

# National Cardiac Audit Programme (NCAP)

Second Report 2025  
for patients, carers  
and the public

(2024/25 and 2022/25 data)



## National Cardiac Audit Programme Second Report 2025 for patients, carers and the public

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## About this report

The NICOR aggregate report improves with each publication. Information is presented more clearly, at-a-glance statistics are available, and the data are more up-to-date.

All these improvements support the work of the Community Representative Group (CRG), whose role is to highlight improvements in performance and outcomes and to draw your attention to the data which tells us that things are not going so well.

This report is the second one from the CRG to accompany the second aggregate report this year. This reflects the work by NICOR to bring forward its report on the previous financial year's results. This extra report allows us to present our thoughts and reflections differently. So, we have taken the opportunity to scrutinise a couple of major headlines which are concerning us and these we will look at in detail.

I recommend the second 2025 aggregate report for the NICOR National Cardiac Audit Programme (NCAP) as a necessary read for anyone interested in cardiac care in England, Wales, and Northern Ireland. It is a mine of information and should not be ignored by stakeholders and commissioners of heart care.



## How to find out more

For more background information about our work and the NCAP, I draw your attention to our [first report](#) this year, which is full of useful infographics and background information to the individual audits and a glossary of terms.

On behalf of the CRG, I would like to thank the NICOR team, and all the registry leads and teams, for their hard work and dedication in producing this informative report.

**Sarah Murray**

Chair of the NICOR Community Representative Group



# Message 1

**Patients who think they are suffering a heart attack should call 999 for an ambulance and not take themselves to hospital.**

**'Higher-risk' heart attacks (known as an ST-elevation myocardial infarction or STEMI for short) involve an abrupt narrowing or blocking of the coronary artery.**





The resulting drop in oxygen to the heart muscle can lead to heart failure (a loss of the heart's pumping function) followed possibly by death or irreversible damage to the heart.

The sooner the artery can be re-opened, the less heart damage occurs and the greater the chance of surviving the episode ('time is muscle'). The overall measure used to assess the speed of treatment times is known as the Call-To-Balloon (CTB) time, from when a patient calls the emergency services to when primary percutaneous coronary intervention (PPCI) treatment is started to re-open the artery. Sadly, for nearly 30,000 patients, the average CTB time taken to treat STEMI patients is now 25 minutes longer than it was in 2015/16.

This delay in treatment times is mainly because it is taking longer from when a patient calls the emergency services for help to their arriving at a hospital where the diagnosis can be confirmed and treatment provided. This Call-To-Door (CTD) time did improve marginally in 2023/24 (for the first time in many years), but there has been no further improvement in 2024/25. Consequently, CTD times are still 20 minutes longer than they were 10 years ago.

Perhaps partly in response to delays in emergency response times, a much higher proportion of heart attack patients – about 10% with STEMI and 30% with non-STEMI (NSTEMI) – are now self-presenting to hospital compared with before the COVID-19 pandemic and this trend is persisting.

Self-presenting STEMI patients have longer Symptom-to-Balloon (STB) times than those patients brought directly by ambulance. This means they have not received treatment faster and have simultaneously jeopardised their safety by removing the potential for early resuscitation, if needed, by a paramedic ambulance. It is possible that patients have died either prior to reaching hospital or in A&E departments because of this.

**Crucially, anyone who thinks they are having a heart attack should call for help from the ambulance services. The latter can make a clinical assessment and then transfer the patient as quickly as possible directly to the most appropriate hospital.**



Ambulance services are responsible for responding to calls for help and delivering the patient to the treatment centre, and improvements in CTD times for 'higher risk' STEMI patients should be a priority.

## Message 2

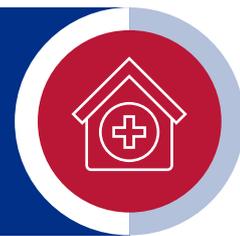
**Many hospitals need to be much better at following clinical standards and national guidance in prescribing medication to heart patients.**



Patients with **heart rhythm irregularities called atrial fibrillation (AF)** are at increased risk of having a stroke. These patients have abnormal blood flow in the upper left chamber of the heart (the left atrium) and blood clots can subsequently develop in certain areas of that chamber.

These clots can break loose and pass up into the brain, blocking a vessel and cause damage to brain tissue. [Guidelines](#)<sup>1</sup> highlight that this risk can be reduced by the prescription of an anticoagulant drug ('blood thinner'). Patients who are admitted to hospital with heart failure and who also have atrial fibrillation are particularly at risk of having a future stroke. It is concerning, then, that a significant minority of patients with heart failure and AF are not prescribed an anticoagulant, something the National Heart Failure Audit (NHFA) has reported on over the last couple of years.

