



# **CLINICAL AUDIT AWARENESS WEEK 2025**

CELEBRATING OUR CLINICAL AUDIT HEROES!

### **EFFICIENCIES**

12:30-13:45











# **CAAW25 L&L programme**

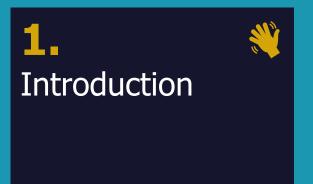
Date	Mon 2 June	Tues 3 June	Weds 4 June	Thurs 5 June	Fri 6 June
Topic	Patient Safety	Patient & Public Involvement	Healthcare Inequalities	Influencing Change	Efficiencies
Key speakers	Hest (N'	Kim P (H	Danny Pan (H	Sam (N'	Dr Theresa Barnes (RCP)

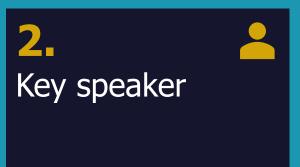






# Today's agenda





















Change needs to be led by all.

Art of the possible and thinking wider about sustainability.

Climate Change presentation was excellent to think more about this and how we all impact on the environment

Engaging with everybody - the importance of relationships and networks. Definitely need to read and think about this! Involve people who will make the change happen more at an earlier stage of the journey.

Make time for Contemplation more and less time reacting to deliver change.

Putting people at the heart of sustainability

Understanding what I need to do to or avoid to sustain change.

Change is possible as long as people believe in it and engage with the actions required to implement it.

Importance of engaging with whole team and ensuring their benefits and patient benefits interlink

Kindness as a barrier to sustaining change - doing for not with out of goodwill if clinical colleagues are busy. This hinds change rather than helping. Really useful perspective and I will reflect on how I approach QI and change management

All of it, very well presented and lots to take away







### **Considerations for Clinical Audit**

Bold & Ambitious

**Data Driven Quality Improvement** 

**Reducing Performance Variability** 

**Patient Voice** 

**Technology & Data** 

**Timely, Integrated & Patient Centred Services** 

Value & Impact







# From Hospital to Community Care

From Analogue to Digital

From Treating Illness to Preventing it

# **'3 Big Shifts'**

## **Technology & Data**

#### **Diagnostic Support:**

- Stroke Diagnosis
- Cancer Detection
- Heart Disease Detection

#### **Medication & Treatment:**

- Electronic Prescribing Systems
- Digital Medication Reminders
- Home Dialysis Machines
- Connected Inhalers
- NHS App

#### **Population Health & Planning:**

- Identification of at risk populations
- Personalised Care Pathways
- Shared digital records
- Capacity Planning

#### **Virtual Care & Monitoring:**

- Remote Monitoring Devices
- Digital Platforms & Dashboards
- Telehealth
- Electronic Health Records

#### **Screening & Early Detection:**

- AI Imaging & Diagnostics Tools
- OCT Eye Scans Diabetic Retinopathy
- Liquid Biopsy Blood Tests







Technology - embracing digital solutions to improve patient care

### Real-time data helping to cut waiting lists, prioritise patients and speeding up discharges

The NHS FDP is already delivering tangible benefits at both our acute trusts:

**NHS Federated Data Platform** 

At UHN's two sites (Northampton General and Kettering General), we're live with Inpatients, Outpatients, and Referral to Treatment (RTT) modules and are currently on boarding with OPTICA - we've seen a 4.8% increase in booked theatre utilisation since adopting Inpatients and we've closed 18,000 RTT pathways since adopting RTT. Meanwhile at UHL, we're seeing positive outcomes with the Inpatients module

"At UHL, led by Deputy Group Chief Data Officer Matin Vohra, we've become the first trust in England to demonstrate how the NHS FDP can streamline national data submissions, and we're working to adopt it as our primary data and analytics platform".







