N-QI-CAN Meeting Q&A 29/09/22

Questions asked of HQIP with HQIP's responses

No.	Topic	Question	HQIP Response to the question
1.	The Directory	I notice the contact details for some of the leads on the HQIP directory are not current. I called one yesterday who has long left the organisation but the name and contact number still there.	We try our best to keep the Directory up to date but we recognise that details change over time. We regularly ask all projects for their updates. Where we know of changes relating to the projects that HQIP commissions we keep the Directory as up to date as possible. The Directory includes projects outside the NCAPOP, and we rely on those projects that we do not commission to notify us of changes. The Directory is not a fully comprehensive and dynamic portal and for this reason may not give contemporaneous 'live' information at any given point in time. If you have specific queries on projects operated by other organisations, please contact the Provider project manager, or seek further clarification via the project Provider website. Please do let us know of any errors that you spot.
2.		It will be very helpful to show the audit year reports relate to. Sometimes it is very confusing if it is not clearly stated.	We agree and in future we will ask audit providers to specify this clearly.

3.		The latest HQIP directory has not specified the report publication dates for some 2022/23 audits. When will this be known please?	For NCAPOP projects: as soon as report publication dates are known they are listed here: https://www.hqip.org.uk/ncapop-9-month-publication-schedule (the Directory points to this page). For non-NCAPOP projects operated by other organisations, we recommend seeking further clarification via the project's website and/or contacting the relevant project manager. Also, FYI, the report recommendations are collated shortly after publication and published here: https://www.hqip.org.uk/reports-recommendations-and-infographics/#.YH1lduhKjmY
4.		Can HQIP give some details about how long NCAs will run for e.g. SSNAP, MINAP. How often are NCAs removed from the NCAPOP. How often are datasets reviewed with a view of reducing the data items collected?	1. Each project is commissioned under a contract for (generally) three years with the possibility of a two year extension. Decisions about whether to extend a contract and about whether to recommission an audit for a particular topic are made by the funders: NHS England and the Welsh Government. 2. From time to time NCAs are decommissioned. 3. Datasets are reviewed at least annually by the projects. 4. Decisions are made depending on the needs of the project and as required to support the project's quality improvement plan. 5. HQIP is working to reduce the audit burden and to focus the number of metrics on a discrete and manageable number, guided by the quality improvement intent of the project, which is set out in each project's healthcare improvement plan. 6. We recognise the burden issue and work hard to address this but it needs to be balanced with other voices contributing views (including clinicians) who tell us that they want to understand the variation in

			clinical services. Overall we look at the weight of consensus option to help guide us. Non-NCAPOP projects are outside of HQIP's ability to address.
5.		Really appreciate The Directory being updated with National Data Opt Out requirements - would it be possible for it to also include whether paediatric information is expected as part of data submission please? Jack.hiscock@nhs.net (Sheffield Children's)	Interesting suggestion thank you, we plan to make this change.
6.	NCAPOP	Will the cardiac audits still be considered mandatory? Will they be on Quality Account List?	The cardiac audits are no longer part of the NCAPOP, having moved to new hosts to bring them into the NHS. Please contact https://www.nicor.org.uk/national-cardiac-audit-programme/. The new Quality Accounts list for 23/24 is currently being prepared.
7.		QTRLY reporting of NCAs is good, this creates more work for CADs locally. The NCAPOP and Quality Account list seems to be increasing. Are CADs increasing?	We agree that quarterly reporting is 'good' and very important. What we know is that clinicians and patients appreciate quarterly reporting and near real time dynamic reporting. This is because rapid feedback to clinicians helps to support timely changes in clinical care and improve the healthcare services for patients. FYI going forwards we have asked the NCAPOP commissioned providers (on new contracts) to provide quality improvement resources (rather than writing local recommendations). This may reduce the time that CADs

spend post publication chasing action plans for addressing local recommendations.

If the NQICAN consensus weight of opinion agrees with this comment, we suggest that this might be a good topic for discussion at NQICAN.

