National Quality Board NCAPOP Partners Sub Group
18 July 2019 11:00 – 13:00
The Law Society, London WC2A 1PL and via Teleconference

Attendees:

[redacted] (***Co-chair***, *NHSE)*	[redacted] *(CQC) – by phone*
[redacted] (***Co-chair,*** *NICE)*	[redacted] *(NHSE&I) – by phone*
[redacted] *(CQC)*	[redacted] *(Welsh Govt) – by phone*
[redacted] *(NHSE&I)*	[redacted] *(PHE) – by phone*
[redacted] *(NHSE&I)*	[redacted] *(HQIP) – by phone (for item 7)*
[redacted] *(NHSE&I)*	
[redacted] *(NHSE&I)*	[redacted] *(NNAP – Guest Speaker)*
[redacted] *(NHSE&I)*	[redacted] *(NNAP – Guest Speaker)*
[redacted] *(NHSE&I)*	[redacted] *(NNAP – Guest Speaker)*
[redacted] *(NHSE&I) – representing* [redacted]	[redacted] *(PICANet – Guest Speaker)*
[redacted] *(HQIP)*	[redacted] *(PICANet – Guest Speaker)*
[redacted] *(HQIP)*	[redacted] *(PICANet – Guest Speaker)*
[redacted] *(NICE)*	

Apologies:

[redacted] *(NICE)*	[redacted] *(NHSE&I)*
[redacted] *(HEE)*	[redacted] *(NHSD)*
[redacted] *(HQIP)*	[redacted] *(PHE)*
[redacted] *(Welsh Govt)*	[redacted] *(Healthwatch)*
[redacted] *(NHSE&I)*	[redacted] *(NHSP)*
[redacted] *(NHSE&I)*	[redacted] *(AoMRC)*
[redacted] *(NQICAN)*	[redacted] *(AoMRC)*
[redacted] *(HEE)*	[redacted] *(RCP)*
[redacted] *(Welsh Govt)*	[redacted] *(PHE)*

Item	Minutes
1	**Welcome, introductions and purpose** • [redacted] and [redacted] opened the meeting, welcomed attendees and invited round the table introductions. Apologies received as noted above.
2	**Previous minutes and matters arising** • The minutes of the previous meeting (12 June 2019) were approved, subject to below amendment: o Item 4, point 3: In relation to opportunities with the new GP contract for increasing coverage of primary care in the national audits, it should be noted that there are challenges in the use of primary care data within the existing budget.
3	**Review action log and requests for information sent from Chairs arising from the last NQBPSG meeting** • The Group reviewed the outstanding actions. Below is the summary: o ACTION 9: NICE Impact Reports – [redacted] noted that NICE produce Impact Reports (based on NICE guidance) which highlight positive care improvements. She also noted that [redacted] (Senior Analyst for NICE) will be sharing the stroke Impact Report at the next meeting in September. o ACTION 15 – [redacted] noted that CQC will be meeting with the Royal College of Surgeons, Royal College of Anaesthetists and other health organisations next Friday to develop metrics for CQC inspectors to inspect against. One of the metrics will focus on the evidence of consent and the 'cooling-off' period in cosmetic clinics. The Group advised that the outcome of the meeting should be shared with [redacted], who would then set up a meeting with the National Clinical Director for Personalised Care for NHSE&I, Royal College of Surgeons representative, National Specialty Advisor for Perioperative Care for NHSE&I and other relevant stakeholders to follow up. o ACTION 34 – Writing to the Royal College of Surgeons - [redacted] added that this action is part of a larger strategic discussion on streamlining different data collection processes in a more coherent way and NHSX's advice would be appreciated. Upper GI surgery is a great example illustrating the complex interaction between multiple datasets and a meeting with the relevant stakeholders should be convened to improve and streamline the data architecture. o ACTION 44 – Quality Accounts meeting - [redacted] noted that this action is ongoing. However an initial conversation between NHSE&I and HQIP on the Quality Accounts process for 2020/21 has taken place. o ACTION 45: Updating the NQB – An agenda slot at the October National Quality Board meeting has been secured for [redacted] to report NQBPSG's progress.

