

Commissioner perspectives on embedding research within national clinical audit programmes

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Development



A benchmark is a noun.
Benchmarking, on the other hand, is a verb that requires
exploration and investigation of why the 'benchmark' number
was achieved!

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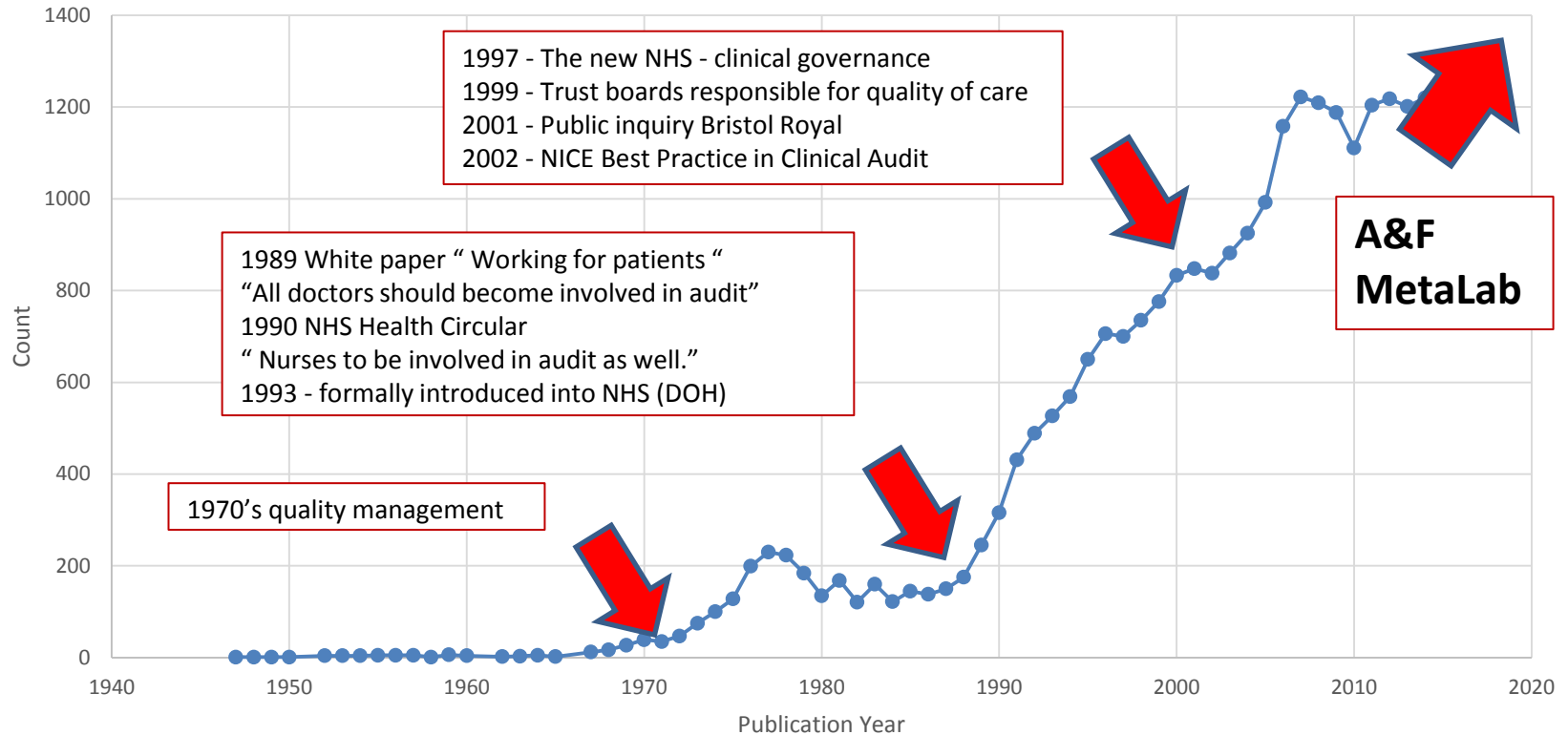
So all good in the UK

