

National Certification Programme for CR (NCP CR) Report 2023

Executive summary

Welcome to the 2023 National Certification Programme for Cardiac Rehabilitation (NCP_CR) service quality report. This report covers England, Northern Ireland and Wales.

This year's report shows that despite the many challenges faced by Cardiac Rehabilitation (CR) services over recent years many have maintained or improved service quality as defined by achieving minimum clinical standards. This is particularly impressive given the extent of staff early retirement, reallocation to different roles and difficulties in recruitment to posts (replacement and new) in the last two years.

The trend, across all three nations, is towards more programmes achieving green and amber status and fewer failing to meet any of the seven key performance indicators (KPIs). Overall, there has been an increase in the number of programmes meeting Green certified status, with one more programme than last year. Furthermore, five programmes met all seven KPIs but did not have full data in the period; if 12 months of complete data had been available, these programmes would be certified.

The NCP_CR will continue to work with each of the nations and related clinical teams to optimise data quality so that service quality is reported accurately. Thank you to all clinical teams for your ongoing support in data entry to the National Audit of Cardiac Rehabilitation (NACR) and for your desire to share data for the benefit of patient services.

Introduction

Cardiac rehabilitation is an essential component of cardiovascular care evidenced by NICE Guidance, Cochrane Reviews and BACPR standards. In addition, services in England have benefitted from unprecedented funding aligned with the NHS Long Term Plan which views CR as a high priority area. The NCP_CR report is a vital part of a wider collection of reporting of service quality in the UK managed by NACR. NCP_CR is a joint endeavour between NACR and the British Association of Cardiovascular Prevention and Rehabilitation (BACPR) reporting on the quality of UK CR over the last six-years.

Like many NHS rehabilitation services, CR has had to overcome significant service challenges since 2020 many of which still remain in the post Covid era. The NACR 2022 report highlighted the huge extent of service change with the dominant mode of delivery now being home-based CR (over 70% of patients use this mode) which contrasts with the 2019 report where hospital-based CR dominated. The impact of large-scale change in provision in such a short period was always likely to affect service quality and widen the gap in terms of accessibility. The NCP_CR continues to work with patient groups and clinical teams to ensure that the service quality is assessed and reported appropriately.

Method

The NCP_CR is one of the primary roles undertaken by NACR using routine data collated on an annual basis in respect of the following KPIs (Table 1).

Table 1. NCP_CR Key Performance Indicators (KPIs) and minimum standards	
NCP CR KPIs	Agreed Minimum Standard
Multidisciplinary Team	>=3 different staff types
Receiving all Patient Priority Groups	Each Group >0
Duration	>=56 days (8 weeks)
Standards based on 2016 national averages*	
Assessment 1 (pre-CR)	England >=80%
	Northern Ireland >=88%
	Wales >=68%
Wait Time (CABG)	England <=46 days
	Northern Ireland <=52 days
	Wales <=42 days
Wait Time (MI/PCI)	England <=33 days
	Northern Ireland <=40 days
	Wales <=26 days
Assessment 2 (post-CR)	England >=57%
	Northern Ireland >=61%
	Wales >=43%
* minimum standards based on national averages for each nation	

Results

UK wide certification profile 2023

A total of 209 programmes were eligible for certification which is one more programme than reported in 2022. The increase in programme numbers (188 from 184) was in England where services in under-represented areas have benefitted from non-recurring NHS England funding to facilitate data entry to NACR. When making UK comparisons please do keep in mind the change in programme numbers when comparing with NCP_CR national level percentages from previous years.

The trend, across all three nations is towards more programmes achieving Green certified status and fewer programmes failing to meet any of the seven KPIs. As shown in **Table 2**, 83 programmes (40%) met all seven standards for the 2023/24 period (based on Jan-Dec 2022 data).

One third (34%) of programmes attained Amber status which is comparable to last year. There was a reduction of three programmes in the Fail category resulting in 9% (19) of the 209 programmes in the UK failing to meet any of the minimum standards. Although more work is needed to ensure that all programmes meet minimum clinical standards this years' service quality analysis is encouraging as it shows that service quality in 2023 has (with the exception of MDT staffing) surpassed that of the pre-Covid era. For example, in 2018 only 46 programmes met full certification status (Green

certified) and 26 programmes failed to meet any of the seven standards. Given the challenges faced by clinical teams since 2020 they should be commended for improving the quality of services whilst adapting to significantly different ways of working.

