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As part of our work to re-invigorate clinical audit, in line with the intentions of the Department of Health who sponsor our work, HQIP seeks to work both with those clinical audits and registries it funds **and** those that are funded separately, offering support and help as we can. This includes information meetings (such as free seminars on shared topics of interest) and in time, written guidance.

There are many databases and registries, as well as full clinical audits, with whom HQIP has less detailed engagement, right through to clinical audits with whom we work actively even though we do not provide funding at the present time. There are of course registries, especially for cancer, that are fully and separately linked and have their own governance systems that are outside the scope of this enquiry. On our website we list and supply some details supplied by specific audits about a range of clinical audits which within their data area cover England, or England and Wales.

Beyond this information however, there is much we don't know, and sometimes limited understanding at the centre of the contribution of these multiple data sources to improving care. For example we don't know how some clinical audits and databases are funded, how they disseminate their results, or whether clinical audits share data with regulatory bodies like CQC on a routine basis, and to what level of detail this involves.

Over time, HQIP hopes to map much more data about clinical audits, related registries and databases that cover England and Wales. The purpose of collecting this information is to create a detailed mapping of data recording of this type in the NHS, a mapping which may be of considerable value to clinicians, patients, policy makers and commissioners; and from it to offer support to these projects. There will be considerable potential value to participants: It will help align them to broader policymaking about clinical audit and be recognised alongside that form of data collection; it will help HQIP to communicate better the needs and value of such data sources when in discussion of policy, including funding, with the Department.

Participation will help a registry communicate the value of its work to central government, and be recognised more effectively as making a significant contribution to quality of clinical care.

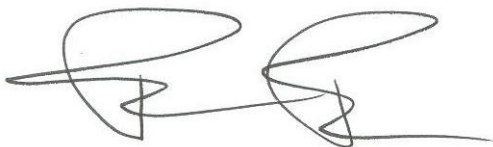
The questionnaire which is linked from our website details the wide range of information we are hoping to gather, over time. On the questionnaire we have also highlighted a minimum set of information we are most interested in collecting.

For now we would be grateful if you could simply let us know **in principle** whether you would be prepared to share **some** additional information with us, using the response attached to this correspondence.

Perhaps the starting point is to begin discussion at your governance group about the principle of supplying information; and from there, considering supplying either the minimum or the full information set. Following on from your replies, we will formally approach those who wish to share information, probably by phone, and discuss with you what information you may be prepared to offer – you may have additional suggestions for information you may wish to give, or you think we have missed.

Personally, on behalf of HQIP am very happy to talk with any recipient, where you may find this useful to inform your response. I very much look forward to hearing from you.

Best Wishes



Robin Burgess
Chief Executive

Reply Slip

Please complete this form and email or fax this slip to us at the above address

To HQIP

Yes, the _____

Clinical Audit/Registry/Database is interested in supplying more information to HQIP about our work.

Organisation Name: _____ Contact E-mail: _____

Contact Name: _____ ☎ Contact No: _____

Signature: **X** _____ Date: **X** _____