

*Promoting quality for  
better health services*



# **National clinical audit - 3<sup>rd</sup> November 2009**

## **Workshop: Primary Care and Clinical Audit**

# Embedding Clinical Audit in Primary Care Commissioning

Liz Allan & Mark Hannigan

# Agenda

1. Introduction
2. Background and context
3. Case studies
4. Role of audit in commissioning

# Introduction

NDA/ Piano DiabetesE PBS prevalence QOF/QMAS  
Better Metrics Public Health Indicator search tool Where are we now?  
Community Health Profiles CEMACH Hospital Episode Statistics  
Retinal Screening statistics Commissioning toolkit Prescribing data  
YHPHO Indicator Search Tool NHS Indicator Explorer Census  
Children's weight from school stats Workforce Toolkit LDP targets  
Health inequalities basket of indicators Competency framework - SfH  
DUK/RCP manpower report 2006 Children's data compendium DAFNE  
Asset tool & stroke data base Diabetes e-atlas CHD registers  
Community health profiles DESMOND Dr Foster PBR tariffs  
NICE Foot care services for people with diabetes commissioning tool  
Retinal Screening statistics ONS public health mortality Ambulance data  
Compendium of clinical health indicators Health Poverty Index  
Index of multiple deprivation PCT performance indicators MINAP  
Better care better value indicators Diabetes Health Economy Resource

# National Diabetes Audit

## Background

- NDA was established 2003/04
- Two audits that cover Adults & Children and Young people

## Participation

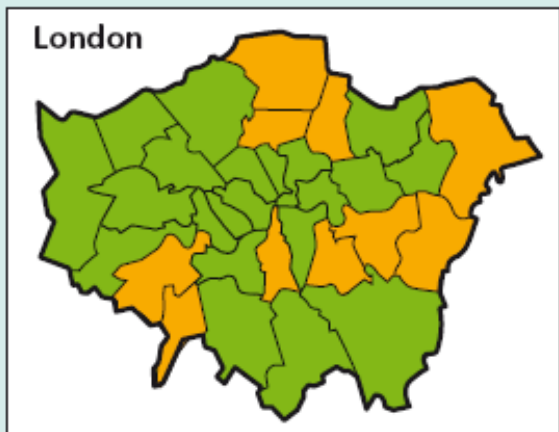
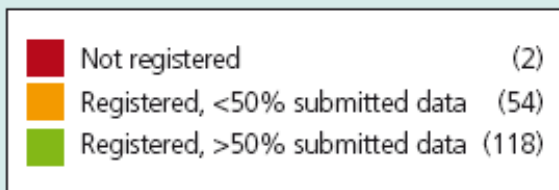
- Covers England and Wales
- Currently 100% of PCT's in England
- Opt out system for General practices ( ~150)