EXHIBIT 2. 11-NATION SUMMARY SCORES ON HEALTH SYSTEM PERFORMANCE

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Access Problems	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11

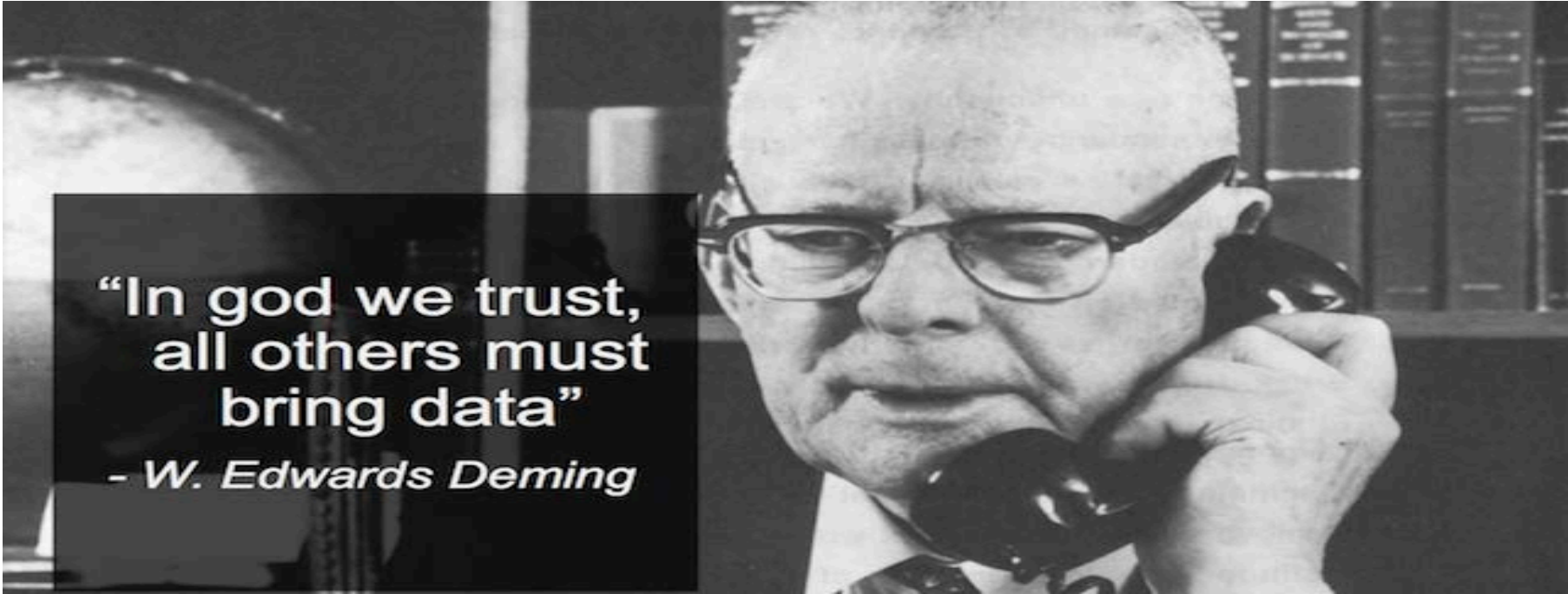
Source: commonwealthfund.org 2014

pubmed - clinical audit publications



Francis, Keogh and Berwick

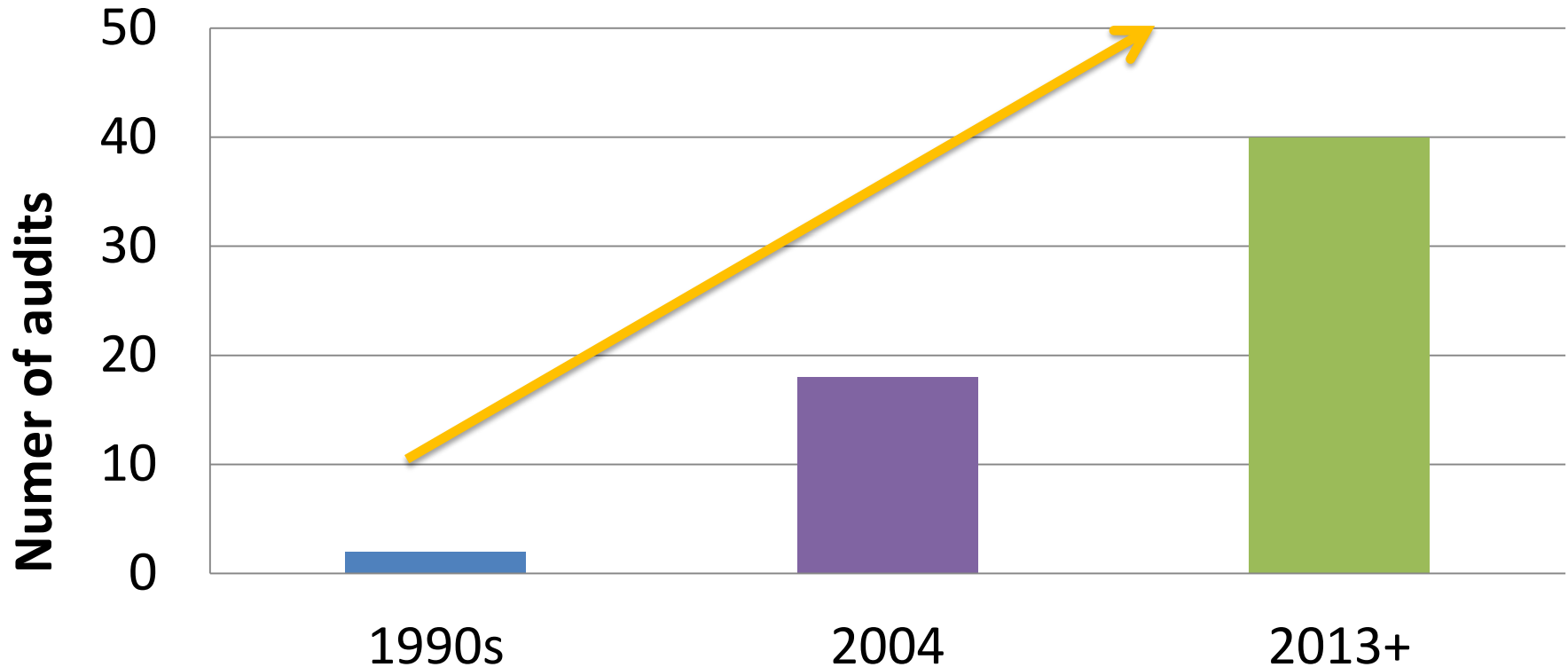
- **Francis on Stafford:** *‘The Board should institute a programme of improving the arrangements for audit in all clinical department’*
- **Keogh** questioned the capability of hospital boards and leadership to use data to drive quality improvement.
- **Berwick** said *‘Give the people of the NHS career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning*