Table 2 - NCP_CR certification status for CR programmes across England, Northern Ireland and Wales				
	England Total programmes =188	Northern Ireland Total programmes =9	Wales Total programmes =12	UK Total programmes =209
Green certified	74 (39%)	2 (22%)	7 (58%)	83 (40%)
Amber	60 (32%)	7 (78%)	4 (33%)	71 (34%)
Red	36 (19%)	0 (0%)	0 (0%)	36 (17%)
Fail	18 (10%)	0 (0%)	1 (8%)	19 (9%)
<i>Green certified (7 standards met), Amber (4 to 6 standards met and Amber with 7), Red (1 to 3 standards met) and Fail (0 standards met) Due to rounding, percentages may not add up to 100%</i>				

Nation specific certification outcomes

Overall England had an increase of one programme moving into Green certified with also four services in Amber meeting seven standards. There were also three fewer services in the fail category, however, 10% of all services in England are still not meeting any of the standards – recent NHS England funding for onboarding data entry aims to address this issue.

Overall, this increase in programmes meeting all seven standards reflects the benefits of NHS England funding over the last two years which sought to ensure that all regions have access to good quality CR.

Northern Ireland, with nine programmes, has two Green certified programmes which equals that of last year, however, it is the first country to have all services achieving Amber or Green certified status.

Wales, has maintained its level of green certified status (58%) however, one programme failed to meet the standard for MDT resulting in a single programme in the Fail category.

Table 3 shows the number of programmes meeting each of the NCP_CR standards.

Of the seven KPI requirements the post-CR assessment standard remains as one of the hardest to achieve within each of the three nations. This is despite each nation being evaluated based on their national average for assessment. Reassessment at the end of CR forms part of the BACPR standards (BACPR 2023) and is important to patients in respect of tailoring long-term management. It is also integral to service evaluation regarding patient benefit both at a local programme level and nationally.

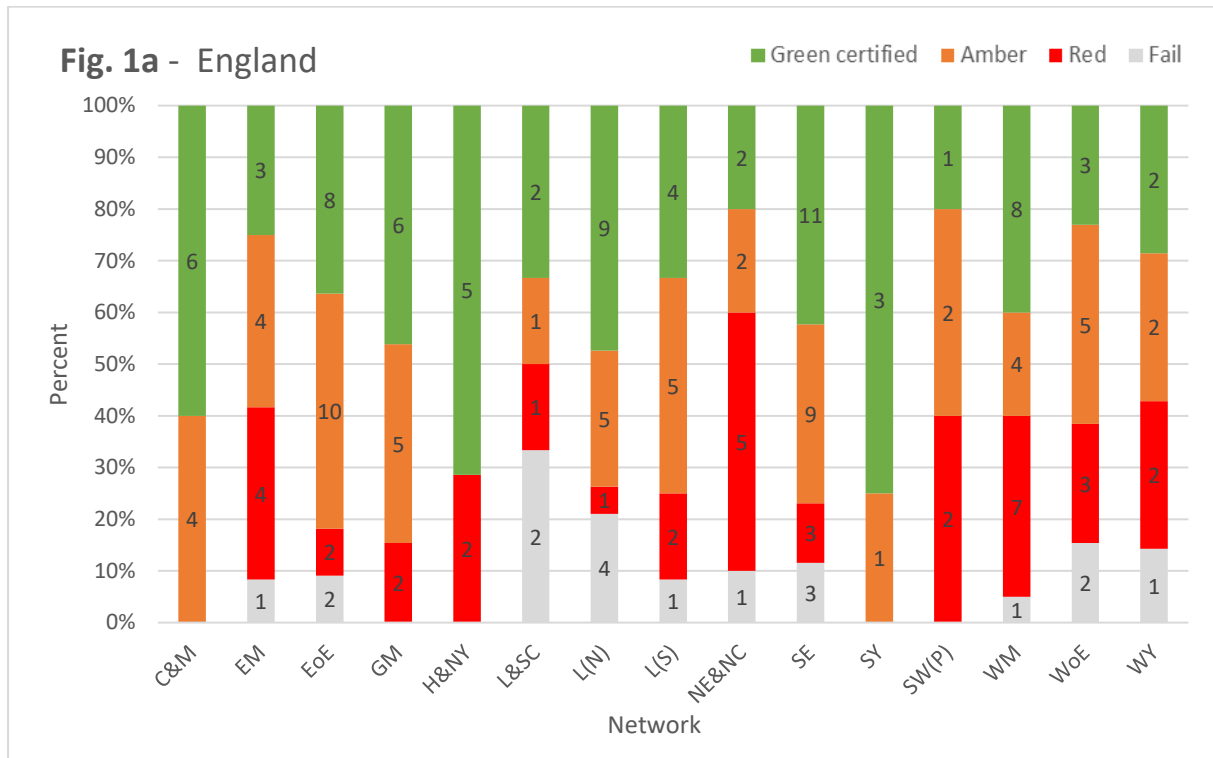
Waiting times analysis (post-discharge referral to starting CR) is also based on nation specific metrics and shows that around one-third of patients are waiting too long to start CR. Long delays are known to negatively impact patient outcomes and are associated with fewer patients completing CR.