## Audit Questions

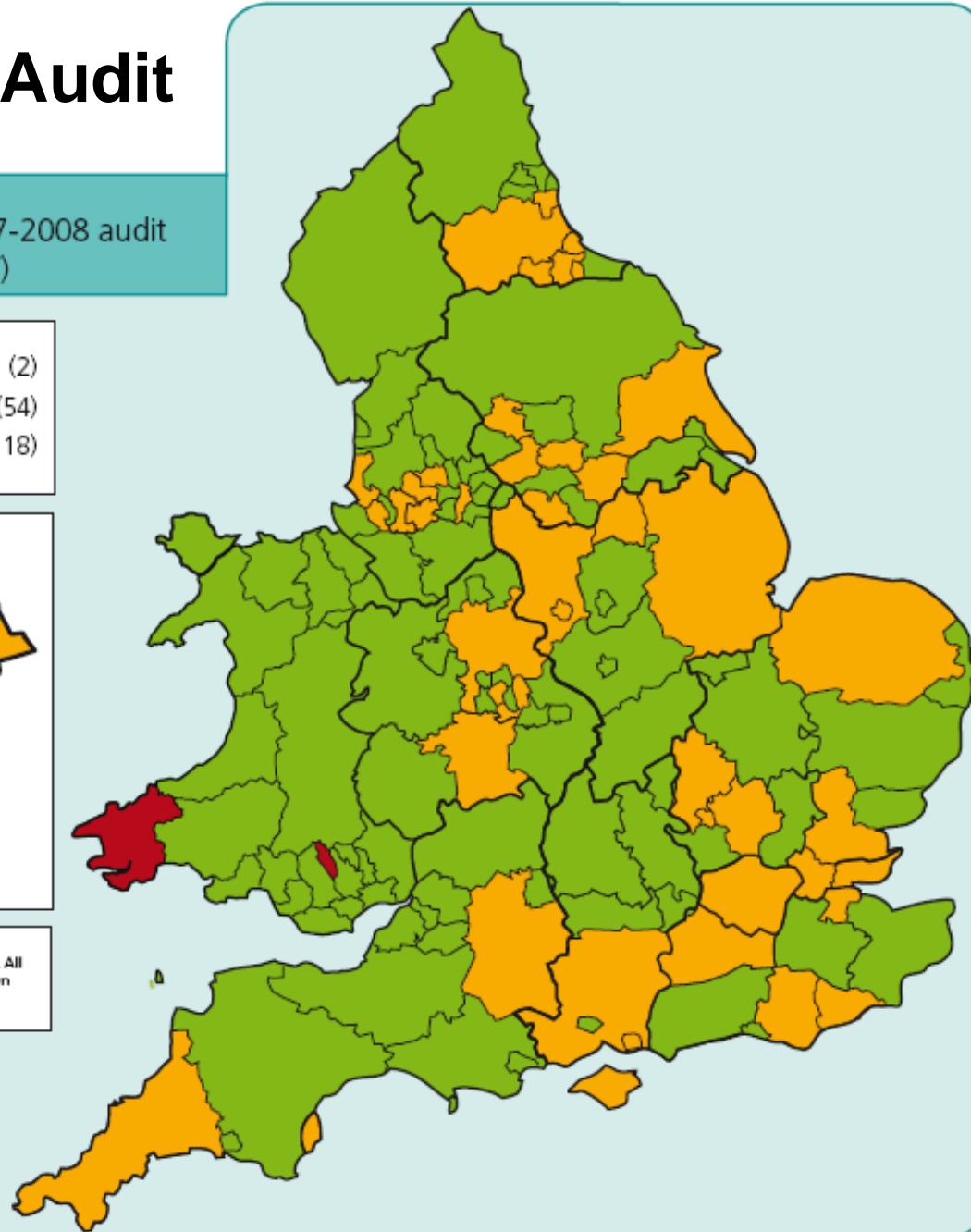
1. *Is everyone with diabetes diagnosed and recorded on a practice diabetes register?*
2. *What proportions of people with diabetes receive the key processes of diabetes care?*
3. *What proportions of people with diabetes achieve treatment targets?*
4. *For people with diabetes what is the annual rate of specific complications?*

# National Diabetes Audit

Figure 1: Participation in the 2007-2008 audit period by Primary Care Trust (PCT)



Data sources: ONS Boundary Files 2006, PCT registered 2007/2008.  
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# National Diabetes Audit



