

NATIONAL AUDIT OF CARDIAC REHABILITATION

QUALITY IMPROVEMENT PLAN

Name	National Audit of Cardiac Rehabilitation		
Organisation	NHS Arden & GEM Commissioning Support Unit		
Audit Area	Service provision and quality and outcomes of cardiac rehabilitation		
Plan Start Date	1 October 2026	Plan End Date	30 September 2027
Clinical Lead	Professor Patrick Doherty		
Purpose of Audit	1. Monitor cardiovascular rehabilitation (CR) service provision across Integrated Care Boards (ICBs) and Clinical Networks to support delivery of good quality and effective services, to evidence-based standards, for the benefit of all eligible patients. 2. Map the extent and quality of CR provision and report on inequalities in delivery against key service indicators for over 320 programmes in the UK. 3. Support the improvement of service provision of CR via targeted research to determine the effectiveness of routinely delivered CR services on patient agreed outcomes, cardiovascular disease risk profiles and health and social care utilisation. 4. Use Audit to benchmark CR programmes to agreed standards via the National Certification Programme for Cardiac Rehabilitation (NCP_CR), run in partnership with the British Association of Cardiovascular Prevention and Rehabilitation (BACPR)		

	5. Tailor and evaluate NHS funding for CR: Identify inequalities in service delivery and use this data to inform NHS England spending on CR. Evaluate the impact of NHS funding for CR service delivery
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Current Level of Performance	How performance is currently being measured	Data Source
Of the 198 services, 59% were green certified (meeting all 7 key performance indicators (KPIs)) and a further 33% were meeting 4 to 6 KPIs. At an individual KPI level, 96% met the staffing KPI, 91% met the priority groups, 89% duration and 86% assessment 1. Between 75-82% met the remaining standards including wait times.	NACR reports on the quality and outcomes of the full cardiac rehabilitation pathway. The main metric for service quality and assessment is the National Certification Programme for Cardiac Rehabilitation (NCP_CR) published annually, measuring the 7 KPIs. Furthermore, quarterly reporting of uptake on Acute Coronary Syndrome and Heart Failure patients is hosted on two dashboards (Model Health System and FutureNHS) at the regional and national level.	National Audit of Cardiac Rehabilitation Database and Hospital Episode Statistics

Quality Improvement Plan		
The aim of NACR is to report on the current provision and quality of services provided to patients who have had a cardiac event or procedure.		
What the Quality Improvement Plan Addresses: The provision and quality of cardiac rehabilitation services is varied. NACR identifies where programmes are not meeting specific key performance indicators and makes recommendations for areas of improvement.		
Recommendation	Action	How will this be Evaluated
Submission of complete and full data across the entire pathway with specific focus on Assessment 2 (post-CR).	- Trusts and Commissioners should continue to support data entry to the audit in order to capture and accurately represent service quality. - Services should work closely with NACR to identify areas for improvement via either the twice-yearly supplements of data or by requesting reports as needed which feed into NCP_CR, data quality and annual reports. - Utilising a variety of tools/methods for collecting Assessment 2 (post-CR) enables patient outcomes to be assessed and utilised for long	Month reviews are carried out to monitor general data quality and completeness including pre- and post- assessments.

	term management of cardiovascular disease.	
Meeting Wait Time (Referral to start of Core) for MI/PCI patients is the least met at a UK level and is an area for improvement in all three nations.	• Offering a hybrid mode of delivery. • Working with your region to identify and share good practice. • Start core CR as early as possible, without waiting for an exercise class to commence.	National Certification Programme for CR published annually
The proportion of ACS and HF patients accessing cardiac rehabilitation will be amongst the best in Europe, with more of those eligible accessing care.	• Programmes, ICBs and Regions will be assessed for their level of activity per quarter • Identifying inequalities, uptake across key demographics will be tracked • Ensuring all programmes are entering and submitting complete data	Quarterly updates to Model Health System and Future NHS along with year reporting with NACR Quality and Outcomes report.