

Foreword by the British Heart Foundation (BHF) - Dr. Mike Knapton

I am delighted to see the 2012 National Audit of Cardiac Rehabilitation shows that the proportion of patients who took part in cardiac rehabilitation continues to increase. Heart patients are presenting at an older age and with more co-morbidities so it is particularly helpful to see the impact of co-morbidity on outcomes. Patients will expect services that are responsive to their particular circumstances and as rehabilitation continues to evolve to meet these needs the NACR itself will need to evolve to provide that audit in the future. I look forward to seeing the impact of the recent achievements, including a '30 tariff' in England, the commissioning pack and guide for commissioners in England and Wales by the Department of Health and NICE respectively, Together for Health – A Cardiac Delivery Plan in Wales and the strength of the integrated approach to health and social care in Northern Ireland. The development of a Cardiovascular Disease (CVD) Outcomes Strategy in England is a welcome opportunity to achieve these aims.

It is particularly important that the BAPCR standards explicitly include participation in the NACR. The achievements set out in this year's audit reflect the dedication, expertise and skill of the health care professionals who work in cardiac rehabilitation across England, Wales and Northern Ireland, and I would wish to acknowledge their contribution to improving the heart health of the population. I would also like to thank the NACR Team in York who undertake the audit and provide support for cardiac rehabilitation.

Dr Mike Knapton
British Heart Foundation

Foreword by the BACPR - Jenni Jones

The British Association for Cardiovascular Prevention and Rehabilitation (BACPR) welcomes the NACR report of CR activity and outcomes for the year 2010-2011. The data on uptake to CR shows a slight rise from 42 to 44% which, at the very least, suggests maintenance. Uptake variation continues in respect of cardiac presentation with CABG being highest and PCI uptake lowest. This is in stark contrast to cardiology trends with PCI being the most frequent form of intervention. Inequity in provision and uptake continues to exist within regions and across gender with only 30% of women, on average, accessing CR. The data and analysis on the number of co-morbidities being inversely related to outcome is particularly worrying as it appears to parallel the continual drop in the multi-disciplinary makeup of CR programmes.

The BACPR mission is to promote the multi-disciplinary team (MDT) approach with the skills and competencies to meet the needs of patients with CVD and significant co-morbidities. Over the last three years the NACR report has shown a clear reduction in the skill mix and content of programmes which is contrary to patient needs and the evidence base. This has been a significant year for CR with the release of the BACPR Standards and Core Components which incorporate the latest clinical evidence and guidance for good practice. These have been boosted further through additional guidance from NICE (CMG39 & 40) and the Department of Health (post discharge tariff). The BACPR is working with the NACR to align the audit with our Core Components which should become apparent in future reports. All these initiatives are a culmination of an intense few years of campaigning, supported by the BHF, BACPR and NACR, that looks to have paid off through major national policy supporting CR. These changes will hopefully yield benefits for CR in the coming years.

Jenni Jones
President, BACPR

Welcome to what will be the last Annual Report in this format. The National Service Framework for Coronary Heart Disease (NSF for CHD) is now ten years old and a new cardiac strategy is imminent, the NHS is in the midst of radical 'reforms', GP commissioning groups are taking over from PCTs and 'competent providers' bidding for services. At the last meeting the NACR Steering Group agreed that we must consider what standard we should audit to in the coming years. Some contenders are; the new BACPR Standards and Core Components for CR, the Department of Health Cardiovascular Disease Strategy and the information required by commissioners. The Steering Group will discuss this early next year - please let us know your ideas.

An external review commissioned by the BHF interviewed stakeholders and senior NHS officials and reported that the NACR and the BHF Campaign were amongst the key motivators and 'levers' used by the DH to drive improvements in the status of CR. Roger Boyle signalled this in his foreword to the 2008 'Review of Progress with the NSF for CHD',

"Developing cardiac rehabilitation services must be a priority in the coming year. We need to raise both the quantity and quality of service provision across the country. The National Audit of Cardiac Rehabilitation will be critical in providing better information about services currently available and enabling local areas to improve their provision."

It's worth reflecting on what has been achieved. In 2009 a National Clinical Advisor for CR, Dr Jane Flint and a National Clinical Lead for CR, Patrick Doherty, were recruited to the DH. In 2010 CR was chosen to be the first NHS service to have a Department of Health 'Commissioning Pack'. In 2010-11, the NHS Heart Improvement Team worked with the NACR team at York to pilot the CR pack to ensure NACR could become the reporting mechanism. In 2010 work began, making substantial use of NACR data, on developing a National Tariff for CR to solve CRs long-standing funding problems. In 2011 CR was selected to be one of only a few treatments suitable for claiming a new '30 day re-admission' tariff and NICE created a new commissioning guide for CR. As the BHF review concluded, uptake rose from 38 to 42% but the main improvements are likely to begin to show in 2012-2015.

This year's report is for the data collected in 2010-11 the final year of the NSF for CHD and health regions. As in previous years, the changes it reflects are modest and incremental. Early next year, working with the BHF and the team from Alton, who conducted the first National Audits starting prior to the NSF, we will produce a report summarising what has changed over the ten years of the NSF and what remains to be done.

The key message from all this is that by working together to sustain the NACR and with the help of the BHF Campaign, the BACPR and the DH Heart Team, CR has moved to a prominence that few would have predicted 5 years ago. The policies and funding mechanisms are just round the corner, but so are new challenges: it's only by continuing to record and justify what we do, and by insisting that all providers of CR should provide similar evidence, that we can protect and build on what has been gained.

Professor Bob Lewin and Professor Patrick Doherty
NACR Team, University of York.

Changes to the report this year

There are two main changes to the report this year.

We have looked at the impact co-morbidities may have on patient outcomes. It appears that the more illnesses a person has the less likely they are to benefit from CR. It is also true that older people and women (at least those attending CR) have more co-morbidities, how much these factors effect outcomes is revealed on page 35.

All audits are charged with presenting information of use to patients. For the first time we are reporting the staffing available in each programme (Table 47, pages 41-57).

Summary of main findings: April 2010 - March 2011

The percentage of patients in the three main groups (MI, PCI and CABG) who took part in CR increased from 42 to 44%. The number of patients in those groups discharged from hospital decreased by more than 7,000 in England and Wales.

Once again CABG patients are the most likely group to take part in CR. Is this because funding is better, because they are on average younger than MI patients, because the pathway is better organised or because, unlike MI patients, the programme usually starts before the person has returned to work?

Other improvements include: the number of programmes excluding heart failure patients dropped from 20 to 15%; the percentage of patients invited who declined dropped from 25 to 21%, the time between the acute event and first assessment has reduced as has the average wait-time for Phase 3 programmes (by 3 days).

Once again there is a wide variation in the multi-disciplinary staffing of programmes. Only half of the programmes have access to a dietician and 10% to a psychologist. Attention to psychological effects of having an acute cardiac event has been an important part of CR for more than 50 years and recent evidence shows that providing both together is more effective than either alone¹.

¹ Campbell TS, Stevenson A, Arena R, Hauer T, Bacon SL, Rouleau CR, Cannon C, Stone JA. An Investigation of the Benefits of Stress Management Within a Cardiac Rehabilitation Population. *J Cardiopulm Rehabil Prev.* 2012 Sep;32(5):296-304

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How has the number of programmes changed?

There were 335 Phase I, II or III CR programmes in England, Northern Ireland and Wales in 2010-11 (Table 1 shows this by country), and there were a total of 290 CR centres. Some CR centres report for more than one CR programme. There were 13 fewer programmes in 2010-11 compared with the previous year 2009-10 due to more programmes wishing to return audit figures from one centre.

Table 1. CR programmes in England, Northern Ireland and Wales

<i>Country</i>	<i>2008-9</i>	<i>2009-10</i>	<i>2010-11</i>
England	300	306	293
Northern Ireland	15	15	15
Wales	24	24	24
Isle of Man and Channel Islands	3	3	3
Total of programmes for annual survey	342	348	335

Caveats

Maintaining an accurate record of the number of programmes is dependent on new programmes (or neighbouring programmes) reporting to the NACR team and existing programmes notifying the team of changes.

Which patient groups are being excluded from referral protocols?

There are many reasons why patients do not attend CR but in some areas local referral protocols specifically exclude people with certain diagnoses. As Table 2 shows, the prevalence of such policies is decreasing.

Table 2. Number and percentage of programmes that reported a policy of not accepting certain diagnoses for Phase III CR

<i>Reason for referral</i>	<i>2009-10</i>		<i>2010-11</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Pacemaker	51	20	58	19
Heart failure	51	20	46	15
ICD	41	16	41	14
Angina	45	18	51	17
ACS	32	13	41	14
Cardiac arrest	38	15	41	14
Surgical (excluding valve or CABG)	28	11	31	10
PCI	14	6	18	6
Valve surgery	9	4	9	3

(N of Phase III programmes answering question: N for each year, 251,299)

Caveats

It is possible that in a few cases the exclusion may be because programmes cross-refer patients with certain diagnoses to another centre.

What percentage of people who have had an MI, PCI or CABG took part in CR in England, Northern Ireland and Wales?

Across the three countries and people who had an MI, a PCI, or a CABG - there was a 2 percentage point increase in the uptake of CR.

There was a 3 percentage point increase in the proportion of people who had an MI taking part, no change in the proportion of people who had a PCI taking part and a 3 percentage point increase in the proportion of people who had a CABG taking part.

Table 3. Percentages of patients who had an MI, a PCI, or a CABG taking part in CR in England, Northern Ireland and Wales

<i>Reason for referral</i>	<i>2009-10</i>	<i>2010-11</i>	<i>Change</i>
	<i>%</i>	<i>%</i>	<i>% point</i>
MI	41	44	+3
PCI	31	31	0
CABG	71	74	+3
Total	42	44	+2

Tables in Section 2 (pages 20 to 26) show that some Strategic Health Authorities (SHAs) in England, Northern Ireland as a whole, and networks in Wales made significant improvements in uptake whilst other areas remained the same or declined by a few percentage points.

Is the goal in the England NSF for Coronary Heart Disease (CHD) for 85% of people who have had an MI, PCI or CABG to take part in CR being met?

In 2000 the NSF for CHD (England) suggested that 85% of patients who have had an MI, PCI or CABG should be invited to take part in CR. Once that was achieved, patients with heart failure and other cardiac conditions were also to be invited.