For example it might be good for NQICAN to debate and explore whether quarterly reporting creates more work for CADs locally? Perhaps unpicking and discussing other questions relating to this and to understand the bigger picture might help? For example:

1. Does quarterly reporting create more work for CADs?
2. If so, is this a short-term picture and hence does this initially increase the CAD workload but subsequently and in the long term do the quarterly refreshes help with clinician engagement and hence reduce the time that CADs spend after publication and chasing action plans post NCA publication?
3. What do CADs think is the most time consuming aspect of their work and how can NQICAN share tips and tricks for resolving high impact workload areas?
4. What do CADs think is the most challenging aspect of their work (not necessarily time consuming) and how can NQICAN share tips and tricks for address?
5. Is it possible to look at areas of 'creates more work' and split into:
   a. consensus agreement that high workload exists over the short, medium and long term
   b. areas where a change in how CADs do the work i.e. debate how the work is done? Are changes in CAD practice

				required? Can NQICAN debate and suggest different styles and ways of working that might help address any issues? 6. NQICAN debate about how and when CAD resource issues are raised and addressed at a trust level and with whom? 7. Does a nominated CAD representative have access to the trust quality governance committee (or relevant committee feeding into the Board and where NCAPOP audit reports / annual reports / issues with NCA / resourcing are debated and escalated)?
8.		obesity audit - do we register as organisatons and will reports be published for local implementation?		https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-obesity-audit If an organisation has not been contacted and runs weight management services, they can contact dataliaison@nhs.net and ask to participate. A summary report is planned for Summer 2023. The first release of data was published in August 2022, and available from the link above.
9.		For one of our National audits- NACEL in particular, we previously had 1 patient that met the criteria and it requires a lot of work (we are a specialist Trust) should we still be participating?		Not participating if there is one death in a trust may be understandable but this trust would need to consider how it ensures that end of life care guidelines are being met and how this can ultimately be demonstrated to the CQC. We have discussed this with the audit provider team and they recommend:

			"Specialist Trusts should still participate in NACEL… If there are a low number of inpatient deaths within the Trust, we normally recommend that they do not take part in the Case Note Review or the Quality Survey. However they can still take part in the organisational element of the audit and the staff survey. This way their results contribute to a national picture of end of life care, and they still receive some local benchmarked analysis."
10.		Can you also be more inclusive of community services in national clinical audits. We seem to be forgotten!	NHS England and the Welsh Government as funders decide which audits are commissioned – these tend to be those in which audit is an appropriate and an effective mechanism exists to collect the data, affect change and reduce variation, especially for commonly-occurring conditions. HQIP works with funders and through the Executive Quality Board Clinical Audit Subgroup (NQICAN are represented on the EQB-CAS). It is via the funders and the EQB-CAS that HQIP receives a remit for a topic. NQICAN are represented at specification development meetings (SDM) with the funders, so feedback and input can flow through regional leads.
11.		Why will it take a few years to refine/simplify national reports. Writing succinct reports is not that difficult. Time is off the essence!	For NCAPOP commissioned projects HQIP constantly works with audit and CORP providers to refine and simplify national reports. However understandably what does take time to wash through the system are new contract deliverables. For providers on new contracts (approx. from 2022 onwards) we have specified succinct, summary 'State of the Nation' reports.

			The projects that are on contract deliverables before 2022 all produce infographics and executive summaries wherever appropriate.
12.		What plans are there to balance the national clinical audit programme? It is still very acute heavy yet costs the same for everyone	NHS England and the Welsh Government as funders decide which audits are commissioned – these tend to be those in which audit is an appropriate and an effective mechanism exists to collect the data, affect change and reduce variation, especially for commonly-occurring conditions.

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On cost, national funding provides the majority of the central audit project costs. NHS trust subscriptions account for a small proportion of the funds required to resource the audit programme. These subscription funds cover more than just NCAPOP commissioned projects. HQIP is currently discussing with funders the subscription charges for future years and what form these will take given that costs are escalating. The subscription funding charge is outlined annually on confirmation by NHS England. Since the 2016/17 financial year, the subscription funding charge has been set at £10,000 + VAT for all NHS Trusts and NHS Foundation Trusts. More details regarding subscriptions can be found here: |

