

National Clinical Audit and Patient Outcomes Programme (NCAPOP) Infographics compendium

Q2 (July – September 2021), updated 06/10/2021

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
08/07/2021	Mental health	Audit	NCAP - National Clinical Audit of Psychosis	RCPsych: Royal College of Psychiatrists	National report 2020/21 Early intervention in psychosis audit	Intervention-in-nsychosis-audit/# VOcRcehKhPV	0.01
08/07/2021	Long term conditions	Audit	NDA - National Diabetes Audit	NHS Digital	Diabetes Prevention Programme	https://www.hqip.org.uk/resource/non-diabetic-hyperglycaemia-2019-2020-diabetes prevention-programme/#.YOcRcuhKhPY	
12/08/2021	Cancer	Audit	NABCOP - National Audit of Breast Cancer in Older Patients	RCS: Royal College of Surgeons	National Audit of Breast Cancer in Older Patients Annual Report	https://www.hqip.org.uk/resource/national-audit-of-breast-cancer-in-older-patients- annual-report-2021/	0.03
12/08/2021	Acute		_	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	IDVSnnagia in Parkinson's Disease	https://www.hqip.org.uk/resource/medical-and-surgical-clinical-outcome-review-programme-dysphagia-in-parkinsons-disease/	0.04







National Clinical Audit of Psychosis



National report
Early Intervention in Psychosis Audit

2020/21

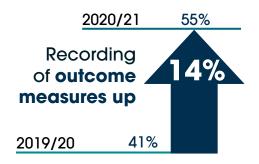
2. Case-note audit: key findings



Congratulations

to all EIP teams across
England for maintaining
service delivery at a high level
in spite of COVID-19 restrictions
and the demand to move to digital
interventions









of services reported an **increase** in the number of **staff posts**







Increase in children and young people receiving Family Interventions

A decrease in the number of services with CBT for ARMS provision

Percentages of services without CBT for ARMS provision by age range:







Acronyms: EIP - Early intervention in psychosis; COVID-19 - Coronavirus disease 2019; CBT - Cognitive behavioural therapy; ARMS - At risk mental state



Non-Diabetic Hyperglycaemia, 2019-20 Diabetes Prevention Programme

England 01 Jan 2019 – 31 Mar 2020

08 July 2021

Information and technology for better health and care









Non-Diabetic Hyperglycaemia, 2019-20 Diabetes Prevention Programme

England Published 8th July 2021

The NHS Diabetes Prevention Programme (NHS DPP) is a joint commitment from NHS England, Public Health England and Diabetes UK to deliver, at scale, evidence based behavioural interventions that can prevent or delay the onset of Type 2 diabetes in adults identified as having non-diabetic hyperglycaemia.

The DPP report uses data collected alongside the National Diabetes Audit (NDA) for the period January 2019 to March 2020 and data from providers of the Diabetes Prevention Programme (DPP) relating to referrals up to March 2020 inclusive.

This report is for England only.

What is Non-Diabetic Hyperglycaemia (NDH)?

Non-diabetic hyperglycaemia refers to blood glucose levels that are above normal but not in the diabetic range (HbA1c 42-47 mmol/mol (6.0-6.4%) or fasting plasma glucose 5.5-6.9 mmol/l).



People with non-diabetic hyperglycaemia are at increased risk of developing Type 2 diabetes. They are also at increased risk of cardiovascular conditions.

People with NDH



2.1 million people in England are recorded as having non-diabetic hyperglycaemia.

3.2 million people have Type 2 diabetes.

Care processes

People with NDH have usually had a recent glycaemic test (78%) and Body Mass



Index (BMI) recording (64%).

Diabetes Prevention Programme



According to DPP provider records, 535,400 people have been offered a place on a DPP course.

More than one third (35%) had no GP-recorded diagnosis of NDH or diabetes.

1.7 million people diagnosed with NDH had a recent glycaemic test. **71%** had a result which made them eligible for the DPP.

Developing diabetes



1.3 million people identified in the 2017-18 audit had a GP-recorded diagnosis of non-diabetic hyperglycaemia.