**Only five out of nearly 200 hospitals discharged 90% or more of eligible patients with an anticoagulant in 2024/25.**



Heart failure (HF) patients with reduced ejection fraction (where the heart does not pump out as much blood as it should) who are admitted to hospital should be prescribed the 'four pillars of care' (unless this is 'contra-indicated' as not appropriate for the individual): a beta blocker, an ACE-inhibitor (or equivalent), a mineralocorticoid receptor antagonist (MRA), and a sodium glucose transporter 2 inhibitor (SGLT2i) drug. **Much more effort is needed to ensure that every patient is discharged on all four drugs as this currently only occurs in 50% of cases.**

<sup>1</sup>[www.nice.org.uk/guidance/ng196](http://www.nice.org.uk/guidance/ng196)





**MRAs are not being prescribed to all patients, despite the positive evidence which has been available for many years.** Undue caution about the possibility of MRAs contributing to renal failure or inducing higher potassium is unfounded as the audit has shown there is little difference in creatinine and potassium levels of those receiving and not receiving an MRA drug.

Following a heart attack, guidelines recommend the use of antiplatelet drugs, a beta blocker, a statin, and an ACE-inhibitor (or equivalent) to help stabilise the build-up of fatty deposits inside arteries (so-called atherosclerotic condition) and to prevent further harmful cardiac events. In patients with impaired heart pump function, treatment with an MRA is also recommended.

**There is a worrying decline in the use of these secondary prevention drugs, with only 78% of eligible heart attack patients receiving all recommended drug classes.**



After undergoing a primary PCI, 'higher risk' STEMI heart attack patients are treated with two separate anti-platelet drugs, usually aspirin and clopidogrel. Guidelines recommend the use of new anti-platelet drugs (prasugrel or ticagrelor) instead of clopidogrel for these patients, as outcomes are better. **Prescribing of these drugs is increasing, driven largely by a rise in prasugrel as the use of ticagrelor is falling, but contrary to guidelines, some hospitals are still using clopidogrel in many cases.**

## Message 3

The NHS continues to innovate and introduce new treatments that benefit heart patients but roll-out can be patchy.





A new procedure is now available from the NHS for patients with atrial fibrillation (AF) who have an increased risk of stroke from blood clots forming in the left atrium (the upper left chamber of the heart).

If patients cannot take anticoagulants, because of the potential for bleeding risk, a transcatheter device is used to close off a small pocket of the heart chamber known as the left atrial appendage.

There is some evidence to suggest that women overall are very slightly less likely to suffer from AF than men, but to date only 33% of cases have been performed for women. There are also fewer patients than expected from minority ethnicities, suggesting that work is needed on referral pathways across regions.

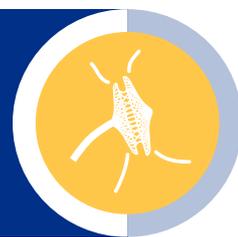


Another procedure to reduce future risk of stroke is clipping of the left atrial appendage at the time of cardiac surgery for patients with AF who are at higher risk of stroke. **There has been a significant growth in the use of a left atrial appendage clip.**

The NHS now commissions new percutaneous means of treating mitral valve problems, namely transcatheter edge-to-edge repair (TEER) procedures for primary degenerative mitral regurgitation in adults. **Perhaps not surprisingly, as ICBs and Health Boards refine their referral pathways and capacity is increased, there is currently an unequal distribution of age-standardised cases across the country, with a 15-fold variation between Cardiac Networks when comparing the lowest and highest rates of treatment per million population.**

Patent foramen ovale closure (PFOC) procedures aim to reduce further strokes in patients who have suffered these without an identifiable underlying reason (known as cryptogenic strokes). This technique, available since 2019, closes a small hole between the back chambers of the heart.

The new PFOC Registry also demonstrates unequal access to treatment across the country, with procedure rates of 0.6 to 14.9 per million population in different Integrated Care Boards (ICBs) in England and University Health Boards in Wales.



