

Background

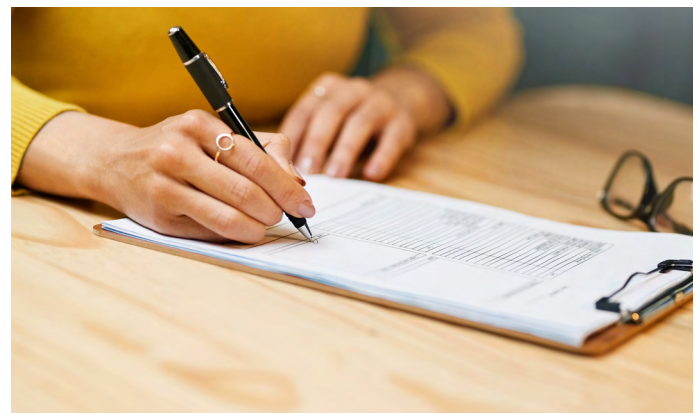
Research shows that cardiac rehabilitation (CR) - including exercise and self-care - is important for people living with heart failure. Until now, however, a fairly small proportion of people have taken part. This could be due to various reasons such as a dislike of group exercise, difficulty travelling to classes, and work or family commitments. Helping people to do CR and self-manage their care at home might make this easier, and offering a home-based option has become even more important in the COVID-19 pandemic.

Rehabilitation EnAblement in CHronic Heart Failure (or REACH-HF) is a home CR and self-management programme which has already been trialled in England. Our study assessed how it might work for people with heart failure in Scotland.



We delivered REACH-HF in six NHS Scotland Health Boards, including urban and rural areas. We trained 3-4 hospital-based specialist nurses and physiotherapists at each site to work as REACH-HF facilitators. They recruited participants and supported them through the 12-week programme, via face-to-face or telephone sessions.

Between January and September 2021, we recruited 136 people with heart failure and 56 caregivers (family members or friends). Of these, 124 patients and 46 caregivers completed questionnaires before starting the REACH-HF programme, while 101 patients and 26 caregivers returned 'follow-up' questionnaires four months later, at the end of the programme. Questions were designed to measure quality of life, wellbeing, and how well people are able to manage their own care, or understand and use health information.



What we found

Most of those who took part were men with moderate heart failure, who were on a range of typical medications for heart failure and other common conditions. We found that health-related quality of life improved significantly between patients' before and after questionnaires. For almost two thirds of participants, the improvement was big enough to suggest that the REACH-HF programme had a noticeable impact.

Improvements were also seen in relation to people with heart failure's general quality of life, mental and emotional wellbeing, skills and confidence in managing their heart failure, and their ability to understand and use health information in a way that was useful to them. Some improvements for caregivers were also seen, but this was less certain, and the numbers were very small.



Our analysis found the total cost to the NHS of delivering REACH-HF would be around £397 per patient. In the context of NHS budgets, this would typically be considered a 'cost-effective' option.



In this study, we also interviewed health professionals, to help us understand what might help or hinder the wider rolling out of REACH-HF across the NHS. The 20 health professionals interviewed (including 11 trained REACH-HF facilitators) were mostly positive about REACH-HF, and felt it offered a good option for those who were unable or do not want to attend group CR. Most

were keen to continue involvement with the programme, and felt that it benefitted their patients. Reservations about REACH-HF related to things like who it might be most suitable for, and where the resources would come from to support one-to-one CR (when group sessions have been the more common option).

Potential benefits to people with heart failure and their caregivers

Our findings suggest that wider roll-out of the REACH-HF programme across the NHS could improve the health and wellbeing of people in Scotland who are living with heart failure. Our analysis suggests that health professionals see it as feasible to deliver if the relevant support (such as staff time) is in place. It also suggests that REACH-HF offers a good alternative to traditional centre-based rehab, at a time when it is most important that the NHS can provide flexible, cost-effective, and accessible options.



If you'd like to know more about the SCOT:REACH-HF study, please contact study lead Professor Rod Taylor at rod.taylor@glasgow.ac.uk