# Timely, Integrated & Person Centred Services

**Integrated Care for Long Term Conditions** 

**Virtual Wards & Remote Monitoring** 

**Frailty & Falls Prevention Service** 

**Transforming Out Patient Services** 









# **HQIP**





### Healthcare Quality Improvement Partnership (HQIP)

### Chris Gush

**CEO** 

**HQIP** 

Find out more about all #CAAW25 activities and releases – scan the QR code or go to:

www.hqip.org.uk/clinical-audit-awareness-week

















# Key speaker









# Prescription for outpatients

reimagining planned specialist care





# the patients association

# Disclosures

> No disclosures related to this presentation







# Current outpatient care is outdated







# 2025 RCP Survey Insights

#### **Inadequate Resources**

57% of surveyed RCP members reported inadequate resources for delivering outpatient activity remotely in 2025.

#### **Room Availability Constraints**

66.8% of physicians cited limited availability of rooms as a major constraint in providing outpatient care.

#### **Prioritising Patients**

Only 31.2% of respondents had the time and information needed to prioritise patients on follow-up waitlists based on their risk.









# Growing Need for Outpatient Care



#### **Increasing Outpatient Services**

The demand for outpatient services has increased steadily each year, reflecting a critical aspect of modern healthcare.



#### **Aging Population**

An aging population is a key driver for the increased need for outpatient care as more people live with chronic conditions.



#### **Growing Waiting Lists**

The rise in outpatient care demand has led to increased waiting lists, with many patients waiting for appointments rather than surgeries.



### Outpatient Care Strategy: Summit themes and dates

Summit 1
25 May 2023

Discovery workshop

Summit 2
June 2023
Accessing quality care

Summit 3
July 2023
Future models of care

Summit 4
Sept 2023
Commissioning,

multimorbidity

Themes (wider context)

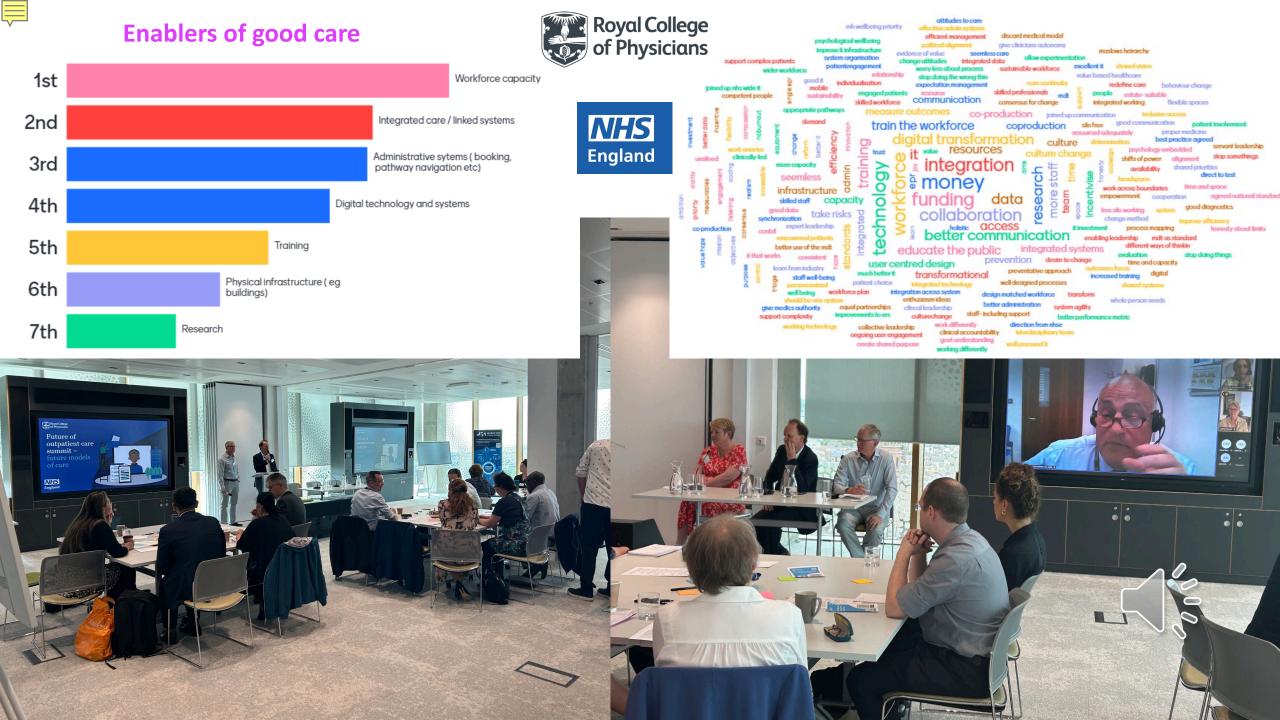
Patient experience
Digital accessibility and literacy
Health inequalities
Behavioural change

