

NCP_CR BACPR and NACR Report 2020

Summary

In agreement with the BACPR the NCP_CR summary report for 2020 is being published in conjunction with the BACPR conference. This is the first of a two-staged process. Firstly, this document will give an overview of UK, national and regional certification, with a focus on the temporal change in service quality of the last four years. Secondly, BACPR and NACR will inform programmes, as per routine NCP_CR reporting, of their certification status (i.e. Green certification or Amber/Red status). The full certification supplement will also be freely available on the NACR website (www.cardiacrehabilitation.org.uk)

The Data period for Certification has changed this year to ensure it reports in a more recent and timely manner. This means that the period is within 12 months of publication and Certification covers NACR data for the calendar year 2019 (Jan-Dec) plus the Annual Staffing Survey.

For the fourth year running the NCP_CR has collated and reviewed the quality of CR service delivery in England, Wales and Northern Ireland against the Key Performance Indicators (KPIs) set out by the BACPR and NACR (Table 1). This year's quality review has taken account of Covid-19 impact on CR services, which resulted in some clinical data input issues from December 2019 to May 2020, for example where NHS redeployment had impacted service provision or delayed data entry. Based on the significant CR service level changes that took place over the first phase of Covid-19 the NCP_CR Steering Group agreed that no programmes would be penalised or downgraded from their previous status (e.g. Green to Amber/Amber to Red etc) this year. These programmes are 'Held' at last year's status. This affected only 26 CR services in total across the four certification categories.

Table 1 NCP_CR minimum key performance indicators (KPIs) for certification

Minimum standard 1: MDT	At least three health professions in the CR team who formally and regularly support the CR programme
Minimum standard 2: Patient group	Cardiovascular rehabilitation is offered to all these priority groups: MI, MI+PCI, PCI, CABG, HF
Minimum standard 3: Duration	Duration of Core CR programme: \geq national median of 56 days (8 weeks)
Standard 4: National average for assessment 1	Percentage of patients with recorded assessment 1: England \geq 80%; Northern Ireland \geq 88%; Wales \geq 68%
Standard 5: National average for CABG wait time	Time from post-discharge referral to start of Core CR programme for CABG national median of: England \geq 46 days; Northern Ireland \geq 52 days; Wales \geq 42 days
Standard 6: National average for MI/PCI wait time	Time from post-discharge referral to start of Core CR programme for MI/PCI national median of: England \leq 33 days; Northern Ireland \leq 40 days; Wales \leq 26 days
Standard 7: National average for assessment 2	Percentage of patients with recorded assessment 2 (end of CR): England \geq 57%; Northern Ireland \geq 61%; Wales \geq 43%

Information on staffing profile and MDT, which forms one of the NCP_CR KPIs, is taken from the NACR annual email survey. This information is not collected on the electronic NACR database. In order for certification to be validated each CR team must return the NACR annual email survey form with staffing completed.

Certification profile across the three nations

A total of 223 programmes this year were eligible for the certification process. As shown in **Table 2**, 93 programmes meet all seven standards and will be certified for the 2020-21 period. This is a fantastic achievement as this is an increase of 27 programmes from last year. Not only has there been an improvement in the top end of the UK CR quality profile there has also been a reduction in the number of meeting only a few KPIs (Red) and a further reduction in the number of programmes that fail to meet any KPIs.

The good news continues when looking at the national picture. Wales and Northern Ireland have made new ground this year by both having no programmes in the Fail category. This by itself is impressive, however even more impressive is Northern Ireland having no Red programmes and Wales having over half their programmes certified.

For England there is also a positive story with the number of Fails dropping from 19 to 10, the Reds reducing by 10 and the number of Green certified programmes increasing by 22. This overall shift toward high quality service will help to provide the multidisciplinary timely CR service that results in lifestyle change and reduces risk factors.

Table 2 - NCP_CR certification status for all CR programmes across England, Northern Ireland and Wales				
	England N=195	N. Ireland N=11	Wales N=17	UK N=223
Green (certified)	73 (37%)	7 (64%)	13 (76%)	93 (41%)
Amber	63 (32%)	4 (36%)	2 (12%)	69 (31%)
Red	49 (25%)	0	2 (12%)	51 (23%)
Fail	10 (5%)	0	0	10 (4%)

Note, due to Covid-19 coronavirus and clinical data input issues from Dec 2019 to May 2020 the NCP_CR Steering Group agreed to hold NCP_CR status achieved in 2019 for programmes where NHS redeployment has impacted service provision or delayed data entry. Ten Green, five Amber and 11 Red programmes retain their NCP_CR status for 2020.