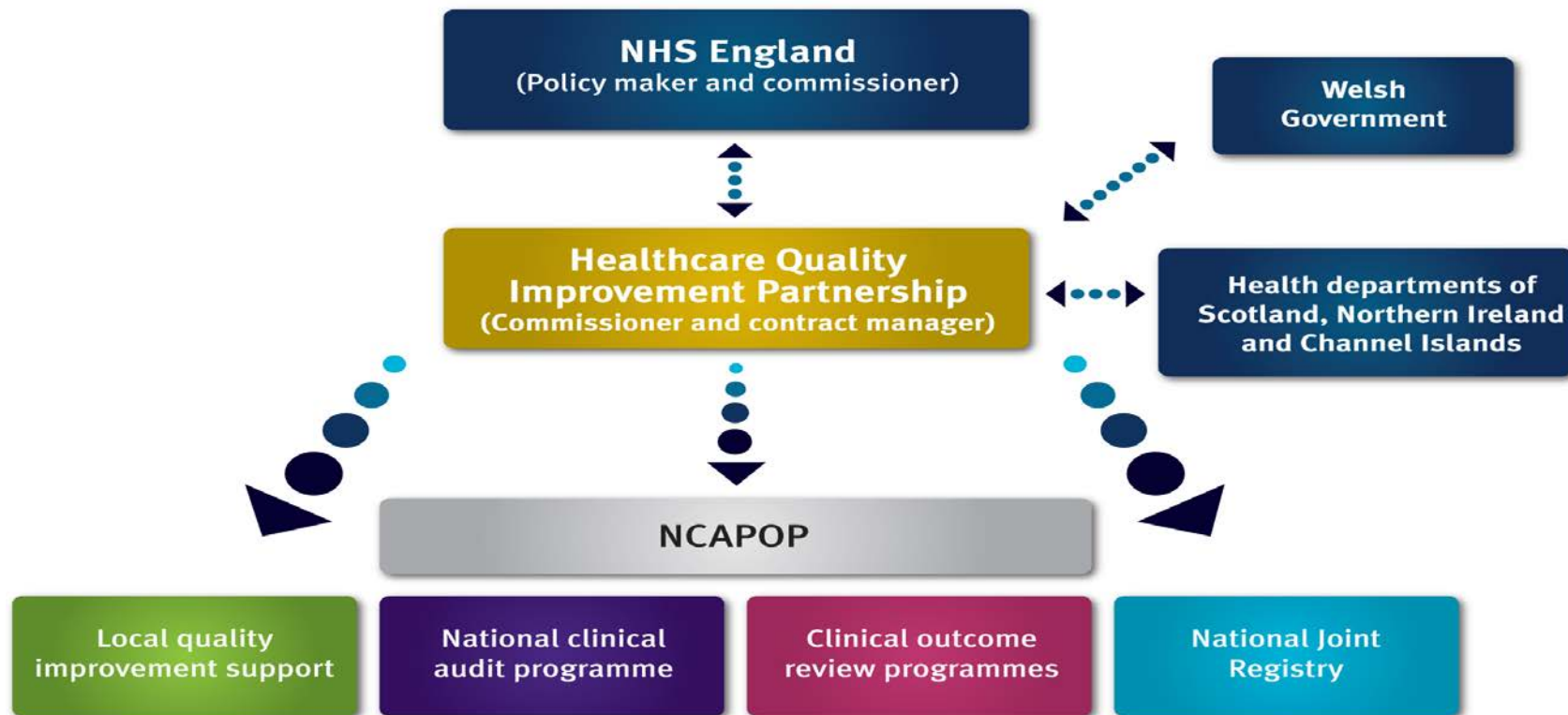
**“In god we trust,
all others must
bring data”**

- *W. Edwards Deming*

Journey of National Audit in the NHS



Our structure and funding



Commissioning process

Topic selection



- Topic prioritisation meeting
 - NHS E ratification

Spec development



- Scoping
- Spec development meeting

Procurement



- PQQ / ITT
- Evaluation of tenders
- Contract award (3 years)

Contract management



- Review of deliverables incl reports

1-2 yr contract extension



- Extension proposal evaluation

Commissioning principles: some challenges



HQIP portfolio of commissioning

National Clinical Audit Programme

30+ national audits covering:

- Acute
- Cancer
- Children and Women's Health
- Heart
- Long-term Conditions
- Mental Health
- Older People

Clinical Outcome Review Programmes

4 ongoing national programmes:

- Maternal, Newborn and Infant
- Medical and Surgical
- Mental Health
- Child Health Programme

Mortality Review Programmes

HQIP currently manages four programmes here:

- National Child Mortality Database
- Learning Disability Mortality Review Programme (LeDeR)
- National Mortality Case Record Review programme
- Perinatal Mortality Review programme

National Joint Registry

Collects joint replacement information, monitoring implant, hospital and surgeon performance:

- Holds 2m+ records
- Includes hips, knees, ankles, elbows and shoulders
- Covers England, Wales and Northern Ireland
- Mandatory for NHS since 2011