	○ ACTION 46: NQB PSG meeting notes – Instead of sharing the full minutes, summary slides (which do not contain commercially-sensitive information) will be regularly produced and shared with the relevant networks so that local organisations are informed about the work of this Group. A slide was shared last month. ○ ACTION 47 – Meeting NHSE&I's Director of Community Services - This action is ongoing. [redacted] added that [redacted] will be leaving her post soon and therefore [redacted] name should be added under this action. ○ ACTION 48: Sharing prospective publication schedule – Secretariat and HQIP have signposted [redacted] (NQICAN) to HQIP's website where the most up-to-date publication schedule can be found. ○ ACTION 49 - Secretariat has linked Welsh Government to NHS England's National Learning Disability Director ([redacted]). However the second meeting between [redacted], [redacted], [redacted] has not taken place yet. [redacted] added that there is a NICE Quality Standard on autism, which [redacted] would find it useful at the second meeting. ○ ACTION 50 – NCAPOP alignment paper - This action is ongoing and [redacted] will be directly involved in it too. ○ ACTION 51 & 53 – These actions are linked and ongoing. • [redacted] briefly talked through the supporting information shared in Paper 2a entitled 'Follow Up Information'. This information was requested by the Group in previous meetings to learn more about certain topics and programmes. **ACTION 54: [redacted] to share the outcome of CQC's meeting on two-stage consent with [redacted], who would then set up a meeting with NHSE&I's NCD for Personalised Care and National Specialty Advisor for Perioperative Care as well as the Royal College of Surgeons and other relevant stakeholders (linked to ACTION 15).** **ACTION 55: Secretariat to add [redacted] name under ACTION 47.** **ACTION 56: [redacted] to shard NICE Quality Standard on Autism with [redacted] who will bring it to the second meeting with [redacted] (linked to ACTION 49).** **ACTION 57: Secretariat to add [redacted] name under ACTION 50.** **ACTION 58: Secretariat to notify [redacted] of any actions related to the National Director of Improvement ([redacted]) to disseminate and relay the messages.**
4	**Review recommendations from published NCAPOP reports** • There were no national recommendations for June publications: ○ Ref 124 SSNAP Annual Report ○ Ref 158 Adult Diabetes – Core ○ Ref 104 Oesophago-gastric Cancer (GI) Short Report • [redacted] gave a verbal update on the responses received from the relevant NHSE&I Clinical or Policy Leads on the following audit recommendations: ○ <u>Specialist Rehabilitation Following Major Injury Audit</u> ▪ Response received from [redacted] (Lead commissioner for Rehabilitation and disability NHSE). The first query regarded the recommendation there should be a review of the current standards of 10 days to assessment and 6 weeks to transfer once capacity issues addressed. The response stated that the CRG is not

	responsible for the capacity issues and there is concern as to how these will be addressed however GIRFT will be undertaking a review of rehabilitation services with the first workshop on 30.07.19. ▪ [redacted] asked whether the standard came from NICE and [redacted] replied that it appeared to come from guidance written by a Professor at Kings but would clarify this. ▪ The second query related to how the data is collected and used for quality improvement. The response stated that the UKRoC oversight group has recently been established and will ensure the database meets the requirements of stakeholders. A key element of this will be to link the UKRoC with the TARN and community dataset. ▪ Regarding the recommendation that TARN and UKROC should work together to create a national database, the Group agreed that this also needs to be discussed at the proposed meeting with NHS England's Director of Community Services ([redacted]) – see ACTION 47. The Group also agreed that this is a great example to use for a case study to showcase how different health organisations work collaboratively to deliver positive outcomes. [redacted] and [redacted] will discuss the approach offline. o <u>National Audit of Breast Cancer in Older Patients</u> ▪ Response received from [redacted] (on behalf of NABCOP). The recommendation was that there should be a reliable and consistent description of patient fitness. The response stated that NABCOP is interested as to whether older breast cancer patients have access to and take up beneficial treatments. Recently convened an expert working group which created a pragmatic fitness score to be used for patients over 70. This has been piloted with very favourable feedback and is now being rolled out across England & Wales. **ACTION 59: [redacted] to share any key contacts with his successor for any follow-up actions on audit recommendations.** **ACTION 60: [redacted] to check if there are any NICE guidelines related to rehabilitation standards of 10 days for assessment and 6 weeks for transfer, and to confirm the source of the standards** **ACTION 61: [redacted] to produce a case study, using Specialist Rehabilitation Following Major Injury Audit as an example, to showcase how different health organisations work collaboratively to deliver positive outcomes.**
5	**Overview of the individual topic review process** • [redacted] reminded the NQB PSG about the differences between: o Eligibility of a topic for the programme (topics for today's discussion) o Prioritisation of topics within the programme (not discussing at this meeting) • With regard to the eligibility criteria – the criteria can be applied to: o New topics o Pre-existing topics already in the programme and about to enter the 're-commissioning' stage (not extensions). Both of today's topics (NNAP & PICANETT) are topics that are already in the NCAPOP programme.

