



IRISH ASSOCIATION OF CARDIAC REHABILITATION

PRE-BUDGET SUBMISSION

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INTRODUCTION

The Irish Association of Cardiac Rehabilitation welcomes the opportunity to make a pre-budget submission in support of the provision of cardiac rehabilitation services at acute and community levels in Ireland.

Developments in cardiac rehabilitation were one of the best outcomes of the first cardiovascular strategy – Building Healthier Hearts (1999). However, while centres were made available to all relevant hospitals, staffing was inadequate to provide services for all eligible patients. With further developments and the evidence now of the benefits of cardiac rehabilitation for patients with heart failure and peripheral arterial disease, the services available are seriously under-resourced to provide adequate cover. Hence cost-effective and evidence-based therapies are not being provided. The issues being put forward by the IACR in this budget submission are as follows:

1. The need to protect cardiac rehabilitation from cutbacks in healthcare system.

The IACR urge that a first signal of the commitment to rehabilitation in its widest sense is the reversal of cuts made in cardiac rehabilitation services to date and the protection of current services from additional cuts.

Less than 50% of eligible patients have access to cardiac rehabilitation. Furthermore, increased demand for cardiac rehabilitation due to an aging population and an increase in the numbers of people surviving a cardiac event, means that demand for cardiac rehabilitation looks set to increase into the future. In spite of this, staff and resource cuts continue to be imposed in the country's 38 cardiac rehabilitation centres.

2. The need to ensure availability of a multi-disciplinary team in each cardiac rehab centre.

The IACR submit that resources be allocated for the appointment of staff, particularly multi-disciplinary staff, to ensure a thorough rehab service is offered to patients. The importance of the role of cardiac rehabilitation co-ordinator must also be recognised and supported.

Cardiac Rehabilitation in Ireland is managed by a Cardiac Rehab Co-ordinator in each of the 38 centres who direct patients to services needed and harness resources of the wider hospital and community system. The cardiac rehabilitation co-ordinator works with and is supported by Cardiologists, Physiotherapists, Nurses, Occupational Therapists, Dieticians, Pharmacists, Psychologists and Social Workers. It is well documented that this multidisciplinary approach is a key success factor in cardiac rehabilitation.

3. The need to streamline approach and structure of cardiac rehabilitation in different centres.

The IACR submits that each cardiac rehabilitation centre be provided with adequate resources so that best practice models can be maintained in all hospitals nationwide.

Cardiac rehabilitation centres offer different services depending on their resources and staffing levels. This means that not all patients receive the optimal cardiac rehabilitation to which they are entitled and deserve.

4. Need for the development of Phase 3 in the community and the introduction of Phase 4 nationwide.

The IACR submits that adequate resources be made available to support Phase 3 & Phase 4 programmes in each of the 38 cardiac rehabilitation centres.

Cardiac Rehabilitation is a continuous process commencing in hospital following an acute event and continuing on discharge into the community. It can be divided into four distinct phases. **Phase 3** incorporates exercise training in combination with ongoing education and psychosocial and vocational interventions. **Phase 4** constitutes the components of long-term maintenance of lifestyle changes and professional monitoring of clinical status.

Patients who receive both Phase 3 and Phase 4 cardiac rehabilitation are less likely to suffer subsequent coronary events than those that don't. Cardiac rehabilitation therefore plays a major preventative role thus reducing the burden on acute hospital services.

EVIDENCE:

There is robust clinical trial evidence demonstrating the benefits of Cardiac Rehabilitation, which include

- Reduction in overall cardiovascular mortality (Oldridge 1988, O'Connor 1989, Joliffe 2001, Taylor 2003.)
- Slowing of atherosclerosis process (Ornish 1990, Schuler 1992, Haskell 1994, Wenger 1995, Niebaer 1997.)
- Decrease of rates of subsequent coronary events and rehospitalisation (Haskell 1994, Ornish 1999,)
- Increased quality of life.

CONCLUSION

Cardiac Rehabilitation Programmes are a very effective way to help individuals who experience a cardiac event to deal with the consequences of their illness and support and facilitate them on the road to recovery. It is a cost effective programme with great scope for development. The IACR urges the Government to prioritise cardiac rehabilitation and provide support and resources to this service into the future.

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