Quality Improvement and Development

Supports QI at local level via:

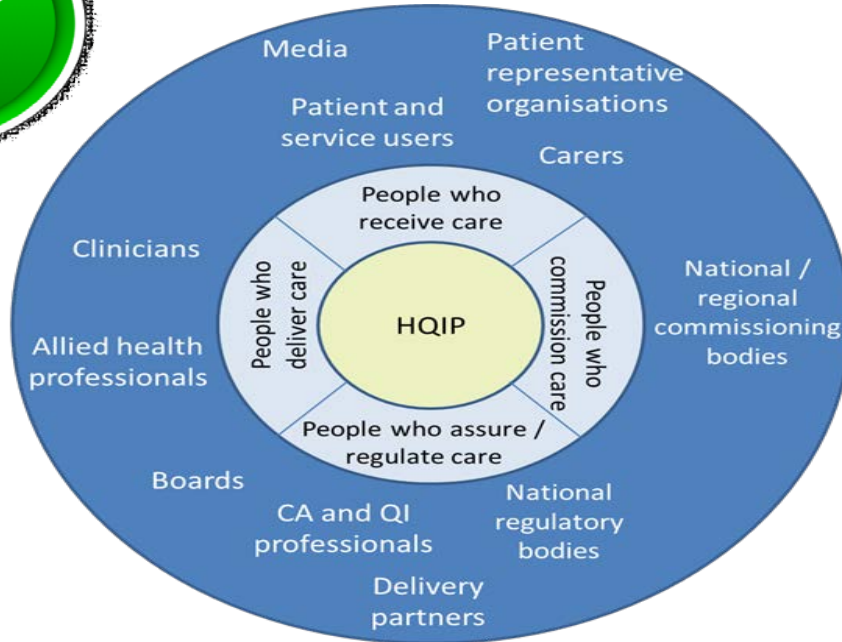
- Evidence-based guidance
- Practical tools and case studies
- Patient and public involvement
- eLearning and webinars
- Network support



Audit outputs that meet stakeholder needs



Audit outputs that meet stakeholder needs



1. Audiences

- People who deliver care
- People who receive care
- People who commission care
- People who assure/regulate care
- Reports
- Online, real time data – run charts, funnel plots, dashboards
- Infographics
- Workshops
- Toolkits
- Videos
- Case studies and sharing best practice