			Subscription funding charge towards NCAPOP – HQIP
13.		Can HQIP give some details about how long NCAs will run for e.g. SSNAP, MINAP. How often are NCAs removed from the NCAPOP. How often are datasets reviewed with a view of reducing the data items collected?	Each project is commissioned under a contract of (generally) three years with the possibility of a two year extension. Decisions about whether to extend a contract and about whether to recommission an audit for a particular topic are made by the funders: NHS England and the Welsh Government. From time to time NCAs are decommissioned. Datasets are reviewed at least annually by each project, depending on the needs of the project and as required to support the project's quality improvement plan.
14.		Are NHSE able to give details as to how the NCAPOP has developed over the years i.e. how many national audits were there 20 years ago, 10 years ago and currently. I would include all workstreams here. For example the National Diabetes programme includes numerous audits and the National Breast Cancer now include two workstreams instead of one. zoe.lowe@nhs.net	Thank you for this question. Please see also the response from NHS England. HQIP annual reports might help you to find some of the information you are looking for: https://www.hqip.org.uk/about-us/board-accounts-annual-reports/#.Y1AOU3bMIdV HQIP is not aware of anyone having gone back to look at workstreams from 20 years ago (prior to formation of HQIP). Funders and the CQC work in close collaboration and for the benefit of patient care. We acknowledge that the number of audits and workstreams have increased over the years but we all wish to assure ourselves that

			services offered are benchmarked and that variations in care are understood and corrected – the care offered to patients is of critical importance. Perhaps the question that NQICAN should debate and focus on is whether CADs are adequately resourced to cope with the growing requirements? We have given some suggestions for debating under question 7. Would it be helpful for trust CADs, through NQICAN, to share relevant organograms and resourcing information to help fellow colleagues if there is felt to be a need to explore this area via NQICAN? HQIP is not commissioned to look at CAD resourcing, but we can see that NQICAN might be the forum through which it would be helpful for CAD trust representatives to share this information with each other. Perhaps creating an NQICAN repository of information around certain key areas for example CAD organograms (with the patient population served) would enable comparisons and help struggling trusts?
15.		I work in a community trust and in the past 12 - 18 months we have opened 3 rehabilitation wards. There doesn't seem to be many national audits for community trusts, they are mainly for acute trusts. Are there any plans in the future for more national audits for community trusts. Many thanks	This is a very good question, thank you. NHS England and the Welsh Government as funders decide which audits are commissioned – these tend to be those in which audit is an appropriate and an effective mechanism exists to collect the data, affect change and reduce variation, especially for commonly-occurring conditions.

			HQIP works with funders and through the Executive Quality Board Clinical Audit Subgroup (NQICAN are represented on the EQB-CAS). It is via the funders and the EQB-CAS that HQIP receives a remit for a topic. NQICAN are represented at specification development meetings (SDM) with the funders, so feedback and input can flow through regional leads. We are cognisant of the need, where possible, to focus NCAPOP providers on collecting routine data where this exists and to reduce data entry burden. Currently the mechanisms for collecting community data are evolving nationally and as these mechanisms improve (and hopefully the costs of collecting community data reduce) widening more extensively to community trusts can be considered.
16.	Quality Accounts	Hi, question for NHS England/HQIP representatives please. Changes to the wording of the NHS Standard Contract in 21/22 appear to make everything on the Quality Accounts List mandatory, rather than just the NCAPOP/HQIP managed or commissioned projects. This change doesn't appear to be reflected in the intro of the Quality Account List for 22/23. Please can you clarify if everything on the list is now mandatory as i don't think this change has been widely reported.	Thank you very much for raising this question. You are quite correct the NHS Standard Contract has been revised and specifically, 'SC26 Clinical Networks, National Audit Programmes and Approved Research Studies' more specifically 26.1.2 and sub bullets 26.1.2.1 / 26.1.2.2 / 26.1.2.3. These clauses set out the requirement to participate in the Quality Account 'The List'. These are: SC26 Clinical Networks, National Audit Programmes and Approved Research Studies 26.1 The Provider must: 26.1.1 participate in the Clinical Networks, programmes and studies listed in Schedule 2F (Clinical Networks); 26.1.2 participate in:

			26.1.2.1 any national programme within the National Clinical Audit and Patient Outcomes Programme; 26.1.2.2 any other national clinical audit or clinical outcome review programme managed or commissioned by HQIP; and 26.1.2.3 any national programme included within the NHS England Quality Accounts List for the relevant Contract Year; relevant to the Services; and 26.1.3 make national clinical audit data available to support national publication of Consultant-level activity and outcome statistics in accordance with HQIP Guidance. The 2022-23 NHS contract can be found here: 03-full-length-standard-contract-22-23-service-conditions.pdf (england.nhs.uk) We will make this clear in the text of the Quality Account 'The List' and we will also add a footnote to indicate the date of change. We will also make this clear in an ebulletin that will go out to everyone who has subscribed to the HQIP newsletter. This is distributed once a month towards the end of the month.
17.	NCAB/Model Health	Will National Clinical Audit Benchmarking work be rolled out to the full NCAPOP?	HQIP is working to update existing and add new audits to the National Clinical Audit Benchmarking site (NCAB) as time and resources allow. We are currently undertaking a review of the systems and processes that support NCAB with a view to enabling more timely publication, and more efficient and automated data handling.
18.		How can providers ensure to have access to the benchmarking if an independent	The National Clinical Audit Benchmarking (NCAB) website is openly accessible, no passwords are required. Many of the audit providers also