The current uptake rate of 44% is a mean across programmes and conditions. This disguises the fact that, just as some centres are close to meeting the target uptake rate, for example CABG at 74%, others are below the average NSF recommendation.

Are women under-represented in CR programmes and do they benefit in the same ways as men?

If participation in CR among men and women following an MI was proportionate to case rates, 37% of participants would be women. However, women made up 30% of referrals and only 26% of Phase III participants (estimated from NACR figures). If the rate of participation for rehabilitation had been proportionate to the case rate, approximately 3,900 more women would have benefited from rehabilitation in 2010-11, there has been no improvement on the previous year.

Table 4. Gender and age at entry to CR in 2010-11 as recorded in NACR

<i>Number referred and age</i>	<i>Men</i>	<i>Women</i>
% referred	70	30
Average age	65	70

(N, 69,965)

After rehabilitation, women were less likely to meet the nationally recommended physical activity level than men, but they demonstrated greater reduction in the occurrence of clinically significant anxiety and depression.

Table 5. Comparison of outcomes from CR between men and women in 2010-11 as recorded in NACR

<i>Outcomes</i>	<i>Men</i>			<i>Women</i>		
	<i>Before</i>	<i>After</i>	<i>Change</i>	<i>Before</i>	<i>After</i>	<i>Change</i>
% smoking	13	8	-5	12	7	-5
% 5 x 30 min exercise per week*	34	56	+22	25	48	+23
% Normal score HADs Anxiety*	73	79	+6	61	70	+9
% Normal HADs Depression*	84	88	+4	79	86	+7

(N, 17,488)

*Statistically significant - the large number of cases means that even slight differences are likely to be statistically significant

What proportion of patients who were referred to CR did not take part, and why?

Of those who were referred and entered into the NACR database, 21% did not go on to take part in a CR programme.

Table 6. Percentage of patients referred to CR who did not take part as recorded in NACR

	2008-09	2009-10	2010-11
	%	%	%
Did not take part	24	25	21

(N for each year, 92,750, 100,380, 102,994)

Of the 21% who were referred and did not go on to take part in a CR programme the main reasons are recorded in Table 7.

The greatest loss of patients in the rehabilitation pathway is at entry to Phase III and the most commonly given reason is a lack of interest/refusal by the patient.

Table 7. Reasons given for patients not taking part in CR in 2010-11 as recorded in NACR

Reason	Phase I	Phase II	Phase III	Phase IV
	%	%	%	%
Not interested/refused	4	14	30	31
Ongoing investigation	4	3	4	2
Too far to travel	1	7	5	1
Physical incapacity	2	4	10	6
Returned to work	0	0	2	2
Local exclusion criteria	4	7	3	3
Language barrier	0	0	0	0
Holidaymaker	0	1	1	0
Mental incapacity	1	1	1	0
No transport	0	0	1	0
Died	2	4	2	2
Not referred	10	1	1	2
Too ill	2	2	3	2
Rehabilitation not needed	3	5	3	1
Rehabilitation not appropriate	5	6	5	4
Other	22	10	8	4
Unknown	41	35	21	40

(N for each phase, 15,332, 16,253, 31,446, 11,047)

How long are patients waiting for the first assessment and to start each of the four phases of CR?

There are very significant wait times for CR. The median time between having an MI and the start of Phase III rehabilitation is 53 days, and following a PCI, 48 days. The wait for post-CABG CR is 68 days (the protocol in many centres is a six-week wait).

Table 8. Time from event to referral and from event to commencing each phase of CR (median) in 2010-11 as recorded in NACR

Initiating Event	Wait for referral (days)		Phase 1 wait (days)		Phase 2 wait (days)		Phase 3 wait (days)		Phase 4 wait (days)	
	09-10	10-11	09-10	10-11	09-10	10-11	09-10	10-11	09-10	10-11
	MI	3	3	1	1	13	12	56	53	127
PCI	2	2	0	0	13	12	50	48	116	113
CABG	8	8	3	3	21	20	69	68	134	138
Other	6	5	1	1	16	15	68	64	135	139
Total	4	3	1	1	15	14	60	57	128	128

(N for each phase, 103,089, 53,409, 50,391, 34,446, 3,897)

In England, the DH Commissioning Pack for CR (2010) states that assessment and goal setting should be carried out within ten days of the initiating event or procedure. Table 9 below shows that MI and ACS falls within this time limit but substantial work is required to meet this target for all CR groups.

Table 9. Time (median) from event to the first assessment by diagnostic/treatment group in England, Northern Ireland and Wales in 2010-11 as recorded in NACR

Initiating event	Median (Days)	
	2009-10	2010-11
MI	10	10
MI & Primary PCI	16	14
MI & recent PCI	23	20
ACS	8	6
CABG	43	43
PCI	23	21
Angina	21	20
Heart Failure	54	35
ICD	40	27

How multi-disciplinary are CR programmes?

There has been a further significant reduction in the proportion of programmes with access to psychologists. There has also been a reduction in access to dieticians, pharmacists, occupational therapists and physiotherapists.

Twenty one centres in England and one in Wales reported having only one discipline.

It is particularly worrying that access to psychology time is diminishing year on year given the proportion of patients who are assessed as borderline or clinically anxious and depressed. Thirty percent of patients were anxious before starting rehabilitation and 17% were depressed.

Forty-one per cent of programmes had no clerical support (potentially resulting in clinical staff having to do clerical work, and creating challenges in providing the necessary data for the audit).

Table 10. Percentage of Phase III programmes with access to the most commonly reported disciplines

<i>Discipline available</i>	<i>2008-9 % of programmes</i>	<i>2009-10 % of programmes</i>	<i>2010-11 % of programmes</i>
Nurse	96	93	90
Physiotherapist	70	62	64
Dietician	56	51	52
Pharmacist	50	42	46
Exercise specialist	56	55	56
Occupational therapist	34	26	27
Psychologist	11	16	10

What do patients receive through CR programmes?

Table 11 below shows a continuing reduction over the last 3 years in the psychological and dietary support provided to patients. The percentage of patients receiving relaxation has declined from 41 to 26% since 2008-9 and the percentage receiving a psychological talk from 26 to 17% over the same period. With few psychologists directly involved in programmes alternative ways to deliver stress management and psychological support will have to be sought.

Table 11. The CR programme components that patients took part in as recorded in NACR

<i>Programme component</i>	<i>2008-9</i>	<i>2009-10</i>	<i>2010-11</i>
	<i>%</i>	<i>%</i>	<i>%</i>
Lifestyle education: written	57	62	61
Group exercise	68	50	52
Lifestyle education: talks/video	56	45	43
Relaxation training	41	29	26
Dietary: group class	46	32	30
Home exercise	29	27	27
Diet: individual	23	25	21
Psychological: group talk	26	19	17
Individual exercise	22	17	15
Home visits	16	16	15
Other	3	2	1
Heart Manual	7	7	7
Occupational therapy group sessions	7	5	5
Road to Recovery	1	1	<1
Psychological: individual counsellor	3	2	1
Physiotherapy: individual	2	2	3
Angina Plan	1	2	1
Other home based programme	1	<1	1
OT individual	1	1	1
Vocational assessment	1	1	1

(N for each year, 17,506, 44,606, 42,708)

How many programmes offer each phase of CR and how many patients receive the first three phases?

We found that 97% of centres provided a Phase III programme, around 82% a Phase I, 90% a phase II and 80% were referred on to Phase IV programmes.

Table 12. Number and (percentage) of CR programmes in England, Northern Ireland and Wales providing or referring on to each phase in 2010-11

	<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>	<i>Phase IV</i>
N=301	247 (82%)	270 (90%)	291 (97%)	242 (80%)

Each centre provided figures for the number of patients who these received each phase of CR. The percentage of patients in each centre starting each phase was calculated and the average percentage is presented in Table 13.

Table 13. The mean percentage of patients starting each of the phases or referred to Phase IV in 2010-11

<i>Phase</i>	<i>Average % of patients per centre</i>
Phase I	61
Phase II	72
Phase III	51
Phase IV	26

Are the aims for improved health behaviour described in the England NSF for CHD being met?

What are the aims?

In England, the NSF for CHD (2000) recommended that at 12 months at least 50% of people who took part in CR should be:

- 1 Taking regular physical activity of at least 30 minutes duration on average for five times each week
- 2 Not smoking
- 3 Have a Body Mass Index (BMI) of less than 30 kg/m².

What does the NACR show?

In relation to activity levels, at 12 months after participation in CR:

- 1 There was a 16 percentage point increase in the number of people exercising five or more times a week for 30 minutes (from 33 before CR to 49% after) and a 22 percentage point reduction in those who rarely/never took exercise (from 53 before CR to 31% after).
- 2 The proportion of people not smoking increased from 88 to 92% after CR.
- 3 26% of people attending CR did not reach the target level for BMI on the entry to the programme. There was a reduction of 1% at twelve months.

Table 14. Percentage of patients meeting NSF recommendations before and at twelve months after CR in 2010-11 as recorded in NACR

<i>Outcome</i>	<i>Before CR % of patients</i>	<i>After CR % of patients</i>	<i>Change % point</i>
BMI <30kg/m ²	74	73	-1
Exercise:			
5 x 30 minutes	33	49	+16
Exercise			
Often	16	24	+8
Sometimes	31	46	+15
Rarely/Never	53	31	-22
Non-smoker	88	92	+4

(N, 5,325)

What impact does CR have on levels of anxiety and depression, and quality of life?

Following CR, patients' quality of life improved significantly. The greatest gains were in physical fitness, overall health, and participation in social and daily activities.

Table 15. Dartmouth COOP: Twelve week outcomes from participation in CR: percent of patients with a Normal Score in 2010-11 as recorded in NACR

	<i>Before % of patients</i>	<i>After % of patients</i>	<i>Change % point</i>
Physical fitness	42	72	+30
Feelings	84	89	+5
Daily activities	85	95	+10
Social activities	82	93	+11
Pain	77	83	+6
Overall health	66	79	+13
Social support	88	85	-3
Quality of life	95	97	+2

(N, 12,360)

Freedom from anxiety and depression is also an important aspect of quality of life. Before starting CR, 30% of patients were borderline or clinically anxious and 17% borderline or clinically depressed. The table below shows that there was a statistically significant reduction in the percentage of people who were anxious or depressed.

