HQIP Case Study:



PPI in national clinical audit – Submission to the Richard Driscoll Memorial Award 2019

This submission demonstrates:

Producing a report for patients using clear language and clearer images

Empowering patients to contribute to the report

Date: Richard Driscoll Memorial Award - Autumn 19

NCAPOP: National Cardiac Audit Programme

Organisation: National Institute for Cardiovascular Outcomes

Research (NICOR)/Barts Health NHS Trust

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Summary

There are over 7 million people currently living with heart and circulatory disease in the UK. In 2018, 170,000 people died from cardiovascular disease (CVD). 45,000 were under the age of 75. The total annual healthcare cost of heart and circulatory disease is estimated at £9 billion (source: British Heart Foundation).

The National Cardiac Audit Programme (NCAP), from the National Institute for Cardiovascular Outcomes Research (NICOR), which is hosted by Barts Health NHS Trust, was set up in 2017 to bring together six formerly separate cardiac audits into one overarching programme.

The first single annual report for 2016/17 data was published online in November 2018.

The NICOR team produced a patient-friendly infographic to accompany the NCAP Annual Report 2018, which was very well received. This year they decided to build upon that and produce a dedicated version of the report for patients and the public, a more ambitious goal.

Aims and Objectives

The aim was to produce a universally accessible cardiac audit report for patients and the public, not requiring any prior subject knowledge, which presented the key findings from the 2019 report (and also the Cardiac Rhythm Management report for 2016/17 data which was published in July 2019) in an engaging way for laypeople.

It was felt that it needed to include a mixture of report data, interesting facts, signposting to other support sources and useful information about the various conditions or procedures covered by the NCAP audit. It needed to have a clear and modern layout, with appropriate photographs.

The report was structured around the NICOR individual specialty audits: Heart Attack (MINAP), PCI, Adult Cardiac Surgery, Heart Failure, Cardiac Rhythm Management and Congenital Heart Disease. Although the annual report has a Quality Improvement focus and takes a themed approach to arranging the information, it was felt that for the public it was necessary to explain what each audit measured in turn, along with easy to understand information about each condition or specific procedure.

Planning and delivery

It was decided that the Patient Report needed to be at least partly written by patients themselves so a writing team was set up which comprised the NICOR Communications and Stakeholder Engagement Coordinator and the two patient representatives who sit on the NICOR Operational and Methodology Group (which oversees the reporting process).

The concept was discussed and it was approved by the working group of cardiologists who oversee the audit at the monthly NOM meeting. Following that the writing team had several planning meetings, where they came up with the structure and ideas for content. This outline was then agreed at the next monthly meeting.

The NOM group were given updates at monthly meetings, when significant milestones had been reached. When the writing team had a first draft, all six clinical leads reviewed their sections, made recommendations and signed off the final version.

NICOR called upon the services of the talented graphic designer who had worked on the previous report to create some graphics and do the design work and typesetting. A graphic of the pathway patients need to follow in the case of a heart attack, as well as a comprehensive diagram of the workings of the heart were produced. These are standalone images so can be shared easily on social media. There is eye-catching use of photography throughout.

Very sadly one of the patient co-writers passed away just before the report was published, so the report also carries a tribute to his life and work.

Impact

The response from patients so far has been very positive. It is difficult to measure the impact it will have at this stage as it has only been published in September, but the wider NICOR patient representative group had the opportunity to input into it and several of them have commented on how it is the best patient report they have seen for NICOR (some of the former individual audits had produced patient summaries in the past).

A member of the patient group commented:

"The Patient & Public report is exceptional, I don't think we've ever had one as good as this".

NICOR hopes to mobilise patient networks to distribute the online report more widely. A meeting of the patient representative group is planned for November.

For the next report NICOR is considering producing an additional summary sheet in clear language which can be easily read by people with learning disabilities as well as second language speakers. This will help NICOR to reach hard to reach populations in a way it currently does not.

NICOR is also looking at finding external funding to print copies of the report next year, with the intention of it being distributed more widely by cardiovascular networks, and allowing patients who do not access the internet to read it and have a better understanding of cardiac healthcare in the UK.