



# **Reinvigorating clinical audit:**

## **A summit for the leaders of national clinical audit**

**Hosted by the Royal College of Physicians**  
**3<sup>rd</sup> November 2008**

**National Clinical Audit  
Advisory Group**



# Achieving Independence

---

**How can audits move from central grant funding to sustainable funding? - Dorchester Library**

Adrian Worrall, Centre for Quality Improvement  
Royal College of Psychiatrists

Alex Hoffman, Stroke Programme Manager  
Royal College of Physicians

---

**National Clinical Audit  
Advisory Group**



# Royal College of Psychiatrists' Centre for Quality Improvement

- 14 projects, >40 paid staff
- Multi-centre clinical audit
  - Access to psychological therapies
  - Services for people with dementia
  - Prescribing Observatory
- Quality networks
  - Apply service standards using external self and peer-review
  - >300 peer-review visits this year
  - Accreditation

# 2007 Income

- £590K Grants
- £840K Trust subscriptions
- Expect a higher ratio of subscriptions to grants in 2008
- Start up funding, e.g. £100K grant then move to subscription-based funding
- Trusts pay about £3K per annum
- Receive standards, self and peer-review (as hosts and as visitors), local and national reports, a forum

# Lessons Learned: Entrepreneurial Skills and Sound Business Planning

- Strong business case
  - Good market, Well funded services
  - Clear need for the work (survey), Expressions of interest
- Financial planning
  - 3 year projections, Scenarios
  - Financial risk analysis
  - Regular review of progress. Escape plans
  - Flexibility - move staff quickly to areas of higher income
  - Tight cost profiles - Keeping costs close to income
  - Reserves policy, e.g. aim to accumulate 6 month's running costs
- Entrepreneurs need an environment where taking calculated risks is encouraged
- Marketing, sales, account management...

# Background

---

- How do we use the funding?
- Central staff (project management, design, help desk, co-ordination, clinical support, budgetary control, recruitment, analysis, report writing)
- Infrastructure (IT, data collection tools, financial management, accommodation, senior management)
- Dissemination workshops, reports
- Steering group travel, paperwork, support overview working party meetings.

---

**National Clinical Audit  
Advisory Group**



# Continuity of funding

---

- Sources of funding
- Eg stroke audit – consortium of interested parties eg Stroke Association, Marks and Spencers, Department of Health, Healthcare Commission (HQIP) NAO

---

**National Clinical Audit  
Advisory Group**



Royal College  
of Physicians  
Setting higher medical standards



**HQIP**

Healthcare Quality  
Improvement Partnership

# How much and where does it go?

---

## e.g. from stroke

- 2008-10 total 545,000
- Salaries 43% of budget
  - project manager
  - co-ordinator/administrator
  - clinical lead sessions
- Overheads 17% (40% of onsite salaries +IT)
- Data collection 14%
- Statistics 6%
- Steering committee and dissemination 20%

# Continuity of audit topic advantages

---

- Continuity of standards
- Maintaining momentum to become embedded
- Recruiting and maintaining 100% participation
- Maturing the data, standards and reporting which widens data use (govt, commissioners, patient groups, researchers)
- Ability to report over time
- Staffing stability
  - Recruitment and retention
  - Cost of advertising, induction, training
  - Specialist skills accrue in question design, analysis, reporting, change management
- Relationship with Trusts strengthen

---

**National Clinical Audit  
Advisory Group**



# Continuity of audit topic advantages

---

- Realising investment in data collection tools
- potential to improve methodology (eg questions/response types, definitions, guidance)
- Evolution of methods and extent of the programme eg peer review, profession specific audits, accreditation
- complete the audit cycle for continuous improvement
- lessons, methods and key messages apply to similar standards in other topics eg acute care, investigations, profession specific,
- Enable local audit to gain benchmarked data over time
- Parliamentary/policy links can be established
- Good value for money (comparison with other countries)

---

**National Clinical Audit  
Advisory Group**



# Continuity of audit topic disadvantages

---

- Limited breadth of coverage of clinical areas
- Complacency - failure to challenge
- Knowledge of methods is not widespread
- Disillusionment of low performers (don't want to fail again)
- Staffing rotation can provide new blood
- Wider coverage of the population – clinical and patient
- Potential for gaming

# Stroke Programme at the RCP

---

- National Audit
  - Organisation of Care
  - Clinical/Process of Care
  - Carotid interventions audit
  - Profession Specific Audit (developmental)
  - Acute Stroke Audit
- Guidelines (3<sup>rd</sup> edition) – joint publication 23<sup>rd</sup> July 2008
  - NICE Guidelines on Acute care and TIA
  - Intercollegiate Guidelines on the rest
- Change management
  - Presentations
  - Workshops
  - Peer Review
- Accreditation

---

**National Clinical Audit  
Advisory Group**



# Features of Audit

---

- 100% participation
- Run by clinicians
- Performed every 2 years allowing time for implementation of change
- Rapid production of results
- Individual hospital reports with results benchmarked against national averages
- Reports to Strategic Health Authorities, Department of Health and Parliament
- Extensive media coverage

---

**National Clinical Audit  
Advisory Group**



# Results: Stroke unit provision – comparison over time

	2002	2004	2006	2008
Stroke unit in hospital	73%	79%	91%	92%
Median (IQR) stroke beds	20 (14-27)	20 (15-29)	24 (16-30)	25 (20-34)
Specialist community/ domiciliary rehabilitation team	31%	27%	32%	70%

# Results: Stroke unit provision – comparison across country

	England (189)	Wales (20)	N Ireland (12)
Stroke unit in hospital	98%	50%	92%
Median (IQR) stroke beds	26 (20-36)	19 (10-30)	18 (11-24)
Specialist Community/ Domiciliary Rehabilitation team	72%	70%	33%

# Acute Stroke Care

---

	England	Wales	Northern Ireland)
Acute and combined stroke units	176 (96%)	5 (29%)	11 (92%)
Acute stroke unit beds with all 5 acute criteria			
	575 (43%)	22 (41%)	34 (85%)
Combined stroke unit beds with all 5 acute criteria			
	823 (41%)	-	12 (13%)

---

# Acute Stroke Care

	2004	2006	2008
% having arrangements with local ambulance service for emergency/rapid transfer to hospital for acute stroke over and above the regular system	4%	12%	49%
% where Trust offers thrombolysis at site	N/A	18%	42%
% Acute stroke unit	34%	50%	50%
% Combined stroke unit	16%	26%	44%

**National Clinical Audit  
Advisory Group**



# Workshop Title

---

- **How can audits move from central grant funding to sustainable funding?**

---

**National Clinical Audit  
Advisory Group**



# Questions

---

- What is sustainable funding?
- Logistics and bureaucracy
- Who could provide it?
- How long should it last?
- Who should oversee the process?
- Innovative ideas?





**1230 – 1300**

**Plenary feedback  
Seligman Theatre**

**Chair: Dr Kim Manley**

**Manager, Resources for Learning & Improving  
Royal College of Nursing**

**National Clinical Audit  
Advisory Group**