Table 16. Hospital Anxiety and Depression Scale (HADS): Twelve week outcomes following participation in CR in 2010-11 as recorded in NACR

	<i>Before % of patients</i>	<i>After % of patients</i>	<i>Change % point</i>
HADS Anxiety: in Normal Range	70	77	+7
Borderline or Clinically anxious	30	23	-7
HADS Depression: in Normal Range	83	87	+4
Borderline or clinically depressed	17	13	-4

(N, 13,833)

Further information

A description of all of the measures used and a copy of the questionnaire pack completed by patients is available at www.cardiacrehabilitation.org.uk/nacr

Do co-morbidities influence the outcomes of CR?

Nearly 80% of people attending CR have at least one other illness (see table 42, page 35 for a full breakdown by gender and age). Here we have asked about the association of co-morbidity with three outcomes, physical activity, smoking and psychological distress. The method we used to answer the questions and the tables showing the full results of the analyses are shown in Part Two (page 35). In answering all of the questions below we also took into account the age, gender and level people were at on entry to the programme.

Were patients with a higher number of co-morbidities less likely to be carrying out the recommended amount of physical activity after CR?

Patients with more co-morbidities were less likely to be taking moderate exercise for 30 minutes five or more times a week. The odds of not achieving the required level was 2.2 times higher for people with five or more co-morbidities compared to those with none.

Were patients with a higher number of co-morbidities more likely to be smoking after CR?

The more co-morbidities a patient had the more likely they were to be smoking at follow up. The odds of smoking were 2.2 times higher for those with five or more co-morbidities compared to those with no co-morbidities.

Were patients with a higher number of co-morbidities more likely to be anxious after CR?

The more co-morbidities a patient had the more likely they were to be anxious at follow up. The odds of being anxious were 1.9 times higher for those with five or more co-morbidities compared to those with no co-morbidities.

Were patients with a higher number of co-morbidities more likely to be depressed after CR?

The more co-morbidities a patient had the more likely they were to be depressed at follow up. The odds of being depressed were over 2.3 times higher for those with five or more co-morbidities compared to those with no co-morbidities.

Conclusions

It is clear that people with four or more (see tables 43, 44, 45, 46, pages 35-36) co-morbidities may need more help than other people if they are to achieve their goals. People with multiple co-morbidities are likely to be older but age is not the main reason of poor outcome and should not be used alone to explain poorer outcomes. Rather it may be that the way programmes are currently organised is less helpful to such people.

Section 2

The electronic database and annual postal survey

The audit consists of two elements:

- 1) an electronic database collecting data using the NHS Information Centre portal
- 2) an annual postal survey that collects information on staffing and the number of patients in each diagnostic/treatment group seen by the programmes.

How was the data collected for the annual postal survey?

In England, Northern Ireland, Wales, the Channel Islands and the Isle of Man a questionnaire was sent to the co-ordinator of every CR programme on the Cardiac Rehabilitation Register of Programmes. If programmes did not respond, they were reminded again by letter and then by phone and email.

How is the patient level data collected for the electronic database?

Patients complete a questionnaire pack before they start CR and, where resources allow, immediately after finishing the programme, and then 12 months after discharge from CR.

The programme staff enter this data into the National Database, which is then uploaded to the NHS Information Centre. Anonymised data is passed to the NACR team at the University of York to compile the annual report.

How many programmes took part in the NACR?

Two hundred and twenty two programmes submitted data using the electronic database in 2010-11. This represents around 66% of the CR programmes in England, Wales and Northern Ireland.

Return rate of the annual postal survey

The survey response rate was 93%. The table below shows the return rate by country and the number of programmes that were unable to answer the question about how many patients they had seen.

Table 17. Return rate for the annual postal survey of CR Programmes for all programmes and for those providing Phase III

	UK*	England	Northern Ireland	Wales
Returned survey all phases	313/335 (93%)	271/293 (92%)	15/15 (100%)	24/24 (100%)
<u>Phase III providers</u>	N=318	N=276	N=15	N=24
Returned survey	299 (94%)	257 (98%)	15 (100%)	24 (100%)
Provided figures	280 (88%)	246 (89%)	14 (93%)	20 (83%)
Estimated figures	35 (11%)	30 (11%)	1 (7%)	4 (17%)

**Includes three programmes from the Isle of Man and Channel Islands*

For further information about the NACR methodology please visit

www.cardiacrehabilitation.org.uk/nacr

Notes on the methodology and analysis

Missing data

Where programmes provided data on the total number of patients seen but did not specify the reason for referral, the numbers in the categories (MI, PCI, CABG) were estimated using the median ratio (diagnosis/total) from programmes in the same country that did provide this information. Where programmes were unable to provide figures but had done so in previous years, the figures were estimated using the data from the previous year, after confirming with the centre that the service had not changed.

Calculating the proportion of patients who have had an MI, PCI or CABG taking part in CR

To work out the proportion of people who have had an MI, PCI or CABG taking part in CR, data was needed for each nation on the total number of people in 2010-2011 in each diagnostic/treatment group. Those people who were recorded as having both an MI and a PCI or CABG in the same year were counted as having an MI. The data source and methodology for each of the three countries is listed below:

England

Individual anonymised patient level HES data (with death on discharge recorded) was provided by the NHS Information Centre for Health and Social Care on the number of people who had an MI, PCI and CABG in any diagnostic/treatment category.

Northern Ireland

The Department of Health, Social Services and Public Safety Northern Ireland Statistics provided aggregated data on people discharged alive after having an MI, PCI and CABG in any diagnostic/treatment category.

Wales

Health Solution Wales provided aggregated data on those discharged alive after having an MI, PCI and CABG in any diagnostic/treatment category.

Comparing the results on uptake by geographical region

The data on uptake of CR by region should not be regarded as a league table or reflect the performance of individual programmes. CR programmes may accept patients from outside their own SHA or Cardiac Network. Each region contains many different rehabilitation programmes.

For Northern Ireland, because of the small number of programmes in each Health Board/Trust, as in previous reports, the figures are presented for the whole country only and are not provided in map format.

There is likely to be a small degree of underestimation in the numbers on uptake of rehabilitation because 11% of programmes were unable to provide data on how many patients they had seen and this was therefore estimated.

Uptake

Table 18. Numbers and percentages of people who have had an MI, PCI or CABG attending CR in 2010-11

Combined data

	<i>No. of patients</i>	<i>Receiving CR</i>	<i>% uptake</i>
MI	78,636	34,445	44
PCI	33,449	10,348	31
CABG	14,445	10,659	74
Total	126,530	55,452	44
	Number of programmes able to provide the numbers seen		280/315 (89%)
	Number of programmes where we estimated the number attending		35/315 (11%)

England

	<i>No. of patients</i>	<i>Receiving CR</i>	<i>% uptake</i>
MI	71,361	31,197	44
PCI	29,015	9,584	33
CABG	12,965	9,638	74
Total	113,341	50,419	44
	Number of programmes able to provide the numbers seen		246/276 (89%)
	Number of programmes where we estimated the numbers attending		30/276 (11%)

Northern Ireland

	<i>No. of patients</i>	<i>Receiving CR</i>	<i>% uptake</i>
MI	2,300	1,268	55
PCI	2,375	464	20
CABG	663	431	65
Total	5,338	2,163	41
	Number of programmes able to provide the numbers seen		14/15 (93%)
	Number of programmes where we estimated the numbers attending		1/15 (7%)

Wales

	<i>No. of patients</i>	<i>Receiving CR</i>	<i>% uptake</i>
MI	4,975	1,980	40
PCI	2,059	300	15
CABG	817	590	72
Total	7,851	2,870	37
	Number of programmes able to provide the numbers seen		20/24 (83%)
	Number of programmes where we estimated the numbers attending		4/24 (17%)

England

Figure 1. The number and percentage of people who had an MI who took part in CR by SHA in England

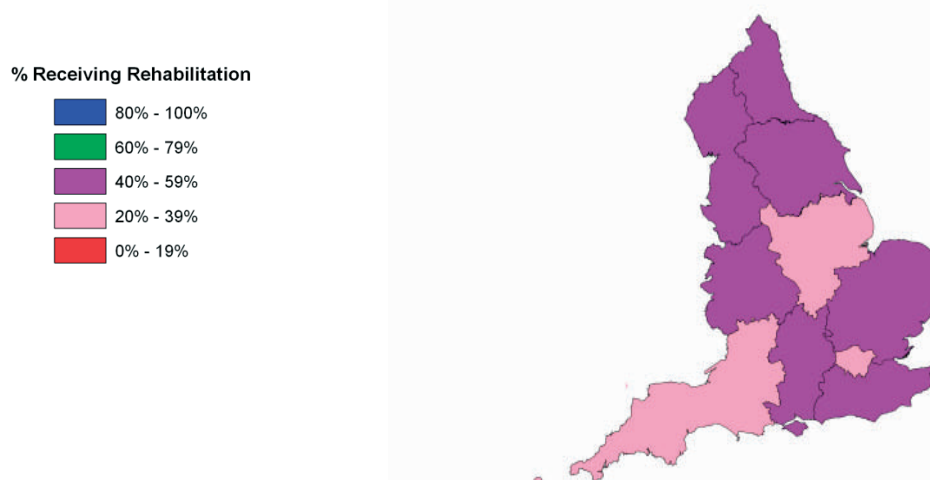


Table 19. The number and percentage of people who had an MI who took part in CR by SHA in England

SHA	N	Estimated* N %	2009-2010			2010-2011		
			N** Patients 09-10	N Receiving CR 09-10	% Uptake	N** Patients 10-11	N Receiving CR 10-11	% Uptake
North East	22	1 (5)	5,169	3,032	59	4,984	2,275	46
North West	38	3 (8)	11,769	5,251	45	10,314	5,398	52
Yorkshire and the Humber	34	4 (12)	8,896	4,240	48	8,114	3,487	43
East Midlands	22	0	7,720	2,775	36	7,422	2,781	37
West Midlands	28	4 (14)	7,308	2,869	39	7,090	2,850	40
East of England	30	3 (10)	8,079	3,532	44	7,575	4,221	56
London	37	6 (16)	8,657	2,573	30	7,696	2,965	39
South East Coast	21	1 (5)	6,031	2,772	46	5,632	2,358	42
South Central	14	2 (14)	5,000	1,650	33	4,967	2,012	41
South West	30	6 (20)	7,981	3,030	38	7,567	2,850	38
TOTAL	276	30 (11)	76,610	31,724	41	71,361	31,197	44

*the number and % of programmes where data had to be estimated

** patients taken from national statistical sources

Figure 2. The number and percentage of people who had a PCI who took part in CR by SHA in England

