



NATIONAL QUALITY BOARD

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Paper for:

Decision	Discussion	Information
X	X	

ESTABLISHING THE NATIONAL CLINICAL AUDIT AND PATIENT OUTCOMES PROGRAMME PARTNERS GROUP

SUMMARY

This paper outlines a proposal for the establishment of a National Quality Board (NQB) sub-group which would bring together NQB member organisations to advise on the content of the National Clinical Audit & Patient Outcomes Programme (NCAPOP) and consider ways of implementing national clinical audit recommendations to improve the quality of patient care.









PURPOSE

The NQB is asked to:

- 1) **Endorse** the establishment of a national clinical audit (NCAPOP) Partners Group which will both ensure the NCAPOP portfolio best supports the collective aims of the NQB's members; and consider national clinical audit recommendations on a regular basis, to maximise opportunities to improve the quality of patient care; and
- 2) **Approve** the establishment of the NCAPOP Partners Group as a sub-group of the NQB in order to strengthen the links to the national quality agenda and ensure the work has strong leadership from arm's length bodies and others.



ALB Involvement in development and sign-off of paper:

			
X	X	X	
			
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1. Background

- 1.1 Clinical audit is a way to find out if healthcare is being provided in line with standards, such as NICE clinical guidelines, and lets care providers and patients know where their service is doing well, and where there could be improvements.
- 1.2 National clinical audit brings together data on clinical process, structure and outcomes from various sources (e.g. HES, ONS and bespoke locally collected data) but, crucially, is only instigated when there is no single national source of reliable data to answer questions about the standard of care, or where national data needs expert analysis and presentation to make sense of it for quality improvement purposes. It is particularly useful in providing comparative measurement of healthcare quality; a commitment in the NHS Five Year Forward View.
- 1.3 NHS England funds the National Clinical Audit and Patient Outcomes Programme (NCAPOP) with a financial contribution also made by Welsh Government. It consists of up to 40 audits and outcome reviews, also known as national confidential enquiries, on the most commonly occurring conditions. Each of these audits is currently commissioned and managed, on behalf of NHS England, by the Healthcare Quality Improvement Partnership (HQIP – a registered charity set up to advance healthcare quality). A list of audits and outcome review programmes in the NCAPOP portfolio can be found at Annex A.
- 1.4 NHS England assumed responsibility for the NCAPOP contract from the Department of Health in 2013, on the basis of its statutory duty to promote quality improvement. NHS England relies on national clinical audit for:
 - a) monitoring and stimulating improvement in care associated with clinical corporate priorities, for example, adult and child diabetes, cancer, maternity and psychosis audits;



- b) supporting commissioners to identify and tackle variation through Rightcare, for example the diabetes audit;
- c) informing the development of payment mechanisms, for example the national hip fracture database, stroke and cardiac audits, or evidencing national CQUIN compliance, for example the psychosis audit;
- d) identifying and responding to serious national incidents or areas of concern, for example the new child mortality database, the learning disabilities mortality review and the national confidential enquiry into patient outcome and death; and
- e) supporting commissioning of specialised services, for example the specialised cardiac care and paediatric intensive care audits.

1.5 National clinical audit is also used:

- a) by local care providers for quality improvement – it is particularly valuable for providing benchmarked data to identify variation in healthcare;
- b) for local quality assurance, for example in annual Quality Accounts;
- c) by the Care Quality Commission in quality inspections;
- d) by the National Quality Board to support Quality Surveillance Group work;
- e) by NHS Improvement – particularly to support ‘Getting it Right First Time’ products;
- f) for research into clinical effectiveness; and
- g) to stimulate improvements in data quality through audit results publication.

1.6 While individual provider organisations regularly review their performance against others as reported in a range of national clinical audits, it is less clear that recommendations are reviewed collectively and systematically in the national arena.