Table 3 shows the number of programmes meeting each of the NCP_CR standards. This shows that as per the published work by Salman et al¹, the least achieved standard is MI/PCI waiting time, with 117 programmes with electronic data meeting this threshold. At a national level, Northern Ireland meets national waiting time standards, however, the assessment targets are less achieved.

In Northern Ireland and Wales all programmes met the MDT threshold, which is an improvement from previous years. This improvement is seen to a lesser extent, in England, with a further 13 programmes in 2020 achieving this in comparison to the 2019 report.

Table 3 - NCP_CR standards for all CR programmes with NACR electronic data across England, Northern Ireland and Wales				
NCP CR KPIs	Standard	CR Programmes Meeting Standards		
		England N=162	N. Ireland N=11	Wales N=16
Agreed Minimum Standards				
Multidisciplinary team	>=3 different staff types	148	11	16
Receiving all Patient Priority Groups	Each Group >0	135	11	15
Duration	>=56 days (8weeks)	122	9	14
Standards Based on 2016 national averages				
Assessment 1	England 80%	131	10	14
	N.Ireland 88%			
	Wales 68%			
Referral to CR Start (CABG)	England 46 days	103	9	14
	N.Ireland 52 days			
	Wales 42 days			
Referral to CR Start (MI/PCI)	England 33 days	94	11	12
	N.Ireland 40 days			
	Wales 26 days			
Assessment 2	England 57%	115	8	13
	N.Ireland 61%			
	Wales 43%			

Figure 1a-c and Table 4 shows the regional breakdown of certification status. 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 are five regions with programmes that were categorised as Fail, which, although disappointing, was an improvement (3 fewer regions) compared to the previous year.

Across all three nations, the proportion of Green Certified programmes is increasing with seven total regions achieving entirely Green status.

This positive shift in the quality of CR is to be applauded, and is down to consistent development of the referral mechanisms to get patients starting CR in a timely manner. Programmes are being delivered by a multidisciplinary team and for a sufficient duration.