YOUR PLAN

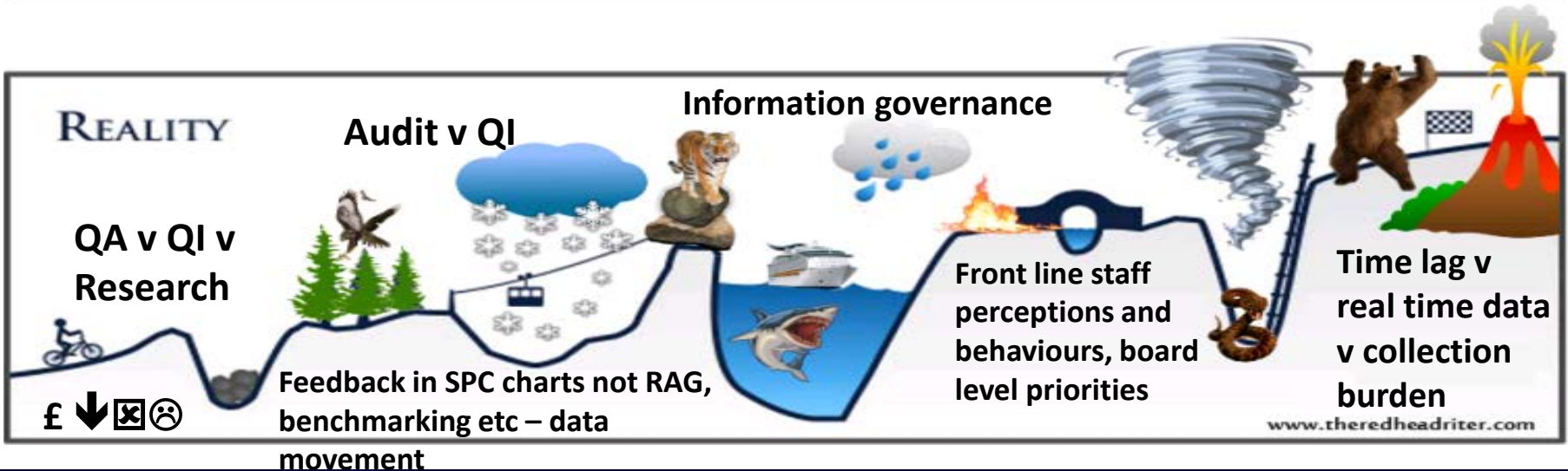


Some key questions to ask as a team when embarking on QI

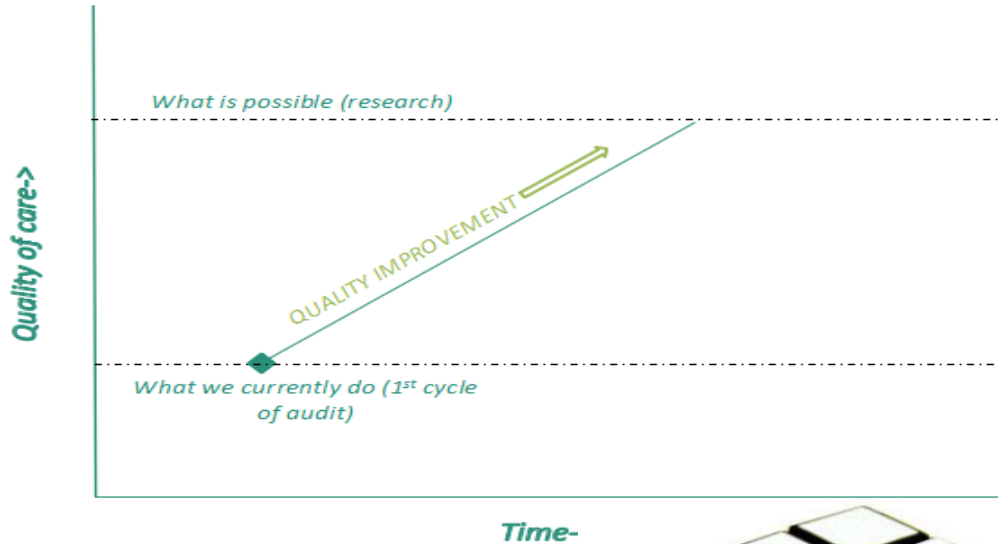
- Do we know how good we are?
- Do we know where we stand relative to the best?
- Over time, where are the gaps in our practice that indicate a need for change (i.e. improvement)?
- In our efforts to improve, what's working?
- Do we know/understand where variation exists in our organisation?



REALITY



Successful Organisations

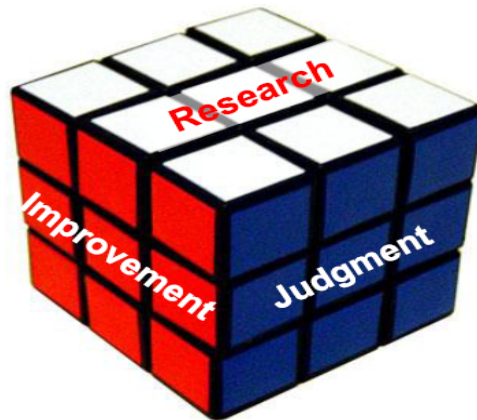


- Have a culture and an approach where they see...

