National Certification Programme for Cardiac Rehabilitation (NCP_CR) Report 2025

Executive summary

Covering a period of considerable challenge and innovation in NHS service provision, we are pleased to publish the National Certification Programme for CR (NCP_CR) service quality outcomes for 2025, reporting on Jan-Dec 2024 data. The quality of cardiac rehabilitation (CR) services is measured against seven published key performance indicators (KPIs) that underpin certification in England, Northern Ireland and Wales.

Building on improvements last year (52% Green certified), this year's report shows a further increase of 1%, resulting in 53% of services meeting Green certified status. Furthermore, there has been a reduction in programmes being classed as Fail since last year (from six programmes to four).

In the data period for this year's report, we see that there has been a positive movement for 35 programmes (17%) with 17 of these being newly Green certified. Three services have moved into Amber due to entering data on the National Audit of Cardiac Rehabilitation (NACR) for the first time this year, and 15 programmes have achieved Green certified as a result of either positive service change such as reduced wait times or complete data submission this year (two programmes).

This year, more than 70% of services have maintained their certification status which is a significant achievement given the wider service challenges for teams - most notably staff loss and difficulties in recruiting to vacant positions.

In 2025, there has however been some negative movement, with 23 services moving down one level (13%). Notably, there were 13 services moving down to Amber status from Green certified by not meeting one or two KPIs. One other service met all 7 KPIs but moved down to Amber with seven status due to incomplete data for the audit period.

Across the year, the NCP_CR team supports existing and newly entering services to achieve the highest quality of data entry including providing regular tailored information to services on their progress against each of the seven KPIs. The ability of the NCP_CR to carry out this role owes much to the positive engagement with the CR services, the quality of the data submitted and the support from the NCP_CR Steering Group. The NCP_CR would like to acknowledge and thank all staff involved in submitting data to NACR, enabling independent and transparent local and national reporting for the benefit of patients and the NHS.

Introduction

Cardiac rehabilitation (CR) is recommended by NICE and Cochrane Reviews[1-6] and guided by the professional association, the British Association of Cardiovascular Prevention

and Rehabilitation (BACPR), who regularly publish guidance on the standards and core components for CR services in the UK[7-8].

The National Certification Programme for CR (NCP_CR) is a project delivered in partnership between the National Audit of Cardiac Rehabilitation (NACR) and the BACPR and has been recording and reporting on the quality of clinical practice since 2017. Widely acknowledged as world leading in terms of informing practice and recently included as part of performance-based NHS funding applications, the NCP_CR is positioned well to analyse CR delivery and has helped inform facilitated service improvement.

The programme is guided and informed by a Steering Group including patient and public involvement, most notably through the Cardiovascular Care Partnership (UK) which represents a wide range of patient groups.

Method

The NCP_CR analysis is carried out annually and programme status is valid for one year. The report is published in early Autumn, highlighting positive changes and recommending areas for improvement.

The analysis utilises routine practice data validated through NHS England, NHS Arden & GEM Commissioning Support Unit and NACR alongside an annual staffing survey of CR programmes. Reporting is at a programme level indicating the regional area in which it operates (Integrated Care Board (ICB), Network, Health Board and Health & Social Care Trust). Individual services are rated on the extent to which they meet published clinical minimum standards defined through seven KPIs (Table 1).

Table 1. Key performance indicators (KPIs)

NCP_CR key performance indicators	
1	Multidisciplinary team
2	Patients starting Core CR from all priority groups
3	Duration of CR
4	Assessment 1 (pre-CR)
5	Wait time (Referral to start of Core) (CABG)
6	Wait time (Referral to start of Core) (post MI/PCI)
7	Assessment 2 (post-CR)
The full list and breakdown of indicator thresholds can be found on Appendix 1	

Results

UK wide certification profile 2025

A total of 203 programmes were eligible for certification (delivering Core CR), which is two fewer programmes than reported in 2024 (Table 2). The small reduction in programme numbers, primarily in Northern Ireland, does not equate to fewer patients being seen rather it is due to existing clinical teams merging under one wider integrated Health & Social Care Trust which now reports into NACR as one service.

At a UK level, there has been a general positive programme improvement (Table 2). This is shown in the 1% increase in Green certified (two more programmes), 3% increase in Amber (six more programmes) and an overall reduction in Red and Fail programmes (4% and 1% respectively). This shows that more services are meeting at least four standards than ever before (175 programmes).

