Maximising the Quality Improvement potential of the National Clinical Audit and Patient Outcomes Programme

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About HQIP

The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. www.hqip.org.uk/national-programmes

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1. Executive summary

The aims and objectives of this project were to enhance the quality improvement (QI) potential of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) by:

- Refining and improving HQIP's approach to commissioning.
- Raising the visibility of the NCAPOP improvement activity and resources.
- Increasing the support to NCAPOP delivery teams on designing for QI impact.

The project identified that there is a wide range of capability, capacity and enthusiasm to use the NCAPOP to stimulate QI. The provision of support via this fellowship successfully engaged NCAPOP providers to implement a QI plan and achieve improvement targets in two thirds of cases. Opportunities to further enhance the QI potential of the NCAPOP include greater clarity of improvement intent for each work programme, optimisation of NCAPOP outputs with a move away from an annual report to more near real-time feedback, and better links with national improvement initiatives.

2. Background

HQIP is responsible for managing and commissioning the National Clinical Audit and Patient Outcomes Programme (NCAPOP) of behalf of NHS England, the Welsh Government and in some cases other devolved authorities.

The NCAPOP covers two main sub-programmes: the National Clinical Audit (NCA) Programme and the Clinical Outcome Review Programmes (CORP). There are around 30 NCAs in the Programme, and four CORPs (also known as the Confidential Enquiries). Each is delivered by expert organisations and consortia under contract to HQIP. All the national audits share features of assessing compliance of key processes of care against standards and providing high quality reports which compare providers on both processes and outcomes of care. All are aligned wherever possible to other national initiatives and improvement levers such as providing outputs for quality dashboards, national best practice tariffs and commissioning for quality and innovation (CQUIN). The findings inform care quality commission (CQC) visits, support consultant, team and hospital level profiles via the clinical outcome programme, and support the development of NICE guidelines and Quality Standards. The data in the Programme provides a resource to researchers as well as to local and national healthcare commissioners and policy makers.

In 2013, HQIP commissioned Improvement Science London to investigate and report on engaging clinicians in Quality Improvement (QI) through national clinical audit, in particular to better understand why the full QI potential of national clinical audits has not been realised universally throughout the NHS. The report, published in January 2015, included a number of useful findings and recommendations. The most pertinent to this project, was that there is a need to clarify the content and purpose of clinical audits so that local healthcare providers understand the relevance and importance of audit and can use this data to make improvements to services.

The aim of this project was to enhance the QI potential of the NCAPOP through the leadership and expertise of senior QI fellow.

3. Activities

Meetings were held with key stakeholders (box 1) to learn how data-driven quality improvement could be improved. HQIP's commissioning documents were reviewed and amended to embed QI from the outset of the process. A scoring system was created to assess the capacity of each NCA to stimulate QI (box 2). This was divided into three domains: data management (collection and reporting), support for local QI and links to national levers. The score weightings are based on the following principles: local QI requires (near)-real time continuous data, active processes e.g. workshops are more impactful than passive processes e.g. QI guides, randomised controlled trials support the effectiveness of improvement collaboratives, and national improvement programmes linked to financial incentives are strong drivers for change. A higher score indicates greater capacity for stimulating QI.

Box 1. Key stakeholders

HQIP leadership team
NHS England National Quality Board subgroup
Welsh Government
NHS Wales Value Based Healthcare
National Quality Improvement and Clinical Audit Network
NCAPOP provider organisations
Care Quality Commission (CQC)
Quality Improvement providers e.g. UCL partners, Royal Colleges
NHS Rightcare
Getting it right first time (GIRFT) programme

Box 2. Scoring system to assess capacity for stimulating QI

Domain	Tool	Score
Reporting for QI	Continuous data collection	1
	Results reported quarterly	2
	Interactive online reports	2
	Results presented as run charts	5
Support for local QI	Online QI guides	1
	Action plan templates	1
	Share good practice	1
	Workshops	2
	Peer review programme	3
	Improvement collaboratives	5
Links to national QI levers	Getting it right first time	3
	Care quality commission	3
	Academic health science network programme	7
	Commissioning for quality and innovation (CQUIN)	10
	Best practice tariff (BPT)	10

A guide was created on how to write a plan for stimulating QI via the NCAPOP. This was distributed to all NCAPOP providers in March 2019. Feedback was given for each plan and support provided for

a variety of QI related events and meetings to support the implementation of the plans. A new HQIP QI webpage was created and existing QI training resources were updated. In order to better understand the relationship between the burden of data collection and the healthcare improvement benefit, a review was undertaken of each NCA's dataset and quality metrics.

