

Clinical Audit and Registries Management Service

Supporting Better Care



Agenda

- Who we are
- Audit and registry portfolio
- Clinical Audit Platform
- How IT achieves high quality data
- Outputs to support quality improvement
- Barriers and facilitators

CARMS - Who we are

End to end service to provide information to facilitate quality improvement - dataset design, development, collecting data, analysis and publishing reports.

Commissioned by various organisations, including government and charities. We work in partnership with professional bodies (HQIP), Royal Colleges, universities and patient groups.

Projects vary in size from small pilot projects to large national audits and include both primary and secondary care.



Information analysts and statisticians, who validate and analyse data, provide data quality feedback and answer data queries.

Produce reports, including local action plans. Published in formats that make them accessible for different groups e.g. patient friendly, PowerPoint templates for onward use.



Audit and registry portfolio

- Assuring Transformation (AT – collection)
- Breast and Cosmetic Implant Registry (BCIR)
- Bowel and Oesophago-Gastric Cancer Audits (NBCA and OG)
- Chronic Obstructive Pulmonary Disease Audit (COPD)
- Female Genital Mutilation Enhanced Dataset (FGM)
- Inflammatory Bowel Disease Registry (IBD)
- National Audit of Cardiac Rehabilitation (NACR)
- National Audit of Pulmonary Hypertension (NAPH)
- National Diabetes Audit (NDA)
- National Diabetes Foot Care Audit (NDFA)
- National Diabetes Inpatient Audit (NaDIA)
- National Pregnancy in Diabetes Audit (NPID)
- National Third Molar Audit (N3MA)
- Out of Area Placements (OAP – interim collection)
- Safety Thermometer



Clinical Audit Platform (CAP)

- In-house development team
 - Validation rules
 - Web forms – direct data entry
 - Reports
- Patient identifiable data – security controls
- Operational management expertise & service wrapper

Clinical Audit Platform (CAP)

Oesophago-gastric Tumour

[View History](#)

Initial Referral/Diagnosis

Diagnosis-site & histology

Staging

Performance Status & Comorbidity

Treatment Plan

Hospital Number:

Source of referral:

-- Please Select --
01: following an emergency admission
03: referral from a GENERAL MEDICAL PRACTITIONER
11: other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode
20: Open Access Endoscopy
21: From Barrett's surveillance
99: Not Known

Priority of referral:

Date of referral to OG team for investigation:



Diagnosis date (cancer):



Hospital where diagnosis was made:





How IT achieves high quality data

- Validation – also applies to .csv upload
- CAP reports:
 - .csv reports and on screen reports
 - accessible any time, live data, allows local interrogation and analysis
 - DQ reports – missing key fields
 - Case ascertainment
- Data export function - can upload into local analysis software

Validation

File Name: tumour.csv

✔ Successfully imported: 0

File Type:

⚠ Successfully imported with warnings: 0

No. Of Records: 1

✖ Unsuccessful: 1

[Download CSV](#)

Show entries

Search:

Row ▲	Status	Notifications
1	Record Import Unsuccessful - Errors Generated	<ul style="list-style-type: none">✖ Source Of Referral is required✖ Pretreatment Site [3] not in list please re-enter✖ Histology [1] not in list please re-enter⚠ Source Of Referral [5] not in list please re-enter⚠ Priority Of Referral Value not applicable for the selected Source of referral⚠ Pal Reasons [4] not in list please re-enter

CAP Reports



Some are on screen and allow you to click through to edit.

Missing Key Fields Patient Tumour

Select Dates

From Date: ⓘ *

To Date: ⓘ *

Export Submit

Organisation Name: Leeds Teaching Hospitals NHS Trust Organisation Code: RR8 No. Of Records: 10

	NHS Number	Surname	Gender	Source of Referral	Clinical Nurse Specialist Indication	Performance Status	Care Plan Intent	No Cancer Treatment Reason	TCategory	NCategory	MCategory
Edit Record	333333333				✗				✗	✗	✗
Edit Record	977150809										✗
Edit Record	940486274								✗	✗	✗
Edit Record	976817800								✗	✗	

Description	Code	Value	National %	Trust %
Leeds Teaching Hospitals NHS Trust	RR8			
Variable				
Gender		1	2.7	7.14
CarePlanIntent		0	2.7	0
SourceOfReferral		1	2.7	7.14
ClinicalNurseSpecialistIndication		0	24.32	0
PerformanceStatus		0	0	0
NoCancerTreatmentReasonCode		0	0	0



Some are .csv exports which might just show you the data back or may do some calculations as above to show performance against others.

This report provides information on your Trusts tumour and HGD submissions. Please use this for benchmarking and identifying areas for service improvement.

Publication Year: 2016

Audit Year: 2014-15

Trust/Site: RR8: Leeds Teaching Hospitals NHS Trust

Data completeness level

80% - 100%

60% - 80%

0% - 60%

Tumour completeness summary:

Trust-Hospital Code	OG records (n)	Source of referral (%)	Priority of referral (%)	Reason for palliative treatment (%)	Comorbidites (%)
RR8	0	-	-	-	-
RR801	0	-	-	-	-
RR807	0	-	-	-	-
RR813	0	-	-	-	-
RR814	0	-	-	-	-
Total	84	100.0	100.0	100.0	100.0

Outputs to support quality improvement

Table 1: 2014-15 Care process completion for people with Type 1 diabetes

	SURGERY		NHS CCG		ENGLAND
	Percentage completed	Banding*	Percentage completed	Banding*	Percentage completed
HbA1C	80.0	As expected	80.4	As expected	84.0
Blood Pressure	100.0	As expected	94.3	As expected	89.3
Cholesterol	66.7	As expected	74.3	As expected	79.5
Serum Creatinine	66.7	As expected	79.6	As expected	81.1
Urine Albumin	88.9	As expected	71.3	Higher than expected	56.7
Foot Surveillance	66.7	As expected	67.9	As expected	73.4
BMI	100.0	As expected	89.3	Higher than expected	75.4
Smoking	55.6	As expected	73.9	As expected	78.3
All Eight Care Processes	40.0	-	38.3	As expected	39.6

*The banding should not be treated as an absolute assessment of performance, but rather as a tool to aid local investigation



Barriers and facilitators

- Barriers – not a ‘one size fits all’
- Adding more reports with audit info in e.g. measures (like OG)
- More guidance and support on interpreting reports so can get more out of it
- Report enhancements – visual, interaction with data, making it easier to use data
- Registration process – making easier to access
- Ongoing engagement

Final thought

- IT is a facilitator to quality improvement
- IT needs to be easy to use so collecting data and getting good quality is straightforward

What is vital is what we then do with the data we have collected and how we act on the information

Questions



Please visit us afterwards if you'd like a demo of CAP or have any detailed questions.

www.digital.nhs.uk

 [@nhsdigital](https://twitter.com/nhsdigital)

enquiries@nhsdigital.nhs.uk

0300 303 5678