Experience with the National Clinical Audit Programme in the UK

Danny Keenan
Medical Director, HQIP
Topics

- Who are HQIP
- What we do
- Quality Improvement
- The National Audit Programme
- Registries
- Confidential Enquiries
- Consultant Outcomes Programme
Who are HQIP?

Our vision: enabling those who commission, deliver and receive healthcare to measure and improve services

Our values: independent, working in partnership with patients and health professionals to improve practice

Our history: established in 2008, governed by the AoMRC, National Voices and RCN

ACADEMY OF MEDICAL ROYAL COLLEGES

National Voices

Royal College of Nursing
Quality Improvement Methodologies

- Clinical Audit
- Confidential Enquiries
- Registries
- “Industrial” Techniques
- Safety Campaigns
- Peer review
- Accreditation Schemes
- Mortality and Morbidity Reviews
- Reviews of Incidents
- Complaints
About HQIP and NCAPOP

NHS England
(Policy maker and commissioner)

Welsh Government

Healthcare Quality Improvement Partnership
(Commissioner and contract manager)

Health departments of Scotland, Northern Ireland and Channel Islands

NCAPOP

Local quality improvement support

National clinical audit programme

Clinical outcome review programmes

National Joint Registry

HQIP
Healthcare Quality Improvement Partnership
About HQIP and NCAPOP

Three audits:
- Bowel cancer
- Paediatric heart surgery
- PICANet

NHS England
Policy maker and commissioner

Clinical Outcome Review Programme
Maternal, Newborn and Infant

Government

Healthcare Quality Improvement Partnership
(Commissioner and contract manager)

Health departments of Scotland, Northern Ireland and Channel Islands

NCAPOP

Local quality improvement support

National clinical audit programme

Clinical outcome review programmes

National Joint Registry
**National Clinical Audit Programme**
30+ national audits covering:
- Acute
- Cancer
- Children and Women's Health
- Heart
- Long-term Conditions
- Mental Health
- Older People

**National Joint Registry**
Collects joint replacement information, monitoring implant, hospital and surgeon performance:
- Holds 1.75m+ records
- Includes hips, knees, ankles, elbows and shoulders
- Covers England, Wales and Northern Ireland
- Mandatory for NHS since 2011

**Clinical Outcome Review Programmes**
4 ongoing national programmes:
- Maternal, Newborn and Infant
- Medical & Surgical
- Mental Health
- Child Health Programme

**Quality Improvement and Development**
Supports QI at local level via:
- Evidence based guidance
- Practical tools and case studies
- Patient and public involvement
- Regional training events
- eLearning and webinars
- Network Support
NHS Outcomes Framework

Domain 1: Preventing people from dying prematurely;

Domain 2: Enhancing people’s life chances and resilience with long-term conditions;

Domain 3: Helping people to live well between episodes of ill health or following injury;

Domain 4: Ensuring that patients receive sensitive, supportive experience;

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

National Clinical Audits

Experience

Safety
### Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital

### Improvement areas

#### Improving outcomes from:

3.1 Patient Reported Outcome measures for elective procedures
   - Hip replacement
   - Varicose veins

#### Preventing lower respiratory tract infections (LRTI) in children from becoming serious

3.2 Emergency admissions for children with LRTI

#### Improving recovery:

3.3 An indicator needed

#### Improving recovery from:

3.4 An indicator to be developed
   - Stroke patients reporting an improvement in activity scale at 6 months

#### Improving recovery from:

3.5 The proportion of stroke patients who return to levels of mobility / walking ability at 30 and 120 days

#### Helping older people to recover their independence after illness or injury

3.6 Proportion of older people (65 and over) who were 1. still at home 91 days after discharge into rehabilitation and 2. offered rehabilitation following discharge from acute or community hospital

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- National Elective Surgery Audit
- Trauma Audit & Research Network
- National Sentinel Stroke Audit
- Falls & Fractures Audit

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HQIP
Healthcare Quality Improvement Partnership
National Clinical Audit

Late 1990s

2004

2013

CLINICIANS/NICE
CHI HCC
### Domain 1
- Adult Cardiac Intervention
- Adult Cardiac Surgery
- Cardiac Ambulance & MINAP
- Cardiac Rhythm Management
- Heart Failure
- Congenital Heart Disease
- Sentinel Stroke
- Vascular Registry
- Bowel Cancer
- Head and Neck Cancer
- Lung Cancer
- Cancer OGC
- Prostate Cancer
- Breast Cancer Care
- Asthma [New]