Of the 184 CR services in England, 99 (54%) have achieved Green certified status and there are two fewer programmes in the Fail category compared to last year (from six programmes to four).

Both Wales (12 programmes) and Northern Ireland (seven programmes) have, for a second year, avoided having any CR services in the Fail category. Wales have also improved a step further by having only Amber and Green certified programmes.

Although the overall trend is positive, there is no place for complacency as both Northern Ireland and Wales have seen a slight reduction in Green certified programmes in comparison to last year. This is in part due to merging of services, however, there has also been some loss of certification. This is one of the fundamental reasons why the NCP_CR is run and published each year as it provides patients and providers with current local service status ratings.

Table 2. NCP_CR certification status for CR programmes across England, Northern Ireland and Wales

	England Total programmes =184	Northern Ireland Total programmes =7	Wales Total programmes =12	UK Total programmes =203
Green certified	99 (54%)	1 (14%)	8 (67%)	108 (53%)
Amber	58 (32%)	5 (71%)	4 (33%)	67 (33%)
Red	23 (13%)	1 (14%)	0 (0%)	24 (12%)
Fail	4 (2%)	0 (0%)	0 (0%)	4 (2%)
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% **Note: ongoing work on rolling out a new country-wide database in Northern Ireland is currently impacting data entry levels*				

Across the 203 services, 202 were included last year, with one new service this year. Of all services 71% maintained their status (Table 3). This, in the present climate of stretched resources and workforce pressures, is something to be applauded.

There were 17 newly Green certified programmes (8%) and a further 18 services moving up one or two certification status (8% and 1% respectively). However, some decline in the status of Amber into Red (nine services) and programmes losing Green certified status (14 services) should be monitored.

In addition to the movement between certification status above, some services had a significant increase or decrease in KPIs, which did not correspond to a shift in status. There were 20 and 13 services increasing or decreasing respectively by one to two KPIs without

changing status. A further five and six services increased by four and five KPIs respectively, moving from low Red (one to two KPIs) to high Amber (six KPIs).

The reasons for reduction in KPIs and/or status is varied, however, some trends are apparent. Maintaining timely and consistent entry of data seems to be an issue for a considerable number of programmes, three programmes having insufficient data (one no data, one incomplete year and one insufficient wait time data) and more than half having issues with Assessments 1 and 2 (pre- and post-CR). Additionally, Wait times are a challenge as 10 programmes were in some form impacted by missing MI/PCI and/or CABG KPIs. However, of those services reducing status, nearly all of these met the KPIs for Multidisciplinary Team (MDT) (21 of 23 services), Priority Groups (21 of 23 services) and Duration (19 of 23 services).

This year's report highlights there is no guarantee that once a programme has achieved certification it will retain this year-on-year. As such it is vital that CR teams and commissioners be vigilant to service pressures and mitigate their impact on service quality and work with the NCP_CR to monitor this via NACR data, especially due to ongoing pressures on data submission.

Table 3. Summary of change in certification status

Change from 2024 NCP_CR	Count of programmes	Percent of programmes
Improved (1 Level)	16	8%
Improved (2 Levels)	2	1%
Improved (newly Green certified)	17	8%
Maintained	144	71%
New Programme	1	<1%
Reduced (1 Level)	9	4%
Reduced (lost Green certified status)	14	7%
Total	**203**	**100%**

**Nation and region-specific certification outcomes**

Each year the NCP_CR reports certification status at a programme level, grouped by region and nation, in the supplement. A summary of each nation's regional certification results is shown in Figures 1a-c.

In England, the regional breakdown is presented at Network level, showing 15 Networks with a 16th category of private providers. In 13 networks there are no Fails, and six Networks have only Amber and Green certified programmes (Figure 1a).

Looking at the Networks in closer detail, nine show a similar breakdown to the national picture with over 50% of programmes being Green certified. There is only one Network that has no Green certified programmes (South West (Peninsula)), Lancashire and South Cumbria has one and the North East two.

The initial challenge in moving from Red to Amber status or Green certified is data submission. In this year's report there are three services submitting for the first time and showing that they are meeting more than four KPIs (i.e. Amber status) with one programme meeting all seven KPIs but remaining Amber with seven due to incomplete data across the full year. This suggests a number of those not submitting may be providing a good CR service that is going unreported and unrecognised and is a positive incentive for all programmes to submit data, as achieving either Amber or Green certified status is possible.