Appropriate staffing of CR is core to success and thus forms part of BACPR and NCP_CR standards. The NACR team at York are in regular contact with local programme leads about staffing and also carry out an annual survey of staff that feeds into the NCP_CR. Many CR services are still in a state of

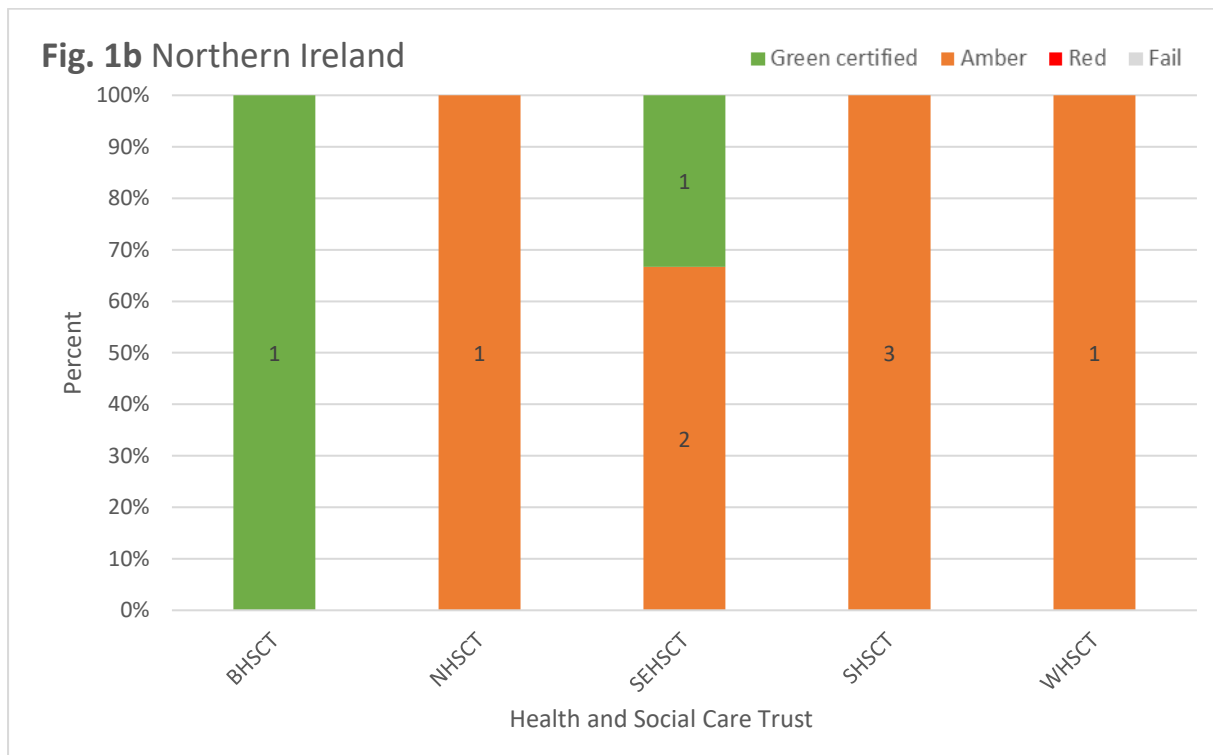
recovery in terms of staffing including managing early retirement, reallocation of CR to additional roles and challenges with recruiting new staff. This situation continues to impact MDT staffing with 2023 data showing that 85% of CR programmes met the MDT criteria whereas 87% met the same MDT criteria in 2018. The NACR will publish a more detailed Staffing Report later in the year.

