

A strategy for clinical audit

Nick Black

Chair, National Clinical Audit Advisory Group

Working together to reinvigorate clinical audit:

A conference for local clinical audit professionals

Sutton Coldfield

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Why do we need a strategy?

- Clinical audit neglected compared with education and research
- Lack of representation at centre
- Mixed experiences in Trusts
 - Rarely features in Board discussions
 - Given low priority
 - Under-resourced; insufficient support; lack of understanding
 - Disconnected from mainstream management
- New opportunity to address past failings, build on achievements and create vibrant, exciting and challenging activities

Why now?

- Clinicians and managers: **quality improvement**
- Patients/public: **informed choice**
- PCTs: **commissioning**
- Royal Colleges/GMC/NMC: **revalidation**
- Care Quality Commission/Monitor: **regulation**
- NHS Litigation Authority: **risk management**
- NIHR: **research**

British Lying-In Hospital 1750

after mothers “gave thanks” on leaving, the Board quizzed them about their stays to elicit complaints.



British Lying-In Hospital 1750

“Patients' disappointment over rancid caudle, bedbugs, and neglect by the female staff led to immediate investigations and remedies, including firing negligent staff found to be guilty or, on the other hand, prohibiting the complainant from receiving future charity if her charges were discovered to be exaggerated or false.”

National Clinical Audit Advisory Group (NCAAG)

National
Clinical Audit & Patient
Outcomes Programme
(NCAPOP)

Local audit
support
tools; advice; training;
support networks

National Clinical
Audit Forum

National Clinical
Audits
(eg MINAP,
Lung cancer)