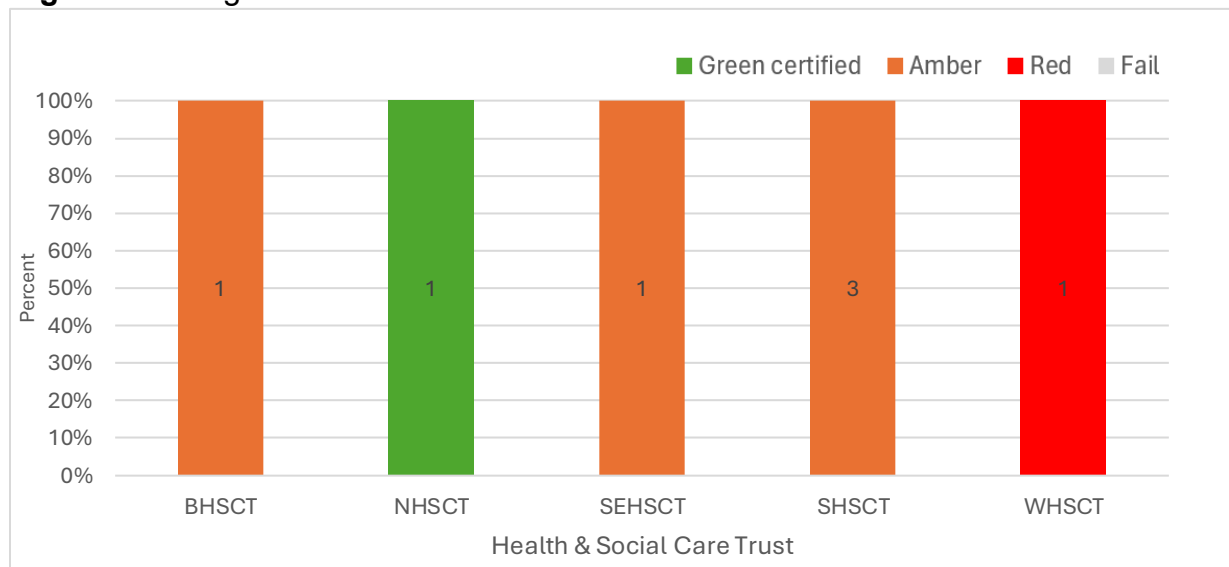**Figure 1a -** Regional breakdown of certification status for England
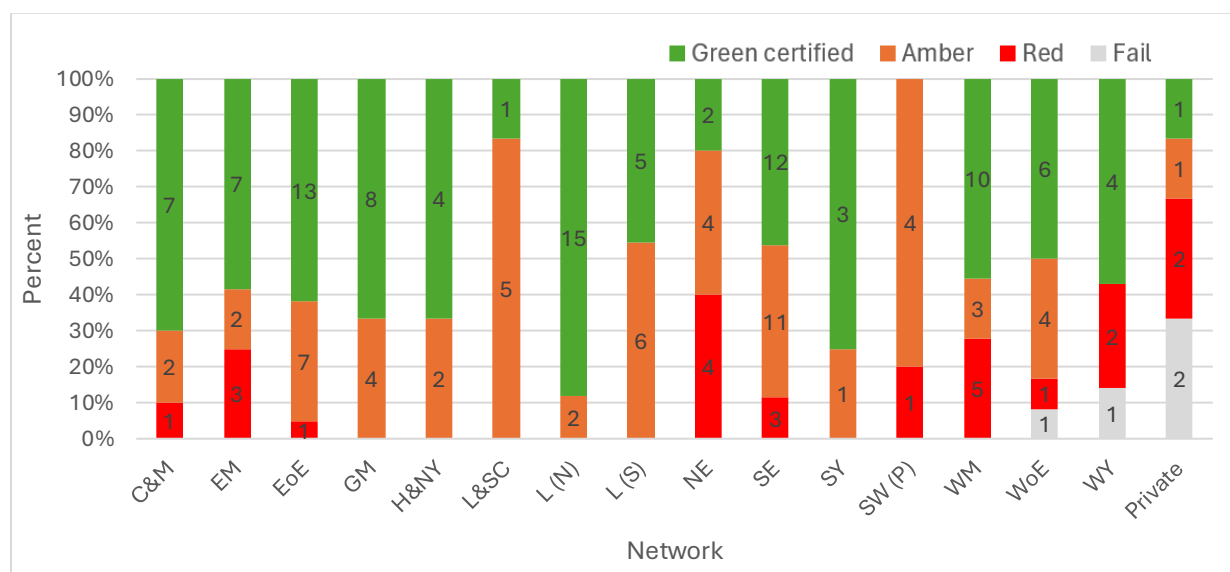
Green certified (7 standards met), Amber (4 to 6 standards met and Amber with seven), Red (1 to 3 standards met) and Fail (0 standards met). Due to rounding, percentages may not add up to 100%. Region abbreviations are shown in full in Appendix 2

