HQIP

Healthcare Quality
Improvement Partnership

Annual review 2009-10:

Where we are and where we are going

September 2010

2009-10 year review

HQIP is still a young organisation and this year was our first whole financial year. Last year's report focused on our set-up, our strategic planning and efforts to establish the brand. This year HQIP has settled into its stride to deliver practical, useful, ongoing work to support clinical audit practice, and branched out into other areas of quality improvement. It has become a key organisation in the quality landscape.

What kind of organisation is HQIP?

A number of agencies support quality improvement in health and social care. In addition to regulators, some work in a specific clinical discipline, as well as being a professional association; whilst some take an organisational and management perspective or work in a specific aspect of quality, such as patient safety.

We believe only HQIP focuses solely on quality improvement based on clinical data about processes led by clinicians in partnership with patients. In this respect HQIP is unique, with a single-minded focus on specific, scientific methods of quality improvement, from a clinical perspective. With our expertise in measurement, standards, and communicating professional and patient views together, we think that HQIP has filled an 'HQIP-shaped hole' in the network of national organisations.

Work to support clinical audit in 2009-10

Clinical audit is becoming more important. We have worked hard to promote clinical audit and to support the Department of Health's work in this area as part of our leadership of the processes of re-invigoration of clinical audit practice.

National clinical audits remain at the heart of our activity: commissioning, contract managing and supporting the development of national audit practice. This year we brought on-stream six new national audits which now submit data covering a range of conditions and procedures that affect women, young people and older people. We started a lengthy commissioning journey to improve the effectiveness of a large group of national clinical audits of cancer, heart disease and diabetes. We have increased the level of contractual support to existing audits and offered useful seminars on key audit topics; we hosted a second national summit of national audit leaders.

We supported local clinical audit with a successful conference for local leads. We announced the inaugural winners of our awards in local clinical audit. We set up new audit networks in every area of England not previously covered and supported existing networks. We provided funding to emerging networks. We released a large group of resources to assist the practice of local audit, covering a range of topics. We released two major pieces of guidance on the role of the healthcare organisation board in supporting audit and the integration of patients into audit governance and practice.

We have aided many local provider trusts to improve their own audit programmes through talks, advice, encouragement and guidance. With financial support from the Health Foundation, we were able to offer some direct extended consultancy support to a small number of NHS Trusts to improve their audit work.

We issued definitive guidance, based on extensive consultation, on best practice in clinical audit – a set of criteria by which audit quality could be assessed for a variety of purposes.

We have supported the National Joint Registry (NJR) steering committee to develop and start implementation of its new strategic plan, which includes expansion to new joints, and the active commissioning of relevant research.

Working on behalf of the Academy of Medical Royal Colleges, again based on wide consultation, we drafted definitive advice for them to present to the General Medical Council on the contribution from clinical audit to the revalidation process for doctors.

We have supplied funding for new multi-site audits – audits operating below the national level in more specialised areas which work to develop and encourage audit methodologies in professional interest groups.

New directions, new areas

Working for the Department of Health's National Quality Board and the Academy, we defined an initial model for service accreditation led by professional bodies. We continue to support this area of quality improvement.

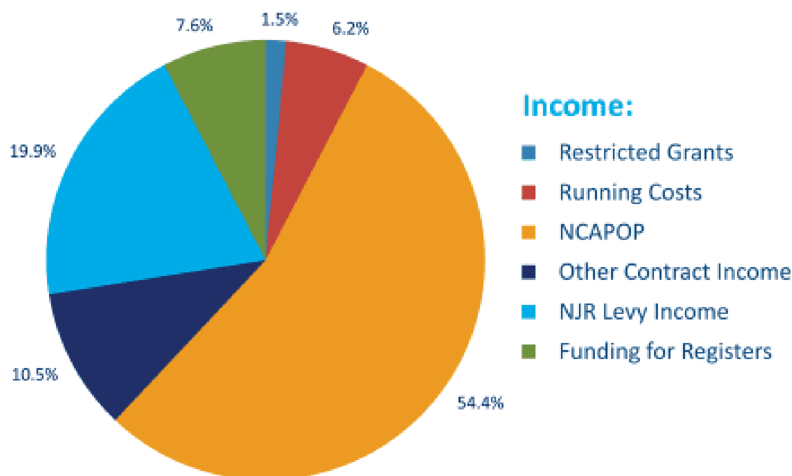
On behalf of the Department we funded a network of clinical registers which support surveillance activity on congenital anomalies, and will continue to develop this network to offer enhanced surveillance potential.