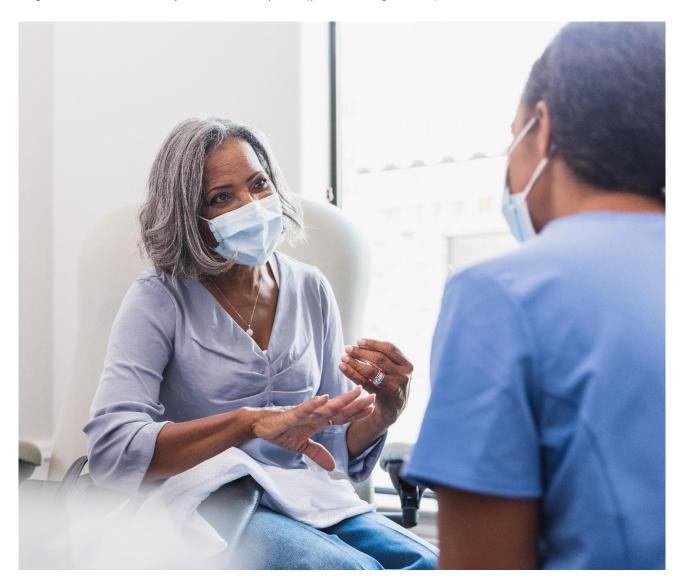
By 2019-20, **10%** of these people currently had diabetes. People with high HbA1c or BMI, and those from more deprived areas were more likely to develop diabetes.

National Audit of Breast Cancer in Older Patients

Part of the National Clinical Audit and Patient Outcomes Programme

2021 Annual Report

Results of the prospective audit in England and Wales for women diagnosed between 1 January 2014 and 31 July 2020 (published August 2021)



Understanding variation in the presentation and treatment of breast cancer in older women in England and Wales







Annual Report 2021

The aim of the NABCOP is to evaluate process of care and outcomes for women, aged 70 years and over, diagnosed with breast cancer in England & Wales, compared with women aged 50-69 years.



Diagnosis and treatment in 2019 & 2020: England and Wales

Results from the English and Welsh Cancer Datasets (comparing diagnosis and treatment among women aged 50+ years), and the NABCOP 2020 Organisational Audit.

Comparing women diagnosed between 1 April and 31 July 2020, with the same period in 2019:



- → There was a 49% reduction in the number of women diagnosed.
 - →90% fewer women were diagnosed via screening, reflecting local (in England) and national (in Wales) pausing of routine breast screening services (due to COVID-19) - most visible in women aged 50-69 years.
 - →22% fewer women were diagnosed by non-screening pathways.



- There was a 60% reduction in the number of women having surgery.
 - \rightarrow but the overall percentage having surgery remained high (80% in 2020; 86% in 2019).



→ National radiotherapy data showed an increase in use of HFRT; 72% of women having radiotherapy had HFRT (0% in 2019).



74% of NHS breast units responding to the OA reported using hypofractionated radiotherapy during the COVID-19 pandemic and were planning to continue.





1 in 5 NHS breast units responding to the OA reported "major concerns" about 'reduced number of core staff' and 'numbers of patients requiring assessment & treatment', when asked about the biggest challenges to services returning to pre-COVID-19 levels of workload.



Outcomes following treatment

Among women diagnosed between 2014-2018:



29% of women in England having adjuvant chemotherapy for EIBC had at least one unplanned overnight hospital admission related to a side effect.



15% of women who had initial BCS for DCIS / EIBC in England and Wales had a reoperation within 3 months.



Endocrine therapy: anti-estrogen therapy used to treat hormone positive breast cancer.

Hypofractionated radiotherapy: a radiotherapy regimen where the total dose is divided into larger portions, and given over fewer days than the standard regimen.



Endocrine therapy prescriptions

Among women diagnosed with estrogen receptor positive invasive breast cancer in England between 2014-2017, we found:



90% had an ET prescription dispensed in 2018, recorded in the Primary Care Prescription Database*. *For this report, PCPD data was only provided for 2018



ET use did not vary by age or frailty.



There was geographical variation in tamoxifen prescribing.