Requirements



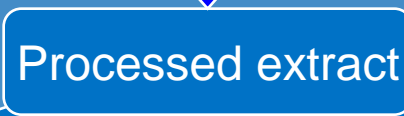
Data Extracts



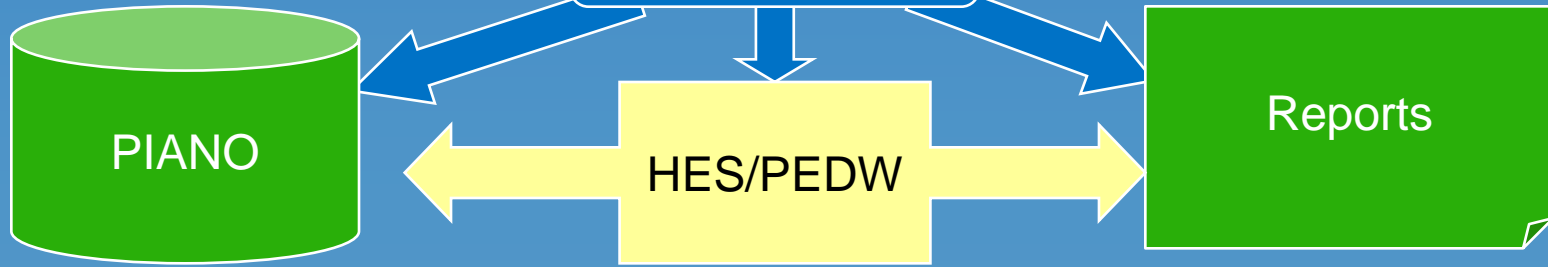
Validation



Processing



Analysis





NDIS was established to provide coordinated and effective diabetes information to patients, providers, commissioners and regulators.

Aims to use all currently available information sources

- **to create reports and portals**
- **to assemble reports from contemporary and comprehensive data**
- **to support service planning, delivery, improvement and quality assurance.**

Provided by NHS organisations working in partnership.

Direction set by the NDIS Partnership Board under the leadership of the National Clinical Director for Diabetes

Delivery coordinated and managed within the NHS Information Centre for Health and social care (IC).



National Diabetes  
Information Service

**Partnership Board**

**Chair: Dr Rowan Hillson**

*National Clinical Director for Diabetes*

**NDIS Clinical lead**

**Dr Bob Young**

**NDIS Programme Manager**

**Margaret Baldock**

**Expert advisory group**

*(Service users & healthcare professionals)*

*Hosted by the NHS Information Centre*

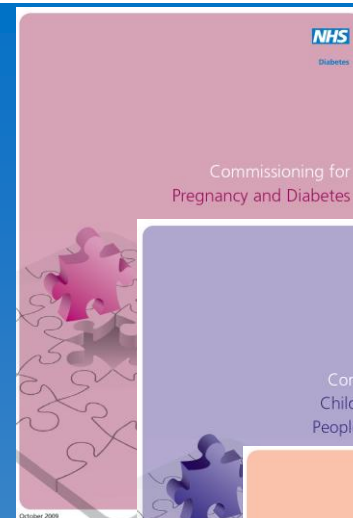
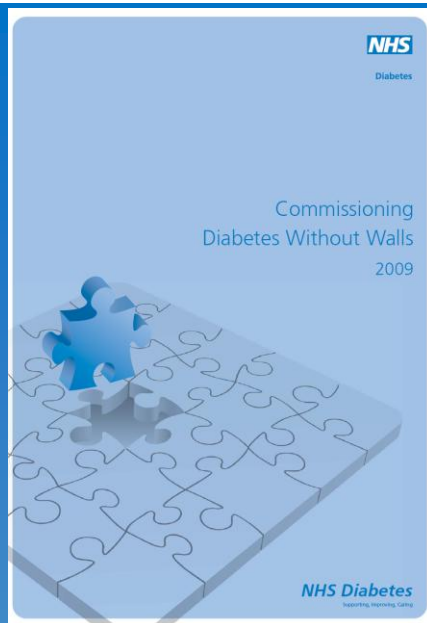
# Diabetes Commissioning Guide 2009

**Step 1 Health Needs Assessment**

**Step 2 Setting Priorities**

**Step 3 Service improvement**

**Step 4 Evaluation**

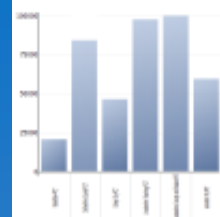


# Diabetes data packs

## Contents

- ⊕ 2. Occurrence
- ⊖ 3. Breakdown of Population by compositions and risk factor
  - ⊕ 3.1.1 Age and Gender (Sex)
  - ⊕ 3.1.2 Age and Type of Diabetes
  - ⊕ 3.1.3 Key Age Groups
  - ⊕ 3.2.1 Recording of Ethnicity over time
  - ⊕ 3.2.2 Ethnicity
  - ⊕ 3.2.3 Percentage of registrations having ethnicity recorded for
  - ⊕ 3.3.1 Obesity in the local population - in children
  - ⊕ 3.3.2 Adult Model-Based Estimates of Obesity data
- ⊕ 4. Health Inequalities
- ⊕ 5. Provision of Service and Care
- ⊕ 6. Care process and Treatment Target Achievement
- ⊕ 7. Impact of Diabetic Complications and Co-Morbidities
- ⊕ 8. Net Expenditure

## Available data



**Bar chart**

A bar chart showing the latest values for the selected peer group.

