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## The NHS Long Term Plan and Cardiovascular Health

The NHS Long Term Plan commits to reshaping the NHS over the next decade, with a strong focus on rehabilitation. Physiotherapy has a strong role to play in this.

This briefing highlights the commitments in the Long Term Plan for cardiovascular health.

The CSP and the Association of Chartered Physiotherapists in cardiovascular rehabilitation (ACPICR) are engaging with NHS England and other stakeholders such as the British Association for Cardiovascular Prevention and Rehabilitation (BACPR), to influence the national direction being taken to put the Long Term Plan into practice.

But the important decisions about what services are funded, and how these will be designed will be made locally, by commissioners and providers organised in Sustainability and Transformation Partnerships (STPs).

During 2019 STPs are required to produce five-year plans setting out how they will do this. To achieve the potential improvements in cardiovascular health, physiotherapy needs a voice in this.

## Long Term Plan commitments on cardiac care

The Long Term Plan sets out a bold ambition for improving cardiovascular health care, expecting that by 2028 the proportion of cardiac patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care.

The Long Term Plan further states it will test and learn from services which deliver joint cardiac and pulmonary rehabilitation models.

***“Cardiac rehabilitation is an intervention recommended by NICE which can save lives, improve quality of life and reduce hospital readmissions. Access to and uptake of cardiac rehabilitation services varies across England, and only 62,822 patients (52%) of the 121,500 eligible patients per year take up offers of cardiac rehabilitation. Scaling up and improving marketing of cardiac rehabilitation to be amongst the best in Europe will prevent up to 23,000 premature deaths and 50,000 acute admissions over 10 years.”***

NHS England Long Term Plan para 3.72.

## Long Term vision for community rehabilitation

The Long Term Plan promises development of integrated community and primary healthcare services nationwide, with multidisciplinary teams operating out of community hubs.

• **To deliver** for patients with cardiovascular conditions, these need to be properly resourced and set up as part of integrated cardiovascular pathways, with active involvement of cardiovascular physiotherapists in their design.

## Key messages from the CSP and ACPICR on local implementation

- **Local rehabilitation** systems needs to be considered as a whole – adopting a symptoms and needs based approach to service and pathway design. Community teams must be part of an expanded cardiovascular rehabilitation service
- **Cardiac rehabilitation** is similar to other rehabilitation – such as pulmonary – and could be brought more together in service design and delivery.
- **A cardiovascular rehabilitation** team needs to be embedded as part of the overall rehab system
- **Their role includes** comprehensive assessment and individual treatment planning to be delivered in the most appropriate setting for the patient. Treatment plans should direct patients to the most appropriate rehab support for them, delivered by multi-disciplinary community rehab teams drawing on both clinical and non-clinical skills and utilising community assets as appropriate.
- **Ongoing rehabilitation** in the community needs to be continuous, with no gaps
- **Smooth and timely** referral to rehabilitation services is essential, supported by Early Supported Discharge services .

## Demonstrating population need

To achieve the expansion of cardiovascular rehabilitation services needed, physiotherapy clinicians must be able to show what the need is in their area.

All rehabilitation needs of the population should be part of the local review of needs to inform STP plans. This includes needs shown in the national audit of cardiac rehabilitation (as well as audits for stroke, pulmonary rehab and hip fracture).

Assessment of population need should take greater consideration of the fact that much of the population has more than one condition contributing to their rehab needs, and that many of the symptoms rehabilitation is seeking to address are common across a number of conditions.

## Demonstrating impact of rehabilitation for people with cardiovascular health needs

Physiotherapy clinicians also need to demonstrate the impact of their service on people with cardiovascular health needs, and what the impact would be if they were able to develop and expand.

**Priority areas to demonstrate impact will include:**

- **Mortality** and morbidity indicators
- **Participation** and completion rates
- **Levels** of independence and disability
- **Ability** to manage common co-morbidities – such as depression
- **Time** spent in hospital and readmissions
- **Health** inequality in the population.

## Developing the rehabilitation workforce

All STP areas have a Local Workforce Action Board, and they will be developing workforce plans for delivery of the Long Term Plan in your area.

To develop rehabilitation services for people with cardiovascular care needs, there also needs to be an expansion and central to this are physiotherapists and support workers.

Year on year there are growing number of physiotherapy graduates in England. This growth needs to be translated into posts through gradual expansion of the rehabilitation workforce.

Supporting the continuation of growth in physiotherapy education to supply the NHS and expanding posts needs should form part of local workforce plans.

As important is investing in the existing workforce. This includes cardiovascular physiotherapists with unique skills and experience that enables them to provide comprehensive rehabilitation for people with co-morbidities, and bring this experience to Clinical Specialist, leadership and commissioning roles.

It also includes developing advanced practice physiotherapy skills, including non-medical prescribing, to deploy in community settings, to deal with complexity of multiple conditions.

Another priority is the investment in support workers to take on higher levels of responsibility under the leadership of experienced physiotherapists – for example through training in exercise prescribing and coaching skills.

This growth and development of the physiotherapy workforce to deliver the promised scaling up of cardiovascular rehabilitation services must be reflected in local workforce plans and staffing decisions by employers.

A CSP briefing on physiotherapy workforce requirements to deliver the Long Term Plan for England is due to be published at a later date.

## What can you do?

- **Find out** how Long Term Plans are being developed in your STP area
- **Find out** how your employer is feeding into Local Workforce Action Board plans and how to influence this
- **Find out** if AHP clinical leads are part of these planning processes and make contact with them to see how you can work together
- **Where AHP clinicians** are not part of the discussion, push for them to be
- **Share ideas** with other CSP members through your networks, such as on [iCSP](#)
- **See ACPICRs publication [Role of the Physiotherapist in Cardiac Rehabilitation](#)**
- **Share case studies** of service design through the CSP's [Innovations Database](#)
- **See evidence briefing [Physiotherapy Works for Cardiac Rehab](#)**

If you want more information about taking forward the Long Term Plan contact the CSP's Campaigns and Regional Engagement Team [cre@csp.org.uk](mailto:cre@csp.org.uk) or see the [CSP's Long Term Plan](#) member briefing

You can also speak with the [ACPICR](#), and keep an eye on their newsletter and social media for the latest updates.