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## CONFERENCE ABSTRACT

### A needs assessment for cardiac rehabilitation in Ireland

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Cardiac rehabilitation (CR) can reduce mortality, reinfarction rates and hospitalisations, and improve health related quality of life (HRQoL), it is cost effective and is recognised as a standard of care for patients with coronary heart disease (CHD) and heart failure (HF) and forms a part of self-management support for chronic disease (1). The aim of this study was to identify the need and capacity of CR services in Ireland.

This was done in two parts; need figures were estimated by applying international guidelines to hospital admission figures for selected conditions for the year 2014, and a survey of CR centres was performed to gather information regarding capacity, supply and process of CR. Need and capacity were compared nationally, geographically and by hospital group in order to identify gaps.

There was the capacity to provide CR for 39% of the need for CHD and HF patients nationally. Geographical disparities were apparent; capacity compared to need ranged from 9% to 75% by county. Funded staffing posts had fallen 62.7% since 2009 nationally and significant gaps in staffing and service provision were apparent around the country.

CR can reduce mortality, hospitalisations and is cost effective, however, this study found that there was insufficient capacity to meet need for CR, inequity of access, and the service has experienced significant cutbacks in recent years. Furthermore, need is expected to increase; the incidence of cardiovascular disease is predicted to increase by 4-5% per annum (2). This must be addressed in order to maximise and achieve the best health for all of the population and reduce pressures on acute services.

While this study had limitations, for example, assumptions had to be made regarding patient flow, and need was estimated using data from the Hospital Inpatient Enquiry scheme (HIPE) only, it was shown that CR is understaffed and does not have the capacity to provide for current need.

It is recommended that the capacity of CR is expanded, minimum standards per 100,000 population for the provision of CR should be established and central co-ordination of referrals should be considered to improve equity of access. Further research is needed to examine patient outcomes and alternative modes of delivery of CR, and audit standards and a regular CR audit should be established.

**References:**

1- Dalal HM, Doherty P, Taylor RS. Cardiac rehabilitation. *BMJ*. 2015 2015-09-29 11:41:26;351.

2- Smyth B, Marsden P, Collins L, Dee A, Donohue F, Evans D, et al. Planning for health trends and priorities to inform health service planning 2016: Health Service Executive (HSE) 2016-01. Report No.: 978-1-78602-002-4

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