#### **Enablers**

Digital tech and systems
Primary care integration
Workforce capacity and capability
Training
Research



















# What is the purpose of planned specialist care?



Advice and prevention



Pre-assessment for procedures and surgery



Diagnosis



Treatment and monitoring



Personalised care decisions, including shared decision making



Ongoing condition management and support

#### Five ambitions for reform

- 1 Timely care, by the right person, in the right setting
- 2 Empowered, support patients, engaging in their own care
- 3 Seamless communication between patients and healthcare providers
- 4 Efficient, innovative care delivery, valuing patients' time
- 5 Use of data and technology to identify risk and reduce inequalities



# Prescription for outpatients

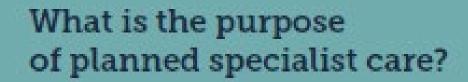
reimagining planned specialist care

#### Eight care shifts

- From appointment-based care to a wide range of options for holistic care
- 2 From services that are difficult to access and navigate to simplified, timely pathways of care doser to home
- 3 From a 'one size fits all' approach to personalised care that meets a patient's individual needs
- 4 From diagnose and treat to predict and prevent
- 5 From teams working in silos to integrated pathways of care working across the healthcare system
- 6 From burnt out and disenfranchised healthcare workers to empowered and engaged teams
- 7 From counting activity to delivering the best possible health outcomes and patient experience
- 8 From inequalities within healthcare to consistent standards of care









Advice and prevention



Pre-assessment for procedures and surgery



Diagnosis



Treatment and monitoring



Personalised care decisions, including shared decision making



Ongoing condition management and support









# Achieve Best Patient Outcomes



#### **Timely Care**

Ensuring patients receive care in a timely manner according to clinical need.

#### **Right Person, Right Setting**

Care is delivered by the appropriate healthcare professional in the correct setting- as close to the patient as possible.

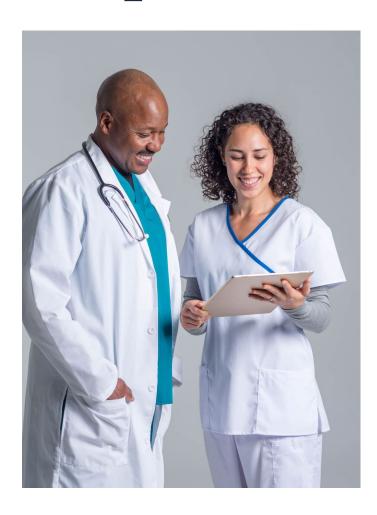
#### **Enhanced Patient Outcomes**

Providing timely and appropriate care significantly improves health and wellbeing of patients.





# Empower Patients in Healthcare



#### **Personalised Care**

Delivering personalised care helps patients take an active role in their health, improving outcomes and satisfaction.

#### **Shared Decision Making**

Shared decision making involves patients and healthcare providers working together to make informed health decisions.

#### **Support Planning**

Support planning lays out the individual needs of a patient to achieve their health and social needs, which they should be actively involved in developing where possible.

#### **Supported Self-Management**

Supported self-management empowers patients to manage their health conditions with confidence are independence.





# Improve Communication in Care

#### **Seamless Care Coordination**

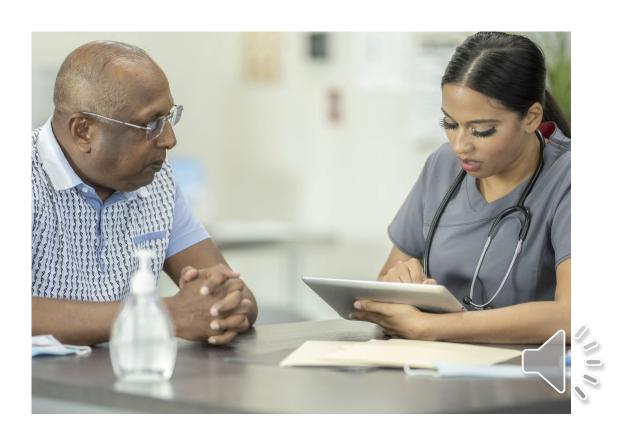
Enhancing communication mechanisms to ensure seamless care coordination among healthcare professionals.