North Lincolnshire PCT	Yes
East Lindsey PCT	Yes
Coltshire PCT	Yes
Eastway PCT	Yes
Leeds PCT	Yes
West Yorkshire PCT	No
Waterford District PCT	No
Sheffield PCT	Yes
Doncaster PCT	Yes
South Yorkshire and York DCT	No
East Riding of Yorkshire PCT	Yes

**Grid**

A grid showing the latest values for the selected peer group.

# Case study – Salford

( Bob Young)

8 clusters within PCT and each has a PBC lead

For diabetes they use NDA not QOF to identify

- Practices who are achieving high standards and those who are struggling

Actions taken

- Introduce mentoring and support
- Assist with improved performance

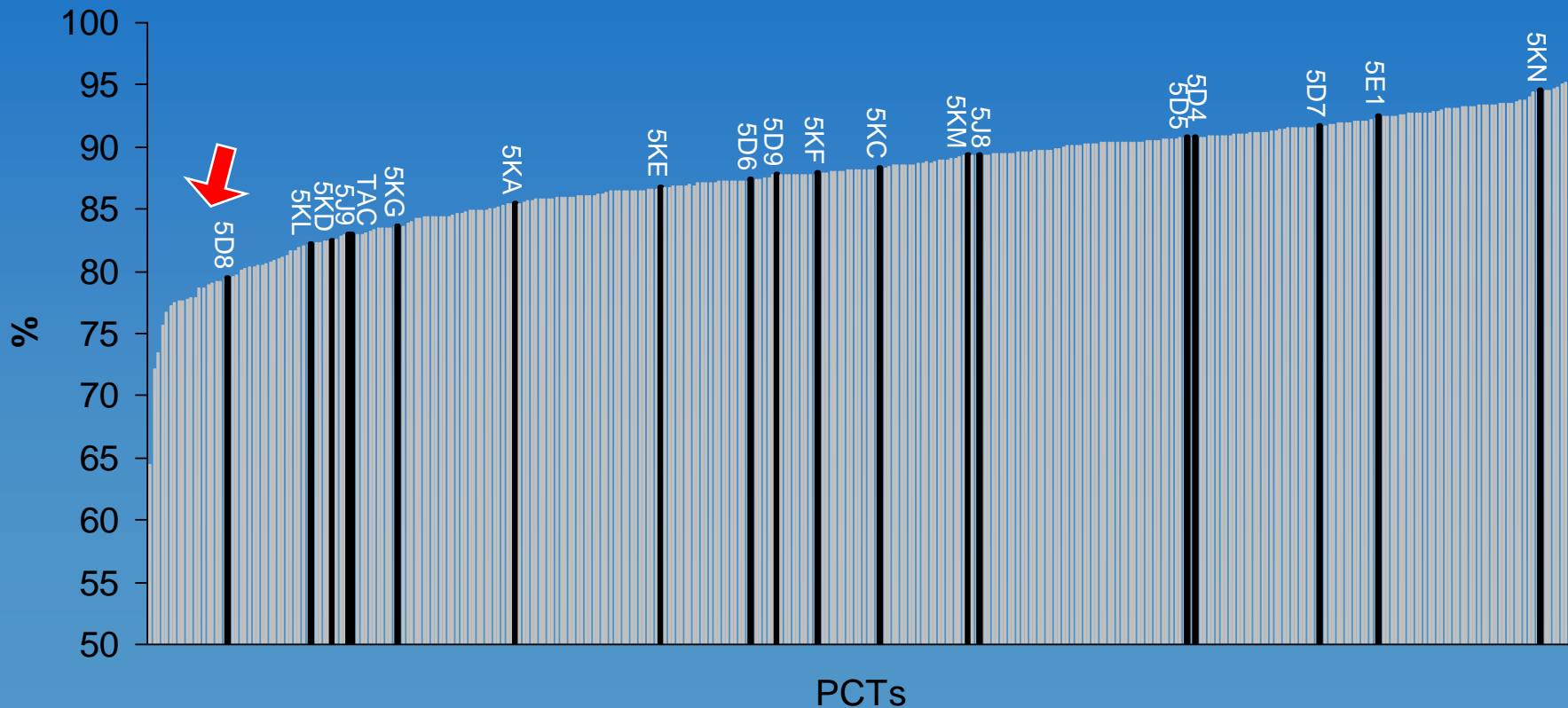
Systemic issue identified – Footcare across the whole patch

