To register for access to the audit, you need to have completed the ‘User Registration Form’ and had this authorised by your Caldicott Guardian. All new users need this form completed and authorised.

You then need to go to the web page [https://clinicalaudit.hscic.gov.uk/](https://clinicalaudit.hscic.gov.uk/) and create an SSO (Single Sign On) account.

**NB:** If you need to put data on for more than one programme/site, that have different programme codes, you will need a unique login for each, with different emails.
When you click sign in, you will have the 3 choices:
- Add/Search for Patient Record
- File Submission Dashboard
- Reporting
(These are also available along the top of the screen, at anytime.)

Contact details for the NACR team and the NHS Digital are also available.

NB: You can select the ‘Back’ or ‘Home’ button at any time.
To add or search for a patient you must put in the patient’s NHS number and DOB. The NHS number must be valid – You cannot enter a patient on the NACR database without a valid NHS number. When you have done this, click on Submit.

Record Structure:
Each patient has a ‘Patient’ record created, with demographic data. The Initiating Event (IE) record is attached to this (a patient can have more than one initiating event record) and attached to the IE record are the Rehabilitation Records, and the Assessment Records, for that IE:

*Patient Record*

- **Initiating Event Record**
- Rehabilitation Records
- Assessment Records

A patient’s NACR records can be accessed by ANY PROGRAMME who sees the patient and has the NHS no & DOB. The Patient and IE records are shared, but you should always create your own rehab records as this is where rehab activity is counted. You can edit any record for a patient but can only delete those created by your programme.

A patient can also have more than one rehab record type if they have had multiple events/treatment at different programmes (eg. an MI at one hospital, and a PCI at another as part of the same initiating event).
Adding a new Patient:

You will be taken to the Patient Details screen. The first 2 fields are mandatory (*required)

The icons are online help and information – hover your mouse cursor over each one to read the content.

Complete details as required, then click on Submit. This will create a new patient record.

You will then be taken to the ‘Record Tree’. All the patient’s records can be viewed/edited here (if you need an ‘All Patients View’ go to ‘Reporting’) To continue adding the patient details, click ‘Add Initiating Event’
You must fill in the Initiating Event and the IE Date – these are mandatory fields. You can select more than one Treatment, Previous Event, and Comorbidity – just click on the drop down list to select, or see your selection. The 'Follow Ups' are calculated automatically from date of Assessment 1, (when added - see the 'Follow Up Due Report' on 'Reporting' for a list to use in Mailmerge). Once the record is completed, click on Submit.

**'ACUTE EVENT DURING REHAB' RULE:**

A patient has another event after starting rehab:

- If this event is major, and results in a change in risk and a need to re-assess and **re-start the rehabilitation process** then a new Initiating Event (and associated records) should be created;
- If the event is less major, or pre-planned, and the patient has a break from the programme, but **resumes rehab at the same point** (with or without a modified or extended rehab) then the existing patient record should be continued and the event recorded in 'acute events during rehab.'
Adding a Phase:

The Rehabilitation Record has 2 choices – either to ‘Add Phase’ or ‘Add Commissioning Pack’ depending on what your trust/programme uses. A patient can have multiple phases, or a combination of phases/commissioning pack records depending on where different parts of rehab have happened.

You can add Phase records 1-4, but remember to only add a record for the phases that your programme offers. If another programme has already given a phase (eg 1) create another phase 1 record for your activity, don’t amend the existing record (as this will affect your phase ‘count’)

Make sure you complete the ‘Rehabilitation Delivery’ section.

If at the end of the phase you refer/pass the patient to another programme, select them from the list of trusts here.

Save the record by clicking on ‘Submit’
Adding a Commissioning Pack Record

Early Rehab:

Core Rehab is in hospital / before the core programme starts. You can put in the referred date, and the Start Date (when the patient was first seen), plus the fields familiar in the Phase records – Reason for not taking part, reason for not completing etc, if appropriate.

Click on ‘Submit’ to save the record.

Core Rehab:

Core Rehab is the rehab programme itself ie. 8-12 weeks, with patient assessed at the beginning and the end – this may or may not include group based exercise sessions – but a patient must be fully assessed, be given personalised targets and goals, (which should include exercise, even if they are not attending group based exercise), and be assessed at the end.

There is a Referred Date field (this is post discharge referral date), plus a ‘Start’ and ‘End’ date for the beginning and end of Rehab. The other fields are the same as the other Rehab Records.
After you’ve saved the Rehab Record, you’ll go back to the Record Tree, with your Rehabilitation record shown (phase or commissioning pack).

You can then click on ‘Add Record’ next to Assessment to add a record here.

Each Assessment Record has 4 tabs – Examination and Tests / Quality / Drugs / Core Components. We need Assessments 1 (before rehab); 2 (after rehab) and 3 (at 12 months) for the audit. These are to be completed by the rehab team offering the core rehab programme. (There is an additional Assessment 1a for any extra assessment information, should you need it but this data is not used in the audit). The Assessments are a combination of the patient Questionnaires and clinical measurements – so even if a patient doesn’t complete their questionnaire, they can still have measurements recorded in the Assessment Record.

