National Certification Programme for Cardiac Rehabilitation (NCP_CR) Report 2026

Executive summary

Through the continued support of clinical teams in sharing their data, this year's National Certification Programme for Cardiac Rehabilitation (NCP_CR) is once again able to report on the quality of cardiovascular rehabilitation and prevention services (CR).

The period of data collection is Jan-Dec 2025 with quality measured against seven, nationally approved, key performance indicators (KPIs) that define the minimum quality for the delivery of CR. The NCP_CR reports on England, Wales and Northern Ireland and Other areas (eg. Isle of Man).

The results for the UK show improvements in service quality from last year with 59% of CR services achieving Green certified status representing a 6% increase compared to last year. There has also been a reduction in programmes being classified in the Fail status category since last year, from four to just one.

In the data period for this year's report, we see a positive status change for 36 programmes (19%) with 22 of these being newly Green certified. Nine programmes have become newly eligible for certification based on successfully submitting sufficient data and six services have improved based on meeting more KPIs than last year.

More than 70% of services (n=140) have maintained their certification status and of these 95 services remained Green certified which has not always been the case in previous NCP_CR reporting periods. This is a significant achievement given the resource and staffing challenges faced by NHS CR services in recent years.

Although the trend for CR delivery is positive, the report shows that some services have struggled, with 14 that have lost their Green certified status and a further four moved down a category (e.g. from Amber to Red). Of these services, some of the reasons are clear for instance, four programmes met all seven KPIs but were unable to submit complete patient data in the audit period. Other reasons were waiting times and low levels of post-CR patient assessment.

We would like to thank the NCP_CR Steering Group and NHS staff involved in submitting data to NACR, enabling independent and transparent local and national reporting for the benefit of patients and the NHS.

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Introduction

Cardiovascular rehabilitation and prevention (CR) is an internationally recognised and effective secondary prevention intervention [1-6] integrated into the UK NHS provision. Delivery of CR is 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 Cardiac Rehabilitation (NCP_CR) is delivered in partnership by the National Audit of Cardiac Rehabilitation (NACR) and the BACPR. Now in its tenth year, the programme reports on the quality of clinical practice, with strong clinical engagement in service evaluation and quality improvement underpinning its success. This collaborative approach has helped establish the programme as a world-leading initiative for informing and improving practice. The NCP_CR is supported and informed by the expertise of our Steering Group including clinicians, NHS policy team, patients and public involvement through the Cardiovascular Care Partnership (UK) which represents a wide range of patient groups.

Method

The analysis for the NCP_CR is carried out annually by the NACR team with CR service certification status reviewed and awarded independently each year. The report is published in September giving patients, clinicians and providers the ability to see how each CR service is performing against quality indicators.

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. The audit and NCP_CR are reliant on the responses to the staffing survey and the submission of electronic data which now has a coverage of 94%. The NACR team continue to work with CR programmes to support them with submission of data either for the first time or where they may be changing how they submit data to file upload rather than direct data entry. This work with the teams also continues to support ongoing data entry including the provision of regular tailored reports on their progress against each of the seven KPIs.

Reporting is at a programme level indicating the region in which it operates (Integrated Care Board (ICB), Network, Health Board and Health & Social Care Trust). Individual services are reported on the extent to which they meet published clinical minimum standards defined through seven KPIs as part of the NCP_CR (Table 1).

Table 1. Key performance indicators (KPIs)

NCP_CR key performance indicators	
1	Multidisciplinary team (MDT)
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 in Appendix 1	

Results

National Picture

In this year's report, the UK data shows 198 programmes eligible for certification (delivering Core CR) (Table 2). The number of programmes differs by 5 from last year's total due to programmes merging, most notably in Northern Ireland where programmes are now reported at a combined Health and Social Care Trust level (n=5 rather than last year's n=7).

The combined UK proportion of Green certified programmes increased from 53% to 59%, representing a notable improvement in the overall quality of CR services. At the same time, the proportion of Amber programmes have remained the same (33%), while Red programmes decreased from 12% to 8%. There is only one programme in the Fail category.

Although the overall trend is positive, some services who would otherwise have been Green certified were unsuccessful as they met all seven KPIs but were unable to enter complete patient data for the reporting year. This has resulted in an increase in the number of services in the Amber with seven category (n=9).