- Foot examination
- Access to appropriate services
- Organisation and location of Podiatry services
- Plans to run a Footcare screening programme

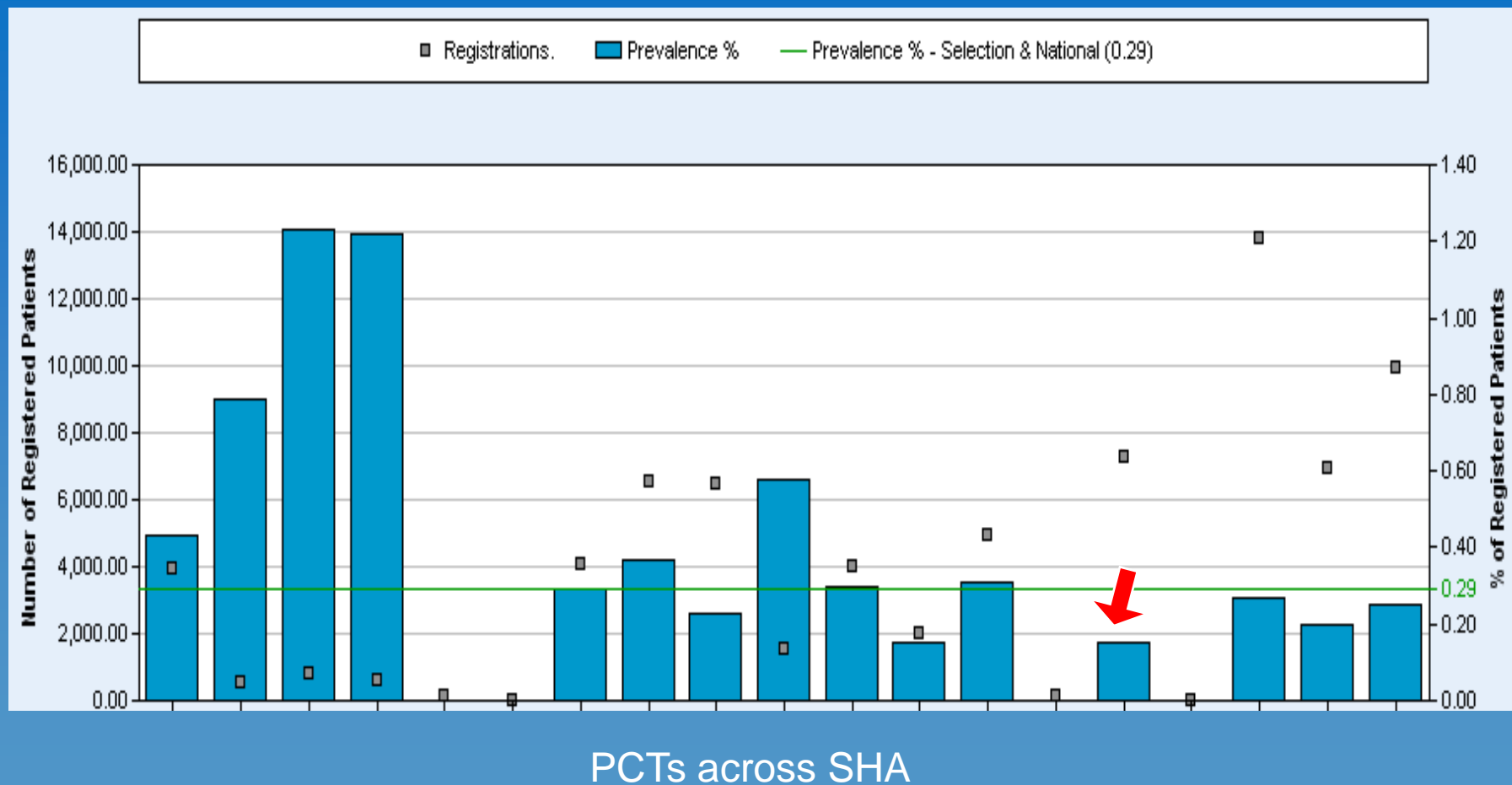
# Case study – North Tyneside

(Simon Eaton)