Abbreviations

BC: breast cancer BCS: breast conserving surgery DCIS: ductal carcinoma in situ

EIBC: early invasive breast cancer Prescription ET: endocrine therapy

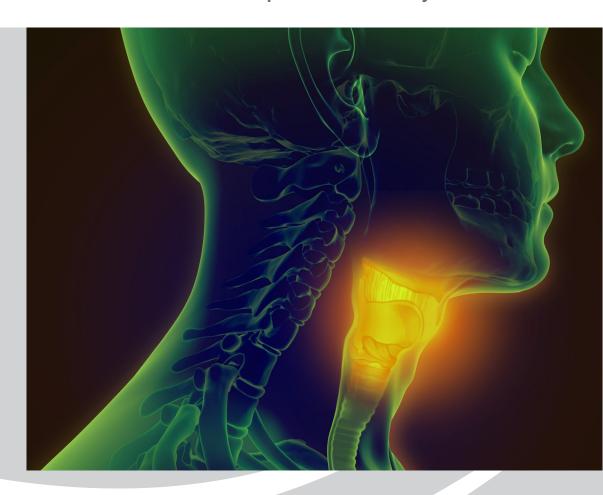
HFRT: hypofractionated radiotherapy

OA: Organisational Audit PCPD: Primary Care

Database

Hard to Swallow?

A review of the quality of dysphagia care provided to patients with Parkinson's disease aged 16 years and over who were admitted to hospital when acutely unwell





Key messages aimed at improving the care of people with Parkinson's disease and swallowing difficulties whilst in hospital

MESSAGE 1. DOCUMENT THE SWALLOW STATUS OF ALL PATIENTS WITH PARKINSON'S DISEASE AT THE POINT OF REFERRAL TO HOSPITAL



12/25 respondents to the online patient survey indicated that problems with eating, drinking or swallowing medication, while in hospital, were not taken seriously by the healthcare team

83/277 (30%)
patients had
dysphagia when
presenting to
hospital

20/79 sets of notes of patients who were known to have dysphagia did not contain information relating to dysphagia

MESSAGE 2. SCREEN PATIENTS WITH PARKINSON'S DISEASE FOR SWALLOWING DIFFICULTIES AT ADMISSION



30/409 (7.3%)
patients had a history
of aspiration
pneumonia prior to
their admission

96/449 (21.4%) patients had indicators of dysphagia on admission. The most common indicators were difficult or slow chewing and swallowing and coughing or choking

287/479 (59.9%) patients had their ability to continue with normal diet and fluid intake, which is an indicator of dysphagia, assessed at admission.

MESSAGE 3. REFER PATIENTS WITH PARKINSON'S DISEASE WHO HAVE SWALLOWING DIFFICULTIES (OR WHO HAVE PROBLEMS WITH COMMUNICATION) TO SPEECH AND LANGUAGE THERAPY



51/209 (24.4%) patients were referred to speech and language therapy following swallow screening on arrival at hospital. The case reviewers were of the opinion that a further 36/132 (27.3%) patients should have been referred

96/377 (25.5%) patients were referred to speech and language therapy on admission, and in 87 patients this was for dysphagia

Case reviewers indicated there was a delay in referral to speech and language therapy in 25/96 patients

MESSAGE 4. NOTIFY THE SPECIALIST PARKINSON'S DISEASE SERVICE (HOSPITAL AND/OR COMMUNITY) WHEN A PATIENT WITH PARKINSON'S DISEASE IS ADMITTED, IF THERE IS ANY INDICATION THAT THERE HAS BEEN A DETERIORATION OR PROGRESSION OF THEIR CLINICAL STATE



307/397 (77.3%) patients were under the care of a Parkinson's disease service prior to their admission

180/316 (57%) sets of case notes contained no evidence that patients with Parkinson's disease had a named contact with their Parkinson's disease service

Parkinson's disease consultants and/or specialist nurses were involved for 160/497 (32.2%) patients

MESSAGE 5. PROVIDE WRITTEN INFORMATION AT DISCHARGE ON HOW TO MANAGE SWALLOWING DIFFICULTIES



168/292 (57.5%) patients/carers
were provided with information on
the administration of medicines
prior to discharge. The information
was more likely to be provided if the
patient's Parkinson's disease
medication had been altered during
the admission

There was no evidence in the case notes of communication at discharge with those responsible for the care of the patient in the community in 90/275 (32.7%) cases reviewed

There was evidence in the case notes that the patient's level of swallowing/aspiration risk in the community was considered prior to discharge for 61/210 (29.0%) patients