Data collected through NACR's annual Staffing Survey, alongside the patient-level data captured within the audit database, has highlighted ongoing pressures on service funding and workforce losses. These challenges can force services to make difficult decisions, often affecting administrative staffing levels or reducing the time available for clinical staff to undertake data entry.

In these circumstances, some good CR services may be prevented from being acknowledged for their hard work. This has continued this year and may persist without greater investment in supporting services, either through allocated staff time or dedicated administrative resources.

England

The proportion of England based CR services meeting Green certified status has increased to 60% (108 programmes) representing a 6% increase on last year. There has also been a notable reduction in poorer performing programmes, with the number of Red status programmes moving from 23 (13%) to 15 (8%), while Fail status programmes reduced from four to one. Together, these findings demonstrate continued progress in both service quality and data completeness across CR provision in England.

Northern Ireland

The introduction of the new Northern Ireland data submission methodology has been accompanied by mixed improvement in certification performance. In the 2025 report, programme certification status comprised one Green certified, five Amber and one Red service. This year, all Northern Ireland programmes achieved Amber status, although two programmes were only one KPI away from full Green certified status and one was Amber with Seven. In the midst of substantial new data governance arrangements these findings reflect strong clinical engagement with the new reporting framework and greater consistency across CR services in Northern Ireland.

Wales

Services in Wales have once again demonstrated improvement in the quality of CR provision with the proportion of Green certified programmes increasing from 67% to 75%. Three-quarters of Welsh programmes now meet all seven certification KPIs, whilst the remaining quarter continue to achieve Amber status. The absence of any Red or Fail programmes highlights the consistency in delivery of services across Wales and reflects a sustained commitment to quality improvement and comprehensive data submission.

Table 2. NCP_CR certification status for CR programmes across UK

	England Total programmes =181	**Northern Ireland Total programmes =5**	**Wales Total programmes =12**	**UK Total Programmes =198**
Green certified	108 (60%)	0	9 (75%)	117 (59%)
Amber	57 (31%) (A =49, Aw7 =8)	5 (100%) (A =4, Aw7 =1)	3 (25%)	65 (33%)
Red	15 (8%)	0	0	15 (8%)
Fail	1 (1%)	0	0	1 (<1%)

Green certified (7 KPIs *met), Amber (A) (4 to 6* KPIs *met and Amber with seven (Aw7)), Red (1 to 3* KPIs *met) and Fail (0* KPIs *met). Due to rounding, percentages may not add up to 100%. Region abbreviations are shown in full in Appendix 2*

Change in certification status since 2025 NCP_CR

Collectively across all 198 programmes 70.7% maintained their certification status, which is similar to last year's figure of 71%. Of these, 95 programmes (48% of all programmes) maintained Green certified status, demonstrating sustained quality of delivery of CR; despite ongoing workforce pressures, increasing demand, service redesign and the need to meet wider healthcare targets. Encouragingly, 35 programmes (19%) improved their certification status, including 22 programmes (11.4%) becoming newly Green certified, 14 improving by one certification level and two improving by two levels. The positive trend in the number of programmes meeting KPIs for service delivery and many maintaining their status year-on-year is particularly encouraging as it has been achieved during significant service challenges.

Although the trend for CR delivery is positive some services have struggled. Eighteen programmes (9.1%) showed a reduction in KPIs met, including 14 services that lost their Green certified status, and a further four moved down a category (e.g. from Amber to Red). For some of these programmes the reasons are clear for instance, four met all seven KPIs but were unable to submit complete patient data for the audit period. Other reasons were low levels of post-CR patient assessment.

Analysis of programmes losing Green certified status suggests that data completeness was a significant factor for a number of services, with four programmes not submitting a full year's data for all eligible patients. Other reasons included workforce challenges, reduced programme duration, and difficulties meeting the myocardial infarction/percutaneous coronary intervention (MI/PCI) Wait time and Assessment 2% KPI thresholds. Overall, the trend remains strongly positive, with more than twice as many programmes improving as declining and a net increase in Green certified programmes across the UK.

