

National Certification Programme for Cardiac Rehabilitation (NCP_CR):

CR Services Quality Report 2021

Introduction

Despite the NHS challenges faced during Covid-19 many cardiac rehabilitation (CR) teams were able to supply data to the National Certification Programme for CR (NCP_CR) enabling us to assess the quality of CR service delivery. During times of service pressure it is even more important to reassure patients on the quality of CR which is why the NCP_CR Steering Group continues to be based on recent data rather than historic data.

Certification profile across the three nations

This year, a total of 213 programmes were eligible for the certification process. As shown in **Table 1**, 64 (30%) programmes meet all seven standards and were awarded full certification status Green (certified) for the 2020-21 period. This is a considerable achievement given the impact of Covid-19 and specifically impressive for the 12 (6%) programmes who were newly certified this year. There were 32 (15%) programmes who were Green (not certified)¹.

Due to COVID-19 service change and, for some programmes, a reduction in clinical data input the NCP_CR Steering Group agreed to hold NCP_CR status achieved in the 2020/21 certification period for programmes where NHS staff redeployment had impacted service provision or delayed data entry. To ensure NCP_CR remains representative of current practice, programmes were not held two years in a row.

| Table 1 - NCP_CR certification status for all CR programmes across England, Northern Ireland and Wales | | | | |
|--|---------------|----------------|------------|-----------|
| | England n=191 | N. Ireland n=9 | Wales n=13 | UK n= 213 |
| Green (certified) | 55 (29%) | 2 (22%) | 7 (54%) | 64 (30%) |
| Green (not certified) ¹ | 25 (13%) | 4 (44%) | 3 (23%) | 32 (15%) |
| Amber | 57 (30%) | 3 (33%) | 2 (15%) | 62 (29%) |
| Red | 41 (21%) | 0 (0%) | 1 (8%) | 42 (20%) |
| Fail | 13(7%) | 0 (0%) | 0 (0%) | 13(6%) |

Due to rounding of data, figures within this table may not add up to 100%

32 Green, 13 Amber and 9 Red programmes retain their NCP_CR status from 2020/21, however, Green held were recorded as Green (not certified)

In terms of Red and Amber certification status, in 2021, there was a reduction in the proportion in both categories (54% in 2020 vs 49% in 2021). This shift is in part due to the increase by 3% into the Green (certified) category, however, there was also a 2% increase in programmes not meeting any of the criteria (Fail category).

Of the nine programmes in Northern Ireland the level of service quality appears mostly positive with no programmes in the Fail category. In addition, Northern Ireland retained their quality status position with no programmes in the Red category. Although Northern Ireland is avoiding the lower service quality categories the situation is reversed when it comes to higher quality programmes as they have the lowest proportion (22%) of Green (certified) programmes.

¹ Those programmes who were Green/Certified last year, but due to Covid-19 service change do NOT meet all seven KPIs this year will remain Green (i.e. will not be downgraded to Amber) and are shown as Green (not certified) but will not be authorised to use the 21/22 certification logo.

Of the thirteen programmes in Wales the situation is again encouraging with over half their programmes (54%) being Green (certified) which is almost double that of the other nations. There were also no programmes in Wales failing to meet NCP_CR criteria. There was, however, one programme in the lower Red status category.

Of the 191 programmes in England the narrative is generally positive in that there was an increase in the total number of Green programmes (42% in 2021 vs 37% in 2020) and a reduction in the Amber and Red categories by 6%. All of the newly certified programmes this year were from England, which is a really positive result, especially considering the widespread redeployment experienced by services. However, three more programmes (2%) were classified as Failed this year in England due mainly to the impact of COVID-19 on multi-disciplinary staffing (redeployment) and patient throughput.

Table 2 shows the number of programmes meeting each of the NCP_CR KPI standards. This year the least met NCP_CR KPI standard was post CR assessment (assessment 2). It appears that the added service pressure from Covid-19 has hindered levels of assessment 2 with programmes across all nations varying such as 67% in Wales, 50% in England and lowest of all was 22% in Northern Ireland. When comparing to the 2020 NCP_CR, the drop in programmes meeting the assessment 2 standard was substantial, in 2020 the average rate of assessment 2 was 72% whereas in 2021 this is 50%.

In Northern Ireland and Wales, the delivery of CR remains strong with all programmes meeting the multidisciplinary team staffing standard. In England this remains at 91%.

| Table 2 - NCP_CR standards for all CR programmes with NACR electronic data across England, Northern Ireland and Wales | | | |
|--|--|-----------------------|-------------------|
| NCP CR KPIs | CR Programmes meeting standards | | |
| Agreed minimum standards | England N=170 | N. Ireland N=9 | Wales N=12 |
| Multidisciplinary team | 154 (91%) | 9 (100%) | 12 (100%) |
| Receiving all Patient Priority Groups | 136 (80%) | 7 (78%) | 12 (100%) |
| Duration | 104 (61%) | 4 (44%) | 9 (75%) |
| Nation Specific Standard | | | |
| Assessment 1 (start of CR) | 117 (69%) | 6 (67%) | 9 (75%) |
| Referral to CR Start (CABG) | 106 (62%) | 6 (67%) | 10 (83%) |
| Referral to CR Start (MI/PCI) | 112 (66%) | 8 (89%) | 10 (83%) |
| Assessment 2 (end of CR) | 85 (50%) | 2 (22%) | 8 (67%) |

Figure 1a-c shows the regional breakdown of certification status for each of the three nations. Importantly, there were no programmes that were categorised as Fail in Northern Ireland and Wales. Northern Ireland also had no programmes in the Red category. In England there remains five regions with programmes that were categorised as Fail which equals 2020 but is an improvement in comparison to 2019.

The additional classification this year of Green (not certified) is extensive and variable between regions and countries. In Northern Ireland, of all the programmes, 44% were Green (not certified), this includes Belfast and Northern trusts as a whole. The same can be seen in Wales with Swansea Bay being 100% Green (not certified) representing 23% of the total programmes.

The widespread variation in the quality of service delivery creates uncertainty for patients especially for those living in regions where service quality is poor defined by services in the Fail and Red categories. We believe the NCP_CR approach and analysis is representative of current routine practice in each of the three nations.

Figure 1 a-c Graphical distribution of the NCP_CR status across the nations and related health regions



Summary:

Based on 2020 data the NCP_CR can report that most CR programmes in each of the three nations have, despite the Coronavirus pandemic and the impact on the NHS, maintained the good level of service quality to patients. This has been achieved during the most monumental period of pressures on the NHS provision alongside significant and widespread redeployment of most or all staff in some CR services.

There are, however, concerns about the low level of quality of some programmes most notably those in the Fail, Red and to a degree in the Amber categories. On the plus side, each nation has regions where service quality is high which demonstrates that it is possible to achieve Green (certified) in the Covid-19 era. This creates an opportunity to learn from those programmes that have innovated with quality enhancement.

The enduring era of COVID-19 service delivery, set alongside NHS infection control/prevention strategies and NHS patient waiting lists, means that services are likely to remain under resourced in terms of staffing and challenged to develop and offer CR services beyond the acute hospital setting. This situation will continue to require services to change which brings with it a risk to service quality. At the same time it also offers an opportunity to innovate with quality enhancement which has been demonstrated by some CR programmes in this report.

The BACPR and NACR will continue to monitor quality of services through the NCP_CR and support providers and clinicians to input contemporary data into NACR as part of their service provision and evaluation.

The ability to report on CR service quality is only possible through the dedication and hard work of CR teams in delivering their service and entering data onto NACR.

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