

# National Advisory Group on Clinical Audit & Enquiries

14<sup>th</sup> March 2012  
RIBA, 66 Portland Place, London, W1B 1AD

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## Minutes

### In attendance

Nick Black (NB) – Chair  
Katherine Birch (KB)  
Amanda Edwards (AE)  
Mark Gritten (MG)  
Danny Keenan (DK)  
Jan van der Meulen (JM)  
Andrew Middleton (AM)  
Pauline Ong (PO)  
Mick Peake (MP)  
Geraldine Walters (GW)

### Apologies

Steven Berg (StB)

### Observers

Simon Bennett (SB) – DH  
Robin Burgess (RB) – HQIP  
Clare Callaghan (CC) – DH  
Helen Laing (HL) – HQIP  
Karen Noakes (KN) – DH  
David Oliver (DO) – NCD Older People (for item 6.3)

Alex Henderson (AH) – Secretary

## 1. Welcome

NB welcomed everyone to the meeting and apologies were noted. Amanda Edwards was welcomed to her first meeting as a member of NAGCAE.

## 2. Minutes from the meeting on 14<sup>th</sup> December 2011

The minutes were accepted as a correct record.

## 3. Matters arising from the previous minutes

### 3.1. NAGCAE website

It was noted that the NAGCAE webpage on the DH website had not yet been

fully updated to reflect the recent name change and recent documents.

*Action: Further requests to be made to website team at DH.*

**KN**

### **3.2. Outlier detection and management guidance review**

It was suggested at the March 2011 meeting that the outlier detection and management guidance for National Clinical Audits should be evaluated in 2012. The view of the National Hip Fracture Database supplier was tabled by RB. JM produced a draft proposal outlining a six week review reporting in September 2012. This was supported.

*Action: Resources required to be confirmed.*

**NB/KN**

### **3.3. Cancer audit review**

NB had received a letter that morning from Mike Richards (National Cancer Director) confirming receipt of NAGCAE's views (5 January 2012) of his paper 'National Cancer Audits: Developing a Vision for the Future'. NAGCAE supported greater use being made of linkage of existing databases (HES, cancer registries etc) to provide a foundation for NCAs. The latter should focus on additional information needs for assessing the quality of cancer services.

Mike Richards had not indicated the timetable for advancing his strategy proposals. Members were concerned about any further delays given that three current cancer audits need to be put out to competitive tendering as their funding ends in December 2012. HL confirmed that the current NCA suppliers were aware of the situation.

*Action: Urgency of situation to be communicated to Mike Richards.  
Retendering should proceed while awaiting a response.*

**MP/KN  
HL**

### **3.4. Patient Reported Outcome Measures and Patient Reported Experience Measures**

NB reported that he had not and would not have time to prepare policy advice on this topic for HQIP.

*Action: HQIP to commission policy advice from another source.*

**RB**

KN provided an update on work being carried out in the DH on PROMs. A short, generic PROM/PREM (so-called Outcome & Experience Questionnaire) is being developed and tested with elective surgical patients. The DH will be looking for other clinical areas in which to pilot this.

*Action: NAGCAE to review measurement properties of OEQ in September meeting with a view to recommending it to NCA suppliers.*

**AH**

The DH is currently tendering for the provision of a PROMs data collection framework which will consist of a set of pre-approved suppliers who can offer value for money and collect data to national standards. PROMs data collected

using the framework would be sent to the Information Centre who would act as a repository for the data.

#### **4. Update on DH/NHS developments**

The DH have sent letters to Trusts to confirm that they will be required to pay subscription funding for nine of the well-established NCAPOP national clinical audits from April 2012. The task of collecting funding from each Trust rested with HQIP.

#### **5. Availability of and access to NCA data**

Concerns about making NCA data more widely available and accessible have arisen for three reasons: Government Transparency Policy; establishment of Clinical Practice Research Datalink; and NCA suppliers' use of their data for publications.

##### **5.1 Government Transparency Policy**

MP reported on his experiences with the National Lung Cancer Audit, which was serving as a pilot for NCAs. There had been initial debate as to the level of data the Cabinet Office required. It had been decided for the time being that annual data at Trust level in an interactive spreadsheet provided sufficient detail. This is already standard practice for most NCAs so presents no problem. HQIP have contracted a consultant (Linda Haines) to meet with each NCA supplier to see what level of data can be achieved. Members expressed an interest in learning the findings of the review.