Table 3 - NCP_CR analysis of the number of cardiac rehabilitation programmes meeting minimum standards				
NCP_CR KPIs	Agreed Minimum Standard	England (Total number =188)	Northern Ireland (Total number =9)	Wales (Total number =12)
Multidisciplinary Team	>=3 different staff types	158	8	11
Receiving all Patient Priority Groups	Each Group >0	137	9	11
Duration of CR	>=56 days (8 weeks)	131	8	11
Standards based on 2016 national averages				
Assessment 1	England >=80%	127	8	11
	Northern Ireland >=88%			
	Wales >=68%			
Wait Time (CABG)	England <=46 days	113	6	8
	Northern Ireland <=52 days			
	Wales <=42 days			
Wait Time (MI/PCI)	England <=33 days	112	7	8
	Northern Ireland <=40 days			
	Wales <=26 days			
Assessment 2	England >=57%	111	6	10
	Northern Ireland >=61%			
	Wales >=43%			

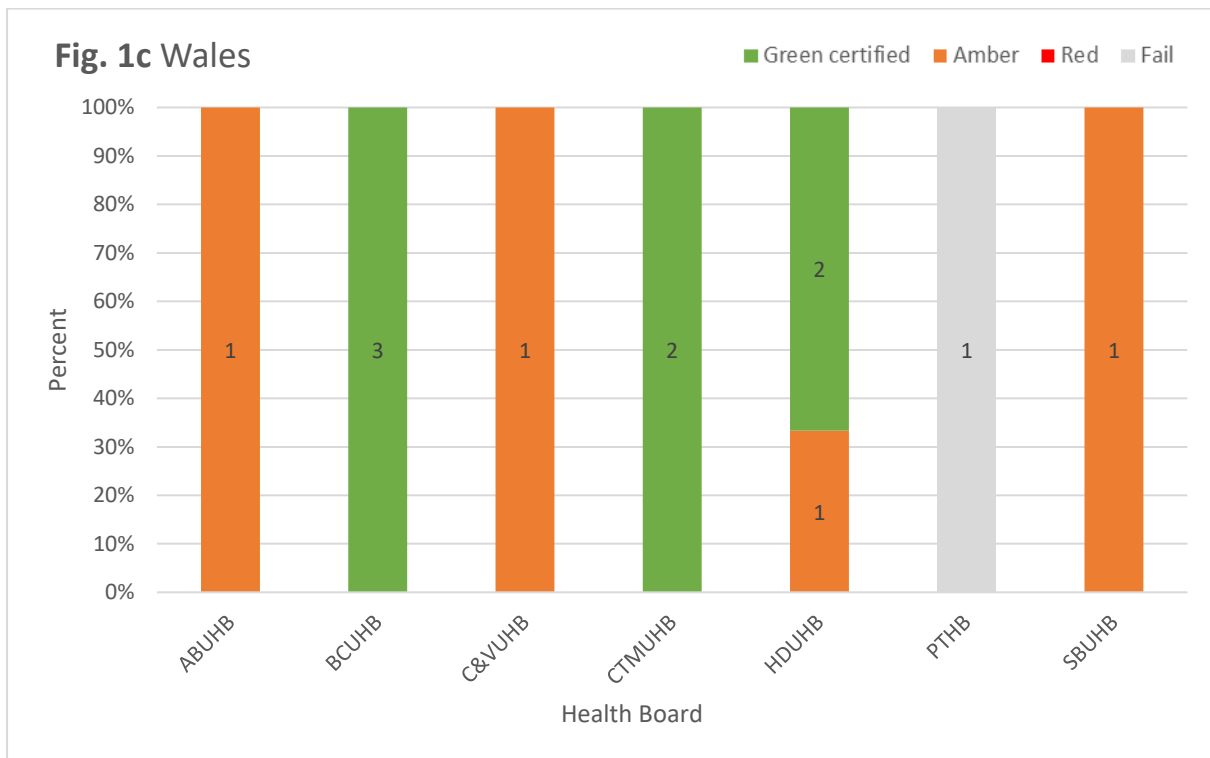
Figure 1a-c - Regional breakdown of certification status