### Domain 2
- Liver/Mental Health [New]
- Dementia
- Psychological Therapies
- Schizophrenia
- Mental Health CORP
- Diabetes (Adult)
- Inflammatory Bowel Disease
- Pain Database
- Chronic Obstructive Pulmonary Disease
- Chronic Kidney Disease in Primary Care
- Rheumatoid and Early Inflammatory Arthritis
- National Ophthalmology Database
- National STI Management with Healthcare for Adults with HIV

### Domain 3
- Diabetes (Paediatric)
- Neonatal
- Paediatric Intensive Care
- Epilepsy 12
- Maternity [New]
- Maternal & Newborn CORP
- Child Health CORP
- Child Health CORP, CDOPS Database
- Specialist Rehabilitation for Patients with Complex Needs
- Falls & Fragility Fracture Audit Programme
- Emergency Laparotomy
- Medical & Surgical CORP

### KEY
- Women and Children
- Mental Health
- Cancer
- Long term conditions
- Acute
- Cardiovascular
National Audits

**Non NCAPOP**

- Adult community acquired pneumonia
- Non-invasive ventilation – adults
- Pleural procedure
- Pulmonary hypertension (Pulmonary Hypertension Audit)
- National Cardiac Arrest Audit (NCAA)
- National Comparative Audit of Blood Transfusion programme
- Prescribing Observatory for Mental Health (POMH)
- Mental health (care in emergency departments)
- Older people (care in emergency departments)
- Fitting child (care in emergency departments)

**NCAPOP**

- Bowel cancer (NBOCAP)
- Lung cancer (NLCA)
- Cardiac Rhythm Management (CRM)
- Congenital heart disease (Paediatric cardiac surgery) (CHD)
- Coronary angioplasty (PCI)
- National Adult Cardiac Surgery Audit
- Epilepsy 12 audit (Childhood Epilepsy)
- Inflammatory bowel disease (IBD) programme*
- National Vascular Registry*
- Paediatric intensive care (PICANet)
- National Complicated Diverticulitis Audit (CAD)
Adult critical care
-hospital mortality ratio (2010-11)
### Heart failure (2011-12)

<table>
<thead>
<tr>
<th>In-patients with heart failure</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>% echocardiography</td>
<td>86</td>
</tr>
<tr>
<td>% cardiology in-patient</td>
<td>47</td>
</tr>
<tr>
<td>% ACEI/ARB on discharge</td>
<td>83</td>
</tr>
<tr>
<td>% beta blocker on discharge</td>
<td>76</td>
</tr>
<tr>
<td>% referred to heart failure liaison service</td>
<td>63</td>
</tr>
<tr>
<td>% referred to cardiology</td>
<td>52</td>
</tr>
</tbody>
</table>
Bowel cancer (2011) - adjusted 90 day post-operative mortality (%)
Neonatal care
(2011)

Proportion mothers receiving antenatal steroids
National Hip Fracture Database
National report 2013
Hip fractures (2011)

- Surgery within 36hrs (67.0%)
- Surgery after more than 36hrs (29.5%)
- No operation performed (2.6%)
- Unknown (0.9%)
Surgery on day of, or day after admission 71.7%
RECOMMENDATIONS

The provision of essential facilities and staff required for the high quality care of patients requiring emergency laparotomy does not meet current standards at many hospitals. This requires urgent action to ensure safe care is being delivered. We make 11 key recommendations to address this, and comment on who needs to be involved in improving quality of care.

What facilities are required?

1. Hospitals should ensure the adequacy of their own facilities and infrastructure to ensure that individual standards of care are met and that the care of emergency laparotomy patients is appropriately prioritised. Participation in the ongoing patient data collection will allow this to be assessed.

2. Hospital should ensure 24-hour access to fully staffed operating theatres so that emergency surgery can take place without undue delay.

3. Surgical staffing levels should be sufficient to safely cover acute and inpatient clinical workloads. A four-star surgical team is recommended.

4. Consultants anaesthetists must be available to provide direct care at all times. During daytimes, this is facilitated by ensuring that emergency theatres are staffed by consultant anaesthetists with job-planned sessions.

5. Critical care and outreach services need to be staffed at adequate levels to ensure 24-hour access.

6. Emergency and elective surgical workload should be organised within a hospital so that the care of ECS patients may be appropriately prioritised without compromising the care of other patients. Hospitals should explore which models of care are most appropriate for local circumstances.

7. A 24-hour specialist in-house care is required to provide 24-hour inpatient radiology which is essential for patients providing an ECS service.