Research as what is possible

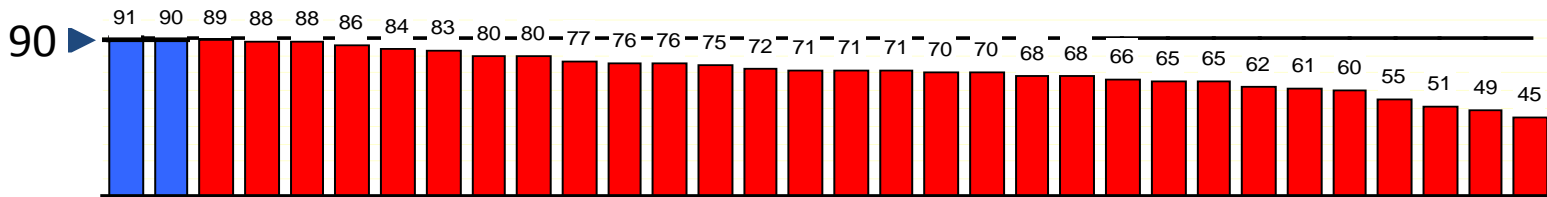
Audit as what is actual in practice

Quality improvement (QI) as trying and making the 'possible' actual.



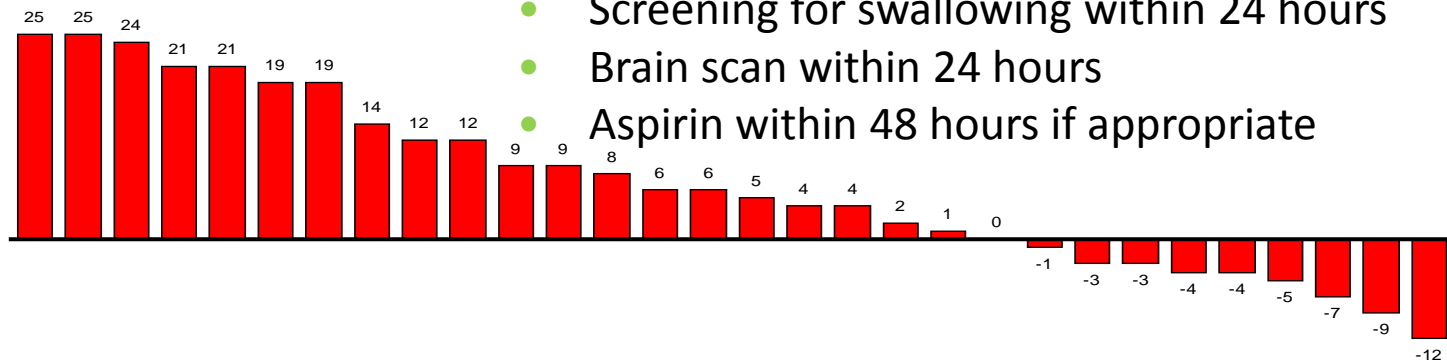
The case for changing stroke care

London Stroke Units Sentinel Audit Comparison 2004 and 2006



Indicators included:

- % of patients admitted directly to a stroke unit
- Screening for swallowing within 24 hours
- Brain scan within 24 hours
- Aspirin within 48 hours if appropriate