Green certified (7 standards met), Amber (4 to 6 standards met and Amber with seven), Red (1 to 3 standards met) and Fail (0 standards met). Due to rounding, percentages may not add up to 100%
Region Abbreviations as shown in full in appendix



Green certified (7 standards met), Amber (4 to 6 standards met and Amber with seven), Red (1 to 3 standards met) and Fail (0 standards met). Due to rounding, percentages may not add up to 100%
Region Abbreviations as shown in full in appendix



Green certified (7 standards met), Amber (4 to 6 standards met and Amber with seven), Red (1 to 3 standards met) and Fail (0 standards met). Due to rounding, percentages may not add up to 100%
Region Abbreviations as shown in full in appendix

Further breakdown of NCP_CR findings are available via the NCP_CR Supplement [online](#)

NCP_CR recommendations

England: of the 188 CR programmes spread across the 15 Cardiac Networks and 42 Integrated Care Boards (ICBs) large scale progress is being made however, greater improvement is needed across all standards particularly waiting times and assessment.

Wales: of the 12 CR programmes across seven Health Boards good progress is being made however a renewed focus is required on referral to start waiting times and assessment 1 & 2.

Northern Ireland: of the nine CR programmes across five Health Trusts most are doing well however, referral to start waiting times and assessment 1 & 2 remains a challenge.

Next steps for NACR:

- Throughout the next 12 months, NACR in partnership with NHS England, BACPR and BHF will work together to support CR teams to achieve certification against clinical minimum standards.

- Any changes to NACR based standards or the wider NCP_CR process will be communicated through our routine NACR email updates to users, NACR newsletter and via BACPR communication.
- Utilising data from the NACR staff survey of CR programmes in 2022/23 there remains a workforce issue within the NHS and CR in general. NACR will report more detail on this in the NACR 2023 report.
- NACR will share a report on the initial analysis of the ghost measures collected over the last 12 months in due course. Although our previously stated ambition was to introduce new standards for the 2024 report we will continue to work with our Steering Group and liaise with clinical teams, BACPR and NHS policy team about the introduction and timing of any new standards as part of future NCP processes.

Acknowledgements

The NCP_CR Steering Group would like to thank clinical staff for supplying data and NHS England for funding NACR and supporting the NCP_CR service quality programme over this period. Thanks also to Cardiovascular Care Partnership (UK) for their support and the BACPR for their ongoing role in the NCP_CR.

Appendix

Table showing the abbreviations of the Regions (Networks, Health and Social Care trusts and Health boards) for the three nations used within the figures 1a-c

Country	Region	Abbreviation
England	Cheshire & Merseyside	C&M
	East Midlands	EM
	East of England	EoE
	Greater Manchester	GM
	Humber and North Yorkshire	H&NY
	Lancashire & South Cumbria	L&SC
	London (North)	L(N)
	London (South)	L(S)
	North East & North Cumbria	NE&NC
	Other	O
	South East	SE
	South Yorkshire	SY
	South West (Peninsula)	SW(P)
	West Midlands	WM
	West of England	WoE
West Yorkshire	WY	
Northern Ireland	Belfast Health and Social Care Trust	BHSCT
	Northern Health and Social Care Trust	NHSCT
	South Eastern Health and Social Care Trust	SEHSCT
	Southern Health and Social Care Trust	SHSCT
	Western Health and Social Care Trust	WHSCT
Wales	Aneurin Bevan University Health Board	ABUHB
	Betsi Cadwaladr University Health Board	BCUHB
	Cardiff & Vale University Health Board	C&VUHB
	Cwm Taf Morgannwg University Health Board	CTMUHB
	Hywel Dda University Health Board	HDUHB
	Powys Teaching Health Board	PTHB
	Swansea Bay University Health Board	SBUHB