



Detection and management of outliers for National Clinical Audits: Implementation guide for NCAPOP providers

This guide and further information is available at: www.hqip.org.uk

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About this document

The latest version of the 'Detection and management of outliers for National Clinical Audits'¹ was published in May 2017. This was designed to be usable for all National Clinical Audits. This new document provides additional further guidance specifically for National Clinical Audit and Patient Outcomes Programme (NCAPOP) providers. It outlines our expectations of NCAPOP providers in relation to outliers and gives further detail on how NCAPOP providers might put the guidance into practice.

Who this guidance is for

This document provides guidance to providers of the NCAPOP programme

Background

Outlier analyses have traditionally been considered primarily a quality assurance activity. The effective operation of an outlier policy also provides opportunities for national clinical audits to support quality improvement. Whilst other less restrictive approaches to differentiating healthcare providers (e.g. quartile ranges) provide a wider scope for supporting quality improvement, outlier based approaches still make an important contribution. Healthcare providers need to demonstrate that they have taken appropriate steps to investigate and respond appropriately and proportionately to outliers. Outliers can help to inform local quality improvement by targeting efforts and inform monitoring of improvement or decline over time.

The latest version of the 'Detection and management of outliers for National Clinical Audits' updated the 2011 Department of Health guidance 'Detection and Management of Outliers for National Clinical Audits'. It explains the expectations required of national clinical audit providers and healthcare provider organisations in relation to the identification of outliers by national clinical audits and comes into force in relation to any data from patient cohorts with a collection start starting from November 2017. We consulted with NHS England, the National Advisory Group on Clinical Audit and Enquiries (NAGCAE), NHS Improvement and the Care Quality Commission as part of our revision of the guidance. It is applicable to all NCAs, whether or not they are commissioned as part of the NCAPOP programme and is therefore necessarily broad.

The HQIP NCAPOP programme team has produced this further additional guidance for the NCAPOP providers describing our expectations as commissioners. Key points from this supplementary guidance include the requirement to notify HQIP of any confirmed alarm level outliers and further advice regarding our expectations of how NCAPOP providers should develop their working relationship with CQC.

NCAPOP provider outlier policy

NCAPOP providers are required to have a project specific outlier policy that describes how they operationalise the national outlier guidance. The NCAPOP provider policy should be approved at Project Board level or equivalent and be reviewed for each round of analysis. NCAPOP providers should make their outlier policy publicly available and provide a mechanism for feedback to be shared.

The NCAPOP provider policy should include consideration of:

1. Selection of measures for outlier analysis

Beyond the ordinary processes for benchmarking performance, outlier analysis in particular provides statistical insight into potentially significant variations in performance. Traditionally analyses of this type have focused on mortality. However, there is no reason why other metrics cannot be subject to the same analytical approach. In some specialities where expected mortality is at a very low rate, focusing on mortality will not usually be particularly meaningful in terms of detecting unwarranted significant variation in the quality of a clinical service. Whilst providing effective quality assurance, this limits the use of outlier analysis for supporting quality improvement.

As such NCAPOP providers are encouraged to consider a range of measures for outlier management (beyond mortality). There may be other measures that will be more effective in identifying meaningful outlying performance amongst participating clinical teams. Undertaking an outlier analysis on a measure does not preclude also using the more traditional benchmarking of performance as well (e.g. quartile ranges), with the outlier analysis serving as an additional step.

When considering this we would reiterate the relevant section of the outlier guidance: “Performance indicators must provide a *valid* measure of a provider’s quality of care in that there is a clear relationship between the indicator and quality of care, and relate to frequently occurring events to provide sufficient statistical power.”

As such, the policy should describe for each of the measures how the metrics perform in relation to the criteria contained within Appendix 1 of the national guidance—statistical power, validity, objectivity, fairness (see Paragraph 7).¹

2. Approaching data quality challenges

It is important for NCAPOP providers to describe how they will approach data quality challenges. This might include the use of thresholds at which the audit determine statistical significance can no longer be inferred or the use of imputation to compensate for missing data. If some or all thresholds will be determined after review of the data set this should be stated.

We recognise that challenges around data quality frequently present barriers in terms of utilising wider metrics for outlier analysis. If these barriers are absolute (e.g. they prevent any meaningful outlier analysis from being undertaken) there would be an expectation that data quality itself should be considered for outlier analysis to encourage progress in relation to this challenge.