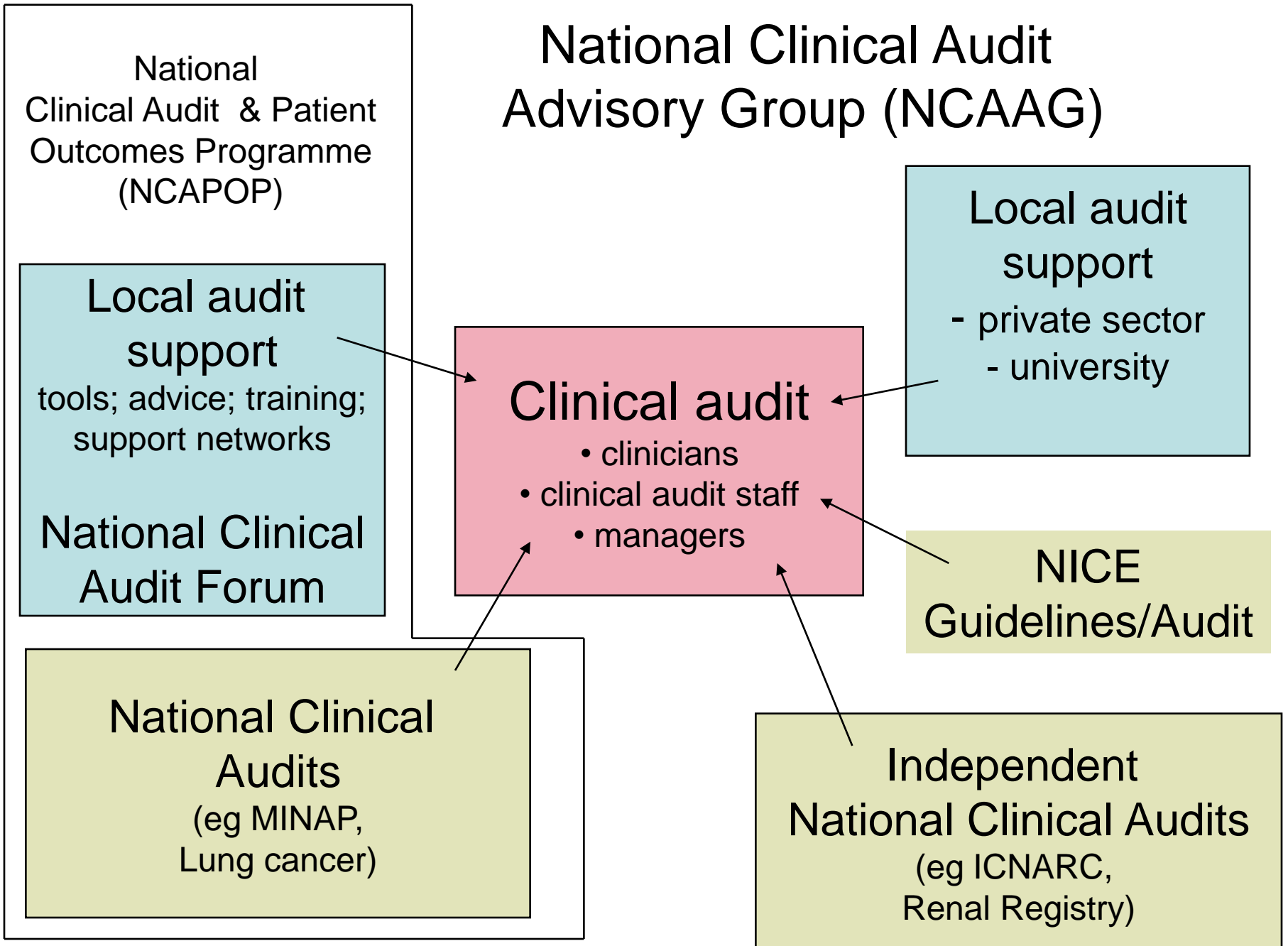
Clinical audit

- clinicians
- clinical audit staff
- managers

Local audit
support
- private sector
- university

NICE
Guidelines/Audit

Independent
National Clinical Audits
(eg ICNARC,
Renal Registry)



National Clinical Audit Advisory Group (NCAAG)

- Devise policy and strategy for clinical audit in England
- Advise the Department of Health and National Quality Board
- Steer the National Clinical Audit & Patient Outcomes Programme (NCAPOP)
- www.advisorybodies.doh.gov.uk/ncaag/

National Clinical Audit Advisory Group members

- **Chair** Nick Black
- **Hospital doctor** Mick Peake
- **Lay** Andrew Middleton
- **Nurse** Geraldine Walters
- **Researcher** Pauline Ong
- **Social care** Terry Butler
- **Voluntary sector provider** Boo Armstrong
- **Clinical audit** Martin Ferris
- **Regulator** Danny Keenan
- **Manager** Mark Gritten
- **Statistician** Jan van der Meulen
- **General practitioner** Sarah Schofield

Strategy: six key elements

- Clear definitions
- Explicit criteria for decision-making
- Systems and timetables
- Alignment with quality improvement bodies
- Responsive
- Broad portfolio

Strategy 1: clear definitions

- Quality of care has four dimensions
 - *Safety*
 - *Effectiveness*
 - *Humanity (responsiveness; experience)*
 - *Equity*
- Three stages to achieve high quality
 - *Define/establish criteria (guidance/standards)*
 - *Quality assessment*
 - *Quality improvement*

Strategy 1: clear definitions

Clinical audit is...

- *the quantitative assessment of the quality (principally the effectiveness) of care being provided...*
- *...compared either to agreed, documented evidence-based criteria or to the performance of other providers or commissioners.*
- *Its aim is both to stimulate quality improvement interventions and to assess their impact.*

Strategy 2: explicit criteria

- Selection of topics for NCAs
 - *Clinical/health and social policy importance*
 - *Evidence of significant variation in quality of care*
 - *Purpose of the audit*
 - *Use of input, process or outcome criteria*
 - *Contribution to broad policy objectives*
- Assessment of tenders for NCAs
 - *Participation (providers; patients)*
 - *Data & analysis*
 - *Quality of care criteria*
 - *Output*
 - *Additional uses of data*
 - *Organisation/governance*
 - *Value for money*

Strategy 3: systems and timetables

- Annual cycle for commissioning new audits to be announced
 - Invitation for topic suggestions
 - Shortlisting of topics
 - Invitation to 'express an interest' in bidding
 - Invitation to tender
 - Assessment of tenders
 - Contract

Strategy 4: alignment with other bodies (for all three stages of achieving quality)



Strategy 5: responsive

- National clinical audits
 - Responsive funding scheme (autumn 2008)
 - Chronic pain; childhood epilepsy; inflammatory bowel disease; heavy menstrual bleeding; treatment-resistant schizophrenia
- Local clinical audit
 - Consultation
 - What constitutes good quality audit?
 - National Clinical Audit Forum

Strategy 6: broad portfolio

- Introduction of local audit support and activities (centrally funded from NCAPOP)
- National clinical audits
 - Wider range of conditions and health care interventions
 - Introducing audits focused on primary care (adult/Type II diabetes) and inclusion of social care (nutrition in inpatients/residents)

Some challenges...

- Establishing better links
 - CfH, patient choice, revalidation, research, commissioning etc
- Matching local and national needs and priorities
- Connection between effectiveness, safety and humanity (patient experience)
- Auditing long-term conditions
 - Bridging and engaging secondary, primary and social care

And some more challenges...

- Education and training of health care professionals
- Involvement of private and voluntary providers
- Methodological R&D
 - Patient involvement (eg PROMs)
 - Risk adjustment models
- Gaining more funding for clinical audit
 - National level
 - Local level

Reasons to be cheerful

- Widespread goodwill and support
 - DH, providers, commissioners, Royal Colleges, public, politicians, clinicians, regulators...
- Swimming with the tide...Next Stage Review
- Lots of experience and achievements nationally and locally to build on