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

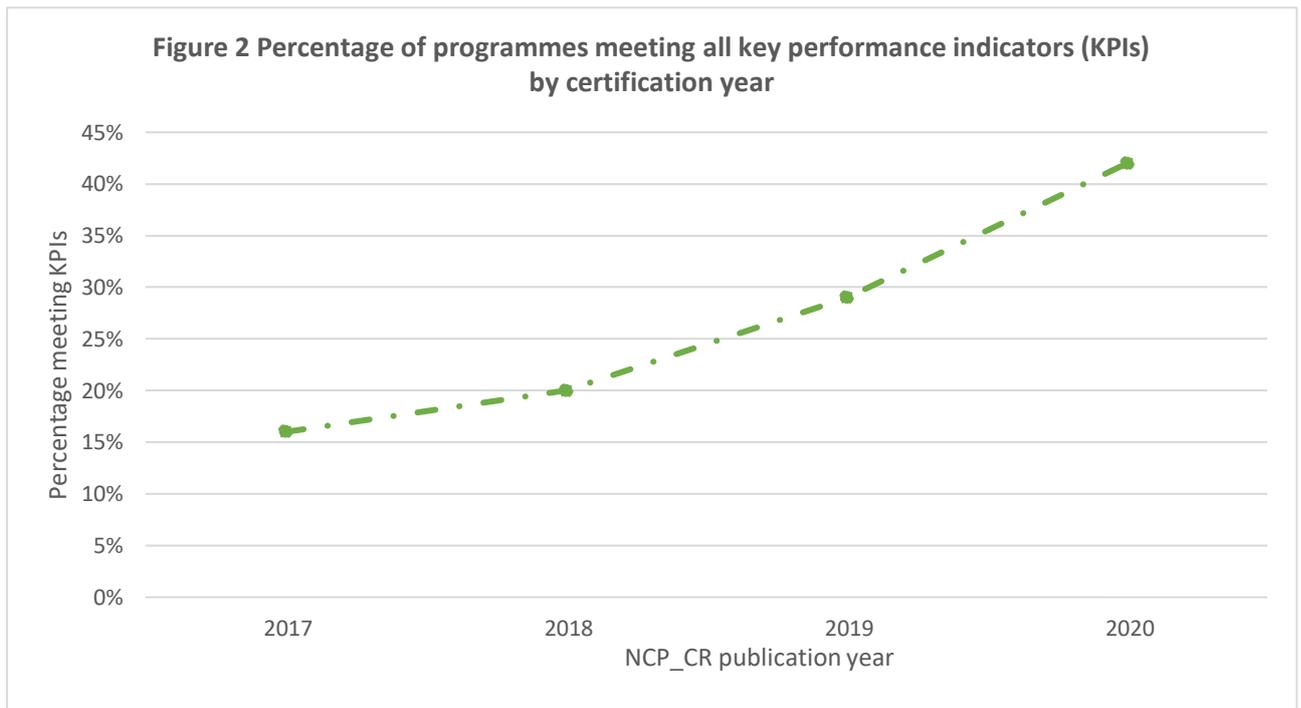


Table 4 Table distribution of NCP_CR status across the nations and related health regions

		Green	Amber	Red	Fail	Total
England	Cheshire and Merseyside (C&M)	8	2	0	0	10
	East Midlands (EM)	2	5	8	0	15
	East of England (EoE)	11	4	5	1	21
	Greater Manchester, Lancashire and South Cumbria (GM,L&SC)	6	7	4	2	19
	London (L)	12	12	7	3	34
	Northern England (NE)	2	0	8	2	12
	South East Coast (SEC)	8	6	2	0	16
	South West (SW)	0	11	4	0	15
	Thames Valley (TV)	2	1	1	0	4
	Wessex (W)	5	2	0	0	7
	West Midlands (WM)	8	6	6	0	20
	Yorkshire and The Humber (Y&TH)	9	6	4	2	21
Other	0	1	0	0	1	
N. Ireland	Belfast Health and Social Care Trust (BHSCT)	1	0	0	0	1
	Northern Health and Social Care Trust (NHSCT)	1	0	0	0	1
	South Eastern Health and Social Care Trust (SEHSCT)	3	0	0	0	3
	Southern Health and Social Care Trust (SHSCT)	0	3	0	0	3
	Western Health and Social Care Trust (WHSCT)	2	1	0	0	3
Wales	Aneurin Bevan University Health Board (ABUHB)	4	0	0	0	4
	Betsi Cadwaladr University Health Board (BCUHB)	3	0	0	0	3
	Cardiff & Vale University Health Board (CVUHB)	1	0	0	0	1
	Cwm Taf Morgannwg University Health Board (CTMUHB)	2	0	0	0	2
	Hywel Dda University Health Board (H DUHB)	1	2	0	0	3
	Powys Teaching Health Board (PTHB)	0	0	2	0	2
	Swansea Bay University Health Board (SBUHB)	2	0	0	0	2
Total		93	69	51	10	223

Figure 2 shows the proportion of Green Certified programmes over the four-year period. The 2018, 2019 and 2020 reports routinely reported the certification each year, and in 2017 a published paper estimated 15.7% of programmes meeting all standards.

The shift in the quality of CR demonstrates a 31% increase in high quality programmes meeting all KPIs. The KPIs include waiting time that is shown to be associated with better outcomes and a multidisciplinary team associated with increased levels of uptake and completion.²⁻³



Summary:

Cardiac rehabilitation programmes and their teams have continued to improve the quality of the services they provide to patients and have done so despite the challenges thrust upon them and their service by the Coronavirus pandemic and the impact of Covid-19 on the NHS.

Over the next 12 months the pace and impact of service change and service innovation will continue hence it is vital that we capture this change through the national audit and feed this data to the NCP_CR Steering Group.

Thank you to all CR programmes for your excellent work in the last year.

Professor Patrick Doherty (NACR Director) and the NACR Team.

References

1 Doherty PJ, Salman A, Furze G, Dalal HM, Harrison AS. (2017) Does cardiac rehabilitation meet minimum standards: an observational study using UK national audit? *Open Heart*. **10**;4:1-5. e000519. <https://doi.org/10.1136/openhrt-2016-000519>

2 Al Quait AIM, Doherty PJ. (2017) Overview of Cardiac Rehabilitation Evidence, Benefits and Utilisation. *Global Journal of Health Science*. **19**;10(2):38-48. <https://doi.org/10.5539/gjhs.v10n2p38>

3 Al Quait AIM, Doherty PJ, Gutacker N, Mills J. (2017) In the modern era of percutaneous coronary intervention: Is cardiac rehabilitation engagement purely a patient or a service level decision? *European journal of preventive cardiology*. **21**;17. <https://doi.org/10.1177/2047487317717064>