BACPR Pathway for Transition from Core/Phase III to Long Term Exercise/Phase IV

The evidence supporting physical activity guidelines is very positive across all age groups, including people living with long-term conditions. Therefore, it is very important that regular exercise and physical activity is maintained as a lifelong healthy lifestyle behaviour. Therefore, on discharge from a Core/Phase III cardiovascular prevention and rehabilitation programme there are benefits for a patient to attend a supervised group and/or supported one-to-one sessions.

The criteria for assessing suitability to exercise in a community setting are:

- Being clinically stable (no change in symptoms or significant change in medication in preceding month)
- Showing a commitment to self-monitor and regulate the intensity of their activity.
- Being able to achieve activities which are of moderate intensity for the individual (40-70% HRR or RPE Borg scale 11-14).

Some patients may stay with a qualified BACPR Exercise Specialist for approx. 12 weeks whilst others may choose to continue to exercise for a longer period under the supervision of the instructor (this may be subject to local arrangements). The transfer form includes information about:

- Cardiovascular event and date
- Subsequent complications and/or interventions
- Relevant medical history
- Current medication
- Secondary prevention plan/other CVD risk factors
- Personalised goals
- Exercise prescription achieved at Core/Phase III cardiac rehab – including identifying patients with lower exercise capacity who nevertheless are suitable for transfer but may require a chair-based exercise prescription/or appropriate adaptations.

The patient's verbal consent should be obtained and documented on the transfer form along with the Core/Phase III cardiac rehab professional's name and signature.

Patients who are to transition to Long term exercise/Phase IV

Exclusion to this pathway:

- Patients who are awaiting urgent or emergency cardiology treatment.
- Patients who have an absolute exercise contraindication [1] :
  - Ongoing unstable angina.
  - Uncontrolled cardiac arrhythmia with haemodynamic compromise
  - Active endocarditis
  - Symptomatic severe aortic stenosis
  - Decompensated heart failure
  - Acute pulmonary embolism, pulmonary infarction or deep venous thrombosis
  - Acute myocarditis or pericarditis
  - Acute aortic dissection

The BACPR Exercise Specialist will read the transfer form, conduct an initial assessment and prescribe a safe and effective exercise prescription. This will not be carried out if there has been a new cardiovascular event or worsening of symptoms reported by the patient since completion of the form.

There should be a clear two-way communication pathway between core and long-term exercise programmes/sessions with a named contact and contact details for both. There also needs to be clear guidance about how the Core/Phase III team can be contacted after the patient is discharged if needed.

[1] American College of Sports Medicine (2026). ACSM's Guidelines for Exercise Testing and Prescription. 12th Edition. Williams and Wilkins: Baltimore

Completion of Core/Phase III Cardiac Rehabilitation *

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Meets transfer criteria

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BACPR Transfer Form (TF) is completed and is valid for 3 months after discharge from Core/Phase III rehab

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Immediate Transfer

TF is emailed to local BACPR Exercise Specialist* and contact details and information for the long-term exercise sessions are given to patient

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BACPR Long-Term Exercise / Phase IV Community Sessions

Initial Assessment & Exercise Sessions prescribed and supervised by BACPR Exercise Specialist

Delayed transfer

If more than 3 months has elapsed since the TF was completed, then check that patient still meets transfer criteria**

Referral to Primary Care if any of these criteria are identified:

Deteriorating exercise performance/functional capacity despite apparent compliance with the prescribed exercise prescription and medication

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Worsening of angina or development of unstable angina despite apparent compliance with medication

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Worsening of other symptoms, e.g., suspected arrhythmias, excessive breathlessness despite medications adherence

Referral to Core / Phase III for assessment

If patient has further cardiac event

*** Patients may be suitable for transfer if they have undergone a functional assessment and personalised risk factor management and goal setting at core rehab but have not completed a Core CR exercise programme.**

**** Further details may be sourced from Core/Phase III team/Primary Care team/ Patient's NHS digital information.**

To search for instructors locally click here:
Cardiac Rehabilitation – Phase 4 | Programme Finder
http://phase-4.cardiac-rehabilitation.net/