4. Findings

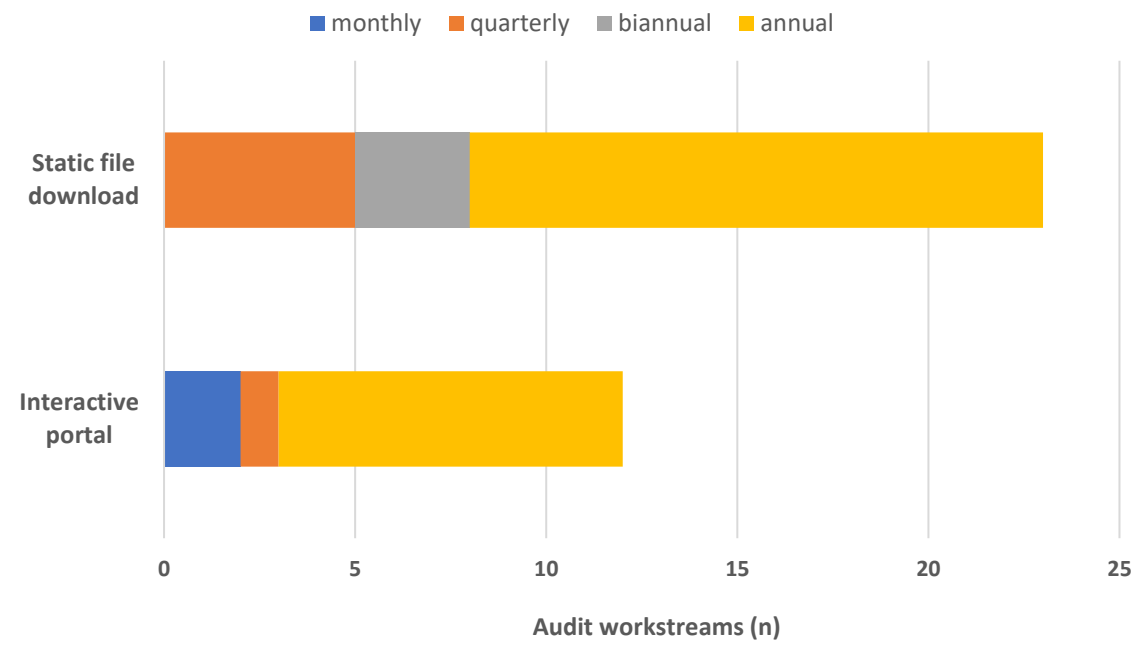
Feedback themes from key stakeholders on how the QI capacity of NCAPOP are are summarised in box 3. Twenty-six out of 28 NCAPOP providers submitted a plan for stimulating QI. In general, the plans aligned to the guide template. Where the plans did not align, the commonest reasons were the absence of specific improvement goals with targets of "how much" and "by when", the lack of a driver diagram to identify how performance metrics link to improving patient outcomes, and the use of predominantly passive QI methods.

Box 3. Stakeholder feedback themes on the QI capacity of national clinical audit

- More timely and frequent NCA results feedback is desired.
- Online results portals with benchmarking are more effective than annual reports.
- The burden of data collection and submission should be reduced.
- The number of performance metrics should be reduced.
- Improving quality is dependent on local context which limits the effectiveness of recommendations for healthcare providers that are published in annual reports.
- Local capacity for QI work related to NCAs is limited.

The review of the datasets and outputs revealed a wide range in the number of data items required for submission and the methods of feeding back results to healthcare providers. Overall, there are 6119 NCA data items of which 60% are from existing or mandated flows. The median (range) number of data items per NCA is 121 (24-1500). The format and frequency of results feedback is shown in Figure 1. Eight (24%) of audit workstreams report results which are updated at least quarterly. Twelve (35%) audit workstreams make their results available via an open access interactive on-line portal. The remainder are available as a static file download, either as an Excel spreadsheet or the annual report (or both).

