National Advisory Group on Clinical Audit & Enquiries

12th December 2012
Alexander Harvey Room, RIBA, 66 Portland Place, London, W1B 1AD

Minutes

In attendance
Nick Black (NB) – Chair
Steven Berg (SB)
Amanda Edwards (AE) – until 2 pm
Mark Gritten (MG)
Danny Keenan (DK)
Jan van der Meulen (JM)
Andrew Middleton (AM) – until 3 pm
Mick Peake (MP) – until 3 pm
Jane Rippon (JR)

Apologies
Pauline Ong (PO)
Geraldine Walters (GW)

Observers
Simon Bennett (SiB) – DH – until 2 pm
Robin Burgess (RB) – HQIP – until 3 pm
Helen Laing (HL) – HQIP
Karen Noakes (KN) – DH

Alex Henderson (AH) – Secretary

1. Welcome

Members were saddened to hear that Boo Armstrong, a former member of NAGCAE, had died in October. Boo was a greatly valued member, full of enthusiasm and an innovative thinker. NB had written to her sister on behalf of NAGCAE.

2. Minutes from the meeting on 19th September 2012

The minutes were accepted as a correct record.

3. Matters arising from the previous minutes

3.1. Recommendation to NIHR to prioritise methodological development Recommendation to DH for support from NCAPOP

The programme of methodological research to improve and strengthen clinical

audit was submitted to an open call from the NIHR Health Services Delivery Research Board but was not considered a priority.

Action: Need for methodological research to be communicated to NIHR. ***NB***

SiB suggested that from April 2013 HQIP's new academic partner (Centre for Healthcare Improvement & Research, NIHR NW London CLAHRC) may be able to undertake some of this research as part of its contract with HQIP.

3.2. Recommend to DH that the HMB NCA contract continue until January 2014.

DH accepted NAGCAE's recommendation.

3.3. Recommendation to the DH to commission a briefing document for commissioners.

SiB had spoken to relevant colleagues at the DH who welcomed the suggestion which would need to be coordinated with the issuing of other commissioning guidance.

Action: NAGCAE to be informed when guidance would be welcomed. ***SiB***

3.4. Recommendation to the DH that a developmental project be commissioned funded by NCAPOP to test the feasibility of a 'meta-audit'

DH accepted the recommendation.

Action: DH/HQIP to include in 2013/14 NCAPOP budget. ***SiB/RB***

3.5. Audit in Social Care

Members received the report on a strategic planning workshop by Karen Dooley (DH Social Care). AE declared an interest as SCIE (her employers) are involved with HQIP in the development of the Care Audit pilot which will focus on people with dementia in care homes. AE reported that there was widespread support for the development of a consistent approach across the sector. The Care Audit pilot will have an Advisory Group which wanted guidance and advice from NAGCAE on audit methodology

NAGCAE were concerned to ensure that this project complemented other audit work on dementia care so that care homes were not expected to participate in too many audits at one time. Members were happy to provide advice to the Care Audit Advisory Board as required.

4. Update on developments of wider DH and NHS CB issues

SiB reported that HQIP have been awarded the contract to manage the National Commissioning Board's work on clinical audit (NCAPOP) for three years from April 2013. He stressed that several key changes would occur including: branding

the work and all outputs as part of the NHS CB; inclusion of scientific resources through a partnership with NW London CLARHC; and the creation of a part-time medical director post. NAGCAE welcomed these changes and enhancements.

The NHS Mandate from the DH to the NHS CB recognises the importance of clinical audit with several NCAs essential for the NHS Outcomes Framework.

The future of NAGCAE will be determined before April 2013. As responsibility for clinical audit will shift to the NHS CB in April 2013, the DH will no longer require advice on this topic. SiB view was that the NHS CB would probably wish to have an advisory group. The next NAGCAE meeting in March would definitely go ahead as planned.

Action: Members would be kept informed regarding future meetings and the future status of the group. ***NB***

5. Government Transparency Policy

MP presented the Health and Social Care Transparency Panel Clinical Audit Sub-Group document containing recommendations for further extension of transparency of NCA data. The recommendations included releasing data to third party organisations via data sharing agreements and the need for the appropriate level for data availability to be agreed on a case by case basis. A meeting was held on 11th December with NCAPOP NCA suppliers to discuss the new transparency requirements.

Members welcomed the progress made and agreed that the proposed policy should be tested but raised two concerns:

- There was a need for terminology around ‘data’ to be clarified as making aggregate data available was different to that of ‘raw’ data on individual patients;
- The report had not addressed how disputes between data controllers and data suppliers (such as over failure to agree on the appropriate level of data release or over release to third parties) would be resolved.

Action: Concerns to be sent to the HSCTP Clinical Audit Sub-Group chair. ***NB***

6. Presentation: National Adult Diabetes Audit

Bob Young (NCA suppler) described the organisation and progress with establishing the audit. NAGCAE praised the work of the NDA and felt it was progressing well.

