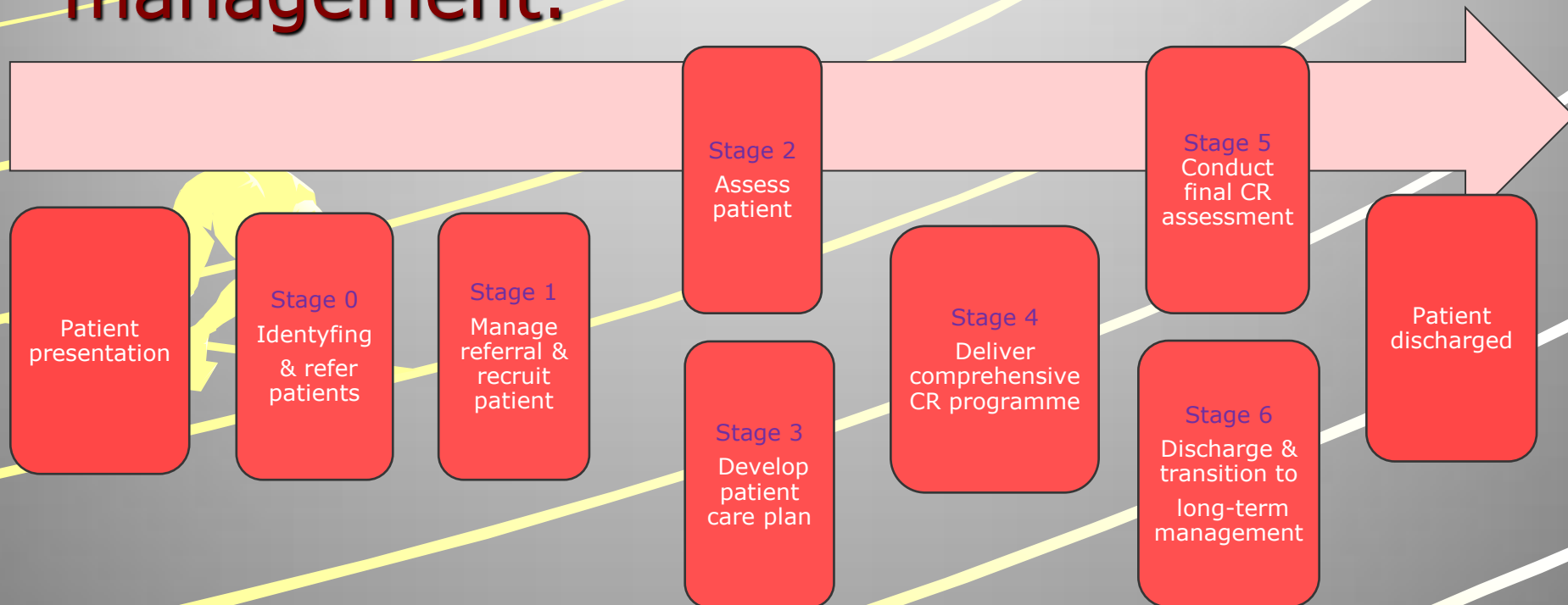
(BACPR 2007,2012,2017)

1. Health behaviour change and education.
2. Lifestyle risk factor management
 - Physical activity and exercise,
 - Diet,
 - Smoking cessation.
3. Psychosocial health.
4. Medical RF management
5. Cardio-protective therapies (drugs & implantable devices)
6. Long-term management.
7. Audit and evaluation.



CR pathway of care

- ◆ DH recommends 6-stage pathway for CR from patient presentation to long-term management.



CP&R in Wandsworth

- ◆ Wandsworth Integrated CP&R service (2015)
- ◆ 8-week exercise programme, relaxation sessions, education.
- ◆ Eligible patients over 16 and registered with Wandsworth CCG
- ◆ 6 months post CVD event.



Hospital/community based programme

- **SGHospital**
(Low/M/high risk)
- **QMHospital**
(Low/M/High risk)
- **Wandle Recreation Centre(Wandsworth)**(
low/medium risk)

Home programme

- Heart Manual
- BHF DVD

Individual programme 1:1

- CR exercise prescription

What do we do?