#### **Informing Patients**

Ensuring that patients are thoroughly informed about their health status and care plans.

#### **Best Possible Outcomes**

Coordinated communication leads to well-informed care decisions and improved patient outcomes.







# Innovative and Efficient Care

#### **Valuing Patients' Time**

Implement healthcare practices that prioritise patients' time, reducing wait times and avoiding unnecessary appointments.

#### **Innovative Methods**

Utilise advanced technology and novel approaches to deliver healthcare, enhancing efficiency and effectiveness.

#### **Effective Delivery**

Optimise healthcare delivery to ensure high-quality care that is both effective and efficient, meeting patients' needs promptly.







# Use Data to Reduce Health Inequalities



#### **Identify At-Risk Patients**

Using data analytics to identify patients who are most at risk helps in providing timely and targeted care.

#### **Prioritise Care**

Prioritising healthcare resources based on patient needs ensures those at highest risk receive prompt attention.

#### **Reduce Health Inequalities**

Leveraging data helps in addressing and minimising health disparities among different populations.

#### **Prevent III Health**

Proactive care using data helps in preventing illnesses and complications before they become severe.



# Eight shifts

- > From appointment-based care to a wide range of options for holistic care.
- > From services that are difficult to access and navigate to simplified, timely pathways of care closer to home.
- > From a 'one size fits all' approach to personalised care that meets a patient's individual needs.
- > From diagnose and treat to predict and prevent.
- > From teams working in silos to integrated pathways of care working across the healthcare system.
- > From burnt out and disenfranchised healthcare workers to empowered and engaged teams.
- > From counting activity to delivering the best possible health outcomes and patient experience.
- > From inequalities within healthcare to consistent standards of care.



#### Headline recommendations

#### For government

- Reform outpatient care as part of the 10 year plan.
- Deliver a robust, regularly refreshed NHS workforce strategy.
- Expand medical school places and specialty training.
- Invest in administrative support and digital infrastructure.

#### For clinicians

- Promote and implement new ways to deliver care outside a traditional appointment.
- Adopt a personalised care approach.
- Job plans must allow dinical time for activity associated with delivering modern outpatient care.

#### For healthcare providers

- Improve referral systems and self-referral options.
- Create easyto-understand, accessible patient information.
- Adopt and implement digital tools (like patient engagement portals).
- Improve patient preparedness.

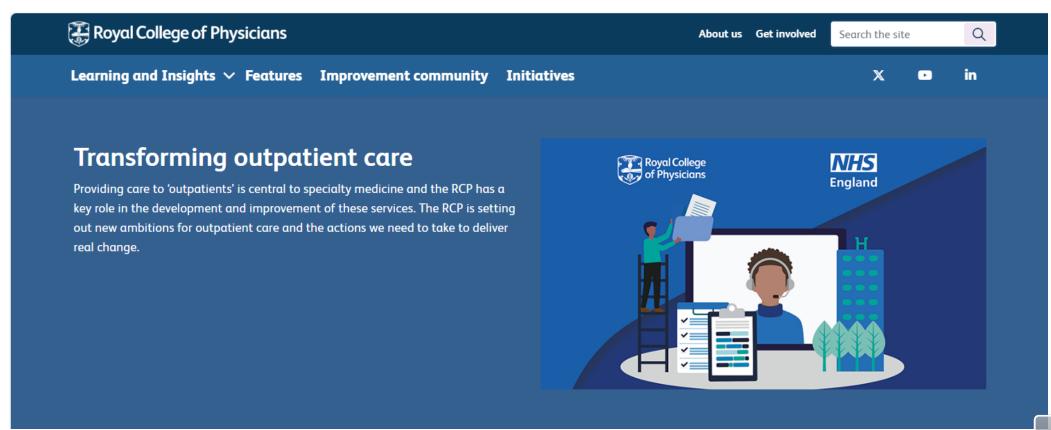
#### For system leaders

- Reform commissioning models to incentivise good practice and implement coding.
- Measure outpatient care value beyond activity numbers.
- Evaluate novel and innovative approaches so that unintended consequences can be measured and addressed.