		provider please (not an nhs email but provide NHS care)	publish reports and data with their own online tools and there are links to the websites in the [HQIP Directory](#) and the [NCAPOP A-Z.](#) For Model Health System: we suggest you contact MHS for advice. The access policy on the MHS website reads: "All NHS staff can access Model Health System. Staff in NHS trusts and commissioning organisations can view and download their own organisation's data, compared to other trusts, national averages, and peer groups. Within the Model Health System, users can also switch to view any other provider across their ICS or STP, and at an aggregated System-level. Staff from NHS arms-length bodies and the Department of Health and Social Care and its agencies can also access the tool. By exception, time-limited access may be granted to other types of user, with the consent of a provider or of NHS England and NHS Improvement."
19.		Is there a timeline for moving the benchmarking over to ModelHealth?	There is not currently a set timeline or plan for moving benchmarking to Model Health. HQIP are working with the NSHE and CQC teams to include as many audits as possible on Model Health in parallel with NCAB. Options for the publication of audit results in the future will form part of the review of NCAB that is currently underway.
20.	PQIP	Concerned about the Perioperative Quality Improvement Programme 2022-23, which reads as clinical research not clinical audit	This project is not commissioned by HQIP nor part of NCAPOP. Please contact the project team: https://pqip.org.uk/content/home
21.		Also concerned about the amount to work involved in this QIP and the lack of	As above

		capacity clinically to engage and the impact if we do not participate	
22.		Agree regarding PQIP which now appears to have been made mandatory with the change in the wording of the standard contract	As above
23.	Other	Its probably worth retitling the NCA junior doctors resources to 'Doctors in Training' in line with the national renaming.	Thank you for the suggestion. HQIP has considered this. The relevant link is here: Trainee Doctors – HQIP. Whilst we understand the sentiment of your comment, we don't consider it good use of HQIP resources to rebrand this entire section on the HQIP website – it would require more than just a retitling change and we think that the current title of 'Trainee doctors' is clear. If we consider more extensive changes to the HQIP website in the future, then we will align the wording at this point. The more important element is that excellent resources have been produced and made available. We do thank you though for raising this.
24.		How do NQICAN leaders raise NCA issues with HQIP? Who represents us on which group? How are NQICAN independent from HQIP?	NQICAN has a website here: Meetings – National Quality Improvement (incl. Clinical Audit) Network (N-QI-CAN) (nqican.org.uk) .

The NQICAN Chair and Gen Sec meet with HQIP reps once every two months and the HQIP reps also attend the NQICAN quarterly meetings. Issues can be raised at these meetings. |

| | | | The NQICAN Chair is informed of HQIP meetings/events that they can be involved in (e.g. specification development meetings) and the Chair either attends or cascades these invitations to the regional chairs.

NQICAN is an independent group. In order to support local audit and quality improvement work, NHS England has agreed to reimburse certain specific expenses that individuals and/or their trusts might have in carrying out NQICAN work. NHS E provide backfill expenses to the officers' Trusts to cover days per month that they work on NQICAN activities. |
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| 25. | CAAW | How have HQIP and NQICAN reflected on CAAW22? How has the week been evaluated? We were promised outputs (Mentimeter polls/free text) from lunchtime sessions - how do we see these and how has this feedback been utilised over the last 100 days? What are the plans for CAAW23 | NQICAN carried out an extensive piece of evaluation work which was presented at the open meeting in September 2022 (and is available on the NQICAN website). HQIP will take this and any other reflections/data from the week into account when planning future events. |
| 26. | | Often find that there is little engagement with CAAW from clinical services therefore a lot of effort. Any suggestions for improving engagement | Thank you for sharing – we will include that in our thinking for future events. NQICAN might also be able to support. |