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Improving Cardiac Rehabilitation (CR) Uptake: The impact of increasing uptake and reducing inequality

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1) The benefits of CR
- Globally, CR is recommended after patients have suffered from a wide range of heart conditions.
- Through a programme of exercise and information, patient recovery is expedited and future health improved.
- Large-scale systematic reviews have repeatedly shown strong evidence of benefit on outcomes including mortality.
- Due to the low cost and high potential gain it is considered a very cost-effective use of limited NHS resources by NICE (although the existing evidence is old and cost-effectiveness analysis of poor quality).

2) The challenge
- There have been no high quality assessments of the cost-effectiveness of CR using contemporary evidence.
- Uptake is very poor, ranging from 10 to 60% internationally.
- This is compounded by significant inequality in cardiac health, engagement in CR, and propensity to benefit.
- Despite policy suggestions on how to improve uptake and the issues of inequality there have been no attempts to quantify the impact of these issues on patient health.
- The Government aims to increase uptake from around 50% to 65% in the UK.

3) What have we done?
- Building on the latest large-scale systematic review we analysed the cost-effectiveness of CR in the UK.
- Incorporating the latest evidence on how deprivation affects cardiac health and how people engage with CR we explored the substantial impact of inequality on patient health.
- Using the latest estimates of the productivity of the NHS, from University of York led research, we calculated how much extra money could be spent to overcome the huge uptake issue.

4) What did we find?
- The most deprived are 66% less likely to complete a CR programme than the least.
- Even if they complete CR the most deprived patients will live 1.37 years less than the least deprived (1.87 when you account for the quality of those years).
- Achieving the 65% target would reduce hospital admissions by 21,000 and deaths by 8,500 over 10 years. This increased to 50,000 and 20,000 with an 85% target.
- £68.4mn could be justified per year to achieve 65% uptake.

5) What is the impact so far?
- The source of evidence for the ‘reimagining rehabilitation services’ point of the British Heart Foundation five point plan (below), covered on BBC Breakfast among others.
- Referenced as the justification for scaling up CR uptake in the NHS Long-Term Plan.

Deprived patients are living 1.37 years less

8500 deaths could be delayed in a decade

£68.4mn could be justified each year

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