% Receiving Rehabilitation

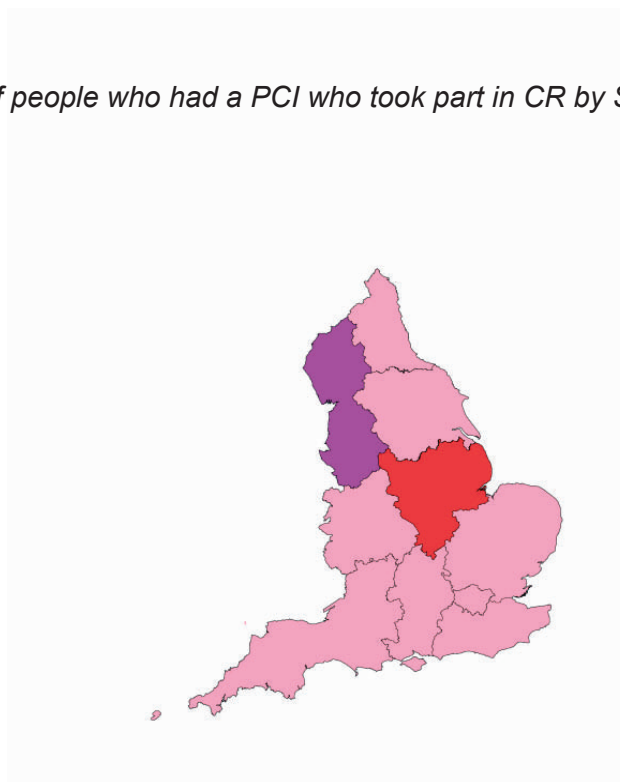
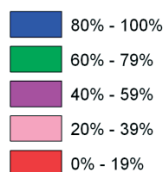


Table 20. The number and percentage of people who have had a PCI who took part in CR by SHA in England

SHA	N	Estimated* N %	N** Patients 09-10	2009-2010		2010-2011		
				N Receiving CR 09-10	% Uptake	N** Patients 10-11	N Receiving CR 10-11	% Uptake
North East	22	1 (5)	1,469	613	42	1,688	620	37
North West	38	3 (8)	3,554	1,630	46	3,269	1,512	46
Yorkshire and the Humber	34	4 (12)	2,613	464	18	2,752	735	27
East Midlands	22	0	2,421	510	21	2,687	368	14
West Midlands	28	4 (14)	2,763	838	30	3,007	1,132	38
East of England	30	3 (10)	3,426	1,305	38	3,395	1,288	38
London	37	6 (16)	4,226	1,162	27	4,181	1,286	31
South East Coast	21	1 (5)	2,590	1,355	52	2,538	902	36
South Central	14	2 (14)	2,516	514	20	2,359	681	29
South West	30	6 (20)	3,295	944	29	3,139	1,060	34
TOTAL	276	30 (11)	28,871	9,335	32	29,015	9,584	33

Figure 3. The number and percentage of people who had a CABG who took part in CR by SHA in England

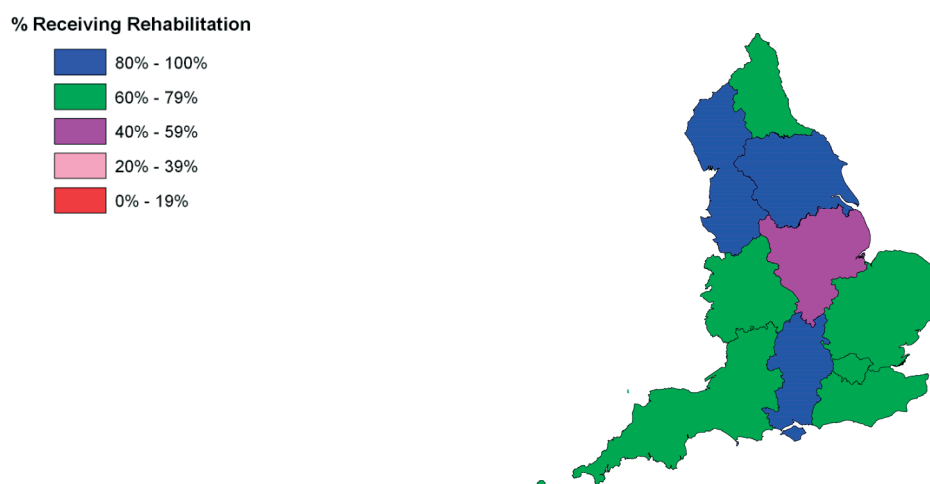


Table 21. The number and percentage of people who have had a CABG who took part in CR by SHA in England

SHA	N	Estimated* N %	N** Patients 09-10	2009-2010		2010-2011		% Uptake
				N Receiving CR 09-10	% Uptake	N** Patients 10-11	N Receiving CR 10-11	
North East	22	1 (5)	792	637	80	750	463	62
North West	38	3 (8)	2,241	1,833	82	1,897	1,587	84
Yorkshire and the Humber	34	4 (12)	1,289	1,154	90	1,053	911	87
East Midlands	22	0	1,107	578	52	996	561	56
West Midlands	28	4 (14)	1,657	1,114	67	1,522	1,100	72
East of England	30	3 (10)	2,094	1,190	57	1,697	1,211	71
London	37	6 (16)	1,803	1,011	56	1,660	1,154	70
South East Coast	21	1 (5)	1,321	1,058	80	1,133	797	70
South Central	14	2 (14)	1,051	661	63	814	741	91
South West	30	6 (20)	1,791	1,247	70	1,443	1,113	77
TOTAL	276	30 (11)	15,146	10,483	69	12,965	9,638	74

*the number and % of programmes where data had to be estimated

** patients taken from national statistical sources

Northern Ireland

Table 22. The number and percentage of people who had an MI, PCI or CABG who took part in CR in Northern Ireland

MI

	<i>N</i>	<i>Estimated N %</i>	<i>N Patients 09-10</i>	<i>N Receiving CR 09-10</i>	<i>% Uptake</i>	<i>N Patients 10-11</i>	<i>N Receiving CR 10-11</i>	<i>% Uptake</i>
NI	15	1 (7)	2,563	1,106	43	2,300	1,268	55

*Coding practice for recording MI in Belfast Trust changed between 2009-10 and 2010-11, this could account for the decrease in eligible patients observed.

PCI

	<i>N</i>	<i>Estimated N %</i>	<i>N Patients 09-10</i>	<i>N Receiving CR 09-10</i>	<i>% Uptake</i>	<i>N Patients 10-11</i>	<i>N Receiving CR 10-11</i>	<i>% Uptake</i>
NI	15	1 (7)	1,765	368	21	2,375	464	20

CABG

	<i>N</i>	<i>Estimated N %</i>	<i>N Patients 09-10</i>	<i>N Receiving CR 09-10</i>	<i>% Uptake</i>	<i>N Patients 10-11</i>	<i>N Receiving CR 10-11</i>	<i>% Uptake</i>
NI	15	1 (7)	466	453	97	663	431	65

Wales

Figure 4. The number and percentage of people who have had an MI who took part in CR by Cardiac Network in Wales

% Receiving Rehabilitation

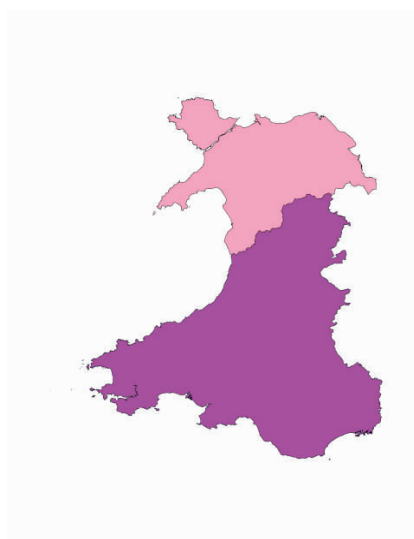
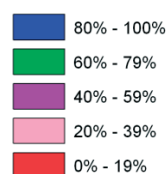


Table 23. The number and percentage of people who have had an MI who took part in CR by Cardiac Network in Wales

Cardiac Network	N	Estimated* N %	N** Patients 09-10	2009-2010		2010-2011		
				N Receiving CR 09-10	% Uptake	N** Patients 10-11	N Receiving CR 10-11	% Uptake
North Wales	5	0	1,410	360	26	1,217	343	28
South Wales	19	4 (21)	4,231	1,564	37	3,758	1,637	44
Total	24	4 (17)	5,641	1,924	34	4,975	1,980	40

*the number and % of programmes where data had to be estimated

** patients taken from national statistical sources

Figure 5. The number and percentage of people who have had a PCI who took part in CR by Cardiac Network in Wales

% Receiving Rehabilitation

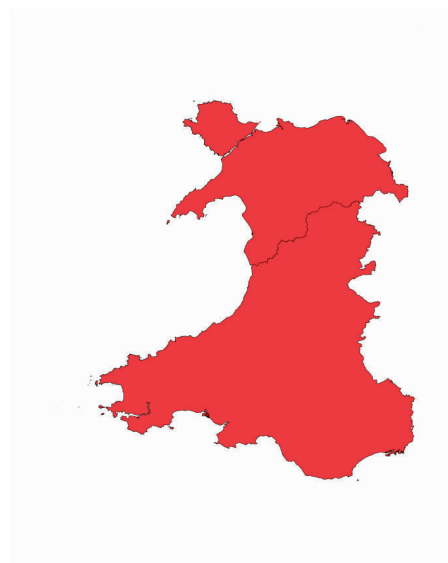
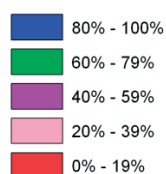


Table 24. The number and percentage of people who have had a PCI who took part in CR by Cardiac Network in Wales

Cardiac Network	N	Estimated* N %	N** Patients 09-10	2009-2010		2010-2011		
				N Receiving CR 09-10	% Uptake	N** Patients 10-11	N Receiving CR 10-11	% Uptake
North Wales	5	0	474	85	18	502	59	12
South Wales	19	4 (21)	1,280	172	13	1,557	241	15
Total	24	4 (17)	1,754	257	15	2,059	300	15

*the number and % of programmes where data had to be estimated

** patients taken from national statistical sources

Figure 6. The number and percentage of people who have had a CABG who took part in CR by Cardiac Network in Wales