In recent years Northern Ireland Health & Social Care Trusts and Health Boards in Wales have merged their services thus giving the appearance of fewer programmes.

Northern Ireland certification status across each of its Health & Social Care Trusts is for the most part positive with Green and Amber status. Only one area resides in the Red status category (Figure 1b). It should be noted that ongoing work on rolling out a new country-wide database in Northern Ireland is currently impacting data entry levels.
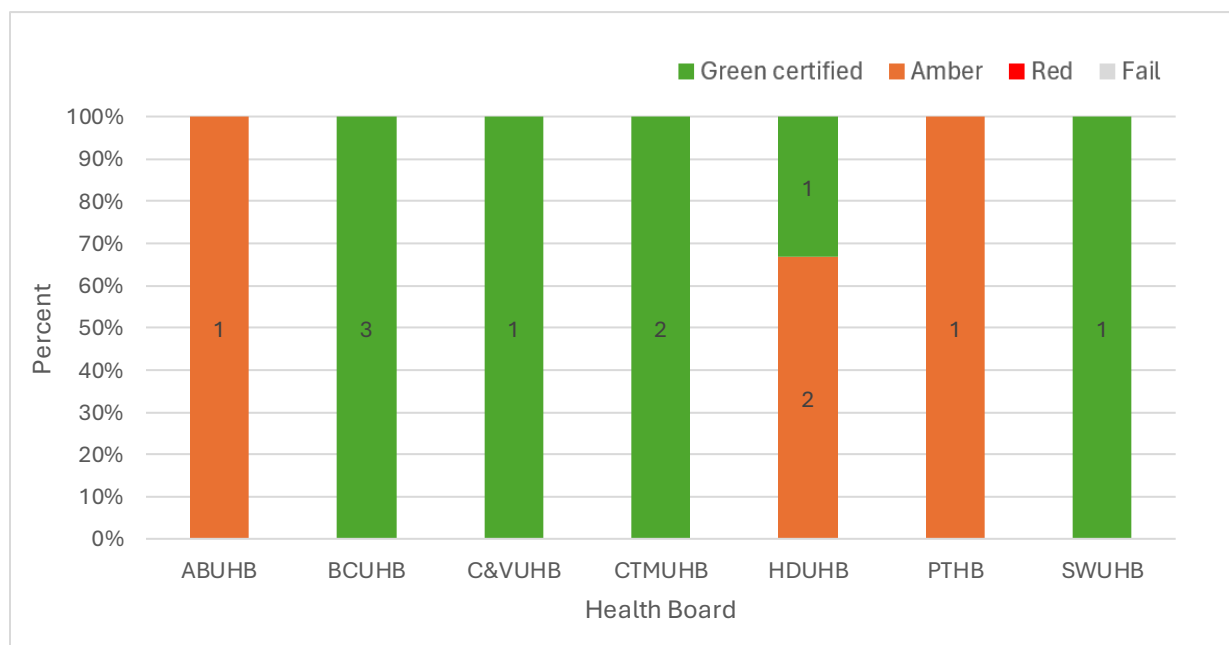
Figure 1b - Regional breakdown of certification status for Northern Ireland

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 are shown in full in Appendix 2

Services in the seven Health Boards in Wales are leading the way with eight out of 12 achieving Green certified status with the other four programmes achieving Amber status (Figure 1c).

Figure 1c - Regional breakdown of certification status for Wales

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 are shown in full in Appendix 2

CR programme level reporting is available via the NCP_CR Supplement online.

Breakdown by key performance indicators

As can be seen from Table 4, considerable variation still exists with regards to meeting each of the KPIs, both within and between nations. For example, Wales fully meets the KPI for MDT whereas in England and Northern Ireland some services (seven and one respectively) struggle to meet this.

