HQIP Guidance for Data Burden Reduction

This guidance has been produced by HQIP to outline expectations in relation to data burden reduction. The National Clinical Audit and Patient Outcomes Programme (NCAPOP) providers are required, where possible, to reduce the impact on healthcare providers (trusts and Health Boards) in acquiring, submitting and checking data associated with their participation in the programme.

Data burden impact refers to the time, effort and costs required for a healthcare provider to participate in an audit or outcome review programme (i.e. the collection and submission of data). Data burden excludes the work required by a healthcare provider to internally disseminate the outputs of the audit or outcome review programme, develop associated action plans and take forward quality improvement (QI) activities. Proliferation of data submission requirements by NCAPOP providers has the potential to become a burden to healthcare providers.

There is an increasing need for greater use of routine data by audits and outcome review programmes. The NCAPOP providers should commit to maximising the benefits from using and sharing data already held in health and care systems to minimise the burden of collecting more data from frontline service providers. Simply put, wherever possible, the mission is to *collect data once and use for multiple purposes* to benefit health and care provision and planning. (NHSE Data Alliance Partnership Board 2024).

There has been recognition that the NHS still struggles with the benefits of information technology which adds to the burden placed on clinicians in submitting data (Independent investigation of National Health Service in England Darzi Report 2024).

Data burden considerations for the commissioner (HQIP)

HQIP is conscious that all projects within the NCAPOP portfolio place a burden on those who are responsible for collecting and submitting data. For this reason, the commissioner explicitly considers data burden for each project at:

- Each stage of commissioning; it is one of the main considerations during the specification development phase.
- All specifications include requirements on minimising data burden, and we encourage providers to review these expectations.

In addition, the funders have set KPIs for the commissioner relating to audit provider use of routine data and data burden reduction and hence these requirements are monitored by the funders.

Data burden considerations for NCAPOP providers

1. Metrics must be mapped to evidence-based standards and / or provide comparative outcomes.
2. Every data field requested or acquired must be identified in the analysis plan as necessary for one or more published reports or dashboards.
3. Any requested data field must form part of normal good practice in clinical record keeping for the direct care pathway included in the audit or outcome review programme.
4. Audits and outcome review programmes must make use of routine data* where available. Any bespoke data collections must be justified and agreed with commissioner (HQIP) and funder. The term 'routine data' encompasses any existing digital dataset held locally or nationally that is suitable for the audits or clinical outcome review programme's requirements.
5. Audits and outcome review programmes must undertake an annual review of metrics and datasets and retire metrics that are no longer applicable to the quality improvement aims of the project or where there have been sustained improvements in patient outcomes.
6. Audits and outcome review programmes must demonstrate that datasets and metrics have been discussed with the project steering group and in collaboration with key stakeholders.
7. All metrics and datasets must be approved through the commissioner, and a funder approval processes.
8. Data collection platforms must be piloted during development, to be intuitive and have in-built logical checks and other tools to reduce burden and provide excellent user experience
9. HQIP requires all NCAPOP providers to produce a **publicly available** data burden reduction strategy which demonstrates to their participating services and wider audience the project's specific plans and actions to minimise data burden.
10. This plan should be reviewed annually in line with the review of audit metrics and datasets and agreed with the commissioner.

Conclusion

There is a need for projects to be transparent with all stakeholders about the ambitions and commitment to reduce data burden to healthcare providers.

* The term 'routine data' encompasses any existing digital dataset held locally or nationally that is suitable and accessible for the audits or clinical outcome review programme's requirements and is collected electronically as part of a patient's healthcare encounter e.g. HES, PEDW, ONS, MHDS, EPR records. (Additional data collected for the purpose of the audit/outcome review programme would not be classed as 'routine'.)