Stroke
Providers
against
Sentinel
Audit 12 key
indicators
2006

London
Stroke
Providers
against
Sentinel
Audit 12 key
indicators
2006 vs

2004 scores
@MirekQI @HQIP



HQIP

Healthcare Quality
Improvement Partnership

Patient safety - HOM. Homerton Hospital

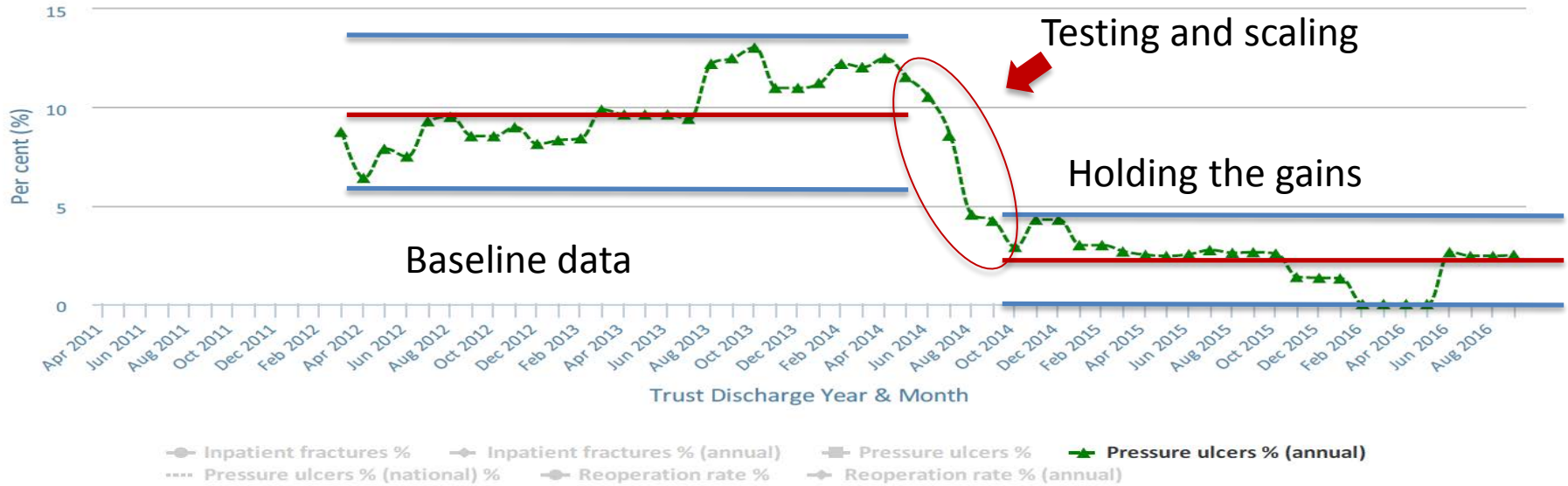


Chart data is indicative status only - www.nhfd.co.uk © Royal College of Physicians - Technology by Crown Informatics

Methodology Advisory Group

- Who are the MAG members
 - NCAPOP audit methodologists, statisticians, interested QI colleagues
 - Non-NCAPOP colleagues, e.g. ICNARC, TARN
 - HQIP
- What have we collectively decided the group should focus on?
 - Produce and publish a STROBE-like document for national clinical audit
 - Related to the above, create a 'best practice' guide
 - Create sub-groups with specialist interests
 - Support the establishments of a Methodological Community/Network
 - Provide practical support for the clinical audits
 - Review current audits/new audits
 - Create and strengthen links between audit and research community

HQIP_UPCARE-tool_v2_May 2019



Understanding Practice in Clinical Audit and Registries tool: UPCARE-tool template

A protocol to describe the key features of clinical audits and registries



A&F commissioning help needed

Topic selection



- What healthcare topics are best for A&F?
- Sustainability of A&F, long term funding?

Spec development



- What A&F evidence should we be commissioning ie methods, outputs, etc?
- How do we embed A&F research when funding for delivery of A&F only?

Procurement



- How do you best rank, score, evaluate A&F providers?

Contract management



- How do we ensure our audit providers are implementing latest A&F evidence for maximum impact?
- How do we as commissioners work best with A&F researchers?

1-2 yr contract extension



- What strategies can we use to improve A&F or sustain excellent A&F provision?
- At what point do we stop A&F for a topic?

Some thoughts

- A&F routinely collected data Vs A&F of national clinical audit (bespoke)
- Electronic A&F only (no paper reports)
- A&F from electronic patient records (collect once for multiple purposes)
- A&F after confidential enquiry
- Complexity of working in national clinical audit - researcher in residence model for A&F
- A&F translation to action plans, PDSAs cycles, improvement of quality and QI (locally, regionally, nationally)
- When to stop A&F or retire indicators/measures from national clinical audit





Please register if you are:

- a National clinical audit and confidential review programme clinical lead
- or
- a NCAPOP programme manager

Event details

Thursday 6 June 2019
10am-3pm
with networking lunch

Friends House
173 Euston Road
London NW1 2BJ

**REGISTER ON HQIP'S
EVENTBRITE PAGE**

For more information contact
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What can national clinical audits
learn about improving impact
from the **AFFINITIE**
research programme?



THANK YOU

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