Action: 1st Annual Report (2010-11) to be circulated. ***AH***

7. Outcome and Experience Questionnaire (OEQ)

David Glover from the DH outlined the work that had been undertaken on developing a short patient-reported questionnaire covering outcomes and experiences. He suggested that such a questionnaire might be appropriate for inclusion in NCAs.

NAGCAE endorsed the idea of a short generic questionnaire as it could offer benefits over longer condition-specific instruments. However, members recognised that it must have sufficient acceptability, validity, reliability and responsiveness to be fit-for-purpose.

It was felt that the current version showed promise but, as its developers stated, it required more testing before it could be recommended for routine use. Members expressed concern that premature endorsement and use risked undermining the growing acceptance of PROMs by clinicians, patients and managers.

NAGCAE supported the idea that the DH/NHS CB should fund further developmental testing after which the Group would welcome the opportunity to consider the use of an OEQ in NCAs.

Actions: Members to send comments on the current OEQ to NB. ***All***
Comments to be collated and forwarded to David Glover. ***NB***

8. Future of Audit staff in Trusts

A summary analysis of the consultation on NAGCAE's draft proposals was discussed. Members were delighted by the high level of interest - 66 responses were received most of which (82%) were from audit staff in provider Trusts. There was a high level of support (around 70-80%) for most of the recommendations. Many of those disagreeing stated they were already pursuing the policies proposed and therefore there was nothing new to agree with. However, some respondents rejected the changes proposed, preferring to maintain the status quo. Some recommendations met with less support and this would influence the final recommendations.

Before modifying and finalising the recommendations, NAGCAE would await and consider the recommendations in the Francis Report (due for publication in early 2013). Meanwhile, the response to the consultation will be published on the NAGCAE website.

Actions: Consultation summary and all responses to be published on NAGCAE website. ***AH***
Final recommendations to be drafted for discussion at March meeting. ***NB***

9. Quality Accounts: NCAs and NCEs for 2013/14

The same inclusion criteria as for the current year were used for preparing the list for 2013/14. This resulted in a proposed list of 48 NCAs and six National Confidential Enquiries (NCEs) which members supported. Information on a further nine NCAs was still being sought from their suppliers.

In line with NAGCAE's previous advice (June 2011; item 6), it is planned that the inclusion criteria for 2014/15 will be expanded based on a 'National Audit Assessment Framework' to be developed by HQIP. The Framework is a requirement of HQIP's new contract from April 2013 but the work will be brought

forward to start sooner. The assessment criteria for the Framework will be researched and consulted on during its development. NAGCAE's views on the proposed Framework will be sought as part of the consultation.

Action: NAGCAE's views to be sought by HQIP. ***RB***

10. NHS 'regions' and clinical audit

NB gave a presentation on the emergence of NHS 'regions' in the new organisational and governance landscape. These are all partly or wholly focused on improving the quality of health services and include: Academic Health Science Networks (AHSNs); Local Education & Training Boards (LETBs), part of Health Education England); Collaborations for Leadership in Applied Health Research & Care (CLARHCs); Comprehensive Local Research Networks (CLRNs); Strategic Clinical Networks, and Clinical Senates.

It was noted that at the outset these organisations would not be sharing the same geographical areas which will impede collaboration and efficiency. It was hoped that rapid evolution may remedy this.

Given their aim of improving quality, members agreed that their lack of recognition of the contribution that NCAs could make was a potential missed opportunity. As this may reflect a lack of awareness of NCAs among the newly appointed CEOs and Chairs of these regional bodies, it was agreed that a letter informing them and suggesting clinical audit could help them meet their objectives should be sent.

Actions: Letter to the CEOs and Chairs of regional bodies. ***NB***

11. National Pain Database Audit

NCAPOP funding for this NCA was extended from August 2012 to August 2013. Subsequently the suppliers have requested a further extension to August 2014 with the additional aim of extending into primary care (in addition to the current scope). A draft of their report covering 2009-12 was considered. While the challenge of auditing pain clinics was recognised, members felt unable to make a well-informed decision until several issues were clarified. Recommendation for future development to be considered at next meeting in March.

Actions: NAGCAE members' concerns to be collated. ***NB***
Request for clarifications to be sought from NCA supplier. ***HL***

12. New Audits Sub-Group update

NCA for people with learning disability: one year development project has been awarded to the Royal College of Psychiatrists.

NCA on chronic kidney disease in primary care and on arthritis: out to tender; tenders to be considered early February 2013.

NCA ophthalmology: specification meeting on 14 January 2013

NCA specialist rehabilitation for patients with complex needs: specification meeting in February 2013

13. Renewals Sub-Group update

Lung cancer, bowel cancer, and head and neck cancer audits: specification meeting held on 3 October 2012. Development of specifications and ITTs postponed following discussions with the DH. Timetable to be decided.

Dementia NCA: specification development meeting on 18 December 2012.

Falls & Fractures Audit Programme: specification meeting for falls audit on 23 January 2013.

14. Recent HQIP activities – for information

15. Next meeting

Wednesday 20 March 2013, 11 am – 4 pm.
Alexander Harvey Room, RIBA, 66 Portland Place, London, W1B 1AD.