

# **Clinical Outcomes Publication (COP, formerly Consultant Outcomes Publication) programme briefing 2016-2020**

## **17/18 Update**

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**Clinical Outcomes Publication project team**

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## **Background**

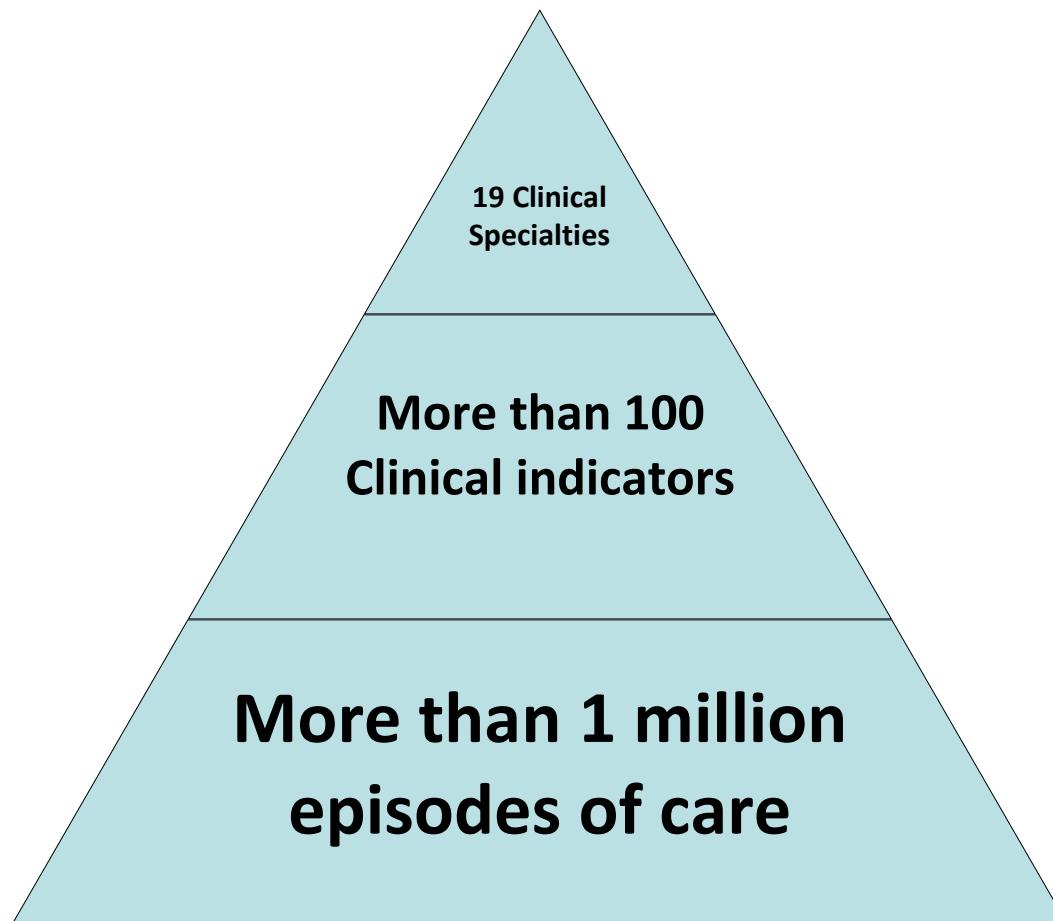
The Clinical Outcomes Publication programme, previously called Consultant Outcomes Publication, represents an ambitious endeavour which has successfully demonstrated that transparency around clinical outcomes can be achieved at large scale across a wide range of clinical specialties. We have worked with audit providers/ clinicians/Colleges and Societies and patients to present key audit results to the public, and others, in an easily understood manner. With more than a million visits every year to the webpages displaying the data on MyNHS and NHS Choices this has massively expanded the audiences viewing this information.