## Message 4

**All hospitals should submit timely data to the national cardiac audits and registries to support continual quality improvement.**

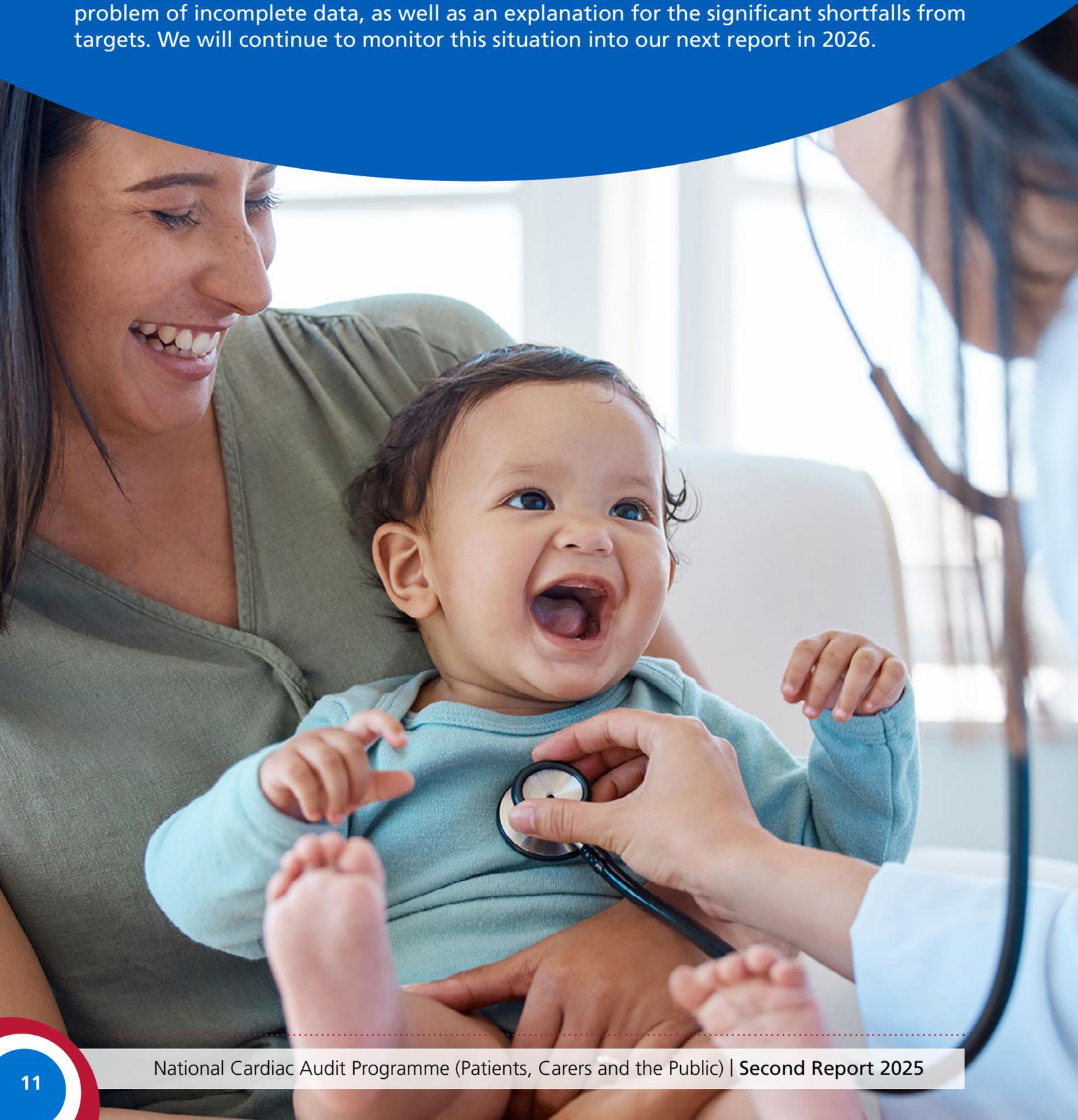


We understand that some hospitals upload data continually directly into the NICOR system, others first collect their data using third party software and then upload it at variable times of the year, and some persistently fail to upload their data within agreed timelines.

There will always be challenges in this area, but unless the Government, stakeholders and commissioners are able to see timely and up-to-date information, it will affect the commissioning of heart services for patients everywhere.

Incomplete data can also impact on the confidence that patients and other stakeholders have in a given hospital's quality of service.

As a result, the CRG will write to the CEO and Medical Director of the 10 worst performing hospitals in this section asking for an explanation and a solution to the problem of incomplete data, as well as an explanation for the significant shortfalls from targets. We will continue to monitor this situation into our next report in 2026.



# Useful resources

## NICOR A-Z Glossary

To view NICOR's A-Z Glossary, visit the [website](#).

## Support for carers

Carers have a fundamental role in the lives of patients living with a heart condition and their contribution is invaluable to patients' wellbeing. Here are some sources of advice and support:

- [NHS: Introduction to care and support](#)
- [Carers Trust](#)

## Mental health

Mental health issues go hand in hand with life-changing health events. Post-traumatic stress disorder (PTSD), anxiety and depression can seem overwhelming, but there is support available:

- [NHS talking therapies](#)
- [Samaritans](#)
- [Mind](#)
- [British Heart Foundation: Heart matters magazine – Mental Health, coping with anxiety and depression](#)

## Shared decision making

Patients are encouraged to discuss the pros and cons of the treatment that a doctor has recommended. The advantage of this is that it can consider the patient's concerns and their overall situation, rather than just focusing on the medical issues. Sometimes, what a doctor or nurse thinks is best for the patient can differ from what the patient wants.