QOF DM10: The percentage of patients with diabetes with a record of neuropathy testing in the previous 15 months

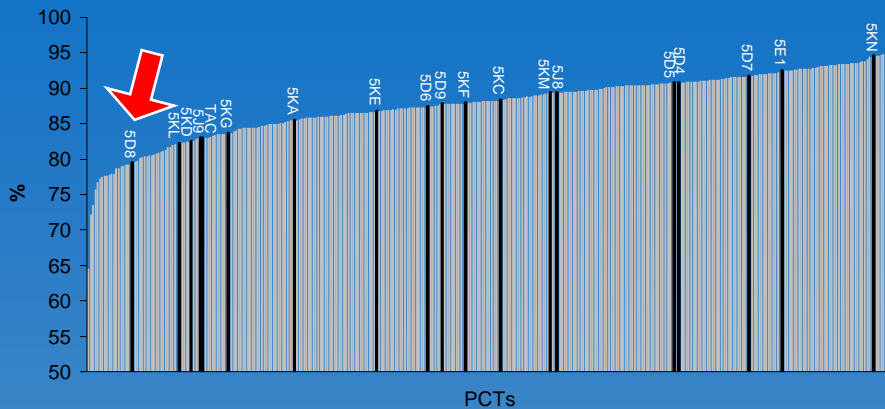


# NDA complications

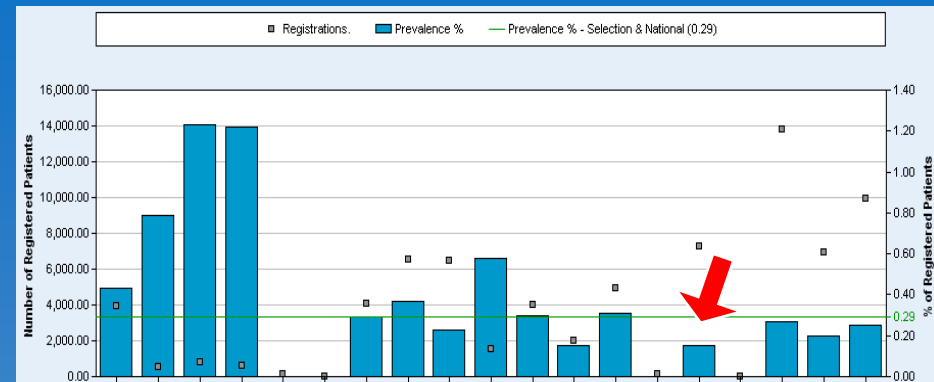


# Triangulating the data

## QOF DM10: % with Neuropathy screening



## NDA: Major amputations



## Lessons:

- Maintain podiatry model;
- Documentation
- Improve foot screening (awareness and training)

## Outcome:

- Increased number of practices achieving DM10
- Before 4 out of 29
- After 22 out of 29



# Tell me what a commissioner is?

In any Long Term Condition there are numerous data sources –  
NDIS, HES, SUS, MINAP, CCAD, DiabetesE, Audit Data, QoF. Diabetes UK  
Progress Survey, Diabetes UK Member Survey

Contracting and commissioning - Multiple providers, secondary care, service and performance monitoring frameworks, contract monitoring, 3<sup>rd</sup> Sector, charities, pressure groups and then there is the DoH

WCC – Tells commissioners what to look for and the processes required

YoC/Care Planning is providing evidence in diabetes to show how will it influence micro and macro level commissioning

Do we audit for clinical improvement, service improvement, (efficiency/capacity/patient journey), to see the processes, is it audit for research or is it a register

