

Clinical Audit and Regulation



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- Who are the Regulators?
- A bit about CQC
- What the Healthcare Commission did in relation to clinical audit
- What were the limiting factors
- What might CQC do in relation to audit
- What other regulator influences and drivers are at play

The Regulators

- System:
 - The Care Quality Commission
 - Monitor / SHAs
- Professions
 - General Medical / Dental Councils
 - Nursing and Midwifery Council
 - Health Professionals Council
 - Royal Pharmaceutical Society
- NHS Litigation Authority

Regulator for quality in health and social care.

Commenced functions April 2009.

Bringing together existing Commissions: -



CQC's distinct values

Users, patients, carers and families at the heart of what we do
Health and social care

- Outcomes
- Independence
- Improvement – not the Care Failure Commission

Our model of quality care

- Safety and safeguarding
- Outcomes, including clinical outcomes
- Experience of people who use services
- Supporting independence, wellbeing and quality of life
- Access to services
- Value for money

Our regulatory toolbox

- Registration system
- Enforcement action
- Assessment and review
- Accessible information
- Influencing the policy debate

| Date | Event |
|----------------------|--------------------------------------------------------------------------|
| July 2008 | Health and Social Care Act 2008 passed |
| October 2008 | CQC a legal entity. Publish HCAI and enforcement policy for consultation |
| December 2008 | Publish consultation on assessments in 2009/10 |
| Jan-Feb 2009 | Registration process for HCAI (NHS Trusts only) |
| April 2009 | Registration and enforcement for HCAI (NHS Trusts only) |
| April 2010 | Full registration system (all providers) |
| April 2011 (planned) | Registration of Primary Care providers |

Previously the Healthcare Commission assessed Trusts against the Standards for Better Health using the Annual Health Check.

- Standard C05
 - *Clinicians participate in regular clinical audit and reviews of clinical services*

Previously the Healthcare Commission within its annual assessment of NHS trusts used a variety of information about clinical audit as follows:

- Do NHS Trusts have effective internal clinical audit programmes
- Do the relevant clinical governance processes help to encourage multi-disciplinary participation in clinical audit throughout the organisation
- Do those processes promote audit as a mechanism to drive improvements in clinical quality

Previously the Healthcare Commission within its annual assessment of NHS trusts used a variety of information about clinical audit as follows (continued):

- Data on participation rates and data quality from a range of national clinical audits were used by the Commission
- Outcome data from a few national clinical audits were also used where available
- The main use of clinical audit data was as part of the Commission's cross-checking processes to assess whether NHS organisations are meeting a set of core standards

Examples of national clinical audits used by the Healthcare Commission:

| National Audit | Participation rate | Actual data |
|----------------------------|--------------------|-------------|
| MINAP | + | + |
| Sentinel stroke | + | - |
| Falls audit | + | + |
| Other cardiac audits | + | - |
| MS | + | - |
| Inflammatory Bowel Disease | + | + |
| Schizophrenia | + | + |
| Cancer | + | - |

What were the limiting factors

- data quality
- timeliness of information
- relevance to core standards
- coverage of the information; i.e. are 60% of Trusts involved and is there a big enough sample per Trust

What were the limiting factors (continued):

- The biggest barrier we have to using information is getting the permission to use the information
- Clinicians need to become more comfortable with data being published
- Low participation rates and poor data quality/completeness
- Poor mapping of audit data to standards
- Audits are not mandatory, therefore for the purposes of assessment, a Trust can argue that they chose not to participate

How should the Regulator use audit in the future?

- All national audits should be used in screening and surveillance (and this should be taking place in Trusts, SHA's and in PCT's (for commissioning))
- Local audit should be directed locally and used in reassurance in Trusts, SHA's and in PCT's for commissioning, with this reassurance passed onto the Regulator
- Should be an important part of the proposed registration system
- Could form the basis for service accreditation

2009/2010

- Adult social care and independent healthcare continue under Care Standards Act
- NHS trusts registered with regard to HCAI only