% Receiving Rehabilitation

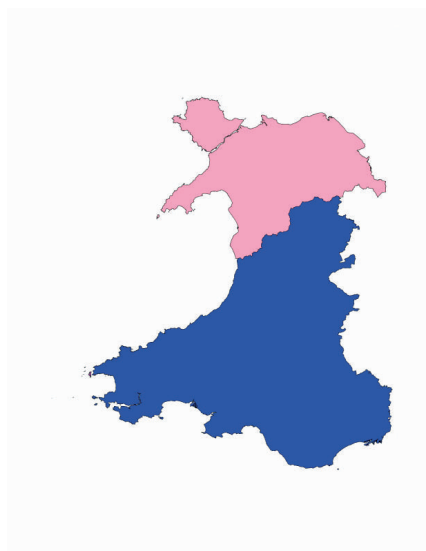
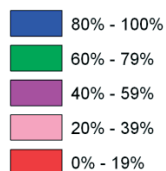


Table 25. The number and percentage of people who have had a CABG who took part in CR by Cardiac Network in Wales

Cardiac Network	N	Estimated * N %	2009-2010			2010-2011		
			N** Patients 09-10	N Receiving CR 09-10	% Uptake	N** Patients 10-11	N Receiving CR 10-11	% Uptake
North Wales	5	0	241	111	46	251	68	27
South Wales	19	4 (21)	681	648	95	566	522	92
Total	24	4 (17)	922	759	82	817	590	72

*the number and % of programmes where data had to be estimated

** patients taken from national statistical sources

Descriptors and demographics of those referred to CR

Table 26. Age and gender of patients referred to CR who have had an MI, PCI or CABG as recorded in NACR

Reason for referral	Gender	2008-9		2009-10		2010-11	
		Average age	%	Average age	%	Average age	%
MI	Male	65	68	65	69	65	69
	Female	72	32	72	31	72	31
CABG	Male	66	80	67	80	67	80
	Female	70	20	69	20	70	20
PCI	Male	63	74	64	74	64	74
	Female	67	26	67	26	67	26
Other	Male	64	71	65	65	65	64
	Female	67	29	68	35	68	36
All	Male	65	70	65	70	65	70
	Female	70	30	70	30	70	30

(N for each year, 92,151, 100,380, 102,994)

Table 27. Marital status of patients referred to CR as recorded in NACR

Status	2008-9	2009-10	2010-11
	% of patients	% of patients	% of patients
Married	71	70	70
Widowed	12	12	12
Single	8	8	8
Permanent partnership	4	4	4
Divorced	5	5	5
Separated	<1	1	1

(N for each year, 69,521, 88,841, 73,451)

Table 28. Ethnicity of patients referred to CR as recorded in NACR

Ethnicity	2008-9	2009-10	2010-11
	% of patients	% of patients	% of patients
White (British)	77	74	77
White (Irish)	2	2	2
White (Other)	2	3	3
Mixed White/Black Caribbean	<1	<1	<1
Mixed White/Black African	<1	<1	<1
Mixed White/Asian	<1	<1	<1
Mixed Other	<1	<1	<1
Indian	2	2	2
Pakistani	3	2	2
Bangladeshi	1	1	1
Other Asian	1	1	1
Black Caribbean	<1	<1	<1
Black African	<1	<1	<1
Black Other	<1	<1	<1
Chinese	<1	<1	<1
Other Ethnic Group	1	1	1
Not stated	10	14	11

(N for each year, 80,033, 90,545, 90,014)

Table 29. Employment status of patients referred to CR as recorded in NACR

Status	2008-9	2009-10	2010-11
	% of patients	% of patients	% of patients
Employed: full-time	18	17	17
Employed: part-time	4	4	4
Self employed: full-time	4	4	4
Self employed: part-time	2	2	2
Unemployed: looking for work	2	2	2
Government training scheme	<1	0	<1
Looking after family/home	2	2	2
Retired	58	58	58
Permanently sick/disabled	4	4	4
Temporarily sick or injured	6	6	7
Student	<1	<1	<1
Other reasons for not working	<1	1	<1

(N for each year, 34,023, 37,252, 36,364)

The medical status of people referred to CR

Table 30. Percentage of patients referred to CR with various co-morbidities as recorded in NACR

Co-morbidity category	2008-9 % of patients	2009-10 % of patients	2010-11 % of patients
Angina	33	29	28
Arthritis	17	16	16
Diabetes	21	22	22
Rheumatism	4	4	4
Stroke	6	6	7
Osteoporosis	3	3	3
Chronic bronchitis	3	2	3
Emphysema	2	2	2
Asthma	11	10	10
Claudication	5	5	5
Chronic back	10	11	11
Hypertension	47	49	49
Cancer	6	6	7
Other complaint	30	30	30

(N for each year, 60,660, 64,074, 63,633)

Table 31. Percentage of patients referred to CR who have had previous cardiac events as recorded in NACR

Cardiac events or procedures	2008-9 % of patients	2009-10 % of patients	2010-11 % of patients
MI	16	15	14
ACS	1	1	1
CABG	5	5	4
PCI	7	7	7
Cardiac arrest	2	2	2
Angina	16	13	12
Other surgery	2	2	1
Heart failure	2	2	2
Pacemaker	1	1	1
ICD	<1	<1	<1
CHD	<1	<1	<1
Transplant	<1	<1	<1
Left Ventricular Assist Device	<1	<1	<1
Other	4	4	5
Unknown	2	3	2

(N for each year, 92,750, 100,380, 102,994)

Reasons for referral to CR

Table 32. Reasons for referral to CR by year as recorded in NACR

<i>Reason</i>	<i>2008-9</i> <i>% of patients</i>	<i>2009-10</i> <i>% of patients</i>	<i>2010-11</i> <i>% of patients</i>
TOTAL MI	45	52	52
<i>Unknown</i>	33	8	5
<i>NSTEMI</i>	3	19	19
<i>STEMI</i>	2	6	5
<i>MI with PCI or recent PCI</i>	7	19	23
ACS	5	3	3
Revascularisation			
PCI	15	13	15
CABG	15	12	12
Other surgery	4	1	<1
Transplant	<1	<1	<1
Valve Surgery	-	-	2
Cardiac arrest	<1	<1	<1
Pacemaker	<1	<1	<1
ICD	<1	<1	<1
Left Ventricular Assist Device	<1	<1	<1
Angina	4	4	4
Heart failure	1	1	2
CHD	<1	<1	<1
Medical Management	-	-	1
Prehab	-	-	<1
Other	5	8	2
Unknown	4	1	1

(N for each year, 92,750, 100,380, 102,994)

Staffing

Table 33. The number and percentage of CR programmes (all phases) across each country with access to different professionals in 2010-11

	England		Wales		NI		Total	
	N	%	N	%	N	%	N	%
Nurse	189	89	20	100	11	92	220	90
Physiotherapist	129	61	15	75	11	92	155	64
Dietician	108	51	13	65	8	67	129	53
Psychologist	22	10	2	10	1	8	25	10
Social Worker	0	0	0	0	0	0	0	0
Counsellor	5	2	0	0	0	0	5	2
Doctor	16	8	0	0	2	17	18	7
Healthcare Assistant	27	13	0	0	2	17	29	12
Clerical	123	58	15	75	5	42	143	59
Administrator	13	6	1	5	0	0	14	6
Exercise Specialist	129	61	8	40	0	0	137	56
Occupational Therapist	51	24	9	45	5	42	65	27
Pharmacist	91	43	13	65	10	83	114	47

(N for each country, 212, 20, 12, 244) Total excludes Isle of Man and Channel Islands

Patient outcomes as recorded in NACR

Table 34. Patient outcomes twelve weeks after completing CR against NSF health behaviour aims as recorded in NACR

	2009-10			2010-11		
	Before %	After %	Change % point	Before %	After %	Change % point
BMI <30	73	73	0	72	73	+1
Exercise: 5 x 30 minutes	32	53	+21	32	54	+22
Exercise						
Often	18	29	+11	16	27	+11
Sometimes	32	49	+17	31	49	+18
Rarely/Never	50	23	-27	53	24	-29
Non smoker	87	92	+5	87	93	+6
BP Systolic <140 and diastolic <90	69	71	+2	67	70	+3
Total Cholesterol<4	31	52	+21	29	51	+22
Cholesterol LDL <2	40	56	+16	31	49	+18
Waist < 102cm (men) or <88cm (women)	59	62	+3	60	63	+3

(N for each year 16,901, 17,540)

Table 35. Patient outcomes twelve months after completing CR against NSF health behaviour aims as recorded in NACR

	2009-10			2010-11		
	Before %	After %	Change % point	Before %	After %	Change % point
BMI <30	75	75	0	74	73	-1
Exercise: 5 x 30 minutes	34	49	+15	33	49	+16
Exercise						
Often	19	25	+6	16	24	+8
Sometimes	32	46	+14	31	46	+15
Rarely/Never	49	29	-20	53	31	-22
Non smoker	88	92	+4	88	92	+4
BP Systolic <140 and diastolic <90	70	70	0	66	68	+2
Total Cholesterol<4	30	57	+27	27	54	+27
Cholesterol LDL <2	47	60	+13	25	52	+27
Waist < 102cm (men) or <88cm (women)	63	69	+6	65	69	+4

(N for each year, 5,325, 4,680)

Table 36. Hospital Anxiety and Depression Scale (HADS): twelve week outcomes as recorded in NACR

	2009-10			2010-11		
	Before %	After %	Change % point	Before %	After %	Change % point
HADS Anxiety						
Normal	70	76	+6	70	77	+7
Borderline	17	15	-2	17	14	-3
Clinically anxious	13	9	-4	13	9	-4
HADS Depression						
Normal	83	87	+4	83	87	+4
Borderline	11	9	-2	11	9	-2
Clinically depressed	6	4	-2	6	4	-2

(N for each year, 13,795, 13,833)

Table 37. Hospital Anxiety and Depression Scale (HADS): twelve month outcomes as recorded in NACR

	2009-10			2010-11		
	Before %	After %	Change % point	Before %	After %	Change % point
HADS Anxiety						
Normal	71	75	+4	72	76	+4
Borderline	17	15	-2	16	15	-1
Clinically anxious	12	11	-1	12	10	-2
HADS Depression						
Normal	83	84	+1	84	84	0
Borderline	11	10	-1	11	10	-1
Clinically depressed	6	6	0	5	6	+1

(N for each year 4,574, 3,802)

Table 38. Dartmouth COOP: twelve week outcomes: percent of patients with a Normal Score as recorded in NACR