**Assessments should include**, wherever possible, measures of psychosocial wellbeing (eg. HADS); lifestyle risk factors (eg. smoking, physical inactivity); body measurements (eg. height, weight, BMI, blood pressure) with additional functional capacity measurement, deemed as essential by the BACPR for successful risk stratification. Whatever is recorded at Ass 1 should then be followed up at Ass 2 so that outcomes are available for the patient.
Examinations and Tests Tab:
Weight, height and waist measurements can be entered in metric or imperial – imperial measurements will be converted, and the metric amount saved on the database (and therefore on the patient records and reports). BMI calculates automatically (once you submit the record).
The TAM2 MET minutes can be automatically calculated using a pop-up box.
You should record either Shuttle Walk Test or 6 Minute Walk Test. There is also an additional ‘Fitness Level (METS)’ box should you do another exercise test instead (eg. Treadmill / exercise bike / Chester Step Test).
The Dartmouth Co-op and HADS are still the measurements currently used in the NACR Annual Report, with the information coming from the Assessment Questionnaires. The GAD7 / PHQ9 are additional measurements of anxiety and depression, recommended for referral of patients to IAPT. This is for programmes that already use this measure, and isn’t included in the questionnaires. (If you want to start using this measurement, please contact us for further information).
**Drugs Tab:**
This records only the drugs that the patient is currently taking at the point of assessment – we are not recording dosage or frequency.

**Core Components Tab:**
We are using the BACPR Core Components, in this section

Once you have completed this final tab, click on Submit.
Other Useful Information:

Don’t forget to update your Rehabilitation Record with end of rehab dates/completion details after Assessment 2/discharge from rehab.

Error Messages: If you miss something out that’s required, or put in dates out of logical order, you’ll get a red error message, and you will not be able to save/submit the record until you correct the information.
**TIMING OUT:** For security, the database will lock you out after 10 minutes of inactivity, and you will need to log in again. If you were in the middle of an entry that you hadn’t saved, any data entered will be lost.

*If you answer the phone, or go to make a cup of tea (for example), SAVE YOUR RECORD BEFOREHAND. This way you won’t lose your work.*

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**NB:** The File Submission Dashboard is for Importers (electronically uploading data from another system). See the 'Importing User Guide' for further information.

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If you have any queries please contact us:

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Website: [www.cardiacrehabilitation.org.uk/nacr](http://www.cardiacrehabilitation.org.uk/nacr)
Appendix 1

RISK ASSESSMENT: STRATIFICATION OF RISK FOR DISEASE PROGRESSION

LOW RISK

- No significant LV dysfunction (EF > 50%)
- No resting or exercise-induced complex dysrhythmias
- Uncomplicated MI; CABG; angioplasty; atherectomy; or stent
  - absence of CHF or signs/symptoms indicating post-event ischemia
- Normal hemodynamics with exercise of recovery
- Asymptomatic including absence or angina with exertion or recovery
- Functional capacity $\geq$ 7.0 METs*
- Absence of clinical depression

Lowest risk classification is assumed when each of the risk factors in the category is present

MODERATE RISK

- Moderately impaired left ventricular function (EF = 40-49%)
- Signs/symptoms including angina at moderate levels of exercise (5-6.9 METs) or in recovery

Moderate risk is assumed for patients who do not meet the classification of either highest risk or lowest risk

HIGH RISK

- Decreased LV function (EF <40%)
- Survivor of cardiac arrest or sudden death
- Complex ventricular dysrhythmias at rest or with exercise
- MI or cardiac surgery complicated by cardiogenic shock. CHF, and/or signs/symptoms of post-procedure ischemia
- Abnormal hemodynamics with exercise (especially flat or decreasing systolic blood pressure or chronotropic incompetence with increasing workload)
- Signs/symptoms including angina pectoris at low levels of exercise (< 5.0 METS) or in recovery
- Functional capacity < 5.0 METS*
- Clinically significant depression

Highest risk classification is assumed with the presence of any one of the risk factors included in this category
Appendix 2

CALCULATION FOR MET-MINUTES PER WEEK (TAM2)

MET Level x minutes of activity per session x number of sessions per week

MET levels:

Mild activity = 3.5 METs
Moderate activity = 5.0 METs
Vigorous activity = 8.5 METs

Calculation:

Mild activity MET-minutes/week = 3.5 x minutes per session x number of sessions per week
Moderate MET-minutes/week = 5.0 x minutes per session x number of sessions per week
Vigorous MET-minutes/week = 8.5 x minutes per session x number of sessions per week
Total physical activity MET-minutes/week = sum of MET minutes/week for all three categories (Mild + Moderate + Vigorous)