*Action: Review to be considered at June meeting.*

**HL**

##### **5.2 Clinical Practice Research Datalink (CPRD)**

This initiative builds on the General Practice Research Database (GPRD) by expanding to include about 3000 practices in England and linking primary care data to other sources. Approximately £60m has been put into its establishment by the National Institute for Health Research (NIHR) and the Medicines and Healthcare products Regulatory Agency (MHRA). The CPRD Director is keen to include NCA patient-level data and NAGCAE have been approached to endorse publically this policy and encourage NCA suppliers to contribute.

While NAGCAE strongly support the aim of the CPRD, the inclusion of NCA data would mean that patient-level data would be made widely available (albeit anonymised). At present access to such data has to be made to NCA suppliers who must ensure its use meets data sharing agreements.

*Actions: Discussion with CPRD Director to clarify how existing DSAs will be adhered to.*

*CPRD Director would be invited to a future NAGCAE meeting.*

**NB**

**AH/NB**

##### **5.3 Data Sharing Agreements**

Concerns had been expressed to NAGCAE by suppliers of those NCAPOP NCAs that involved the NHS Information Centre (either as the primary contractor or as a sub-contractor) about restrictions on the use of data. JM and MP explained that

these concerns had arisen over the past year or so as a result of the implementation either of more restrictive DSAs or stricter interpretation of existing DSAs. One particular concern has been the imposition of the DSA restriction that audit results can only be published in Annual Reports and no other formats. Whilst recognising the need to adhere to legal requirements, the DH desire for maximising the use of NCA data for informing and evaluating policy and for research was being limited.

RB and HL explained that NCAPOP NCA suppliers had to seek permission from HQIP (as data controller) for any use of data over and above that specified in the contract. HQIP's decision depended on the DSA which in turn was based on the agreement an NCA had from the NIGB as to legitimate uses of the data.

Members agreed that all relevant parties (HQIP, NCAPOP NCA suppliers, DH) needed to meet urgently to find a way of resolving the current impasse. It was felt that if all parties wanted to resolve this unsatisfactory situation, a way would be found.

*Agreed: Meeting to be arranged to discuss how to ensure NAGCAE and DH expectations of use of NCA data were achieved.* **SB**

## **6. NAGCAE policy development**

### **6.1. The use of clinical audit in commissioning**

There had not been a lot of progress to date, partly due to awaiting new arrangements for commissioning to be agreed. There was a need to explore how NCAs might be used by NQB, Commissioning Support Organisations and CCGs.

*Actions: DH contacts, who may be able to provide further advice, to be given to PO and AM.* **SB**  
*Revised document to be written for September meeting.* **PO/AM**

### **6.2. Increasing the links between national and local clinical audit and enhancing the role of local clinical audit staff**

Roundtable meeting organised for 17<sup>th</sup> April. Meeting with Trust CEOs to be organised. Preliminary proposals to be presented by NB/KB at national meeting of clinical audit staff on 4<sup>th</sup> July.

*Action: Draft policy proposal to be presented at December meeting.* **NB/KB**

### **6.3. Development of national clinical audits that bridge health and social care**

KN sought NAGCAE's views of whether two current NCAs that involve predominantly older people (dementia, continence care) should continue as separate projects or be merged (also encompassing any future audit on food & nutrition, if it were to be implemented). Members did not support merging these audits but agreed there should be a clear policy as to how NCAs that include the care of elderly people might be coordinated.

NAGCAE's existing policy to extend NCAs into social care where appropriate was reconfirmed. It was recognised that audits in social care settings would probably need to be based on existing local audit activity rather than trying to impose a uniform national approach. This represented a major methodological challenge as, inevitably, information from social care providers would differ and be outside the control of a NCA supplier. In addition, it would probably need to focus more on process than outcome of care.

*Action: A short paper would be prepared for the June meeting.* **AE/MG/AM**

#### **6.4. Audit of care pathways**

A preliminary paper was not yet ready.

*Action: A short paper would be prepared for the June meeting.* **MP/StB**

#### **6.5. Methodological development**

JM outlined his preliminary ideas for addressing the need for research to develop audit methods. He identified several methodological topics related mostly to statistical challenges. One solution proposed was the funding of doctoral training fellowships awarded on a competitive basis.

Members welcomed the suggested approach but also recognised that there would be other methodological topics that might be addressed.