	2009-10			2010-11		
	Before %	After %	Change % point	Before %	After %	Change % point
Physical fitness	42	71	+29	42	72	+30
Feelings	83	89	+6	84	89	+5
Daily activities	85	94	+9	85	95	+10
Social activities	82	93	+11	82	93	+11
Social support	88	86	-2	88	85	-3
Pain	77	83	+6	77	83	+6
Overall health	67	79	+12	66	79	+13
Quality of life	94	97	+3	95	97	+2

(N for each year, 12,431, 12,360)

Table 39. Dartmouth COOP: twelve month outcomes: percent of patients with a Normal Score as recorded in NACR

	2009-10			2010-11		
	Before %	After %	Change (% point)	Before %	After %	Change % point
Physical fitness	40	66	+26	39	67	+28
Feelings	83	87	+4	85	87	+2
Daily activities	84	92	+8	83	92	+9
Social activities	80	90	+10	80	90	+10
Social support	89	84	-5	90	83	-7
Pain	75	78	+3	76	78	+2
Overall health	65	73	+8	66	73	+7
Quality of life	94	96	+2	94	96	+2

(N for each year, 4,282, 3,950)

Table 40. Medication record: Aspirin and Ace Inhibitor: twelve week outcomes as recorded in NACR

	Aspirin			Ace-Inhibitor		
	Before %	After %	Change % point	Before %	After %	Change % point
No	5	6	+1	21	21	0
Yes	91	91	0	72	74	+2
Contra-indicated	<1	<1	0	1	1	0
Patient declined	<1	<1	0	<1	<1	0
Not indicated	2	1	-1	4	3	-1
Unknown	2	1	-1	3	2	-1

(N, 18,308, 17,864)

Table 41. Medication record: Beta blocker and Statin: twelve week outcomes as recorded in NACR

	Beta blocker			Statin		
	Before %	After %	Change % point	Before %	After %	Change % point
No	14	15	+1	7	8	+1
Yes	80	80	0	89	89	0
Contra-indicated	1	1	0	<1	<1	0
Patient declined	<1	<1	0	<1	<1	0
Not indicated	3	2	-1	1	1	0
Unknown	3	2	-1	2	2	0

(N, 17,938, 18,163)

Patient outcomes by number of co-morbidities

Method

Patient outcomes as collected in NACR were used in the analyses.

Logistic regression was used to investigate whether the number of co-morbidities was significant in predicting outcomes. Four models were produced for exercise, smoking status, HADS anxiety and HADS depression. Each model was adjusted for the baseline level of the outcome variables, age group and gender. Age was split into 4 groups, <50, 51-65, 66-80 and 81+. The number of co-morbidities was also split, into none, one, two, three, four and five or more.

Table 42. Age and gender of patients by number of co-morbidities

Number of co-morbidities	Male		Female		Total	
	Mean	%	Mean	%	Mean	%
None	61	22	66	16	62	20
One	65	34	69	31	66	33
Two	67	24	71	25	68	24
Three	69	13	72	16	70	13
Four	70	5	73	7	71	6
Five or more	70	3	72	5	71	4

(Male N, 33,050, Female N, 14,171, Total N, 70,494)

Table 43. Percentage of patients exercising at least 5 x 30 mins per week: twelve week outcomes as recorded in NACR

Number of co-morbidities	Before %	After %	Change % point
None	33	58	+25
One	33	56	+23
Two	31	54	+23
Three	28	50	+22
Four	28	47	+19
Five or more	22	38	+16

Table 44. Percentage of patients smoking: twelve week outcomes as recorded in NACR

<i>Number of co-morbidities</i>	<i>Before %</i>	<i>After %</i>	<i>Change % point</i>
None	18	9	-9
One	13	7	-6
Two	11	7	-4
Three	8	6	-2
Four	9	7	-2
Five or more	10	8	-2

Table 45. Percentage of patients with a normal HADS anxiety score: twelve week outcomes as recorded in NACR

<i>Number of co-morbidities</i>	<i>% Normal HADS Anxiety</i>		
	<i>Before %</i>	<i>After %</i>	<i>Change % point</i>
None	71	80	+9
One	72	78	+6
Two	71	78	+7
Three	68	73	+5
Four	68	74	+6
Five or more	61	64	+3

Table 46. Percentage of patients with a normal HADS depression score: twelve week outcomes as recorded in NACR

<i>Number of co-morbidities</i>	<i>% Normal HADS Depression</i>		
	<i>Before %</i>	<i>After %</i>	<i>Change % point</i>
None	86	91	+5
One	84	90	+6
Two	82	87	+5
Three	81	85	+4
Four	78	80	+2
Five or more	71	74	+3

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Appendix

Table 47. Survey of staffing

Table 47 presents the results of the survey of staffing, including which centres responded and which provide patient level data. The survey is returned over a 4 month period and relates to 2010-2011 therefore these tables should not be taken to represent the current situation in the CR programme reporting.

Rehab ID	Programme	Participation in audit										Staffing Available									
		Also Included data from other programmes (Rehab ID)	Annual Survey Data Provided	Electronic Data Received in 2010-2011	Nurse	Physiotherapist	Dietician	Psychologist	Social Worker	Counsellor	Doctor	Health Care Assistant	Secretarial/Clerical/Audit/ Admin	Administrator/ Manager	Exercise Specialist	Occupational Therapist	Pharmacist	No Staffing Returned			
2472	Addenbrooke's Hospital		✓	X	✓	X	✓	X	X	X	✓	X	X	X	X	✓	X	X	X		
2473	Papworth Hospital		✓	✓	✓	✓	X	X	X	X	✓	✓	X	X	X	X	X	X	X		
2474	Suffolk PCT		✓	X	✓	X	X	X	X	X	X	✓	X	X	X	X	X	X	X		
2476	West Suffolk Hospital		✓	✓	✓	✓	✓	X	X	X	✓	X	X	X	X	X	X	X	X		
2477	The Ipswich Hospital NHS Trust		✓	X	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	X		
2479	Dereham Hospital		✓	X	✓	✓	X	X	X	X	X	X	X	X	X	X	X	X	X		
2480	Kelling Hospital		✓	X	✓	X	X	X	X	X	✓	✓	X	X	X	X	X	X	X		
2481	James Paget Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	X	X	X	X		
2482	Norfolk and Norwich University Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	X	X	X	X		
2484	Doddington Community Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	X	X	X	X		
2485	Hinchingbrooke Hospital		✓	✓	✓	X	X	X	X	X	X	✓	X	X	X	X	X	X	X		
2486	Peterborough City Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	X	X	X	X		
2487	The Queen Elizabeth Hospital		✓	X	✓	✓	X	X	X	X	X	X	X	X	X	X	X	X	X		
2489	Southmead Hospital	2490	✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	X	X	X	X		
2491	Bristol Royal Infirmary		✓	✓	X	✓	X	X	X	X	X	✓	X	X	X	X	X	X	X		

Rehab ID	Programme	Participation in audit										Staffing Available									
		Also Included data from other programmes (Rehab ID)	Annual Survey	Data Provided	Electronic Data Received in 2010-2011	Nurse	Physiotherapist	Dietician	Psychologist	Social Worker	Counsellor	Doctor	Health Care Assistant	Secretarial/Clerical/Audit/ Admin	Administrator/ Manager	Exercise Specialist	Occupational Therapist	Pharmacist	No Staffing Returned		
2492	Gloucestershire PCT	2493	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	
2494	The Great Western Hospitals		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2495	NHS Foundation Trust		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2498	Salisbury District Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2498	Queen Elizabeth II Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2500	Luton and Dunstable Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2501	Bedford Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2502	Lister Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2503	West Hertfordshire PCT	2497, 2499	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2504	Queen Elizabeth Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2506	Birmingham East and North PCT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2507	Sandwell General Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2508	Good Hope Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2509	Heartlands Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2510	Solihull Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2511	Dudley PCT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2513	Walsall Teaching PCT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2514	New Cross Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2515	Basingstoke and North Hampshire Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2517	St Richard's Hospital	2929	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Rehab ID	Programme	Participation in audit										Staffing Available									
		Also Included data from other programmes (Rehab ID)	Annual Survey	Data Provided	Electronic Data Received in 2010-2011	Nurse	Physiotherapist	Dietician	Psychologist	Social Worker	Counsellor	Doctor	Health Care Assistant	Secretarial/Clerical/Audit Admin	Administrator/Manager	Exercise Specialist	Occupational Therapist	Pharmacist	No Staffing Returned		
2519	St Mary's Hospital		✓	✓	X	✓	X	X	X	X	X	X	X	X	✓	X	X	X	X		
2520	Queen Alexandra Hospital		✓		✓	✓													X		
2523	Royal Hampshire County Hospital		✓	✓	✓	✓	X	X	X	X	X	X	X	✓	✓	✓	✓	✓	✓		
2525	St Catherine's Hospital		✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2528	Broadgreen Hospital	2533, 3078	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2534	University Hospital Aintree		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2535	Southport and Formby District General Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2537	Halton Hospital		✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2540	Bishop Auckland General Hospital		✓	✓	X	X	X	X	X	X	X	X	X	X	✓	✓	✓	✓	✓		
2545	Darlington Memorial Hospital		✓	✓	X	X	X	X	X	X	X	X	X	X	✓	✓	✓	✓	✓		
2547	University Hospital of Hartlepool	2546	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X		
2548	The James Cook University Hospital		✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2550	University Hospital of North Durham		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2551	George Eliot Hospital		✓	✓	✓	X	X	X	X	X	X	X	X	✓	✓	✓	✓	✓	✓		
2553	Hospital of St Cross		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2554	Warwick Hospital		0	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X		
2555	Royal United Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
2556	Yeovil District Hospital		✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