# Quality Services // WCC

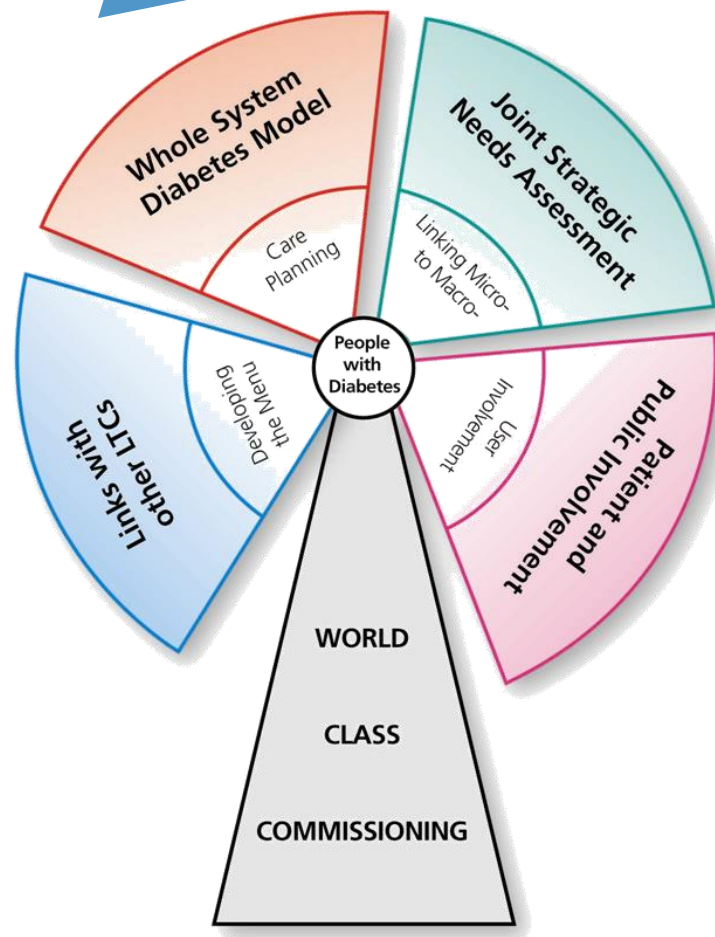
*Driven by the winds of change*

WCC and commissioning guides and toolkits and HNA mean that Commissioners are more than just purchasers

Commissioning is a cycle and with changes in research, best practice or treatment regimes commissioned services must change also and go round the cycle once more.

Commissioning has to be flexible, dynamic and the commissioning cycle timescales are often out of the commissioners hands (not to mention financial constraints).

What about contracts, providers have workforce, competencies and capacity to worry about so they cant be that flexible.



# Audit?

Why do commissioners need audit?

Defining services and understanding best practice

Contract monitoring

Performance monitoring

Benchmarking services/organisations

Demonstrate user/customer satisfaction

Demonstrate value for money

# Checklist

- How will a commissioner use your audit in those roles?
- Does your audit lend itself to supporting those roles?
- Do your reports give commissioners quick and easy outcomes?
- How can a commissioner embed your audit into the contract or make it part of the performance framework?
- Is your audit the national standard does it link like NDA does through NDIS to a HNA (which is the starting point for all commissioning decisions)
- What is your frequency of data collection, reporting?
- How easy is it to collect and submit data, to extract and report on information?
- What is the burden on provider, commissioner and others to participate?
- What can be mandated and what is incentivised?

# Over to you

Does your audit add value to a commissioned service?

If yes

- Who too?
- Can you specify?
- Can you prove it?
- Can you sustain it?
- Can this be put into a contract or business case for change?

If no

- Why are you doing it?
- Why would a commissioner or provider support you?

# Thank you



Diabetes

## Useful links

[www.diabetes.nhs.uk](http://www.diabetes.nhs.uk)

[www.ic.nhs.uk](http://www.ic.nhs.uk)

[www.yhpho.org.uk](http://www.yhpho.org.uk)

[www.diabetes.org.uk/infobankuk/](http://www.diabetes.org.uk/infobankuk/)