**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

# Assurance date: March 2022

# Review date: March 2023

# Indicator IAP00430

# Completion of cardiac rehabilitation following an admission for coronary heart disease

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the CCG outcomes indicator set domain 1 – Preventing people from dying prematurely.  This indicator had data published from 2011/12 to 2013/14, with the national percentage increasing from 32.3% to 38.0%. In the latest year this varied from 0% to 75.4% across CCGs in England. | Indicator is based on a recognised dataset.  In the period published the national indicator value had increased over time. |
| Evidence base | From indicator quality statement[[1]](#footnote-1):  “This indicator forms part of Domain 1 - Preventing people from dying prematurely and is intended to act as a proxy for the overall management of people with coronary heart disease. Cardiac rehabilitation supports long-term quality of life and survival for people with coronary heart disease, mortality, readmissions, and the cost of care have been shown to be reduced as a result of people attending cardiac rehabilitation sessions.  How actionable is the indicator?  CCGs can use this indicator to assess the provision of cardiac rehabilitation services. Outcomes can be influenced by ensuring that cardiac rehabilitation services are available locally to an appropriate capacity and by setting out and advertising the role of such services within the overall cardiac pathway which has been commissioned.  Where the proportion of completion of core delivery of cardiac rehabilitation is low compared to the number of referrals, CCGs could take action to identify and address the causes of this.” | Evidence base exists. This indicator aligns with NICE guidance on cardiac conditions (CG185[[2]](#footnote-2), QS99[[3]](#footnote-3), QS9[[4]](#footnote-4), NG106[[5]](#footnote-5)). |
| Specification | Numerator: Of the denominator, the number that complete core delivery of cardiac rehabilitation within 365 days of the start of the hospital admission  Denominator: The number of referrals to cardiac rehabilitation within 365 days of the start of a hospital admission with a primary diagnosis of acute myocardial infarction (MI) or heart failure, or a main operative procedure of percutaneous coronary intervention (PCI) or coronary artery bypass graft (CABG).  Exclusions: None  Methodology: Percentage  Geography: England, CCG  Data Source:   * National Audit of Cardiac Rehabilitation (NACR) * Hospital Episode Statistics (HES)   Disclosure control: When publishing the data, if the indicator is calculated from a numerator of 1 to 5, the value is suppressed to ensure an individual’s identity is not at risk of being disclosed. If there is only one value suppressed in this way, the rate based upon the next lowest numerator is also suppressed; this reduces the risk of the first suppressed number being identifiable in isolation. | The indicator has defined components necessary to construct the indicator. |
| Feasibility | All data from long running data sources.  Indicator methodology is well established and data is available, however no published data in the CCGOIS since 2013/14. NHS Digital have advised that no active development is taking place for this indicator. | Data has been flowing for some time and data sources will continue.  We have been advised by NHS Digital that no active development is taking place on this indicator. |
| Acceptability | Previous assessments have noted issues with data coverage in NACR, though state that it has been improving. It has not been possible to reassess this at this time. | The indicator assesses performance that is attributable to or within the control of the audience.  The results of the indicator can be used to improve practice. |
| Risk | NACR data to allow construction of this indicator is not accessible to the public, therefore a practical test of feasibility has not taken place. | Practical feasibility test has not taken place as part of this assessment due to lack of publicly available data. |

**Summary:** Indicator to be provisionally renewed.

Potential impact of COVID-19 on this indicator, though difficult to predict.

**NHS Digital Indicator reference:**

CCG Outcomes Indicator Set – 1.3 Completion of cardiac rehabilitation following an admission for coronary heart disease

1. NHS Digital. CCG outcomes indicator set, Indicator Quality Statement, Domain 1, Completion of cardiac rehabilitation following an admission for coronary heart disease. Version 1.0, December 2016 [↑](#footnote-ref-1)
2. Acute coronary syndromes, Last updated 18 November 2020. <https://www.nice.org.uk/Guidance/NG185> [↑](#footnote-ref-2)
3. Secondary prevention after a myocardial infarction, Published 4 September 2015. <https://www.nice.org.uk/guidance/qs99> [↑](#footnote-ref-3)
4. Chronic heart failure in adults, Last updated 12 September 2018. <https://www.nice.org.uk/guidance/qs9> [↑](#footnote-ref-4)
5. Chronic heart failure in adults: diagnosis and management, Published 12 September 2018. <https://www.nice.org.uk/guidance/ng106> [↑](#footnote-ref-5)