As above, where programmes lost KPI status, the hardest to achieve still appears to be Assessment 2 (post-CR) and Wait times. The MI/PCI Wait time for programmes in England and Wales seems to be the hardest to achieve with 39% and 17% of programmes respectively not meeting it this year. For Northern Ireland it is Assessment 2 (post-CR) that is most commonly missed, with 71% failing this KPI.

Notably there is a consistent number of programmes meeting Priority Groups, Duration and Assessment 1 (pre-CR) with fewer than 20% missing these KPIs.

Table 4. Programmes meeting minimum standards for each of the three nations

NCP_CR KPIs	Standard		England (Total number =184)	Northern Ireland (Total number =7)	Wales (Total number =12)	UK (Total Programmes = 203)
	Agreed minimum standards					
Multidisciplinary team	>=3 different staff types		177	7	11	195
Patients starting Core CR from all priority groups	Each Group >0		159	6	11	176
Duration of CR	>=56 days (8 weeks)		158	6	12	176
Standards based on national averages						
Assessment 1 (pre-CR)	England 80%		151	5	11	167
	Northern Ireland 88%					
	Wales 68%					
Wait time (Referral to start of Core) (CABG)	England 46 days		134	4	12	150
	Northern Ireland 52 days					
	Wales 42 days					
Wait time (Referral to start of Core) (MI/PCI)	England 33 days		123	5	10	138
	Northern Ireland 40 days					
	Wales 26 days					
Assessment 2 (post-CR)	England 57%		137	2	12	151
	Northern Ireland 61%					
	Wales 43%					

NCP_CR recommendations and actions

Recommendations

Each year the NCP_CR summarises the findings and conclusions of the report by producing recommendations for the next year.

This year's report has shown an increase in programmes meeting both Green certified and Amber status. However, there are a number of services moving down one status or losing Green certified status. Across all programmes two themes are clear as recommendations:

1. Submission of complete and full data across the entire pathway with specific focus on Assessment 2 (post-CR)

2. Meeting Wait Time (Referral to start of Core) for both CABG and MI/PCI patients is the least met at a UK level and is an area for improvement in all three nations

Actions

These actions are:

1. Submission of complete data across the entire pathway to ensure a full picture of the service for evaluation along with providing baseline and end of CR measurements:
   o Trusts and Commissioners should continue to support data entry to the audit in order to capture and accurately represent service quality.
   o Services should work closely with NACR to identify areas for improvement via the twice-yearly supplements of data which feed into NCP_CR and data quality reports.
   o Utilising a variety of tools/methods for collecting Assessment 2 (post-CR) enables patient outcomes to be assessed and utilised for long term management of cardiovascular disease.
2. To focus on reducing Wait time between referral and start of CR:
   o Offering a hybrid mode of delivery.
   o Working with your region to identify and share good practice.
   o Start core CR as early as possible, without waiting for an exercise class to commence (Start of Core Definition).

Next steps for NACR:

- Support services where required such as providing data for business cases, complete data entry, and data quality reports
- Continue to inform the relevant stakeholders of the importance of CR and the positive impact it has on the patient, NHS and wider society
- Work closely with patients to ensure that the data and outputs of the audit and NCP_CR are a useful tool for informed patient choice

Acknowledgements

References

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8. Dalal H, Doherty P, Taylor R, 2015. Clinical Review: Cardiac Rehabilitation. *British Medical Journal.*

Appendix 1

Table showing NCP_CR key performance indicators (KPIs) and minimum standards

NCP CR KPIs	Agreed Minimum Standard *	
Multidisciplinary team	>=3 different staff types	
Patients starting Core CR from all priority groups	Each Group >0	
Duration	>=56 days (8 weeks)	
Standards based on 2016 national averages		
Assessment 1 (pre-CR)	England 80%	
	Norther Ireland 88%	
	Wales 68%	
Wait time (Referral to start of Core) (CABG)	England 46 days	
	Northern Ireland 52 days	
	Wales 42 days	
Wait time (Referral to start of Core) (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		

Appendix 2

Table showing the abbreviations for Regions, Health and Social Care Trusts and Health Boards

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	NE
	South East	SE
	South Yorkshire	SY
	SW (Peninsula)	SW
	West Midlands	WM
	West of England	WoE
	West Yorkshire	WY
	Other	Other
	Private	Private
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