- ✦ Comprehensive clinical assessment pre and post - programme (current medical history and symptoms, perception of illness, on-going investigations)
- ✦ Encourage health behaviour change.
- ✦ Agree goal settings for core components /progress review.
- ✦ Assess & monitor life-style RF :
 - counselling & motivational interviewing for smoking cessation
 - diet & weight management
 - exercise prescription tailored to individual needs (risk stratification)
 - advice on activities of daily living (Functional Capacity Test)
- ✦ Assess & monitor medical RF (BP , lipids management, glucose)

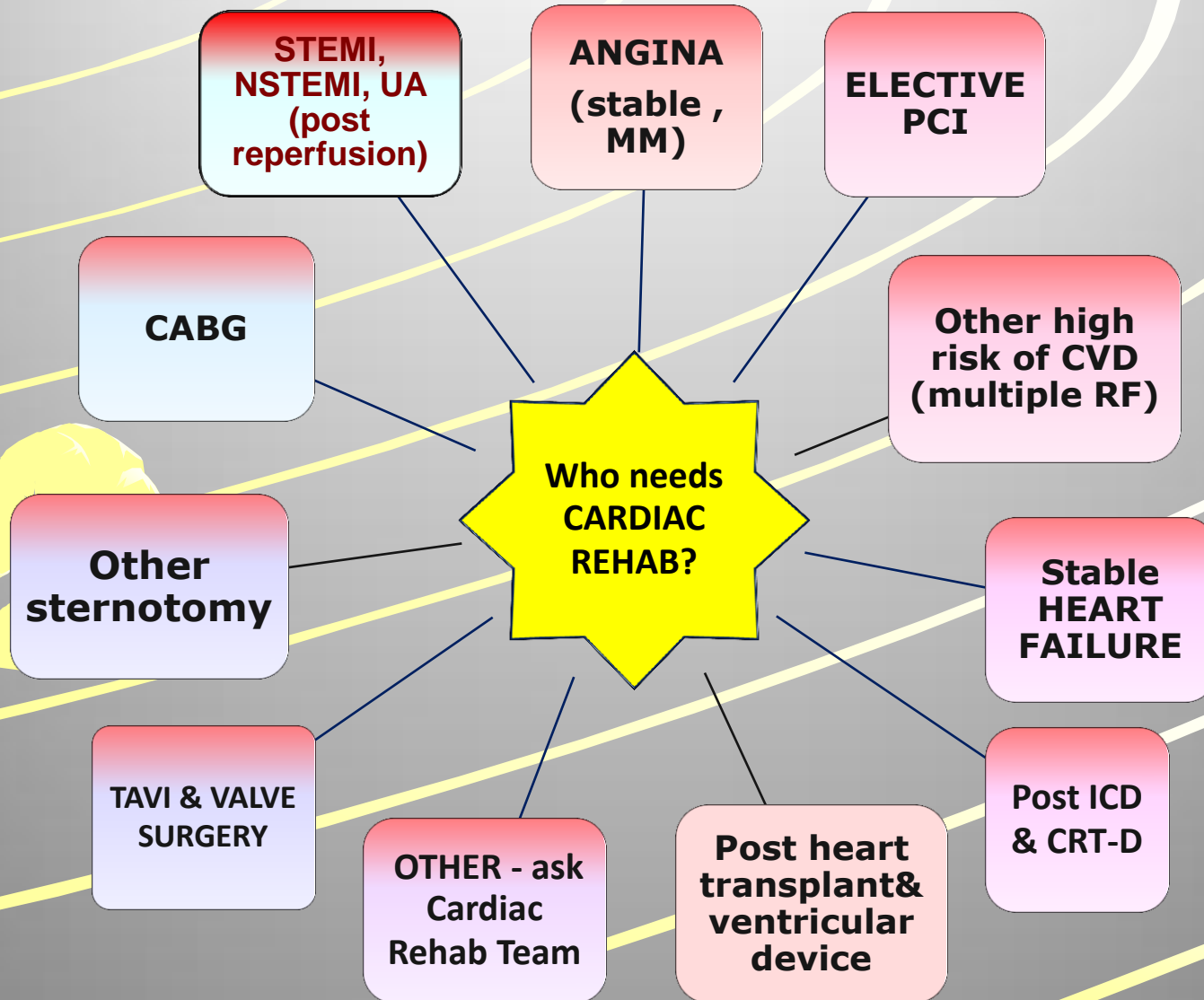
What do we do?

- ✦ Monitor current drug therapy and adherence.
- ✦ Monitor anxiety & depression (HAD), provision of early stage counselling.
- QOL (Dartmouth COOP)
- relaxation sessions(visualisation, colour therapy, breathing techniques)
- ✦ Educational talks (RF, A&P heart/CVD, Diet, Exercise & Physical Activity, Stress management, Medications, HF talk)
- ✦ MDT meetings (patients case discussion & management)
- ✦ Assess & refer to other services:
BP unit, ED , IAPT, Dietician, Lipids Specialist, Sleep Apnoea, Falls prevention, Diabetes , EOR, Breathlessness clinic, Lungs& Heart Songs group.

