Clinical audit: achievements and challenges

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27 February 2014
Achievements

1. Local audits

Lots of examples, many being presented at this conference...
2. Greater recognition of importance of national clinical audits by:

- NHS England
  - eg NHS Outcomes Framework
- Care Quality Commission
  - eg Intelligent Monitoring
- Royal Colleges
  - eg revalidation of doctors
- Prime Minister
  - eg assessing PM Challenge on Dementia
Key to NHS Outcomes Framework

Domain 1: Preventing people from dying prematurely;

Domain 2: Enhancing care for people with long-term conditions;

Domain 3: Helping people to recover from episodes of ill health or following injury;

Domain 4: Ensuring that people have a positive experience;

Domain 5: Treating and caring for people in a safe environment; protecting people from avoidable harm.

National Clinical Audits

Experience

Safety
<table>
<thead>
<tr>
<th>Overarching indicators</th>
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<tbody>
<tr>
<td>3a Emergency admissions for acute conditions that should not usually require hospital admission</td>
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<tr>
<td>3b Emergency readmissions within 30 days of discharge from hospital</td>
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<tr>
<td>Improvement areas</td>
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<tr>
<td>3.1 Improving outcomes from elective procedures</td>
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<tr>
<td>i Hip replacement</td>
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<td>iv Varicose veins</td>
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<tr>
<td>3.2 Preventing lower respiratory tract infections (LRTI) in children from becoming serious</td>
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<tr>
<td>3.3 Improving recovery from stroke</td>
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<td>3.4 An indicator to be used is the number of stroke patients reporting an improvement in activity scale at 6 months</td>
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<tr>
<td>3.5 Improving recovery from stroke</td>
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<tr>
<td>The proportion of stroke patients who regain mobility/ walking ability at i 30 and ii 1 year following stroke</td>
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<tr>
<td>Helping older people to recover their independence after illness or injury</td>
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<tr>
<td>3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation or ii offered rehabilitation following discharge from acute or community hospital</td>
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</table>
3. NCAs seen as key to stimulating improvement in quality

Both locally:
Redesign by clinicians and provider managers

And nationally:
Regulation by CQC
Revalidation by NHSE
Risk management by NHS Litigation Authority
Commissioning by CCGs, HWBs and NHSE
Financial incentives through CQUIN and BPT
Choice by individual patients
Voice (public accountability) through Quality Accounts
## 4. More representative spread of NCAs (2014)

<table>
<thead>
<tr>
<th>Clinical area</th>
<th>National Clinical Audit &amp; Patient Outcome Programme (NCAPOP)</th>
<th>Other funding sources</th>
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<tbody>
<tr>
<td>Children (inc neonatal)</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Adult acute &amp; emergency care</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Long term conditions</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Surgery/interventional procedures</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Cancer</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>3</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
<td><strong>20</strong></td>
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</tbody>
</table>
5. Increased public disclosure and improvements in presentation

Adult critical care - hospital mortality ratio (2010-11)
Bowel cancer (2011)
- adjusted 90 day post-operative mortality (%)
Proportion hip patients reporting ‘improved’
Diabetes care: admissions for acute myocardial infarction (2011)
Neonatal care
(2011)

Proportion mothers receiving antenatal steroids
Hip fractures (2011)

- Surgery within 36hrs (67.0%)
- Surgery after more than 36hrs (29.5%)
- No operation performed (2.6%)
- Unknown (0.9%)
Diabetes care: all 9 care processes* completed (2011)

*NICE recommended care processes: urinary albumin, eye screening, foot exam, smoking review, BMI, cholesterol, blood creatinine, HbA1c, BP
Challenges

• At national level, improve NCAs
  – expand more into primary care and social care
  – ‘parity of esteem’: widen focus to encompass psychological aspects
  – methodological rigour
  – where appropriate, include patient reported outcomes (PROMs)
  – output (for patients/public and clinicians)
  – stimulate greater use nationally and locally...
• At local level..
  – need to bring together assessment of different dimensions of quality

  • Safety
    – Patient incident reporting (NRLS)
    – Health care associated infections (Public Health England)
    – Complications (NHS Safety Thermometer)

  • Experience (humanity)
    – Patient experience surveys
    – Friends & Family Test
    – Complaints
    – Waiting times

  • Effectiveness
    – Outcomes (morbidity, disability QoL)
    – Processes (adherence to guidelines)
– Improve dissemination of great, innovative ideas from local audits
– Improve capability of Trusts to manage quality
  • eg Board level Chief Quality Officer
– Increase capability of local commissioners to manage quality
  • Clinical Commissioning Groups
  • Health & Well-being Boards
  • Quality Surveillance Groups