We are commissioning a new Asthma Confidential Enquiry.

We are actively working with National Institute of Health and Clinical Excellence (NICE) in helping develop Quality Standards.

Funding summary

Income



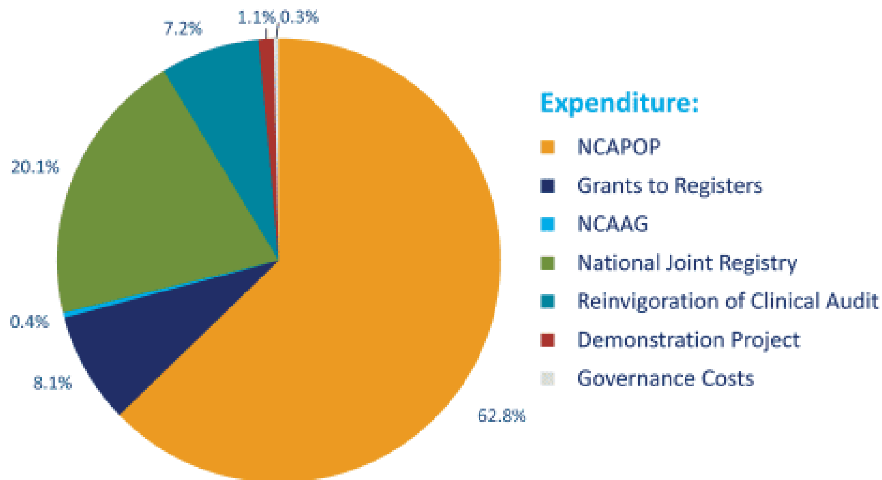
During the year ended 31 March 2010, HQIP received income totalling £12,600,834 of which £10,541,123 was for restricted purposes, and £2,059,711 was for the general purposes of the charity including running costs of £776,000. Income included £6,821,069 to finance National Clinical Audit & Patient Outcomes Programme (NCAPOP) contracts, £24,180 to extend two audit projects to Scotland, and £44,581 for members' expenses and secretarial costs incurred by the National Clinical Audit Advisory Group (NCAAG).

HQIP managed grants of £962,253 to other Registers, and received funding of £187,500 from the Health Foundation to facilitate the implementation of quality improvements arising from audit at local level.

The National Joint Registry (NJR) is financed by a levy on implants supplied to the NHS by commercial manufacturers. During 2009-10 HQIP collected levies totalling £2,499,110. Levy income is held in a separate bank account to be used solely to fund the work of the NJR. NJR Levy income was less than in the previous 12 months.

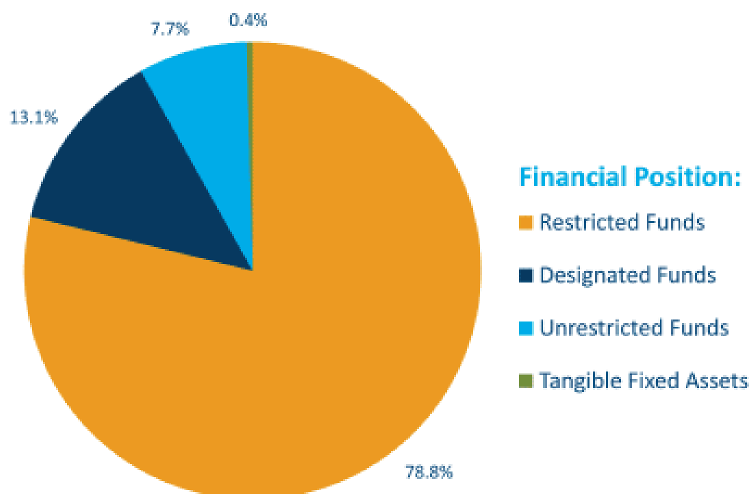
Income for NCAPOP contracts and NCAAG is drawn down from the Department of Health quarterly. Five new national clinical audit contracts commenced during 2009-10. Unrestricted income included deferred income of £793,315 brought forward from 2009 for reinvigoration work, education and training, and an evaluation of the effectiveness of clinical audit.