Figure 1. Format and frequency of audit results reporting.



The results of the repeat quantitative assessment of NCAPOP capacity to stimulate QI are shown in Figure 2 and Figure 3. The scores were updated using the information available on NCAPOP provider websites and from information provided directly by the providers on implementation of their QI plans. The scores for all three domains improved, with the overall average total score increasing from 13 to 16.

Figure 2. Change in NCAPOP QI capacity scores

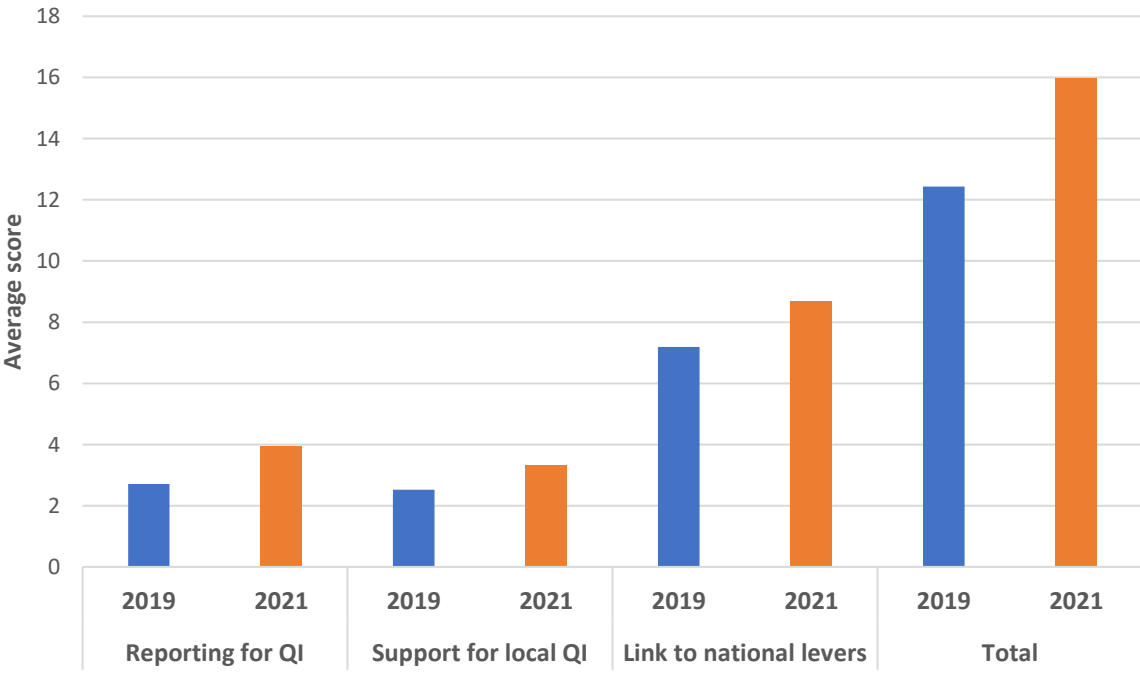
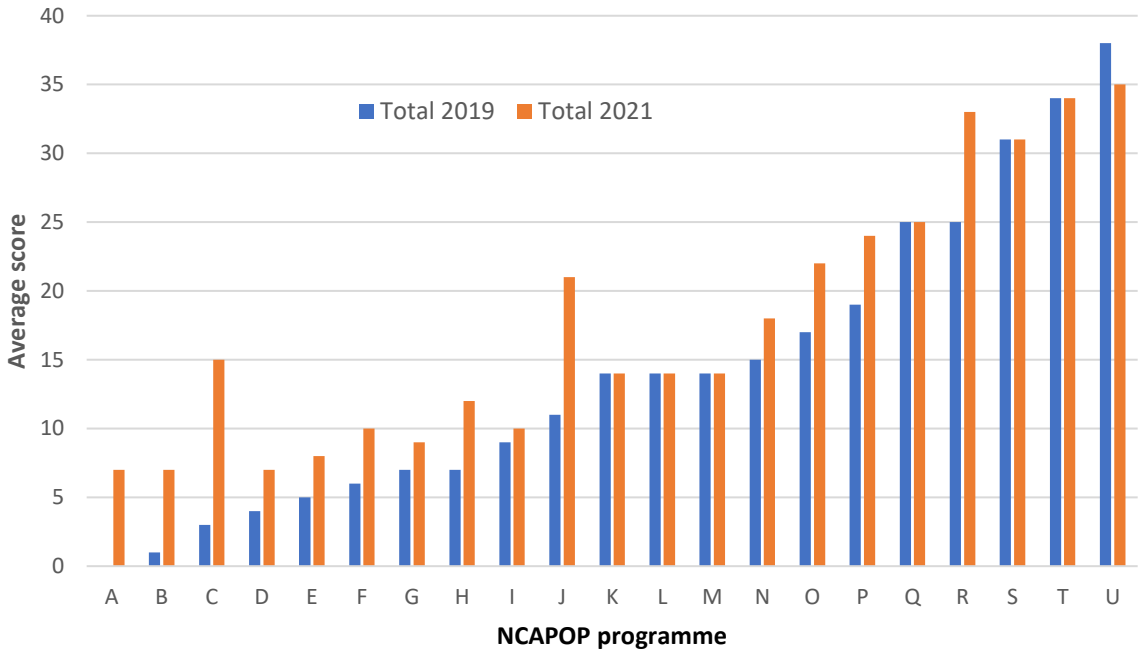
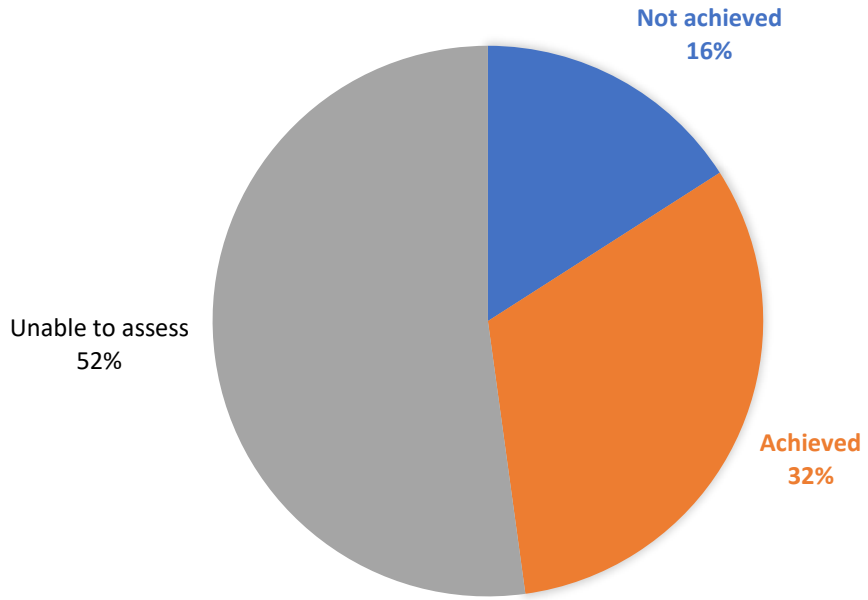