Table 3. Summary of change in certification status

Change from 2025 NCP_CR	Count of programmes	Percent of programmes
Improved (1 Level)	14	7.1%
Improved (2 Levels)	2	1.0%
Improved (newly Green certified)	22	11.1%
Maintained	140	70.7%
Reduced (1 Level)	4	2.0%
Reduced (lost Green certified status)	14	7.1%
Total	**198**	**100%**

Nation and region-specific certification outcomes

England

In England, the regional breakdown shows 15 Networks together with a 16th category for private providers (Figure 1). Eight Networks have no Red programmes, while one Network, Humber and North Yorkshire, has all programmes Green certified. A further six Networks have no Fail programmes, indicating an overall improvement in meeting at least one KPI.

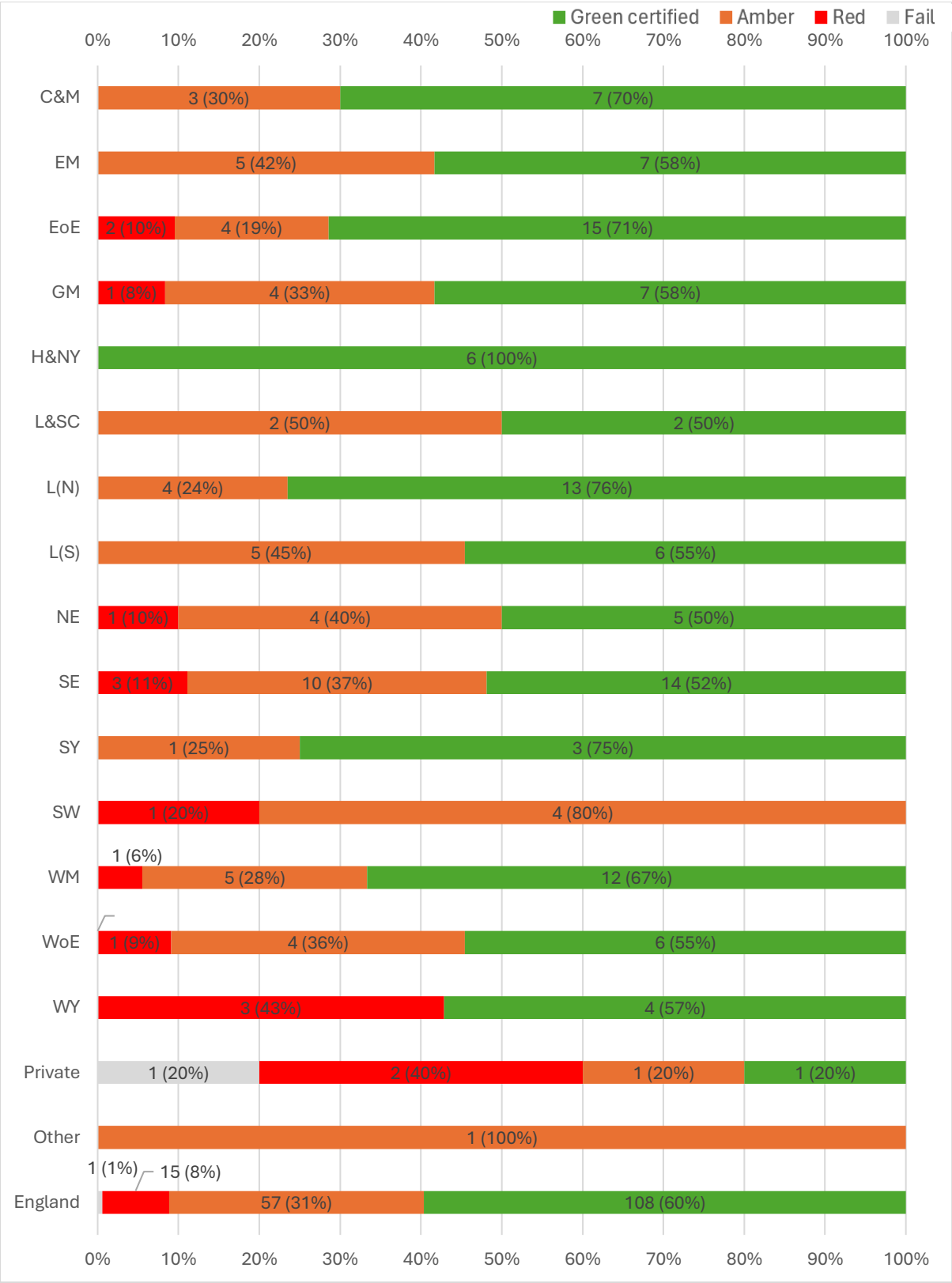
Looking at the Networks in closer detail, the majority broadly reflect the national picture, with over half of programmes achieving Green certified status. London (North), Private Providers, Humber and North Yorkshire, South Yorkshire, East of England, West Midlands and Cheshire & Merseyside all have at least two-thirds of programmes Green certified.