Our key goals have been to:

- Stimulate improvement in the quality of clinical care
- Reassure patients that the quality of clinical care is being actively monitored and improved
- Support shared decision making involving patients, including choice of provider, general practitioners, and consultants
- Further the cultural shift wherein medical specialty associations are becoming increasingly patient-focused
- Support the increasing involvement of individual trust executives, especially the medical directors, in understanding their role in assuring the quality of their individual services and assuring that participation in national audit is as close to 100% as possible
- Improve monitoring of consultant's outcomes and governance arrangements for managing outlying data
- Support consultant appraisal and hence revalidation
- Promote and continue to develop standards for audits in relation to issues such as outlier management and data validation
- Support a wide range of audits in a positive improvement journey to enhance the overall quality of national audits to enable a wider range of data to be published

## COP 16/17

In 2015/16 the programme supported the publication of indicators from 14 distinct clinical specialties, covering more than 880,000 episodes of care. In 2016/17 a further 5 specialties will be added publishing 21 new indicators and in addition to 12 new indicators will be published by existing specialties. The programme will publish data drawn from more than 1 million episodes of patient care.



## Our plans for 2017/18

For 2017/18 we will continue to expand our programme of publications by adding an **additional 4 specialties**, with a particular focus on adding a number of non surgical specialties e.g. **intensive care**.



## **Areas of focus for 17/18**

### ***Maximising local engagement-annual appraisal and revalidation***

We previously identified three key areas for stakeholder engagement to maximise the potential success of the COP programme-commissioning, Boards and revalidation. All three areas remain valid but in 16/17 we recognised the particular potential for securing engagement through appraisal and revalidation. We began the development of communication materials aimed at responsible officers and clinical directors in partnership with national and local revalidation support teams. For 17/18 we will focus on disseminating these materials and maximising their use. Whilst this will be our focus in relation to external communications, we will continue to use opportunities to communicate more broadly about the programme by speaking at specialty and key stakeholder leadership events, quality improvement events and local clinical audit events (e.g. National Quality Improvement & Clinical Audit Network regional meetings).

### ***Business as usual***

COP draws heavily from the suite of audits being managed by HQIP as part of the National Clinical Audit & Patient Outcomes Programme (NCAPOP). Internally the participation of these audits in COP has been managed as a distinct relationship between HQIP and the audits. At the end of 2016/17 we began the transition to integrating participation of COP as part of our overall relationship with these audits. This will better support our further ambitions to expand participation of an ever increasing number of audits from the NCAPOP programme.

### ***Aligning with National Clinical Audit Benchmarks***

HQIP is working in partnership with the CQC to develop information sharing of national audit results to better support hospital inspection and at the same time improve targeted sharing of key findings with Trust senior clinical leadership. We will seek to align the data production processes for this work to make participation in both work streams efficient for audits.

### ***COP for consultants***

Whilst we have diversified the COP programme, consultant level data publication remains a core element. We want to continue to build on the benefits of this part of the programme for patients and clinicians. We know accessing the data has proved popular with patients and the public and have seen a number of societies embrace the opportunity to allow their members to share a wider range of information about themselves and their practice on their own websites. We want to encourage the widespread implementation of this approach and will work with the relevant societies to evidence the benefits and encourage clinicians to embrace the opportunity.

### ***Methodology Advisory Group***

In May 2016 we published the COP Technical Manual ([COP Technical Manual](#)). The aim of this manual is to support the work and future development of National Clinical Audits (NCAs) with a particular focus on those pushing consultant-level outcomes. HQIP has since formed the Methodology Advisory Group (MAG) to support HQIP in assuring that the NCAPOP is of a high calibre and data are robust. The methodology group will also be a resource for individual audits seeking external independent peer methodological advice. Issues related to the display of and public understanding of data is a particular issue for those audits participating in the COP programme and will be part of the work programme of MAG.

### ***Annual clinical leadership event***

Following the success of the clinical leadership event last year with Bruce Keogh and Mike Richards we will hold another event this year, providing a unique forum for those providing clinical leadership to NCAs to hear from key opinion leaders in the field and to share and learn from each others experience. As with last year, we will make this event open to the wider NCAPOP audience, once again raising the profile of COP amongst the future participants.