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# Looking to the future

Looking to explore opportunities to engage with your community to:

- Integrate the recommendations
- Assess the impacts
- Analyse the advantages
- Promote continuous improvement
- Share effective models







# Thank you













**Move to Patient-Initiated Follow-Up (PIFU):** Allow patients with stable long-term conditions to book follow-ups when they need them, rather than on a fixed schedule. University Hospitals of Leicester NHS Trust implemented PIFU for rheumatology and dermatology, reducing unnecessary appointments and improving patient satisfaction.

**Expand Virtual Consultations:** Use video or phone appointments for routine follow-ups and medication reviews. Guy's and St Thomas' NHS Foundation Trust runs virtual cardiology clinics, saving travel time and reducing DNAs (Did Not Attends).

**Use Digital Triage and Advice Services:** Implement digital platforms where GPs can get specialist advice before referring patients. NHS e-Referral Advice & Guidance services help reduce outpatient referrals by resolving issues in primary care.

**Develop One-Stop Clinics:** Offer diagnostics, consultations, and treatment planning in a single visit. Community Diagnostic Centres (CDCs) provide same-day imaging and blood tests, reducing delays in diagnosis and treatment.

**Integrate Shared Decision-Making Tools:** Use decision aids and care planning tools to involve patients in choosing their treatment and follow-up options. Northumbria Healthcare NHS Foundation Trust uses shared decision-making in orthopaedics to reduce unnecessary surgery.









**Move to Patient-Initiated Follow-Up (PIFU):** Allow patients with stable long-term conditions to book follow-ups when they need them, rather than on a fixed schedule. University Hospitals of Leicester NHS Trust implemented PIFU for rheumatology and dermatology, reducing unnecessary appointments and improving patient satisfaction.

#### **Benefits for Patients:**

- Greater flexibility & control
- Improved Satisfaction
- Reduced Travel and Time Off Work
- Reduces unnecessary hospital visits

#### **Benefits for the Healthcare Providers:**

- Reduced Outpatient Backlogs
- More Efficient Use of Resources
- Supports Digital Transformation
- Improved Outcomes









**Integrate Shared Decision-Making Tools:** Use decision aids and care planning tools to involve patients in choosing their treatment and follow-up options. Northumbria Healthcare NHS Foundation Trust uses shared decision-making in orthopaedics to reduce unnecessary surgery.

#### **Benefits for Patients:**

- Empowerment and Autonomy
- Better Understanding of Options
- Improved Adherence
- Reduced Anxiety

#### **Benefits for the Healthcare Providers:**

- Stronger Patient-Clinician Relationships
- More Appropriate Use of Services
- Improved Outcomes
- Supports Person-Centred Care



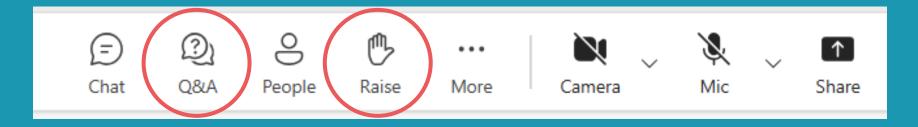




# Q&A



Raise your hand and when selected, we will enable your mic and camera so you can take yourself off mute and ask your question











# **Our Clinical Audit Hero winners...**





### **Efficiencies Hero**

### **Runner-up**



#### **Laura Atkins**

Tracheostomy lead nurse/ENT
County Durham & Darlington NHS
Foundation Trust



**Project:** 2347 Tracheostomy standards of practice

#### **Efficiencies Hero**

#### Winner

dinical audit hero

Taylor, Dr Rachel Massey
Consultant Obstetrician & Gynaecologist,
Community Coynel and Dongsdystive Health 1