	• [redacted] gave a brief overview of the eligibility scoring process. The following points were emphasised: o Given the process that has been agreed by the NQBPSG, members who did not attend a particular audit presentation can still submit their score on that audit programme. This is because all information will be made available to the NQB PSG within 5 working days after the meeting and includes: ▪ 1. Provider completed eligibility forms ▪ 2. Provider presentations ▪ 3. Notes of the NQB PSG discussion & questions asked of the provider. o o NQB PSG members should return their score sheets within 10 working days of receipt (deadline will be provided). o At least one score/response is needed per organisation for each audit programme. o While the decision-making responsibility sits with NHSE&I and the Welsh Government, the National Quality Board will be sighted and consulted for advisory purposes.
6	**NCAPOP Re commissions (not extensions)** <u>National Neonatal Audit Programme (NNAP)</u> • [redacted], [redacted] [redacted] from the NNAP team gave a presentation on their audit programme. Presentation content can be found in the slides. • The NQB PSG clarified the following issues with the provider team: o Q1: Is NNAP collecting any data that is also collected separately by other audit programmes? For example, is the data on the provision rate of antenatal magnesium sulphate also separately collected by the National Maternity and Perinatal Audit (NMPA)? o A1: No, however the NNAP team recognises that NNAP and NMPA need to work closely together on data collection and possible data migration. o Q2: The NNAP team mentioned that the audit programme uses the '[redacted]' maternity system to collect routine data. So can the audit provider influence the data item upstream in order to change the audit scope? o A2: Yes, there is a close relationship between the NNAP team and the '[redacted]' team. As a community, we all share the same vision and are moving in the same direction. o Q3: What is the definition of infant mortality? o A3: Death of a live-born child which is less than a year of age. This includes a foetus that is born alive at less than 24 weeks gestation and subsequently dies. o Q4: What would be the consequences if NNAP did not receive the NCAPOP funding? o A4: The audit programme and the relevant QI support (both regionally and nationally) would not exist. There would also be other downstream implications such as damage to the data flow that supports other part of the system including specialised commissioning. <u>Paediatric Intensive Care Audit (PICANet)</u> • [redacted], [redacted] and [redacted] from the PICANet team gave a presentation on their audit programme. Presentation content can be found in the slides. • The NQB PSG clarified the following issues with the provider team: :

	○ Q1: Please tell us more about the 3-yearly parent survey. ○ A1: There are about a dozen of paediatric intensive care standards that relate to the facilities and parent experience of the paediatric intensive care unit (e.g. whether the parents are happy with what is happening? Whether they are given adequate information and provided a place to stay if needed to be alongside their child?). It is a periodic snap audit, rather than a continuous audit. ○ Q2: What would be the consequences if PICANet did not receive the NCAPOP funding? ○ A2: The audit would not be able to run. The Group thanked the guest speakers for their presentations and answers. **ACTION 62: Secretariat to circulate the full information pack to the Group, which then the members will return their score on each audit programme.**
7	**VTE feasibility study** • [redacted] verbally gave the Group the background information of the VTE Feasibility Report which was produced in December 2017 together with an independent evaluation of the feasibility report. The criteria by which the feasibility report was evaluated by an independent panel included: ○ To what extent does the report clearly define improvement aims for a proposed national clinical audit which are specific and meaningful? ○ To what extent does the report define the population and services which could feasibly be audited by a national clinical audit? ○ Does the report propose and justify a design for a national clinical audit which could produce reliable and meaningful results likely to stimulate quality improvement? ○ This report does not propose the collection of identifiable data or any patient level data linkages: is this recommendation substantiated? ○ To what extent does the report identify and justify provisional datasets (including process and outcome measures) and sources of data? ○ Does the report propose a robust sampling methodology? ○ To what extent does the report set out the types of analyses to be undertaken by a national clinical audit? ○ Does the report propose meaningful reporting and quality improvement support activities? ○ Do the proposed high-level timeframes for key activities (for the first three years of a future audit) and the estimated central cost correspond to the proposed audit design? ○ Could funders have confidence in this report when using it to prioritise a potential national clinical audit in VTE prophylaxis? • HQIP's independent evaluation recommendation to NHSE&I is that a VTE audit shall not be commissioned. • [redacted] noted that there is no longer a CQUIN on VTE and if the relevant stakeholders feel more work is needed on VTE prevention, they can be put in contact with NHSE&I's Director of Prevention ([redacted]) and NHSE&I's Chief Pharmaceutical Officer ([redacted]) who is

	leading the work on an electronic prescribing and drug administration system which may be able to support routine data collection. **ACTION 63: JS to circulate the VTE Feasibility Report to the Group with a cover page that describes the process used by the evaluation panel. This document will then be shared in the public domain.**
8	**Any other business** • The Co-chairs noted that [redacted] will be leaving his role as NHSE&I's clinical fellow in the summer and thanked him for his valued support to the Group in the past year. The Group wished him all the best in future.
9	**Next meeting: 17 September 2019, 2:00 – 4:00pm** **Room 137B first floor Skipton House, London, SE1 6LH + teleconference**