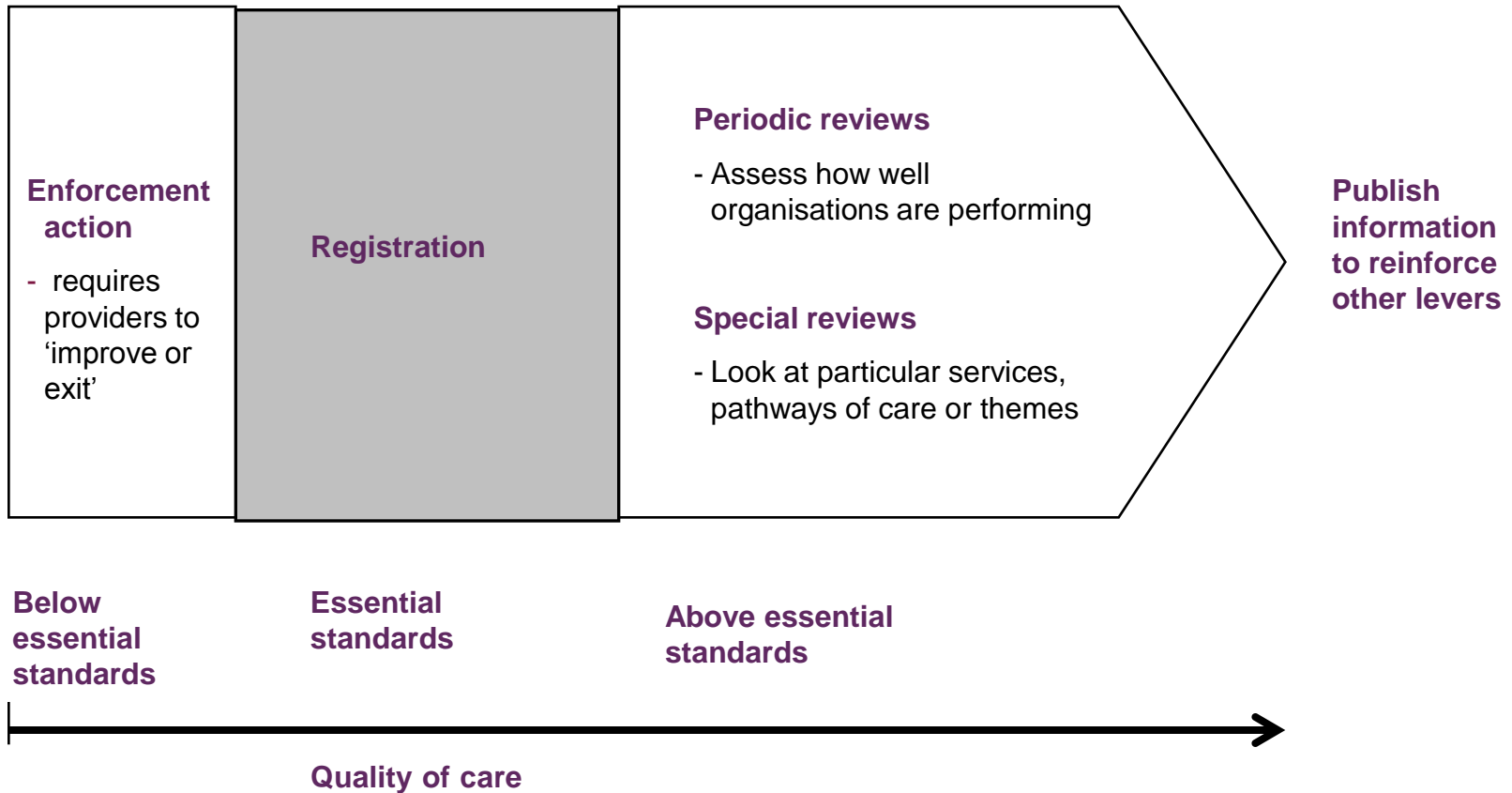
2010/2011

- From April, NHS registration extended so that all regulated activities must be registered with regard to all registration requirements. All diagnostic clinics/laboratories enter registration.
- From October, adult social care and independent healthcare providers re-register under the new system. Non surgical laser/IPL and nurses' agencies potentially deregulated.

2011 ---

- Phased extension of registration to NHS primary medical care, NHS and independent primary dental care, private ambulances
- Further consideration of registration for consultants in independent private practice, forensic medical examiners, community drug/alcohol services

CQC will monitor performance of all providers (poor to excellent) against registration requirements



Quality and Management

Outcome 14

in relation to **monitoring the quality of service people receive:**

- have appropriate systems for gathering, recording and evaluating accurate information about the quality of the service, in particular people's experiences of the care and treatment they receive and its outcomes.
- gather information to make sure they have information about the quality of their service
- gather information from all relevant sources, including audits, complaints, claims and other comments received
- where applicable contribute to national audits

Assessing commissioners

- Input into Comprehensive Area Assessment

Reviews and studies

- State of health and social care reports
- Special studies

Information to support quality

- Information for choice
- Accessible information

Influencing the policy debate

- National Quality Board
- Working with others

GMC

- Good medical practice
 - 14, Maintaining and improving your performance
 - Take part in regular and systemic audit

“New appraisal” and revalidation

Revised appraisal framework ...

3 essential components:

- Quality assurance
- Clinical governance
- GMC core module (GMP)

Much stronger link to *validated information*

Evidence that there has been
... in the appraisal discussion,

that ***Good Medical Practice*** standards are confidently met

Domain 1, knowledge, skills and performance

- Take part in regular and systemic audit

Structured reflection ...

- Organisational - serious incident reviews, complaints/claims, surveys, prescribing data, QOF data ...
- Within teams - CG meetings, clinical audit, M&M meetings, practice meetings, CI reviews, ...
- Personal - all about 'insight' – match to 'standards'

Conclusion:

CQC and Clinical Audit:

- Will be part of registration of all healthcare (and social care) providers
- Will be part of periodic assessments

GMC and Clinical Audit:

- Will, through Good Medical Practice and through the Structured Reflection component of appraisal, will form a more important part of revalidation

Finally.....

How could we in CQC support you in your audit work?



Contact

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Thank You



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