

Survey of cardiac rehabilitation across the English Cardiac Networks 2007–2009

Muhammad Shahid, Anita Varghese, Abdul Moqsoth, James Travis, Andrew Leatherbarrow, Russell I Tipson, Mark Walsh, Linda Binder, E Jane Flint

Authors

Muhammad Shahid
Clinical Fellow Cardiology

Anita Varghese
Specialist Registrar Cardiology

Abdul Moqsoth
ST2 Medicine

Andrew Leatherbarrow
FY1

E Jane Flint
Consultant Cardiologist, and Medical Director Action Heart (Hospital Cardiac Rehabilitation Unit), National Clinical Advisor for Cardiac Rehabilitation to NHS Improvement (Heart), Professional Trustee, British Heart Foundation, and Chair, British Cardiovascular Society Working Group for Women's Heart Health
Dudley Group of Hospitals NHS FT, Dudley, DY1 2HQ

James Travis
5th Year Medical Student,
Birmingham School of Medicine, Edgbaston, Birmingham, B15 2TT

Russell I Tipson
Director, Action Heart, Dudley
Dudley Group of Hospitals NHS FT, Dudley, DY1 2HQ

Mark Walsh
Network Director, Black Country Cardiovascular Network
The Chestnuts, New Cross Hospital, Wolverhampton, WV10 0QP

Linda Binder
National Improvement Lead, NHS Improvement
3rd Floor, St John's House, East Street, Leicester, LE1 6NB

Correspondence to:
Dr E J Flint
(jane.flint@dgoh.nhs.uk)

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Cardiac Networks always promised to be effective health communities across which sharing good practice and ultimately redesigning ideal care pathways for patients including Cardiac Rehabilitation (CR) could be made. The Black Country Cardiovascular Network in collaboration with the NHS Improvement programme conducted this observational study aiming at assessing and encouraging CR development across the English Cardiac Networks.

Twenty-eight English Cardiac Networks were surveyed annually from 2007 to 2009 using an email questionnaire to the network coordinators. There was a 100% response rate with the majority showing agreed work plan progress. Only 50% have a lead cardiologist for each programme. Although networks are committed to National Audit of Cardiac Rehabilitation (NACR), data submission remains non-uniform across 61% of networks. National Service Framework (NSF) standards were achieved by 41% in 2007, 47% in 2008 and 50% in

2009. National Institute for Health and Clinical Excellence (NICE) post myocardial infarction (MI) guidelines including CR were met by 34% in 2007 increasing to 50% in 2009. An improved commissioning relationship was observed from 34% rated good in 2007 to 78% improving in 2009. The number of networks revisiting their CR pathways post earlier revascularisation/percutaneous coronary intervention (PCI) has increased from 10% in 2007 and 32% in 2008 to 93% in 2009. A genuine choice of centre or home-based CR is now offered in 72% of the networks in 2009. Overall, a positive impact of network coordination has been seen in 78% of the organisation.

In conclusion, this survey supported Cardiac Networks in developing their cardiac work plans and identifying priority projects on post revascularisation CR pathways and commissioning.

The full paper of this abstract is available online at www.bjcardio.co.uk