CQC consider how healthcare provider organisations manage data quality and data submission including participation in national clinical audits. As well as responding to formal data quality outliers as described in the guidance, CQC will also consider additional activities in partnership with audits seeking to improve data quality. NCAPOP providers can contact CQC in relation to this via clinicalaudits@cqc.org.uk.

¹ www.hqip.org.uk/resources/detection-and-management-outliers-national-clinical-audits/Appendix 1, Page 8, Para 7

3. Notifying relevant organisations

The revised national guidance now requires NCAPOP Providers to notify CQC of their confirmed alarm level outliers. To allow HQIP to consider the impact of the implementation of this new approach and to understand the pattern of notifications across the NCAPOP programme, HQIP would also like to be notified of any alarm level outliers identified by NCAPOP providers. Please notify the NCAPOP Project Manager via email prior to, or at the same time as, notifying CQC. Project Manager contact details can be found on the HQIP website: www.hqip.org.uk/about-us/our-team/

When escalating a poorly engaged healthcare provider organisation to CQC and NHS Improvement, this should be done in consultation with HQIP.

4. Positive outliers

It is vitally important to celebrate and promote excellence and there are various ways in which NCAPOP providers can achieve this including:

- Capturing impact on the quarterly contract review meeting Impact Forms
- Liaising with HQIP for inclusion in newsletters and bulletins.
- Including in publication key messages.
- Encouraging participating healthcare providers to submit examples of good practice and case studies:
 - to HQIP for publication on the website.
 - to the Royal College of Physicians Future Hospital 'tell us your story' programmeⁱⁱ

CQC uses positive outliers to inform routine engagement meetings to discuss good practices, and to inform inspection activity and ratings to highlight positive outcomes at healthcare provider level.

Engagement with the CQC

As the health and social care regulator for England, CQC represents a key stakeholder for all national clinical audits. There may be a number of ways in which positive engagement can benefit the work of the national clinical audit and CQC in a way that supports a shared goal of healthcare quality improvement.

CQC are keen to understand the challenges being faced by national clinical audits to inform how CQC can better support NCA providers. There may be opportunities to identify common areas of focus where shared messaging can reinforce shared quality improvement goals.

As such NCAPOP providers should consider inviting a CQC advisor to attend their Steering Group (or their equivalent) meetings, on an annual basis, to enable consultation and promote partnership meetings. It may be particularly beneficial to choose the meeting at which the outlier policy is reviewed. Please contact CQC via clinicalaudits@cqc.org.uk.

Whilst the notification requirement to the CQC by NCA providers is expected for alarm level outliers only, the CQC also expect healthcare providers to be investigating and monitoring alert level outliers. CQC is really interested in supporting healthcare provider's quality improvement efforts, and for this reason the alerts are very helpful in focussing attention that could possibly prevent performance from deteriorating to alarm

level. CQC relationship owners will follow these up via routine engagement and monitoring meetings, recognising the possibility that these **may be** identified due to chance alone. As such CQC would encourage NCAPOP providers to share alert level outliers alongside alarm level outliers to allow this to happen promptly.

Supporting CQC outlier follow up

CQC will be required to consider outlier information and decide the appropriate response required by them as the regulator. CQC's primary focus will be on ensuring the healthcare provider has engaged appropriately with the outlier process, and they will expect to see evidence that the information has been used to drive improvements in quality. As part of this, they will expect to see evidence of appropriate action plans. Outlier analysis and outcomes of the subsequent follow up will feed into CQC's routine monitoring of healthcare providers.

An important part of the assessment of whether the response is appropriate will be to consider the specific clinical and governance risks at a healthcare provider. CQC has access to a team providing clinical advice to inform regulatory activities. However, CQC have advised HQIP that they would like, where appropriate, to benefit from the specialist insight that a national clinical audit team (and the clinical leads in particular) can potentially offer. HQIP, where possible, supports requests for help from the CQC to review outliers, but importantly there is no expectation on an NCAPOP provider to make judgements about the appropriate regulatory response. Though some NCAPOP providers have engaged closely with the CQC to assess healthcare provider responses and actions plans, there is no requirement to formally evaluate what the healthcare provider has done in response to being identified as a negative outlier (e.g. action plans). Making overall judgments in relation to a healthcare provider is the responsibility of the CQC.

ⁱ via www.hqip.org.uk/resources/detection-and-management-outliers-national-clinical-audits/

ⁱⁱ via www.rcplondon.ac.uk/projects/future-hospital-tell-us-your-story