*Actions: Members to suggest other methodological issues to JM.* **All**  
*NCA suppliers to provide their top methodological concerns.* **AH/JM**  
*Funding options to be explored.* **KN/SB/JM**  
*Update on topics and funding options to be given at the June meeting.* **JM**

### **7. Food & Nutrition in elderly – development project report**

The report of the development project undertaken by King's College London was reviewed and the following conclusions drawn:

- It is not apparent that a NCA is the appropriate approach to assessing the quality of food provision and nutritional care in either health or social care institutions.
- In health care, in-patient stays are generally too short to reasonably expect any significant change in nutritional status; food provision is part of 'patient experience' and assessment is best undertaken, as at present, through patient surveys.
- Residential social care institutions are so numerous and diverse that a comprehensive, quantitative approach (cf NCA) is not feasible; many care homes are so small that adequate sample sizes could not be achieved; data collection workload on social care staff would not be feasible.
- The validity of organisational (input) audit based on self-reports of policies and procedures was doubtful.

It was noted that a large amount of work is already going on in Trusts regarding observation and review of this topic, including work by the CQC. Any new initiative must avoid duplication.

An alternative approach is to encourage local audits through the endorsement of audit methods. Such methods might be adaptable to domiciliary care provision.

*Action: Views will be represented at DH internal meeting on 29 April.* **NB**

## **8. Presentation: Patient Experience**

Paul Streets, National Director for Patient and Public Experience at the DH provided an overview of the approaches and work currently undertaken to assess the quality of patient experiences.

Members agreed that, where appropriate, NCA suppliers should be encouraged to include patient experience alongside assessment of the effectiveness of care.

## **9. New Audits Sub-Group update**

PO gave an update on commissioning of four new NCAs:

- Chronic Obstructive Pulmonary Disease Audit: tenders to be considered 28 March
- National Emergency Laparotomy Audit: tenders to be considered 28 March
- National Vascular Surgery Audit: ITT to be issued 19 March; tenders to be considered 12 July.
- National Audit of Prostate Cancer: ITT to be issued 19 March; tenders to be considered 12 July.

In addition, a specification meeting for a development project for a National Audit of the Healthcare of Individuals with Severe, Profound and Multiple Learning Disabilities to be held on 27 March.

Confirmation was awaited from the DH regarding procurement of a further six new NCAs during 2012-13.

## **10. Renewals Sub-Group update**

The Sub-Group met on 27 January and made following recommendations to the DH:

- Falls and Fragility Fractures Audit Programme  
Funding for hip fracture audit for five years  
Feasibility/piloting of non-hip fracture audit (18 months).  
Funding for NHS inpatient audit to await feasibility report.  
Funding for one year feasibility project of care home audit; further funding dependent on review of feasibility report.
- Inflammatory Bowel Disease  
A revised proposal addressing several methodological issues required.

- Epilepsy in children  
Funding for further two years.
- Schizophrenia  
Funding for further two years.
- Pain  
Funding for further year.

The Cardiac, Cancer, Psychological Therapies, and Dementia NCAs need to be considered for renewal during 2012.

*Action: Timetable to be prepared and circulated to NAGCAE Renewals Sub-Group members.*

**HL**

## **11. Recent HQIP activities – for information**

### **12. Any other business**

#### **12.1 Best Practice Tariff (BPT)**

KN reported that the BPT team at the DH had started a two year work programme of looking at NCAs that might be suitable for inclusion in the BPT scheme. The DH would liaise with HQIP.

It was suggested that someone from the BPT team be invited to the next joint meeting of the Lung Site Specific Clinical Reference Group and the National Lung Cancer Audit Clinical Reference Group on 26<sup>th</sup> March.

*Action: BPT team member to attend the lung cancer audit meeting.*

**MP/KN**

### **13. Next meeting**

Wednesday 27<sup>th</sup> June 2012, 11 am – 4 pm.  
RIBA, 66 Portland Place, London, W1B 1AD.

### **14. Management of NCA & Enquiries Programme (NAGCAE members only)**

Members considered a request from the DH to advise on the specification for the contract to provide operational management and support for clinical audit and enquiries from April 2013.

*Actions: Draft advice to be circulated to members (16 March).*

*Comments on draft advice (23 March).*

*Advice to DH (26 March).*

**NB**

**All**

**NB**