Rehab ID	Programme	Participation in audit										Staffing Available									
		Also Included data from other programmes (Rehab ID)	Annual Survey	Data Provided	Electronic Data Received in 2010-2011	Nurse	Physiotherapist	Dietician	Psychologist	Social Worker	Counsellor	Doctor	Health Care Assistant	Secretarial/Clerical/Audit/ Admin	Administrator/ Manager	Exercise Specialist	Occupational Therapist	Pharmacist	No Staffing Returned		
2557	Somerset PCT	2567, 2980, 2566	X	✓	✓	✓	X	✓	X	X	✓	X	X	X	X	X	X	X	X	X	
2558	Poole General Hospital NHS Trust		✓	✓	✓	✓	X	✓	X	X	✓	X	X	X	X	X	X	✓			
2561	Royal Bournemouth General Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	X	X	X	X	X	✓			
2562	Weston General Hospital		✓	✓	✓	✓	X	✓	X	X	✓	X	X	X	X	X	X	✓			
2563	Dorset County Hospital		✓	✓	✓	✓	X	✓	X	X	✓	X	X	X	X	X	X	✓			
2565	Musgrove Park Hospital		X	X	X															X	
2568	East Surrey Hospital	2569	✓	✓	✓	✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	
2570	Broomfield Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	
2571	Princess Alexandra Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	
2574	Colchester General Hospital		✓	✓	✓	X	✓	✓	X	X	X	X	X	X	X	X	X	✓			
2575	Southend Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	
2576	Basildon and Thurrock University Hospitals NHS Foundation Trust		✓	✓	✓	✓	✓	✓	X	X	X	X	X	X	X	X	X	✓			
2577	Royal Bolton Hospital		✓	✓	✓	✓	✓	✓	X	X	X	X	X	X	X	X	X	X	X	X	
2580	Leighton Hospital		✓	✓	✓	✓	✓	✓	X	X	X	X	X	X	X	X	X	✓			
2581	Manchester Royal Infirmary		✓	✓	✓	✓	✓	✓	X	X	X	X	X	X	X	X	X	✓			
2584	Wythenshawe Hospital		✓	✓	✓	✓	✓	✓	X	X	X	X	X	X	X	X	X	✓			
2585	Manchester PCT		X	X	X															X	
2586	Trafford General Hospital		X	✓	✓															X	

Rehab ID	Programme	Participation in audit										Staffing Available							
		Also Included data from other programmes (Rehab ID)	Annual Survey	Data Provided	Electronic Data Received in 2010-2011	Nurse	Physiotherapist	Dietician	Psychologist	Social Worker	Counsellor	Doctor	Health Care Assistant	Secretarial/Clerical/Audit Admin	Administrator/Manager	Exercise Specialist	Occupational Therapist	Pharmacist	No Staffing Returned
2589	Salford Royal Foundation Trust (SRFT)		✓	X	✓	✓	X	✓	X	✓	X	X	X	✓	X	✓	✓	X	
2590	North Manchester General Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2591	Royal Oldham Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2592	Heywood, Middleton and Rochdale PCT		✓	X	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2593	Tameside General Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2595	Macclesfield District General Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2596	Stepping Hill Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2600	Fairfield General Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2602	Heywood, Middleton and Rochdale PCT - Phase 2		✓	X	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2604	Alexandra Hospital		✓	X	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2605	Kidderminster Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2606	Hereford County Hospital	3092, 3091	✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2608	Worcestershire Royal Hospital	3463	✓	X	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	X
2611	West Kent PCT		✓	X	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2613	Darent Valley Hospital		✓	X	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2615	Maidstone Hospital		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2617	Medway PCT		✓	✓	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	
2618	East Kent Hospitals NHS Trust		✓	X	✓	✓	X	✓	X	X	X	X	✓	X	✓	✓	✓	✓	X

Rehab ID	Programme	Participation in audit											Staffing Available							
		Also Included data from other programmes (Rehab ID)	Annual Survey	Data Provided	Electronic Data Received in 2010-2011	Nurse	Physiotherapist	Dietician	Psychologist	Social Worker	Counsellor	Doctor	Health Care Assistant	Secretarial/Clerical/Audit/ Admin	Administrator/ Manager	Exercise Specialist	Occupational Therapist	Pharmacist	No Staffing Returned	
2619	Kent and Sussex Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2622	Royal Blackburn Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2623	Blackpool Victoria Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2624	Royal Lancaster Infirmary		✓	✓	X															X
2626	Westmorland General Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2628	Chorley and South Ribble Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2629	Leicester Royal Infirmary	2627 2630, 2631	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2632	Northampton General Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2633	Danetre Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2634	Kettering General Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2639	East Yorkshire Hospitals NHS Trust	2640	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2642	Scarborough, Whitby and Ryedale PCT	2643, 2641	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2644	York Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2645	Chase Farm Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2646	Barnet Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2648	North Middlesex Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
2649	The Whittington Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2650	Royal Free Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2653	The Heart Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Rehab ID	Programme	Participation in audit										Staffing Available									
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2654	Whipps Cross University Hospital			✓	✓	✓	X	X	X	X	X	X	X	X	X	✓	X	X			
2655	Newham General Hospital	3016	X	✓	✓	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	X	X		
2656	The London Chest Hospital		✓	✓	✓	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	✓			
2658	Homerton University Hospital		✓	✓	X	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	✓			
2660	Queen's Hospital	3095	✓	✓	✓	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	X			
2664	Rotherham, Doncaster & South Humber Foundation Trust		✓	✓	X	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	X			
2665	Northern General Hospital	2671	✓	✓	X	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	X	X		
2666	Sheffield PCT		X	✓	X	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	X	X		
2667	Derbyshire Community Healthcare Services NHS Trust		✓	✓	✓	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	X			
2668	Chesterfield Royal Hospital		✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	X	✓	✓	✓			
2669	Northern General Hospital		✓	✓	X	✓	✓	✓	X	X	X	✓	✓	X	X	✓	✓	✓			
2672	Rotherham District General Hospital		✓	✓	X	✓	✓	✓	X	X	X	✓	✓	X	X	X	X	X			
2673	Barnsley Hospital NHS Foundation Trust		✓	✓	X	✓	✓	✓	X	X	X	✓	✓	X	X	✓	✓	X	X		
2674	Bassetlaw Hospital		✓	✓	✓	✓	✓	✓	X	X	X	✓	✓	X	✓	✓	✓	✓	X		
2681	Brent Teaching PCT		✓	✓	✓	X	✓	✓	X	X	X	✓	✓	✓	✓	X	X	X			
2684	The Sherwood Clinic		✓	✓	X	X	X	X	X	X	X	✓	✓	X	X	✓	✓	✓			
2690	Hillingdon Hospital		✓	✓	✓	✓	✓	✓	X	X	X	✓	✓	X	X	✓	✓	✓	X		

Rehab ID	Programme	Participation in audit										Staffing Available									
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2691	Harefield Hospital		✓	✓	✓	✓	✓	✓	✓	X	X	X	X	✓	X	✓	✓	✓			
2693	Charing Cross Hospital / Hammersmith		✓	✓	✓	✓	✓	✓	✓	X	X	X	X	✓	X	X	X	X			
2694	West Middlesex University Hospital		✓	✓	X	X	✓	X	X	X	X	X	X	X	X	X	X	X			
2697	Princess Royal University Hospital		✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X			
2698	Mayday University Hospital		✓	✓	✓	✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	X			
2700	Kingston Hospital		X	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X			
2701	St Helier Hospital		✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X			
2702	St George's Hospital (Tooting)	3114, 2955	✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X			
2706	Devon PCT		✓	✓	X	X	X	X	X	X	X	✓	X	X	X	X	X	X			
2707	Devon PCT		✓	✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	X			
2711	Royal Devon and Exeter Hospital (Wonford)		✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X			
2713	North Devon District Hospital		✓	✓	X	✓	X	X	X	X	X	X	✓	X	✓	X	X	X			
2715	Cornwall and Isles of Scilly PCT		✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X	X		
2718	Derriford Hospital		✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X			
2719	Torbay Hospital		✓	✓	X	✓	X	X	X	X	X	X	✓	X	✓	X	X	X			
2720	Royal Cornwall Hospital (Treliske)		✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X			
2721	Newquay Hospital		✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	X	✓	X	X	X	X		

Rehab ID	Programme	Participation in audit										Staffing Available									
		Also Included in the Survey Figures	Annual Survey Data Provided	Electronic Data Received in 2010-2011	Nurse	Physiotherapist	Dietician	Psychologist	Social Worker	Counsellor	Doctor	Health Care Assistant	Secretarial/Clerical/Audit/ Admin	Administrator/ Manager	Exercise Specialist	Occupational Therapist	Pharmacist	No Staffing Returned			
2723	Royal Sussex County Hospital		✓	✓	✓	✓	X	X	X	X	X	X	X	X	✓	✓	✓				
2724	Eastbourne District General Hospital		✓	✓	✓	X	X	X	X	X	X	✓	X	X	X	X	X				
2725	Southlands Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	X	X				
2727	Conquest Hospital		✓	✓	✓	X	X	X	X	X	X	✓	X	✓	X	X	✓				
2728	Wycombe Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2729	Amersham Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2730	Stoke Mandeville Hospital		X	✓			X	X	X	X	X	✓	X	✓	X	✓	✓	X			
2731	Milton Keynes General Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2732	Oxford Radcliffe Hospitals NHS Trust	2733	✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2734	Royal Berkshire Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2735	Wexham Park Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2737	Royal Derby Hospital	2739	✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2740	County Hospital Louth		✓	X	X	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2745	Northumberland Care Trust		✓	X	✓	X	X	X	X	X	X	✓	X	✓	X	✓	✓				
2750	Northumbria Healthcare NHS Foundation Trust		✓	X	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓				
2752	North Tyneside General Hospital		X	X			X	X	X	X	X	✓	X	✓	X	✓	✓	X			
2753	South Tyneside District General Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	✓	✓	✓				
2755	Newcastle PCT		✓	X	X	✓	X	X	X	X	X	✓	X	✓	✓	✓	✓				

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2765	Freeman Hospital		✓	X	✓	✓	X	X	X	X	X	X	X	X	X	X	✓	X					
2766	Queen Elizabeth Hospital		✓	X	✓	✓	✓	X	X	✓	X	✓	X	X	✓	✓	X	X					
2770	Sunderland Royal Hospital		✓	X	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2772	Queen's Hospital		✓	X	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2773	South Staffordshire PCT		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2774	Staffordshire General Hospital		✓	X	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2775	University Hospital of North Staffordshire		✓	X	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2777	Royal Shrewsbury Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2778	The Princess Royal Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2779	St. Thomas' Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2780	University Hospital Lewisham		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2781	Queen Elizabeth Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2782	Lincoln County Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2783	King's Mill Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2784	Newark Hospital		✓	X	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2786	Grantham and District Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2788	Pilgrim Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2790	Frimley Park Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					
2791	Royal Surrey County Hospital		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	✓	✓	X	✓					