8. Every hospital providing emergency laparotomy care should ensure 24-hour availability of essential support services including experienced radiology and pathology reporting.
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
### Introduction

The Sentinel Stroke National Audit Programme (SSNAP) audits stroke services against evidence based standards. SSNAP will build on the work of the National Sentinel Stroke Audit (NSSA) and the Stroke Improvement National Audit Programme (SINAP) using evidence from NICE CG68 CG162 and RCP stroke guideline. Most comprehensive national register nationally and internationally. **100% participation** has been achieved for acute hospitals England and Wales.

### Components of SSNAP

<table>
<thead>
<tr>
<th>Clinical audit (process of care)</th>
<th>Organisational audit (structures and services)</th>
<th>Outcome measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous audit of the <strong>quality of care received by every stroke patient</strong> from initial admission through all subsequent care settings <strong>up to 6 months</strong> SSNAP collects data from:</td>
<td><strong>Snapshot audit of the quality of stroke service organisation</strong></td>
<td><strong>Collection of outcome data for every patient</strong></td>
</tr>
<tr>
<td>• Acute hospitals</td>
<td>• Audit of acute services took place in 2012 with 100% participation in England, Wales and Northern Ireland</td>
<td>• Infection rates Patient Safety</td>
</tr>
<tr>
<td>• Post-acute inpatient care settings</td>
<td>• Audit of community services in development and will take place in 2014</td>
<td>• Complications</td>
</tr>
<tr>
<td>• Early supported discharge and community rehabilitation teams</td>
<td>• 7-day working</td>
<td>• at 6 months</td>
</tr>
<tr>
<td>Used for CCG/OIs, commissioning, contracts, CQC inspection/Monitor measures NICE Quality Standard 2 Atlas of variation PHE</td>
<td>Can be used to measure changes pre and post reconfiguration CQC inspection/Monitor Commissioning</td>
<td>• Modified Rankin score CCG/OIs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mortality NHS outcomes framework</td>
</tr>
</tbody>
</table>

#### CCG engagement

Stroke pack from the audit detailing:
- Stroke evidence
- Stroke standards for commissioners
- Results including CCG/OIs information

**Extensive and continuous reporting**
- **Continuous** local downloads (locked records)
- Automated online reporting for hospitals
- Regional SCN and CCG tailored reports
- Quarterly public reporting by named hospital
- Annual ‘State of the Nation’ report with clinical commentary

**Key features of SSNAP reports**
- Hospital results **benchmarked** against national average and evidence-based standards
- Changes over time

**SSNAP results include:**
- patient and provider level
- Key indicators
- Case ascertainment
- Audit compliance measure
- Overall score (patient and provider level)

**Presentation of results:**
- Excel spreadsheets
- PDF version with text and graphs
- Colour coded maps (national and regional)
- Easy Access Version for patients and carers

**Data visualisation**

**Data transparency**

**SSNAP case ascertainment in first 9 months**

**Extract of SSNAP report (PDF version)**

**Extract of SSNAP quarterly reports (excel)**

**National and regional comparisons**

**Easy Access Version**
Quality Improvement Methodologies

- Clinical Audit
- Confidential Enquiries
- Registries
- “Industrial” Techniques
- Safety Campaigns
- Peer review
- Accreditation Schemes
- Mortality and Morbidity Reviews
- Reviews of Incidents
- Complaints
**Figure 2.15**


<table>
<thead>
<tr>
<th>Year</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of procedures with hip articulation details</td>
<td>25,344</td>
<td>46,656</td>
<td>55,748</td>
<td>58,293</td>
<td>65,629</td>
<td>68,878</td>
<td>69,457</td>
<td>71,450</td>
<td>73,844</td>
<td>75,897</td>
</tr>
</tbody>
</table>

* This combination is contra-indicated
Patient Directed Audit

- The patients perspective...
  - Will I be better?
  - Will it be safe?
  - What will it be like?
Proportion hip patients reporting ‘improved’

- Much better than average
- Better than average
- Average
- Worse than average
- Much worse than average

[Graph showing data points and categories related to hip patients' reports of improvement post-procedure.]
What are the main challenges?

• Improve NCAs
  – expand more into primary care, mental health and social care
  – ‘parity’: widen focus to encompass psychological aspects
  – methodological rigour
  – output (for patients/public and clinicians)
  – stimulate greater use locally and nationally
  – where appropriate, include patient reported outcomes

• Improve capability of hospitals to manage quality

• Maximise use of NCA data for research and policy
Consultant Outcomes Programme
Freedom of Information
Transparency agenda forge ahead

Thursday 20 October 2010

The Government took another important step in their new era of transparency today as it published details of hospitality and gifts received by ministers and advisers, ministerial meetings with external organisations and all overseas trips by ministers. It also published details of special adviser costs and number of staff by department.