South West (Peninsula) remains the only Network with no Green certified programmes, with 80% of programmes at Amber status and one programme classified as Red. West Yorkshire has the highest proportion of Red programmes, with 43% of programmes classified as Red, although the majority (57%) are Green certified.

The distribution of Amber programmes highlights the potential for further improvement. Several Networks, including South East, South West (Peninsula) and Lancashire and South Cumbria, have a large proportion of programmes achieving Amber status, suggesting that many services are already meeting a substantial number of KPIs and are well placed to move to Green certified with just a few changes in service and ensuring sufficient and complete patient level data is submitted.

As in previous years, one of the main challenges in moving from Red to Amber status, and from Amber to Green certification, remains the submission of complete and timely data. The presence of only one programme in Fail nationally (1%) demonstrates continued improvement in engagement and also submission of data.

Figure 1 - Regional breakdown of certification status for England



Green certified (7 KPIs *met), Amber (4 to 6* KPIs *met and Amber with seven), Red (1 to 3* KPIs *met) and Fail (0* KPIs *met). Due to rounding, percentages may not add up to 100%. Region abbreviations are shown in full in Appendix 2*

Northern Ireland

Northern Ireland certification results are presented at Health and Social Care Trust (HSCT) level. Under the new data submission methodology, CR services within each HSCT are reported as a single programme. As a result, each HSCT contains one programme and results are presented as a national summary rather than a regional breakdown. All five Northern Ireland programmes achieved Amber certification status, with two programmes just one KPI short of Green certification and one meeting all standards but unable to confirm data completeness. This reflects progress under the new submission methodology, with no programmes classified as Red or Fail.

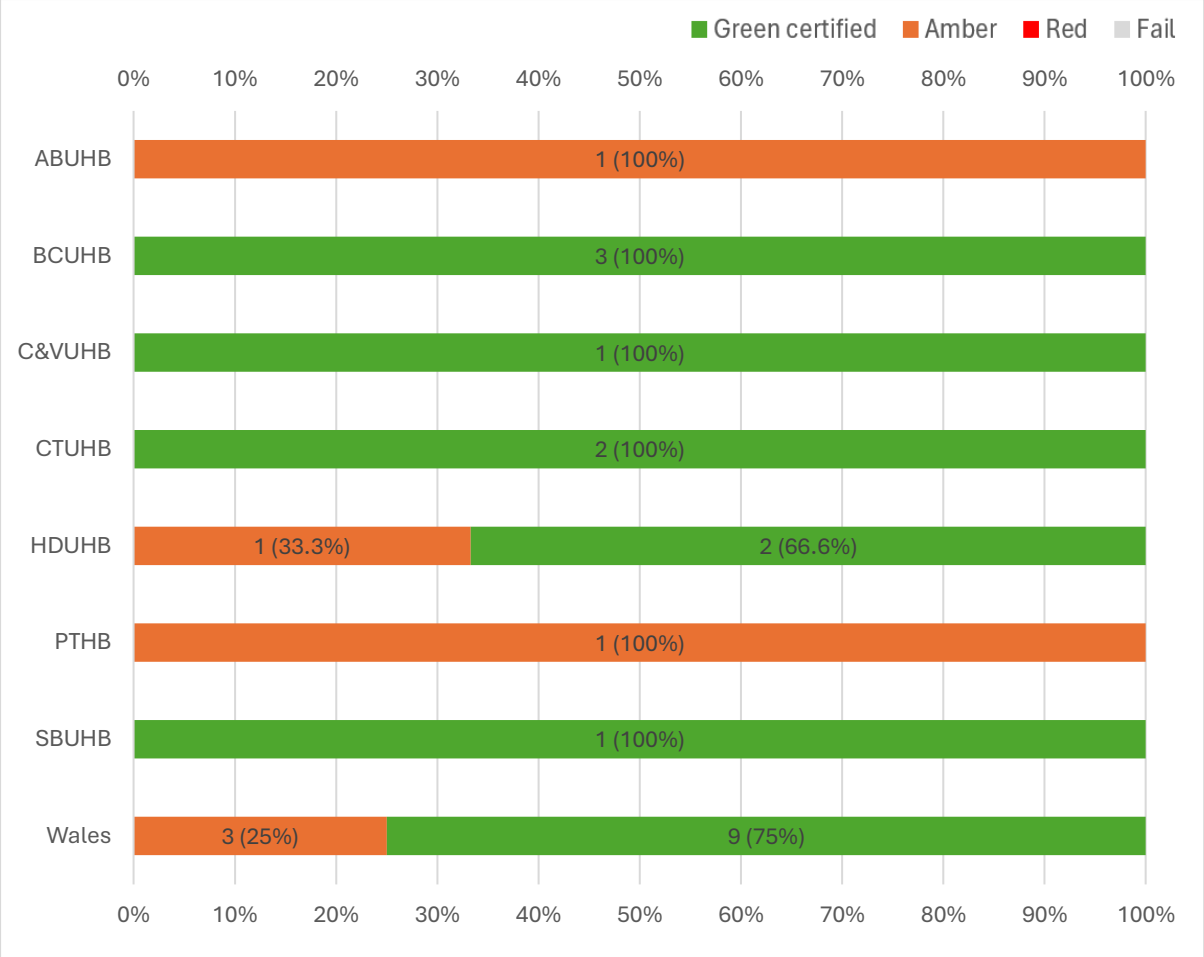
Table 4 - Regional breakdown of certification status for Northern Ireland