Figure 3. Individual programme provider QI scores



The total number of QI goals included in the NCAPOP provider QI plans was 69 with a median (range) of 3 (1-10) per plan. Results were available via online reports to assess progress against 33 of the goals. The results are shown in Figure 4. For the remaining 36 goals, the most common reason for not being able to assess progress was absence of performance metrics for 2019-20 due to the coronavirus pandemic.

Figure 4. Progress against NCAPOP provider QI goals



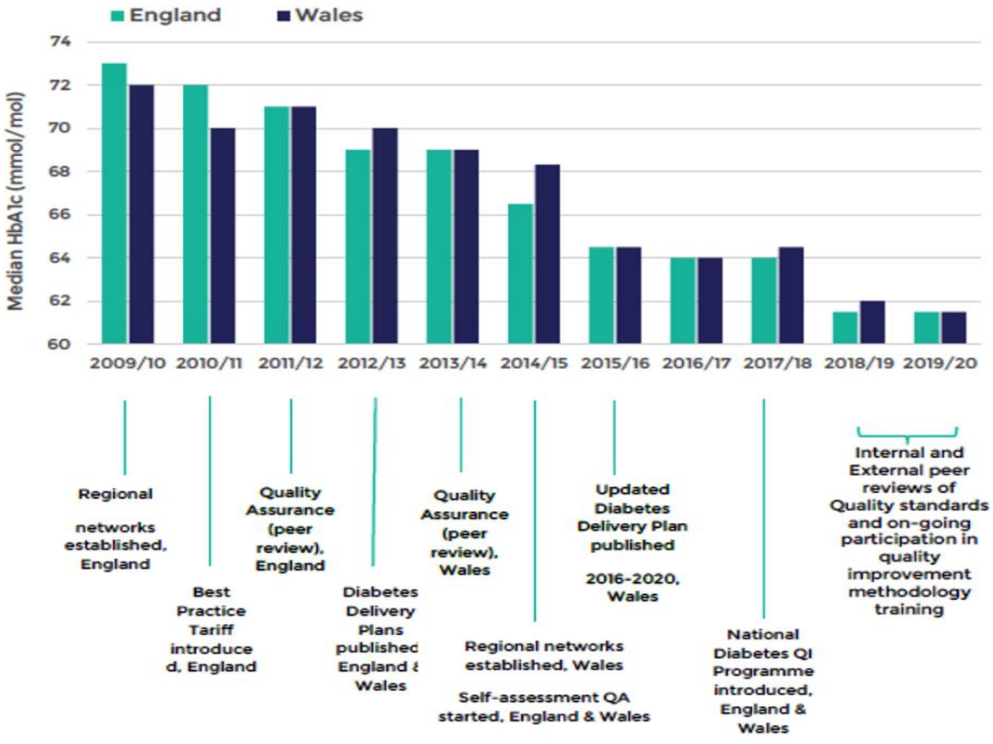
5. Case studies

Most of the NCAPOP providers have strong links with their own healthcare professionals who tend to trust the clinical validity of the audit results. A number of providers have successfully combined this relationship with a systematic approach to data driven quality improvement. Two examples are described below.

The National Paediatric Diabetes Audit

The National Paediatric Diabetes Audit (NPDA) is hosted by the Royal College of Paediatrics and Child Health (RCPCH). In 2018 the RCPCH and NPDA jointly set up subscription-based National Children and Young People's Diabetes Quality Programme which is funded via a top slice of the paediatric diabetes best practice tariff (BPT). The components of the Quality Programme are quality improvement collaboratives, self-assessment and peer review. Each component joins up the measurement provided by the audit with support for improvement. The collaboratives have focused on a number of areas, including carbohydrate counting at diagnosis, self-management resources in the community, access to download technology, support for patients on pumps and the outpatient clinic experience. After 18 months, the participating units demonstrated a 10% improvement in diabetic control, as measured by HbA1c levels (a lower result equates to better diabetic control). The relationship between improvement in diabetic control and the components of the Quality Programme are shown in Figure 1.