**Dr Rahel-Ochido Odonde, Dr Courtney** 

Community Sexual and Reproductive Health 1st year Trainee, Foundation Year 2 Doctor *King's College Hospital NHS Foundation Trust* 



**Project:** Contraception after childbirth







## Winner presentation



# Improving provision and uptake of postnatal contraception

## 2025 HQIP Clinical Audit Heroes: Efficiencies WINNER

**Dr Rahel-Ochido Odonde** (Consultant Obstetrician & Gynaecologist)

**Dr Courtney Taylor** (Community Sexual & Reproductive Health ST1)

**Dr Rachel Massey** (Foundation Year 2 Doctor)



King's College Hospital NHS Foundation Trust
6th June 2025



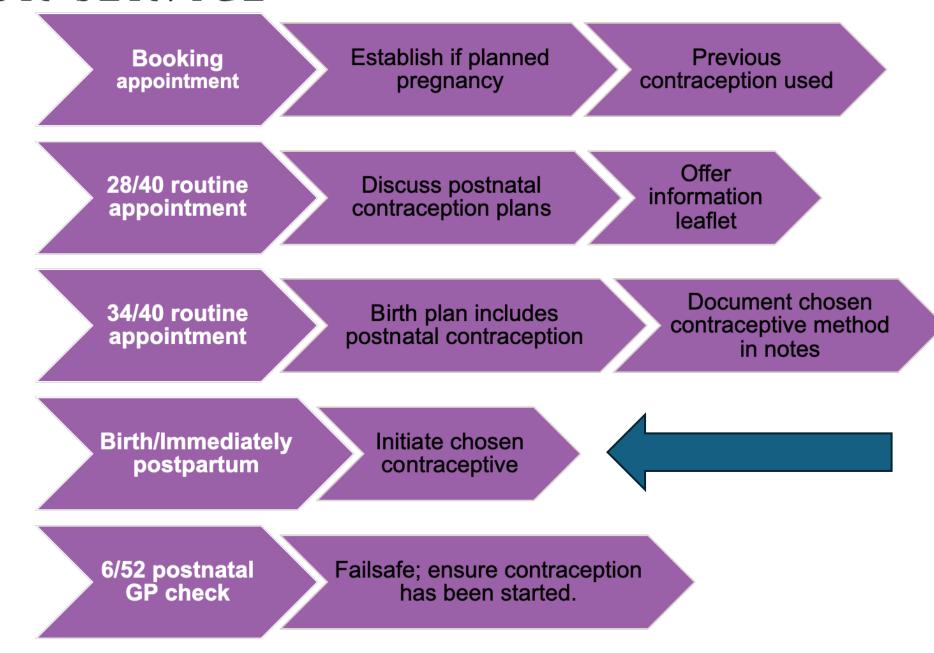
## Background – the importance of postnatal contraception

- Public Health England: 1/3 of pregnancies in Britain are unplanned [1]
- 1 in 13 access abortion services as soon as 1 year post delivery [2]
- World Health Organisation (WHO) in 2005:
  - "after a livebirth, the recommended interval before attempting the next pregnancy is at least 24 months
    to reduce the risk of adverse maternal, perinatal and infant outcomes" [3]
- Fractured SH services and COVID-19 pandemic -> poor access [4,5]
- A short inter-pregnancy interval (12 months or less) carries increased risks to both parent and baby:
  - Preterm birth [6,7]
  - Foetal growth restriction [6,7]
  - Stillbirth [6,7]
  - Uterine rupture [3]

## NICE Quality Standard QS129

"Supporting women to make an informed choice about contraception after childbirth will reduce the risk of future unplanned pregnancies. Advice and information should be given as soon as possible after delivery, and within the first week, because fertility may return quickly, including in women who are breastfeeding. Providing advice about contraception after childbirth also helps avoid the risk of complications associated with an interpregnancy interval of less than 12 months." [8]

#### OUR SERVICE





## Aims and objectives

The proportion of patients who give birth and are **given information** about all contraceptive methods by their midwife or doctor:

- Antenatally
- Within 7 days of delivery
- and/or
- Offered their choice of contraceptive method in the immediate postnatal period