Health and Social Care Trust	Status
Belfast Health and Social Care Trust	Amber
Northern Health and Social Care Trust	Amber
South Eastern Health and Social Care Trust	Amber With Seven
Southern Health and Social Care Trust	Amber
Western Health and Social Care Trust	Amber

Wales

Services across the seven Health Boards in Wales continue to perform well, with nine out of 12 programmes achieving Green certified status and the remaining three programmes achieving Amber status. Four Health Boards — Betsi Cadwaladr, Cardiff & Vale, Cwm Taf Morgannwg and Swansea Bay — achieved 100% Green Certified status. Hywel Dda University Health Board also performed well, with two of its three programmes Green certified and one Amber, while Aneurin Bevan and Powys Teaching Health Board each had one programme recorded as Amber. Overall, no Welsh programmes are shown as Red or Fail (Figure 2).

Figure 2 - Regional breakdown of certification status for Wales



Green certified (7 KPIs *met), Amber (4 to 6* KPIs *met and Amber with seven), Red (1 to 3* KPIs *met) and Fail (0* KPIs *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 5, variation still exists in CR service quality in terms of meeting the minimum standard of delivery. This is evident with regards to meeting each of the KPIs, both within and between nations. For example, within Northern Ireland and Wales all services met the KPIs for staffing (MDT), Priority groups and Duration whereas in England 21 (11%) services did not meet the Duration KPI.

Looking across the seven KPIs, the least met remains Wait times, this year specifically the MI/PCI subgroup. One programme failed to meet this KPI in Northern Ireland (20%), 2 in Wales (16%), and 47 in England (26%). It is clear that although waiting times have improved from last year, this should remain an area of focus.

An additional area of service quality that remains hard to achieve is Assessment 2 (post-CR), which is now embedded within the Completion Definition. While this is not an issue for Welsh programmes who now have all services meeting this KPI, 27 services (20%) in England are falling short of Assessment 2 targets. For Northern Ireland this is a more widespread issue with, this year, four programmes (80%) not meeting this KPI.

In summary, the quality of CR continues to move in a positive direction towards more services achieving Green certified status. However, as shown above, achieving certification is not guaranteed year on year, and the NCP_CR will look towards reporting on length of time Green certification is maintained in next year's report, focusing on three or more years as a sign of consistent quality of provision. It should also be noted that meeting KPI thresholds is not a point at which services should relax. There is often capacity to improve KPIs such as Wait times and Assessment percentages that allows a greater buffer for unexpected changes in service such as closure of clinics or staff absence/loss.