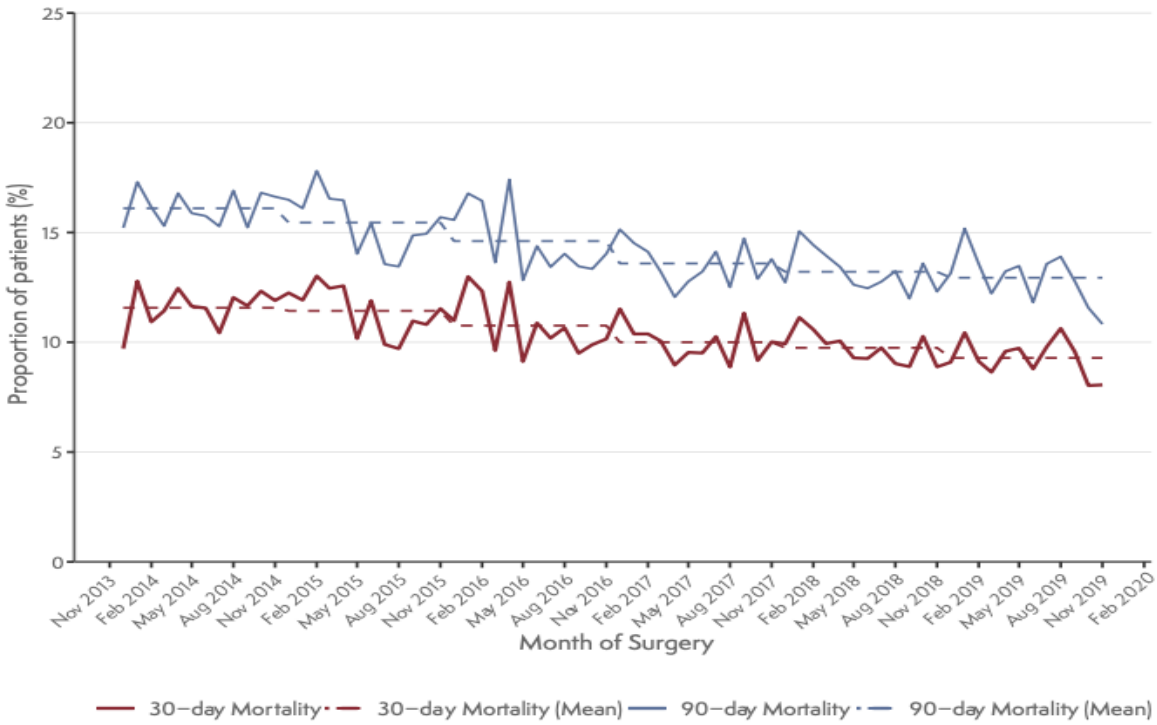
Figure 5. Diabetic control for children and young people in England and Wales 2009-2018.



The National Emergency Laparotomy Audit

The National Emergency Laparotomy Audit employs a dedicated QI clinical lead and is at the forefront of data-driven QI in terms of data visualisation and support. There are also collaborations in place with a number of national improvement organisations including the Emergency Laparotomy Collaborative which was funded by the Health Foundation and supported by the Academic Health Science Network. The audit have reported an impressive reduction in post-operative mortality, as shown in Figure 2.

Figure 6. Trend in the overall unadjusted 30-day and 90-day emergency laparotomy mortality rates (England and Wales).



6. Conclusions

The project highlighted that there is a wide range of capability, capacity and enthusiasm to use the NCAPOP to stimulate QI. Provision of a template for NCAPOP providers to produce a stimulating QI plan was well received and generally resulted in an effective plan. Support for implementation of the QI plans was associated with an increase in the capacity of the NCAPOP to stimulate QI, as evidenced by improved QI scores and the achievement of QI goals in two thirds of cases (where data was available to assess this). The biggest improvement tended to occur in audits with low baseline scores. This was in keeping with the observation that audits based on more traditional methodology had the most to gain. However, to reach the level of the higher performing audits these audits will require further enhancements. In particular the introduction of more timely feedback of results, co-production of QI collaboratives and maximising the use of national levers such as the best practice tariff. Whilst there was some enthusiasm for these suggestions, audit providers raised concerns that this activity was outside the scope of their current contract and consequently unfunded . To some extent this is valid, although projects have been able to deliver activity without extra funding from HQIP. This highlights the importance of specifying the inclusion of QI initiatives within the NCAPOP specification documents andcontracts, together with a dedicated line in the funding package where appropriate.

7. Recommendations

Effective local healthcare quality improvement requires timely feedback on performance from NCAPOP projects and the use of context-specific evidence-based improvement plans. Neither of these needs are met by an annual report with local recommendations. The NCAPOP will be more effective if the focus shifts to the production of near-real time performance feedback. This can be achieve as follows:

1. Decommision the annual report.
2. Replace the annual report with an annual state of the nation summary (maximum 10 pages and 5 national recommendations).
3. Replace local recommendations with online improvement resources.
4. Limit the number of performance metrics to 10 per audit workstream.
5. Make all audit performance metric results publically available in an interactive format.
6. Refresh all audit performance metric results at least quarterly in year two then monthly thereafter.

In addition, health care providers require additional support to make best use of performance feedback data. This is likely to be most effective as part of a coordinated regional or national improvement programme.

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