NICE National Institute for Health and Care Excellence

NICE

Heart failure: referral for cardiac rehabilitation

NICE indicator

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www.nice.org.uk/indicators/ind102

Indicator

The percentage of patients with heart failure diagnosed within the preceding 15 months with a record of an offer of referral for an exercise-based rehabilitation programme.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

Rationale

The aim of this indicator is to ensure patients with heart failure are offered a supervised, group-based exercise rehabilitation programme. Attendance at a rehabilitation programme can reduce heart failure and hospitalisations, and significantly improve quality of life, and 6-minute walking test results.

For this indicator, if a patient has already attended a cardiac rehabilitation programme, for example, following a myocardial infarction, they do not need to be referred again. A further offer of referral could be made if the GP feels that the patient would benefit from repeating the programme. If a previous offer of referral was declined, the potential benefit of attending these programmes should be discussed with the patient and an offer of referral should be made if clinically appropriate.

Source guidance

Chronic heart failure. NICE guideline NG106 (2018), recommendation 1.9.1

Specification

Numerator: The number of patients in the denominator with a record of an offer of referral for an exercise-based rehabilitation programme (including those who have previously attended a cardiac rehabilitation programme).

Denominator: The number of patients with heart failure diagnosed within the preceding 15 months.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions:

- Patients whose heart failure is not stable.

- Patients who have conditions or devices that would preclude an exercise-based rehabilitation programme including uncontrolled ventricular response to atrial fibrillation, uncontrolled hypertension, and high-energy pacing devices set to be activated at rates likely to be achieved during exercise.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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