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HQIP COVID-19 UPDATED (02-04-2020) guidance to NCAPOP (audit and CORP) Providers

Dear colleagues

Re: NCAPOP and COVID-19

We are writing to update you on HQIP-NHSEI-WG approach regarding participation in the national clinical audit and patient outcome programme (NCAPOP) at this difficult time.

Firstly thank you for your extremely hard work at this challenging time. We very much acknowledge the pressure on teams right now is enormous and we are acutely aware of the issues you are facing.

Of primary importance during the COVID-19 pandemic is to keep people safe (including yourselves) during a period of unprecedented pressure on the health and care system. We would like to echo the CQC communication and also *'encourage everyone to act in the best interests of the health of the people they serve, with the top priority the protection of life. We encourage you to use your discretion and act in the best way you see fit'*.

As a result, HQIP is issuing the following guidance to NCAPOP Providers

1. NHSE and Welsh Government have agreed the following stance:

FINAL SIGNED-OFF WORDING FROM NHSE CONFIRMED 02-04-2020

'All national clinical audit, confidential enquiries [commissioned / funded by NHSEI] and national joint registry data collection can be suspended. Analysis and preparation of current reports can continue at the discretion of the audit provider, where it does not impact front line clinical capacity.

All audit data that can be collected during this pandemic will give insights into how Coronavirus has impacted in other areas such as:

- *elderly patients (hip fracture, dementia, heart failure)*
 - *those presenting for emergency laparotomy*
 - *those with cancer and diabetes*
- to name but a few.*

Child death database, PICANET and MBRRACE-UK perinatal surveillance will be required for current clinical management and should continue'.

2. Given the potential impact of COVID-19 on priority clinical commitments, Audit Provider staff (for example clinical leads) will need to take decisions about continuation of business as usual (BaU) activity. We acknowledge that clinically qualified staff have mobilised to the frontline to help with the wider national response. There is absolutely no requirement to pull front line staff for NCAPOP activity.
3. The NCAPOP team (relevant AD and PM) will work with individual audit providers over this pause period (& until we are over the peak of the pandemic) to agree the best approach for work that is currently underway and how best to conclude data collections.

4. We understand that there will be some time lost whilst we readjust to different working principles for example working from home and accessing secure data. The NCAPOP team is currently already working with some audit providers to agree the best way forward and given that each situation is likely to be different we will work with you to mutually agree the right way forward in each circumstance. We will work with NCAPOP providers to revise deliverables and timelines where relevant.
5. We hope that Trusts and Health Boards will continue routine data collection, for example, via HES.
6. We will, where possible, publish data already collected and we will work with you to agree how to achieve this given the suspension period.
7. Where possible we will try to adhere to the Standard Reporting Procedure (SRP) for reports in the system. The nine month publication schedule can be found here: <https://www.hqip.org.uk/ncapop-9-month-publication-schedule/#.XnCoNuRCepA> – this will be subject to date adjustments.
8. Future reports will depend upon the data collected now so there may be a requirement to adjust reporting cohorts and schedules going forwards. The NCAPOP AD and PM will agree with the audit provider teams the best fit approach for taking things forward.
9. It is important to bear in mind that there are currently several very important audits which might allow monitoring of the situation, real time for example ICNARC (adult intensive care, outside of the NCAPOP programme) and PICANet (paediatric intensive care and NCAPOP related) concerning this – so discussions will take place with relevant NCAPOP providers to see what we can do to aid COVID-19 data requirements.
10. We understand that for outlier processes there are likely to be reduced healthcare provider capabilities to respond in a timely way. HQIP will modify national guidance

(in collaboration with NHSEI and the CQC or the Welsh Government) so we notify Trusts on time but slow the escalation / publication pathway.

11. HQIP will update The Directory here: <https://www.hqip.org.uk/resource/national-clinical-audit-and-enquiries-directory/#.XnCpWuRCepA> at regular intervals to provide up-to-date information about NCAPOP activity, such as amendments to data collection schedules (& where possible we will include non-NCAPOP information where this is known to us).
12. With regard to BPT for England – please see the letter issued to Chief Executives of all NHS trusts and foundation trusts by NHSE 17-03-2020, section 6e:

Remove routine burdens

6e 'Moving to block contract payments 'on account' for all NHS trusts and foundation trusts for an initial period of 1 April to 31 July 2020, with suspension of the usual PBR national tariff payment architecture and associated administrative/transactional processes'.

We will update you further if things change significantly. Should you or your team wish to discuss this further, please do not hesitate to get in contact.

Yours sincerely

Jill Stoddart

NCAPOP Operations Director

HQIP