Table 5. Programmes meeting key performance indicators for each nation

NCP_CR KPIs	KPI Threshold	England (Total number =181)	Northern Ireland (Total number =5)	Wales (Total number =12)	UK (Total Programmes = 198)
Multidisciplinary team	>=3 different staff types	175 (96%)	5 (100%)	12 (100%)	187 (96%)
Patients starting Core CR from all priority groups	Each Group >0	165 (90%)	5 (100%)	12 (100%)	177 (91%)
Duration of CR	>=56 days (8 weeks)	162 (89%)	5 (100%)	12 (100%)	174 (89%)
Standards based on national averages					
Assessment 1 (pre-CR)	England 80% Northern Ireland 88% Wales 68%	157 (86%)	4 (80%)	11 (92%)	168 (86%)
Wait time (Referral to start of Core) (CABG)	England 46 days Northern Ireland 52 days Wales 42 days	149 (81%)	4 (80%)	11 (92%)	160 (82%)
Wait time (Referral to start of Core) (MI/PCI)	England 33 days Northern Ireland 40 days Wales 26 days	136 (74%)	4 (80%)	10 (83%)	146 (75%)
Assessment 2 (post-CR)	England 57% Northern Ireland 61% Wales 43%	146 (80%)	1 (20%)	12 (100%)	158 (81%)

NCP_CR recommendations and actions

Recommendations

As per previous years, there has been an improvement in the quality of CR towards more services meeting Green certification, however, to ensure this minimum requirement is maintained or even exceeded year-on-year:

1. Programmes that achieve the minimum standard (Green certified status) should agree a goal to maintain it the following year
2. Wait time KPIs (Referral to start of Core CR), specifically for MI/PCI patients, are the least met at a UK level - and represent a key area for improvement across all nations
3. Ensuring that full and complete NACR data submission occurs, throughout the year, encompassing all patients and all months across the entire pathway, notably final discharge and assessment

Actions

Actions are:

- Maintaining Green certification status
    - As a team review your programme to identify gaps in service, possible threats and opportunities for improvement
    - Agree an action plan across the multidisciplinary team and service providers to retain or improve on KPI levels, thus showing continued improvement, and creating a buffer above existing Green status to ensure Green certification is maintained
- Wait time between referral and start of CR for MI/PCI patients
    - Investigate why MI/PCI patients may be less likely to start CR within the KPI wait time target
    - Services should look at pathways and identify ways in which patients can commence CR sooner, as short wait times are evidenced to increase participation, completion and outcomes
- Data is essential to highlight quality provision and enable support to services struggling with delivery. As such submission of complete data across the entire pathway is vitally important
    - All CR programmes, commissioners and the wider NHS should seek to support teams struggling with data entry, alongside the existing support from NACR

- Utilising regular and routine reports that highlight submission rates and data quality is key to ensuring that the data submitted is fit for purpose and can be used to effectively evaluate the CR programme. This includes the review of twice-yearly data quality reports

Next steps for NACR:

- Continue to work collaboratively with professional associations/organisations in supporting the delivery of quality CR services across all three nations
- Work with local CR teams, regional and national teams to support improvement in the quality of service delivery
- Specifically continue work with services that are not entering data, or having new challenges with data entry, including direct data entry and looking to transition to new importing methods.
- Review the staffing survey to ensure it represents the workforce, specialisms, training and vacancies to provide a comprehensive picture, continuing to further explore the role of non-medical prescribers
- Support services to explore why patients with MI/PCI appear to have difficulty in achieving Wait time targets

Acknowledgements

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Appendix 1

Table NCP_CR key performance indicators (KPIs)

NCP_CR KPIs	KPI threshold *
Multidisciplinary team	>=3 different staff types
Patients starting Core CR from all priority groups	Each Group >0
Duration	>=56 days (8 weeks)
KPI threshold based on 2016 national averages	
Assessment 1 (pre-CR)	England 80%
	Northern 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%
* threshold for meeting KPI based on national averages for each nation	

Appendix 2

Table showing the abbreviations for Regions 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
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	CTUHB
	Hywel Dda University Health Board	HDUHB
	Powys Teaching Health Board	PTHB
	Swansea Bay University Health Board	SBUHB