- PM hospitality, gifts, overseas visits, meetings with external organisations
- Special adviser costs and number of staff by department
Consultant Outcomes Programme

“Comprehensive transparency of performance data – including the results of treatment and what patients and carers say – to help health professionals see how they are performing compared to others”

“we can do more by measuring what matters, requiring comprehensive transparency of performance data and ensuring this data increasingly informs payment mechanisms and commissioning decisions”.
Consultant Outcomes Programme

- **2001**: Bristol public inquiry report
- **2006**: Individual cardiac surgeon data publication
- **2007**: NHS Choices launch
- **2013**: Publication of consultant outcomes data from 10 specialties, linked from NHS Choices to specialty association websites
- **2014/15**: Consultant directory launched on NHS Choices

- **Named hospital cardiac surgery mortality publication**
- **Publication of consultant outcomes data from 12 specialties on NHS Choices and MyNHS**
AIM:

1. Improve the quality of clinical care
2. Improve arrangements for monitoring and managing the clinical practice of consultants and their teams
3. Reassure patients that the quality of clinical care is being actively monitored and improved
4. Improve the quality of National Clinical Audits, including driving up participation, data completeness and accuracy
5. Support shared decision making, including treatment options and choice of provider, with patients, General Practitioners and consultants
6. Help the NHS, National Clinical Audits and medical associations to become increasingly transparent and patient focused
7. Support revalidation
Consultant Outcomes Programme

NHS Choices (www.nhs.uk)

- Comprehensive general health and social care information and data about conditions, treatments and services
- Aimed at those with direct or indirect health or care needs in England
- Vision to transform NHS Choices

MyNHS (www.nhs.uk/mynhs)

- A single place where health and care organisations and the public can compare the performance of services
- Aimed at informed patients and service users, providers, commissioners
- Led by Department of Health and partners
- Improvements to design and functionality this year
Daniel Keenan
GMC membership number: 1382637
Provides services for
Central Manchester University Hospitals NHS Foundation Trust

313 operations
View source information

Volume of operations
Risk adjusted hospital mortality rate after adult cardiac surgery

Within the expected range with a value of 2.57
View source information

About this data
The results displayed on this page are combined totals across all the hospitals within which a consultant has worked during the collation period. The result ‘Data not available n/a’ may mean that no data could be collated because the consultant does not practice in this specialty area. The data was collated by The Society for Cardiothoracic Surgery in Great Britain and Ireland. Find out more about how the data was collated and how to use it at the The Society for Cardiothoracic Surgery in Great Britain and Ireland website.

We want your feedback
We'll continually add to this performance information. Listen to what you want, and work to make it as clear as possible. Contact us to suggest any improvements or provide any feedback.
Data For Period April 2010 - March 2013

Risk Adjusted In-Hospital Mortality Rate

313 operations with a mortality rate of 2.57%.

- Green line: National Average
- Red line: One-Sided 95% Control Limit (Corrected)

Average patient risk profile

See other Surgeons

Back
Quality measures:

• The number of procedures carried out by consultant
• Risk adjusted mortality rate/numbers by consultant
• Additional quality measure as appropriate to each specialty/audit. This may include average length of stay, complication rate, reoperation, data completeness, etc.
Consultant Outcomes Programme

2014 round

- Vascular Surgery
- Upper GI surgery
- Lower GI surgery
- Head and Neck surgery
- Urology (nephrectomy)
- Adult Cardiac Surgery
- Adult Percutaneous Cardiac Intervention
- Bariatric Surgery
- Orthopaedic Surgery
- Endocrine surgery (Thyroidectomy)

- Neurosurgery
- Lung cancer surgery*
- Urogynaecology
Visits and Feedback

95,000

Visitors to MyNHS on first day alone.
2,000 surgeon searches every day since.

133,000 consultant searches on MyNHS
19 Nov to 15th Feb

Feedback from users to the site:
• Requests for further outcomes data and for more specialties
• Requests for further information about the published data
• Functionality/general queries

Feedback from HQIP service user network:
• Enhanced presentation linking content and data
• Support users to make sense of the data
• Clearer explanation of data that is N/A
Consultant Outcomes Programme

Positive Outliers

- To publish results which are better than expected
- To move away from perception of a punitive programme
- Some challenges for audits
  - Philosophy
  - Methodology
  - Disseminate learning
Consultant Outcomes Programme

The Future

• Consolidate with individual results in 2015
• Rapid expansion to bring all NCAPOP audit results into Choices/MyNHS
• All should be published by 2020
• This year Heart Attack, Stroke and The Joint Registry will be added.
• All individual results in the audit programme will be included
Experience with the National Clinical Audit Programme in the UK

Thank You

Danny Keenan
Medical Director, HQIP