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2792	St Peter's Hospital	2793	✓	✓	✓	✓	X	X	X	X	X	X	X	✓	X	X	X	X	X		
2794	Bradford Teaching Hospitals Foundation Trust		✓		X															X	
2795	Bradford and Airedale Teaching PCT		X		X															X	
2796	Bradford and Airedale Teaching PCT		X		X															X	
2797	Airedale General Hospital		✓		X	✓	X	X	X	X	X	X	✓	X		X				X	
2798	Bradford Teaching Hospitals Foundation Trust		✓		X	✓	X	X	X	X	X	X	✓	X	X	X	X	X	X	X	
2799	Bradford Royal Infirmary		✓		X	✓	X	X	X	X	X	X	✓	X	X	X	X	X	X	X	
2800	Huddersfield Royal Infirmary		✓		✓	✓	X	X	X	X	X	X	✓	X	X	✓	✓	✓	✓	X	
2803	Calderdale Royal Infirmary		✓		✓	✓	X	X	X	X	X	X	✓	X	X	✓	✓	✓	✓	X	
2804	Leeds Teaching Hospitals NHS Trust		✓		X	✓	✓	✓	X	X	X	X	✓	X	X	X	X	X	X	✓	
2808	Roundhay Physiotherapy Clinic at Spire Hospital		✓		X	X	X	X	X	X	X	X	✓	X	X	X	X	X	X	X	
2812	Pontefract General Infirmary		✓		✓	✓	X	X	X	X	X	X	✓	✓	X	X	X	X	X	X	
2813	Dewsbury and District Hospital		✓		✓	✓	X	X	X	X	X	X	✓	X	X	X	X	X	X	X	
2820	Friarage Hospital	2821	✓		X	✓	✓	✓	X	X	X	X	✓	X	X	X	X	X	X	✓	
2822	Harrogate District Hospital		✓		✓	✓	✓	✓	X	X	X	X	✓	X	X	✓	✓	✓	✓	✓	
2823	Ripon and District Community Hospital		✓		X	✓	X	X	X	X	X	X	✓	X	X	✓	✓	✓	✓	X	
2827	Kent Community Health NHS Trust		✓		✓	✓	X	X	X	X	X	X	✓	X	X	✓	✓	✓	✓	X	

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2828	Jersey General Hospital		✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	X					
2829	Princess of Wales Hospital		✓	✓	✓	✓	✓	X	X	X	X	✓	X	X	X	X	✓	✓					
2830	Llandudno General Hospital		✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	X					
2837	Victoria Hospital, Belfast		✓	✓	X	✓	X	X	X	X	✓	X	X	X	X	✓	X	X					
2838	Whiteabbey Hospital		✓	✓	✓	✓	X	X	X	X	✓	X	X	X	✓	✓	✓	✓					
2839	Prince Charles Hospital		✓	✓	✓	X	X	X	X	X	✓	X	X	X	✓	✓	✓	✓					
2841	Mater Hospital, Belfast		✓	✓	✓	X	X	X	X	✓	X	✓	X	X	✓	✓	✓	✓					
2842	Chelsea and Westminster Hospital		✓	✓	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
2844	South Tyrone Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	✓	✓	✓					
2845	Princess Elizabeth Hospital		✓	✓	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
2846	Morrison Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	X	✓	✓	✓	✓					
2847	Altnagelvin Hospital Trust		✓	✓	✓	✓	X	X	X	✓	X	✓	X	X	X	✓	✓	✓					
2848	Belfast City Hospital		✓	✓	✓	X	X	X	X	X	X	✓	X	X	X	✓	✓	✓					
2849	Wrexham Maelor Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	✓	✓	✓	✓					
2850	Nobles Hospital		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	✓	X	X	✓					
2852	Princess Royal Hospital		✓	✓	✓	X	X	X	X	X	X	X	X	X	✓	✓	X	X					
2858	Daisy Hill Hospital		✓	✓	✓	✓	✓	X	X	X	X	X	X	X	✓	✓	✓	✓					
2859	Ysbyty Glan Clwyd, Flintshire		✓	✓	✓	✓	X	X	X	X	X	✓	X	✓	X	✓	✓	✓					
2865	Mid-Ulster Hospital		✓	✓	✓	✓	X	X	X	X	✓	X	X	X	✓	✓	✓	✓					
2867	Neath Port Talbot Hospital		✓	✓	✓	✓	✓	X	X	X	X	✓	X	✓	X	✓	✓	✓					

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2868	Ulster Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	
2869	Antrim Area Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
2871	West Wales General Hospital	2898	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2877	Northern General Hospital		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2878	Craigavon Area Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2879	The County Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2880	Ysbyty Ystrad Fawr		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2883	Neville Hall Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2888	St Woolos Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2889	Ealing Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2892	Royal Glamorgan Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2893	Nottingham University Hospitals NHS Trust - City Campus		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2896	West Cumberland Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2899	University Hospital of Wales		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2905	Cumberland Infirmary		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2912	Brecon War Memorial Hospital	3040, 3098	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2915	Singleton Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2916	William Harvey Hospital		X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X

Rehab ID	Programme	Participation in audit											Staffing Available						
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2922	Buckley Health Centre, Flintshire		✓	✓	✓	X	✓	X	X	X	X	X	X	X	✓	X	✓		
2923	South Harns Hospital		✓	X	X	✓	X	X	X	X	X	X	X	X	X	X	X		
2924	Liverpool Heart and Chest Hospital		X	X	✓	X	X	X	X	✓	X	✓	X	✓	X	X	X		
2937	Derbyshire County PCT		✓	X	✓	X	X	X	X	X	X	X	X	✓	✓	✓	✓		
2952	Scunthorpe General Hospital	2635	✓	✓	X	X	X	X	X	X	X	✓	X	✓	X	X	X	X	
2958	Epsom Hospital		✓	✓	✓	X	X	X	X	X	X	✓	✓	✓	X	X	X	X	
2977	Bronglais Hospital		✓	✓	✓	X	X	X	X	X	X	✓	✓	✓	X	X	X	X	
2981	Harrow PCT		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2985	Hillingdon PCT		✓	✓	✓	X	X	X	X	X	X	X	X	✓	✓	✓	✓	✓	
2993	Devon PCT		✓	X	✓	X	X	X	X	X	X	X	X	✓	✓	✓	✓	✓	
2994	King's College London (Denmark Hill)	2695	✓	✓	X	✓	✓	X	X	X	X	✓	✓	✓	✓	✓	✓	✓	
2995	Leeds PCT		✓	✓	X	X	X	X	X	X	X	✓	✓	✓	✓	✓	✓	✓	
2996	Northern Lincolnshire and Goole Hospitals NHS		✓	✓	✓	X	X	X	X	X	X	X	X	X	X	X	X	X	
3003	Johnson Hospital		✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	X	X	
3004	Halton and St Helens PCT		✓	X	✓	X	X	X	X	X	X	X	X	✓	✓	✓	✓	✓	
3012	Haverfordwest Health Care Centre, Pembrokeshire		X	✓	✓	X	X	X	X	X	X	✓	✓	X	✓	✓	✓	✓	
3020	Warrington PCT		✓	✓	✓	X	X	X	X	X	X	✓	✓	X	✓	✓	✓	✓	
3026	Southampton City PCT		X	✓	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

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3055	Downe Hospital		✓	✓	✓	✓	X	X	X	X	X	X	X	X	X	X	X	X			
3056	Lagan Valley Cardiac Rehab		✓	✓	✓	✓	✓	X	X	X	X	X	X	✓	X	X	X	✓			
3057	Causeway Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	
3058	Omagh Health Centre		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		X	
3060	Hampshire PCT		✓	✓	X	✓	✓	✓	X	X	✓	X	X	X	✓	X	X	✓		X	
3061	Rotherham PCT		✓	✓	✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	X		X	
3064	Sefton Primary Care Trust		✓	✓	✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	✓		X	
3065	North East Essex PCT	2573	✓	✓	✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	✓		X	
3066	University Hospital (Coventry)		✓	✓	✓	✓	✓	✓	X	X	✓	X	X	✓	✓	✓	✓	✓		X	
3069	Furness General Hospital	3122	✓	✓	✓	✓	✓	✓	X	X	✓	X	X	✓	✓	✓	✓	✓		X	
3071	Llandough Hospital		✓	✓	✓	✓	✓	✓	X	X	✓	X	X	✓	X	X	X	✓		X	
3074	City Hospital		✓	✓	✓	✓	✓	✓	X	X	✓	X	X	✓	X	X	X	✓		X	
3079	Nottingham City PCT		✓	✓	X	✓	X	X	X	X	X	✓	✓	X	X	X	X	X		X	
3080	Northumberland Care Trust		✓	✓	X	✓	X	X	X	X	X	X	X	✓	✓	✓	✓	✓		X	
3088	Countess of Chester Hospital	2524	✓	✓	✓	✓	✓	✓	X	X	X	X	X	✓	X	X	X	✓		X	
3090	County Durham PCT	3075, 2542, 3008, 2999, 3063, 3007, 3018	✓	✓	✓	✓	✓	✓	X	X	✓	X	X	✓	X	X	X	✓		X	
3093	Teddington Memorial Hospital		✓	✓	✓	✓	✓	✓	X	X	X	X	X	✓	✓	✓	✓	✓		X	
3094	Barking and Dagenham PCT		X	✓	X	✓	X	X	X	X	X	X	X	✓	X	X	X	✓		X	

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3097	Gwynedd Local Health Board		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3100	Alexandra Hospital		✓	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
3103	Bury PCT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3104	West Essex PCT		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
3105	Ashton, Leigh and Wigan PCT		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3108	Southampton General Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3109	Stamford and Rutland Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3111	Manor Hospital		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3112	Surbiton Hospital		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3113	Walsall Hospitals NHS Trust		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3115	St Austell Community Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X					
3117	Bexley Cardiac Rehabilitation		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3119	Leeds Nuffield		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3120	London Bridge Hospital		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3121	Ergotec Health Studio, Ergotec Action		✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X					
3125	Birmingham Community Healthcare NHS Trust		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
3127	London Road Community Hospital		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						

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3135	Plymouth Teaching Primary Care Trust		✓	✓	✓	X	X	X	✓	X	X	X	X	X	X	X	X						
3137	Heartsmart UK Private Cardiac Rehabilitation & Prevention Service		X															X					
3139	Lincolnshire Community Health Services / PCT		✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	✓	✓					
3140	John Coupland Hospital		✓	X	✓	X	X	X	X	X	X	X	X	X	X	X	✓	✓	X				

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We would like to thank the patients who completed the questionnaires, before, after and at 12 months after their CR programme.

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The cover shows the Cardiac Rehabilitation programmes of England, Wales and Northern Ireland.