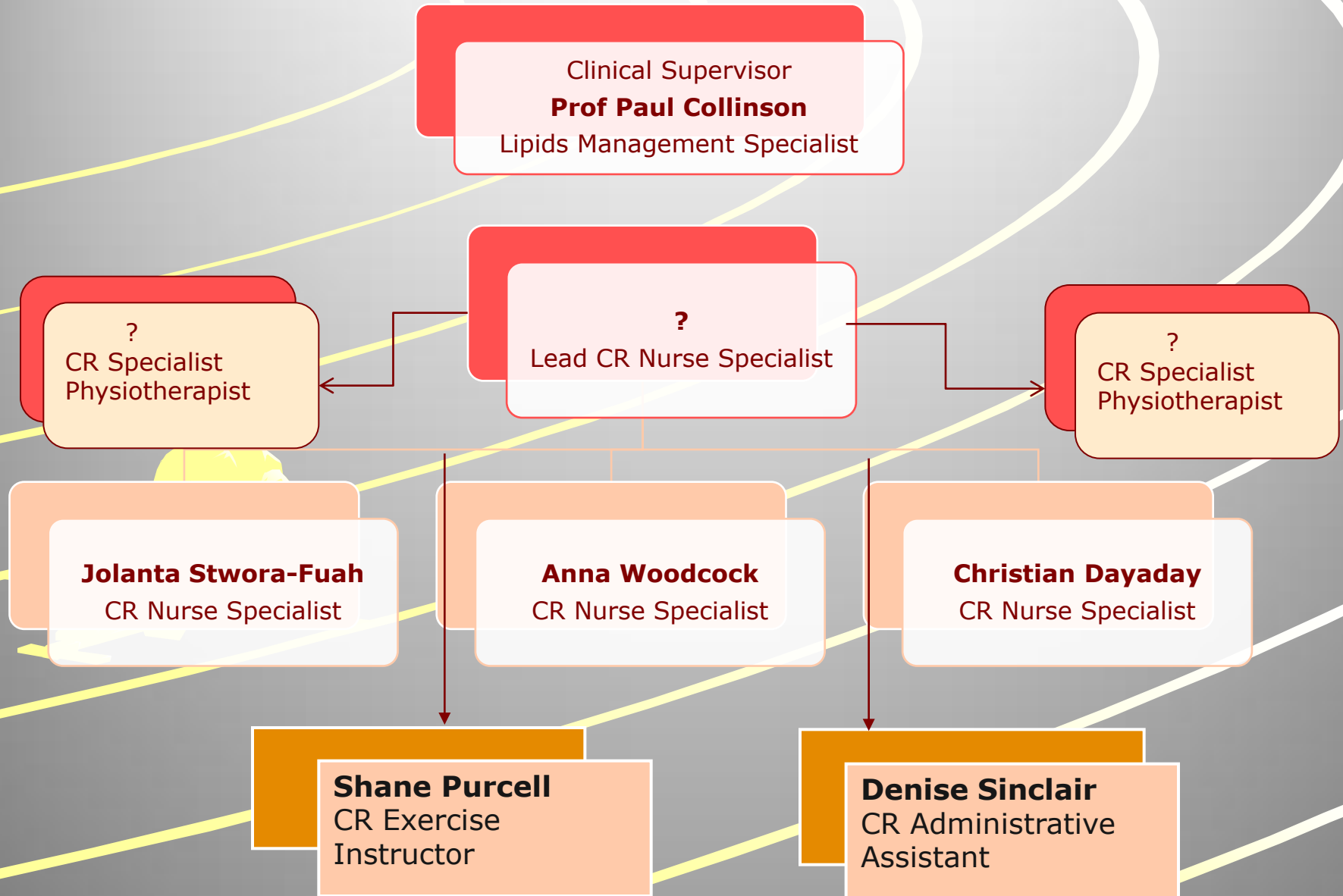
Achievements

- ◆ In 2017 we referred 1995 patients to other local CR centres
- ◆ In Wandsworth CR we recruited 423 patients(79% STEMI/NSTEMI/Angina,21%valve surgery/TAVI,ICD, 29%-HF)
- ◆ In2016/17 NACR report 72% patients met completion criteria in Wandsworth (77% national average)
- ◆ NACR report suggested Wandsworth CR had the best outcome related to 'contacting the patient within 3 working days post d/c and offering an appointment in 10 working days'(35 other CR centres)

Referrals criteria



SGH CP&R Team



Cardiac Prevention & Rehabilitation contacts

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**e-mail: CardiacRehabTeam@stgeorges.nhs.uk,
stgh-tr.CardiacRehab@nhs.uk**



Website /download a referral form:

**[https://www.stgeorges.nhs.uk/service/cardiovascular/cardiology/
cardiac-prevention-and-rehabilitation-2/](https://www.stgeorges.nhs.uk/service/cardiovascular/cardiology/cardiac-prevention-and-rehabilitation-2/)**

Thank you...

