

Questionnaire

Dear Network Director and Rehabilitation Lead,

This December 2009 Cardiac Rehabilitation questionnaire has been designed to capture, in as straightforward a manner as possible, significant progress during the last year and provide feedback on various initiatives. Some questions are very similar to previously, others have been modified or changed for the reasons above and to help inform future directions of work. To inform the National Priority Project as soon as possible and to be able to analyse responses for the National Conference in March, we should be grateful for your prompt response, and by the 31st January 2010.

Jane Flint, National Clinical Adviser for CR

Linda Binder, CR Lead NHS improvement Programme

On behalf of NHS improvement (Heart), Black Country Cardiovascular Network team including Action Heart at Dudley Group of Hospitals NHS Foundation Trust

Cardiac Rehabilitation (CR) Questionnaire to Cardiac/Cardiovascular Networks December 2009 (Prevention, Care and Rehabilitation)

- Has your Network work stream for CR updated your work plan during the last year? Yes/No (delete as appropriate)
- If your Network does not contribute to a National Priority Project currently, are you prepared to do so (likely to be commissioning related) in the near future? Yes/No (delete as appropriate)
- Does your Network meet NSF standards for CR? Yes/No (delete as appropriate)
- To what extent are you now fulfilling the NICE post MI guidelines including CR?
- Does every CR programme now have Lead Cardiologist? Yes/No (delete as appropriate)
- Did the November 'Developing Cardiologist Leadership of Referral to CR' meeting help inform your Network Champion? Yes/No/DNA but event supporting/DK (delete as appropriate)
- Have your CR services ever benefitted from the Patient Choice Revascularisation Pathway monies for CR? Yes/No/NK (delete as appropriate)
- Have you tried to pursue this pathway funding for CR? Yes/No(delete as appropriate)
- Have you revisited the CR pathway with the changing pattern of ACS management and earlier revascularisation (including PPCI) and discharge? Yes/No(delete as appropriate)
- Have you been able to develop a more robust commissioning link within your Network? Yes/No(delete as appropriate)
- Has the commissioning guide been helpful? Yes/No/need more (delete as appropriate)
- Has there been an overall increase in the CR staff during the last year? Yes/No/DK (delete as appropriate)
- Are you accepting an increasing number of patients with:
 - Coronary Heart Disease Yes/No (delete as appropriate)
 - Heart Failure Yes/No (delete as appropriate)
 - Other conditions Yes/No (delete as appropriate)
 - For Home Rehabilitation Yes/No (delete as appropriate)
- Are you offering a genuine choice of group-based or home-based rehabilitation programme to all patients? Yes/No (delete as appropriate)

APPENDIX

- Are you submitting data uniformly across your Network to NACR (National Audit of CR)? Yes/No (delete as appropriate)
- Has the National campaign for CR helped sustain local commitment to CR services? Yes/No (delete as appropriate)
- Please discuss with your PPI leads and say whether patients are prepared to help develop and have recorded PROMs (Patient Related Outcome Measures):
Personal goal setting for their CR programme outcomes Yes/No (delete as appropriate)
Objective ETT based outcomes Yes/No (delete as appropriate)
Sharing of personal benefits of CR e.g. able to return to work, push their dependant's wheelchair, walk the dog
Sharing personal measures taken as a result of CR to reduce their lifetime risk Yes/No (delete as appropriate)
- Do you wish to share any new initiatives or example of good practice from your Network? (e.g. including Primary Prevention Exercise referral service, Tackling Health Inequalities). Yes/No (delete as appropriate)
- Regarding the new Quality and Productivity agenda, have you any data surrounding reduced hospital admissions for patient attending CR? Yes/No (delete as appropriate)
- Overall has your Cardiac/Cardiovascular Network improved CR services across your region? Yes/No (delete as appropriate)

Please comment if you have any particular barrier to progress.....

Thank you for your commitment to this project which is helping Networks move forward with Cardiac Rehabilitation and Prevention services.

Name of person(s) completing questionnaire

Position within the Cardiac Network

Network