Expenditure



During the year to 31 March 2010, HQIP financed 29 ongoing clinical audit contracts at a total cost of £6,715,150, and £24,180 for work in Scotland. HQIP spent £2,390,921 on the management and development of the NJR. The charity spent £763,755 on the reinvigoration of clinical audit and £94,530 on related events. At 31 March 2010 HQIP retained £586,517 for these purposes. Expenditure on the Health Foundation project was £130,535 (2009: £nil) and funds of £962,253 were disbursed to Registers. Other direct charitable expenditure, including support costs, totalled £763,466 and governance costs were £41,185.

Financial Position



The balance sheet at 31 March 2010 shows total funds of £4,487,494. Restricted funds total £3,536,280 and unrestricted funds comprise general funds of £344,851; tangible fixed asset funds of £19,846 and designated funds of £586,517.

At 31 March 2010, the charity retained free reserves of £344,851.

In the future

The recent NHS White paper from the new Coalition Government in July 2010 has re-stated the importance and need for clinical audit:

> "At present, national clinical audit [is] not used widely enough. We will expand [its] validity, collection and use. The Department will extend national clinical audit to support clinicians across a much wider range of treatments and conditions"

With a new political culture, the context of healthcare is changing fast; there are local, national and international drivers of change. HQIP, as a fast moving, horizon-scanning organisation, hopes to capture and work with these trends, devising practical tools to enable effective quality improvement on the ground.

One of these issues will be the sustainable funding needed for national clinical audit. We will support the Department to enact change to the current funding structure that will allow the number of national audits to be increased in line with the stated ambitions of the Secretary of State. This may mean trusts making payment to take part in some audits that the Department requires them to participate in.

Whatever the new architecture of the NHS, the importance of engaging with patients will always be central to the success of healthcare. In 2009-10 we offered initial guidance on good audit practice in partnership with patients. That is just the start of the journey and we believe we have to hand the keys of clinical audit to patients, helping their national bodies to be active in running national audits as well as securing greater local engagement in audit.

We will also work to ensure providers of audit communicate and share their work with the public so they can see levels of participation and engagement in audit by clinicians. Patients and the public now expect greater openness and transparency about clinical practice, including, where possible, clinical outcomes, demonstrated in the results of clinical audit. We hope that clinicians will embrace this as an essential step to better engagement and patient choice.

HQIP will help this to be a reality, by making the information derived from clinical audit data more accessible and easier to understand. During 2009-10 we have been working with software developers, Tribal, to create a new online system that will enable clinicians in local provider services to benchmark their work against peers in other organisations against common standards – for example NICE guidelines. The software will enable networks of clinicians to run specialty audits of topics and compare their results. This software – called CAKE – Clinical Audit Knowledge Exchange – will allow a paradigm shift in clinical audit, moving from the strict demarcation between simple local, unbenchmarked studies and large scale national audits, to enable something in between – local audits of common standards which can be benchmarked with peers. Along the way it will establish a catalogue of audits with their standards. CAKE will help everyone, anywhere, to get auditing.

Over the next year one of our priorities will be to develop a model of the review of practice against standards, as part of social care. This will need us to adapt existing resources and communicate the model of clinical audit in language that is appropriate to social care practice.

HQIP will continue to offer leadership in the re-invigoration of clinical audit, but will also utilise additional areas of expertise in closely related areas of quality improvement.

Heallthcare Quality Improvement Partnership (HQIP)
Holland House
4 Bury Street
London
EC3A 5AW
T: 020 7469 2500
F: 020 7469 2501
E: communications@hqip.org.uk

Registered office: 70 Wimpole Street, London W1G 8AX
Registration Number: 6498947
Registered Charity Number: 1127049
©2010 Healthcare Quality Improvement Partnership Ltd. (HQIP)
All rights reserved

www.hqip.org.uk