

The National Campaign for Cardiac Rehabilitation – messaging



Our Demand

“Cardiac rehabilitation must be fully recognised as being central to the treatment and care of heart patients. By the end of 2010, every heart patient must have access to a high quality cardiac rehabilitation programme.”

Our Cause

Cardiac rehabilitation helps people with heart problems and their families achieve a better quality of life, cope with what can be a frightening experience and live longer.

A team of health professionals that may include nurses, physiotherapists, dieticians, psychologists and occupational therapists work with the patient to agree and set some simple goals; for example, to safely increase physical activity and move to a better diet. Ideally cardiac rehabilitation unites the efforts of the patient, the hospital and primary care in the long-term management of the illness.

Our Message

Cardiac rehabilitation is an inexpensive treatment that saves lives and improves the quality of life for people living with the burden of cardiovascular disease.

Quality rehabilitation provided by suitably staffed and resourced teams underpinned by robust clinical guidelines can reduce blood pressure, cholesterol, anxiety and depression and allow patients to self-manage their condition.

It is among the most effective and inexpensive treatments available. At a cost of only around £600 per patient per year for a programme that meets BACR minimum standards, it can reduce the chances of dying prematurely of heart disease by 26%. Yet, in the UK, 60% of the patients who need it do not have access. This is a clear denial of necessary treatment to patients in need.

Universal access to quality cardiac rehabilitation is what people living with heart disease need, what they deserve – and now what they are demanding.

Our Objectives

The National Campaign for Cardiac Rehabilitation has five objectives:

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 group programme or attend hospital as an outpatient
3. That efforts be made to ensure that rehabilitation programmes meet the needs of under-represented groups, such as ethnic minorities and women
4. That each programme meet the minimum standards set out by the British Association for Cardiac Rehabilitation (BACR)

5. That cardiac rehabilitation provision be monitored through the National Audit of Cardiac Rehabilitation