2. Proposal

- 2.1 Representatives from NHS England, NHS Improvement, Care Quality Commission, Public Health England and HQIP met to discuss the value of establishing a forum in which to do this. There was consensus that such an NCAPOP Partners Group could be usefully convened to address this matter.
- 2.2 The group recommended the new NCAPOP Partners Group should do two things. It should help to shape the NCAPOP portfolio, where there is opportunity to do so. And it should also review the ways in which clinical audit recommendations can sustainably support delivery of the objectives of the NQB members to improve patient care. This should include an assessment of any work already being done to address clinical audit findings.
- 2.3 The group felt that there was an opportunity for national clinical audits to: play a more central part in helping to monitor safety; go further to integrate audit data with information to support CQC quality inspections; and support individual doctors to maintain professional standards through alignment with medical revalidation.
- 2.4 The following principles or parameters were also raised by the review group:
- a) Policy leads should be more involved in the design of future clinical audits to ensure audit questions are better aligned with the objectives of the NQB's members and the Five Year Forward View.
 - b) The Partners Group should also distil audit recommendations so they are concise and able to have more impact.
 - c) Communications representatives should be involved in the work to help target key messages from national clinical audits to those who are able to effect improvement.
 - d) Whilst the group's membership should be stable with comprehensive representation from NQB representatives, the attendance of relevant experts and clinical audit providers should be dynamic according to the topic.



- e) Because of capacity constraints it may not be possible to review all audit reports regularly and so thought should be given to criteria for prioritising the attention given to clinical audit recommendations.
- f) The Group should be aware that much of the ability to effect change recommended in clinical audits sits with clinical and professional groups and therefore the attendance of professional bodies/ royal colleges, who are often also audit providers, will be important.

3. Recommendations

3.1 The National Quality Board is asked to:

- 1) **Endorse** the establishment of a national clinical audit (NCAPOP) Partners Group which will both ensure the NCAPOP portfolio best supports the collective aims of the NQB's members; and consider national clinical audit recommendations on a regular basis to maximise opportunities to improve the quality of patient care; and
- 2) **Approve** the establishment of the NCAPOP Partners Group as a sub-group of the NQB in order to strengthen the links to the national quality agenda and ensure the work has strong leadership from arm's length bodies and others.



ANNEX A: List of clinical audits and outcome review programmes

AUDIT	Contract end date
Head and Neck Cancer (HANA)	May 2017
Venous Thrombo-Embolism	Dec 2017
Chronic Kidney Disease	Dec 2017
Mental Health Clinical Outcomes Review Programme (NCISH)	Mar 2018
Learning Disability Mortality Review Programme	May 2018
Specialist rehabilitation for patients with complex needs	Jun 2018
National Maternal & Perinatal Audit	Jun 2019
Ophthalmology	Aug 2019
Dementia	Dec 2019
Child Health Clinical Outcomes Review Programme	Dec 2019
Medical & Surgical Clinical Outcomes Review Programme	Mar 2020
Lung Cancer	Mar 2020
Breast Cancer	Mar 2020
Cardiac 1	Apr 2020
Cardiac 2	Apr 2020
Cardiac 3	Apr 2020
Cardiac 4	Apr 2020
Cardiac 5	Apr 2020
Cardiac 6	Apr 2020
Diabetes: Paediatric	Apr 2020
Psychosis	Apr 2020
Anxiety & Depression	May 2020
Maternal and Newborn Infant Clinical Outcomes Review Programme	Jun 2020
Emergency Laparotomy (NELA)	Nov 2020
National Vascular Registry	Dec 2020
Chronic Obstructive Pulmonary Disease (COPD) recommissioned as part of the Respiratory portfolio programme	Feb 2021
Asthma feasibility study recommissioned as part of the Respiratory portfolio programme	Feb 2021
National Neonatal Audit Programme (NNAP) mini competition	Mar 2021
Epilepsy 12 mini competition	Mar 2021
Paediatric Intensive Care Audit (PICANET) mini competition	Mar 2021
Falls & Fragility Fracture Audit (FFFAP)	Mar 2021



Sentinel Stroke (SSNAP)	Mar 2021
Oesophago-gastric Cancer recommissioned as part of the GI portfolio programme	May 2021
Bowel Cancer recommissioned as part of the GI portfolio programme	May 2021
Prostate Cancer	May 2021
End of Life	TBC
Diabetes: Adult	TBC
Rheumatoid & Early Inflammatory Arthritis	TBC
National Child Mortality Database (NCMD)	New
National joint registry	Ongoing