The decision-making process is a two-way dialogue, so it is 'shared'.

- [NHS England: Shared decision making](#)
- [National Institute for Health and Care Excellence \(NICE\): Shared decision making](#)

## Learn CPR

St John Ambulance provides instruction on CPR on an [adult](#) and [child](#).

## Where is my nearest public defibrillator (AED)?

The Circuit is the national defibrillator network which maps defibrillators across the UK, providing NHS ambulance services with vital information so that in those crucial moments after a cardiac arrest, they can be accessed quickly to help save lives. The Circuit works in partnership with the British Heart Foundation (BHF), the Resuscitation Council UK and St John Ambulance. The [Defib finder](#) will show you defibrillators close by.

A defibrillator registered on [The Circuit](#) could make the difference between life and death. There are an estimated 100,000 defibrillators across the UK. However, tens of thousands of these are unknown to ambulance and emergency services. Once located and registered, emergency services can direct bystanders to their nearest defibrillator and increase a per-son's chance of survival.

Since the launch, The Circuit has helped map over 50,000 defibrillators in the UK. Find out more and how to register your defibrillator. Another option is the [HeartSafe website](#), which has a map of defibrillators in the UK.

## What can I do to keep my heart healthy?

The [British Health Foundation \(BHF\) Heart Matters magazine](#) is a comprehensive and engaging resource for healthy lifestyle tips and personal stories about living with heart conditions. You can subscribe via the BHF website.

The [NHS Live Well](#) page offers advice about healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol.

## Guide to useful apps for managing your heart health

We live in an increasingly online world. Smartphone and other online apps can help us navigate the bewildering amount of online support and advice out there. This guide is not meant to be prescriptive; it is intended to give you ideas about how you can use free online tools to help keep your heart healthy or manage an existing condition. In addition to the free apps suggested, you may be eligible in your local area for a range of digital health monitoring pro-programmes involving home self-testing tools such as electronic blood pressure cuffs, or there are paid options for managing cardiac rehabilitation at home. Please consult your doctor before starting a new exercise regime or changing your diet.





# Thanks and acknowledgements

This report was written by Sarah Murray and members of the NICOR Community Representative Group, and with support from the NCAP team, with graphic design by NHS Arden and GEM's Creative, Campaigns and Digital team.



## National Institute of Cardiovascular Outcomes Research (NICOR)

**NICOR** is a partnership of clinicians, IT experts, statisticians, academics and managers who are responsible for the National Cardiac Audit Programme (NCAP) and several health technology registries, including the UK TAVI registry. Hosted by Arden & GEM CSU, NICOR collects, analyses and interprets vital cardiovascular data into relevant and meaningful information to promote sustainable improvements in patient well-being, safety and outcomes. NICOR is funded by NHS England and the GIG Cymru (NHS Wales).

Email: [nicor.auditenquiries@nhs.net](mailto:nicor.auditenquiries@nhs.net)



## NHS Arden & GEM

**NHS Arden & GEM** works across England's health and care sector to provide a range of services, including procurement and contracting, service transformation, business intelligence, business support and clinical support. Its ability to draw upon expertise from over 1000 staff working in multi-disciplinary teams enables the CSU to help healthcare commissioners and providers navigate and implement the change needed to improve patient care and outcomes. Arden & GEM's clients include more than 70 customers, including Integrated Care Boards, NHS England, Integrated Care Systems, Primary Care Networks, NHS provider trusts and local authorities.



## NHS England

[NHS England](#) leads the NHS in England. NHS England provides national leadership for the NHS. NHS England is creating a new 10-Year Health Plan, to be published in spring 2025. Though the plan, we will promote high-quality health and care for all and support NHS organisations to work in partnership to deliver better outcomes for our patients and communities at the best possible value for taxpayers and to continuously improve the NHS. We are working to make the NHS an employer of excellence and to enable NHS patients to benefit from world-leading research, innovation and technology.



## GIG Cymru (NHS Wales)

[NHS Wales](#) is the publicly funded National Health Service of Wales, providing healthcare to some 3 million people living there. The Welsh Government sets the Health Care strategy, and NHS in Wales delivers that strategy and services via the seven Local Health Boards, three NHS Trusts and two Special Health Authorities. The NHS has a key principle: good healthcare should be available to all.



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