**Comparison: January 2024** and **January 2025** following our interventions

**The standard:** 100% of new mothers should be counselled at one stage during booking [8]

#### Data collection

#### **Retrospective cohort**

#### Sample size:

285 (January 2024) and 278 (January 2025)

#### Inclusion criteria:

Patients who had a livebirth at King's College Hospital, Denmark Hill site, within the month of January 2024 and January 2025

#### **Exclusion criteria:**

Homebirths and intrauterine deaths

#### How data were obtained:

EPIC searches and reviewing patient notes

#### **Data collectors:**

Dr Courtney Taylor and Dr Rachel Massey

Search list:				
Contraception				
POP				
IUS				
IUD				
Mirena				
Coil				
Depo				
Pills				
Injection				
Sterilisation				
LARC				





ODONDE, Rahel-Ochido (KING'S COLLEGE

To: DH-ObsandGynaeConsultants; DH-C







KINGSMATERNITY **Posts** 











kingsmaternity Exciting news! We're proud to announce the launch of our brand-new Postnatal Contraception Clinic at King's College Hospital. Designed with your health and well-being in mind, we're here to provide personalised, compassionate care for new parents. Talk to your midwife or doctor about booking in to see us for your postnatal

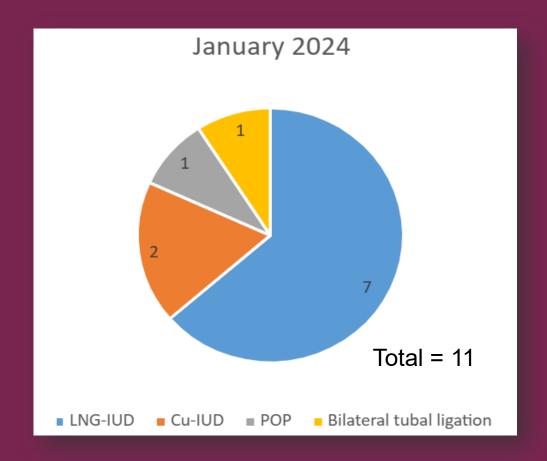
**Efficient interventions through** resource optimisation.

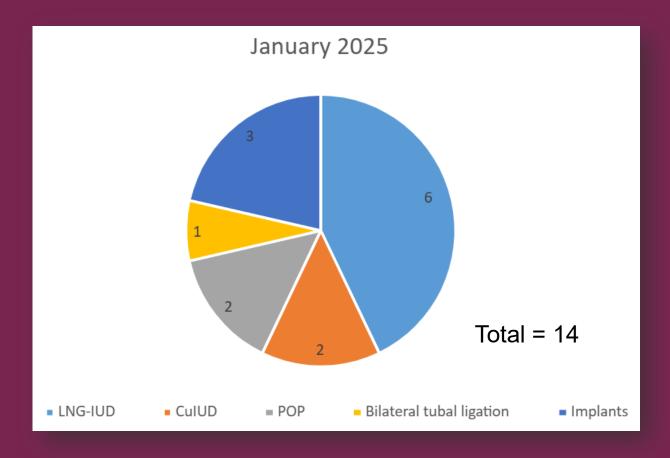


## Results

	January 2024 (total 285)	January 2025 (total 278)
Number of patients given contraceptive information antenatally:	15 (5.2%)	22 (7.9%)
Number of patients given contraceptive information within 7 days of delivery:	24 (8.4%)	36 (12.9%)
Number of patients <b>given</b> their form of contraceptive choice within <b>7 days of delivery</b> :	11 (3.9%)	14 (5%)
Midwifery-led discussions	23 (8.1%)	10 (3.7%)
Doctor-led discussions	8 (2.8%)	35 (12.6%)
<b>Both</b> doctor and midwife led discussions	2 (0.7%)	6 (2.2%)

## Types of contraception provided





Numbers of subdermal implants provided increased from 0 (Jan 2024) to 3 (Jan 2025).

### Since January 2025, we have inserted 14 implants in total!



## Obstacles to implementing change

Obstacle	Solutions?
Lack of clarity of who should be delivering the information when there is cross over between midwife vs obstetric led care	Discussing PN contraception is the responsibility of both midwives and doctors - multidisciplinary teaching/meetings to ensure gaps not missed
Education, training and confidence e.g. hesitancy of administering IM depot	FSRH Essentials Course and supplementary F2F teaching sessions with midwives and residents - can provide simple competency/knowledge checklist for PN contraception
Immediate availability of contraception on postnatal wards e.g. access to implants	'Postnatal contraception' trolley to be created and stocked by named midwife Contraception available in on ward stock and as TTAs
Lack of appropriate setting, MAU has recently moved locations	Room on/near PN ward that can be made available for procedures. Beds with stirrups are needed for IUD insertion
Funding – contraception is not currently funded by maternity services. Signposting to GP and sexual health risks loss to follow up	Made use of existing services, staff, and resources to minimise cost London-wide PN contraception funding brainstorm sessions PNC networks

## Plans for the future

Our model works on targeted staff education, and a focus on reducing financial burden by utilising **existing resources** 

- Planning FSRH Essentials Course on Contraception Following
   Childbirth
- Recruiting a 'Postnatal Contraception Midwife Champion' to train in SDI insertion via the clinic, who can cascade the knowledge and skill amongst other midwives - including community midwives
- · Aim for one SDI fitter available per shift on the postnatal ward
- Eventually remove the need for the clinic contraception to be readily provided by midwives
- Evaluate patient satisfaction and target vulnerable/minoritised groups
- Long term funding



## Thank you for listening



#### References

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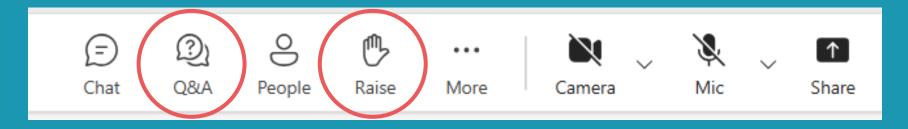




### **Q&A for our Winners**



Raise your hand and when selected, we will enable your mic and camera so you can take yourself off mute and ask your question











## **Evaluation and close**









#### **How was this event?**











#### **#CAAW25 - Efficiencies**

#### Take away challenges

How will this Clinical Audit add **value**? How will it support **efficiencies**?

What metrics will be utilised to evidence **impact** on improving **efficiencies and health outcomes** overtime?

#### What do we already have that we can utilise differently?

- Are we maximising the impact of participation in current Clinical Audits across pathways & systems?
- How can we make better use of real time integrated data to drive improvements across pathways & systems and make more efficient use of resources?









## Thank you for joining us!

Date	Mon 2 June	Tues 3 June	Weds 4 June	Thurs 5 June	Fri 6 June
Topic	Patient Safety	Patient & Public Involvement	Healthcare Inequalities	Influencing Change	Efficiencies
Register					



#### Thank you from HQIP

#### An ENORMOUS thank you!

#### A round-up of all Clinical Audit Awareness Week activities...

- Clinical Audit Heroes award winners: <u>www.hqip.org.uk/clinical-audit-heroes-awards-2025</u>
- Find out more about all Clinical Audit Awareness Week (event recordings, resources, case studies, etc) Scan the QR code or go to: <a href="https://www.hqip.org.uk/clinical-audit-awareness-week">www.hqip.org.uk/clinical-audit-awareness-week</a>
- For those on social media, please share your #CAAW25 updates!

#### More info from HQIP generally:

- Visit the HQIP website: www.hqip.org.uk
- Audit reports: <u>www.hqip.org.uk/resources</u>
- Support with quality improvement from HQIP: www.hqip.org.uk/services
- Sign up to HQIP's mailing list: <u>www.hqip.org.uk/subscribe-form</u>
- You can contact HQIP at <u>communications@hqip.org.uk</u>



Lacia Ashman, Head of Communications & Marketing, HQIP

Clinical Audit Awareness Week 2025 (#CAAW25)













## **Share CAAW activity with us**

#### N-QI-CAN

- **>>>>**
- future.nhs.uk/NQICAN
- nqican.org.uk
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  - Mealthcare Quality
    Improvement Partnership





