

National Advisory Group on Clinical Audit & Enquiries

19th September 2012

Alexander Harvey Room, RIBA, 66 Portland Place, London, W1B 1AD

Minutes

In attendance

Nick Black (NB) – Chair
Steven Berg (SB)
Mark Gritten (MG)
Danny Keenan (DK)
Jan van der Meulen (JM)
Andrew Middleton (AM)
Pauline Ong (PO)
Mick Peake (MP) – from 1.45 pm
Jane Rippon (JR)
Geraldine Walters (GW)

Apologies

Amanda Edwards (AE)

Observers

Simon Bennett (SB) – DH
Robin Burgess (RB) – HQIP – until 1 pm
Clare Callaghan (CC) – DH
Helen Laing (HL) – HQIP

Alex Henderson (AH) – Secretary

1. Welcome

NB welcomed everyone to the meeting and apologies were noted. Jane Rippon was welcomed to her first meeting having recently been appointed as a member with a background of working in clinical audit in a Trust.

2. Minutes from the meeting on 27th June 2012

The minutes were accepted as a correct record.

3. Matters arising from the previous minutes

3.1. Data Sharing Agreements – Office for National Statistics (ONS)

Data sharing between some NCAPOP NCAs and the ONS were operating efficiently. HQIP were having regular meetings with the Information Centre and all requests for cancer audit data had been approved with one exception, where

there was a risk that the data could be identifiable. Requests were now being reviewed and met within 3 - 4 weeks.

The DH and the Information Centre were scheduled to meet at the end of September to review how the DH could provide support in terms of resourcing to the IC. A follow up meeting would be held later in the year. Members felt that no further action need be taken unless NCA suppliers informed them of further difficulties.

3.2. Methodological Development

Following discussions at the previous meeting, JM prioritised the methodological concerns he had received from suppliers of national clinical audits into four groups: design of the audit; data collection; data analysis; and reporting and feedback of audit outputs to providers and clinicians.

Opportunities for funding this essential work were discussed and two potential sources identified: NCAPOP funds and NIHR Health Services Delivery and Organisation research programme.

*Actions: Comments on methodological research priorities by 26 October. **All/AH**
Recommendation to DH for support from NCAPOP. **NB**
Recommendation to NIHR to prioritise this area. **NB***

3.3. Audit in Trusts

The consultation on the future of audit staff in trusts ended on 17th September. It had received an excellent response with 69 submissions. Responses would be reviewed and analysed over the coming weeks. An overview would be presented to the next NAGCAE meeting. It was agreed that any recommendations to the DH/NCB should take into account the output from the Francis Inquiry (due for publication 7 January 2013).

It was agreed that the summary of the consultation responses together with the responses should be made publically available as soon as NAGCAE had considered them in December.

*Action: Summary of response to consultation at December meeting. **NB***

3.4. Clinical Audit & Enquiries management contract retendering

The OJEU notice was issued on 20th July with the deadline of 17th September for bids to be submitted. The Evaluation Panel, chaired by the DH Quality Team, will review the bids, with the new contract to be awarded by the end of October, commencing from 1st April 2013.

3.5. Audit in Social Care

The DH White Paper on Social Care announced that during 2013 & 2014 it would promote audit methods in care by piloting a new, nationally agreed, care audit for local use focused on dementia care. SCIE and HQIP had been working with the

DH to design a workshop for all interested people to take place on 1 October 2012. NAGCAE would be represented by AE but other members were welcome to attend.

Members were concerned that the methodological challenges involved must be considered from the outset and that these were not being addressed in the programme. SB agreed it would be useful and would feedback to his colleagues to see if it would be possible to incorporate into the programme.

Action: Members to contact AH if they would like to attend the workshop. **All**

3.6. Outcome & Experience Questionnaire (OEQ)

KN was waiting to receive the draft version of the OEQ and the report on its measurement properties from colleagues in the DH.

Action: OEQ to be considered at December meeting. **KN**

3.7. NCA Heavy Menstrual Bleeding (HMB)

(JM left the meeting to avoid a conflict of interest).

At the last meeting NAGCAE, on the advice of HQIP, recommended to the DH that the end of the contract for this audit should be brought forward from January 2014 to August 2013 as a saving of £125,000 could be made with little impact on output. However, following the meeting, HL met with the NCA suppliers and concluded that the actual level of savings would be £60,000 and several valuable outputs would be lost. NAGCAE received a detailed paper outlining the proposed outputs. In view of this, members revised their recommendation to the DH.

Action: Recommend to DH that the HMB NCA contract continue until January 2014. **NB**

3.8. Academic Health Science Networks

There had been less progress on the development of AHSNs over the summer than expected so discussion was postponed to December.

Action: Briefing note to be considered at next meeting. **NB**

3.9. National Pain Database

The annual report expected in August had not yet been received from the NCA supplier. Discussion was therefore delayed to December.

Action: Annual report to be considered at December meeting. **HL**

4. Update on developments of wider DH policy including NCB

The beginning of September saw a new ministerial team appointed at the DH with Jeremy Hunt as Secretary of State for Health; Norman Lamb as Minister of State; Dr Dan Poulter as Parliamentary Under Secretary of State; Anna Soubry as Parliamentary Under Secretary of State; and Earl Howe remaining as Minister in the House of Lords.

The National Commissioning Board appointed John Stewart as the Quality Frameworks Director and the following domain leads:

- Domain 1: Preventing people from dying prematurely – Professor Sir Mike Richards.
- Domain 2: Enhancing quality of life for people with long-term conditions – Dr Martin McShane.
- Domain 3: Helping people to recover from episodes of ill health or following injury – Professor Keith Willett .
- Domain 4: Ensuring that people have a positive experience of care - Richard Gleave.
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm – Dr Mike Durkin.

The DH would inform NAGCAE as soon as a decision had been made as to which body NAGCAE would advise, the probability being the NCB.

5. Funding for National Clinical Audits

NAGCAE recognised that the current state of public finances meant that the NCAPOP funds released by shifting nine NCAs to subscription funding (April 2012) would no longer be available for reinvestment in new NCAs (the main reason for NAGCAE recommending this policy in 2009). Unless additional funds are secured in the next Comprehensive Spending Review (from 2014-15), there will be no available funds to support new NCAs beyond the current commissioning round (due to be completed by late 2013).

In order for new topics to be commissioned, some existing NCAs that currently receive NCAPOP central funding would need to discontinue. NAGCAE will need to consider even more carefully than it has done the opportunity costs of re-tendering or extending existing NCAs.

Action: NAGCAE will recommend additional funding for NCAPOP in the next CSR.

NB

6. Presentation: Putting NICE Guidance into practice

Tom Conyers (Associate Director for Impact and Evaluation) and Kirsty Maclean Steel (Audit Programme Manager) at NICE provided an overview of NICE's role in providing audit guidance and audit support tools for Trusts.

7. The role of clinical audit in commissioning

Members considered a paper from PO and AM outlining the potential roles of clinical audit data in commissioning. The GPs and members of the

Commissioning Development Group of the NCB who had been approached had recognised and welcomed the contribution that such data could make.

In discussing how greater use of audit data could be made by commissioners, members felt that rather than producing separate advice/guidance, it should be incorporated with more widespread commissioning advice that encompassed other aspects.

It was agreed that a briefing document providing information on available audit data and ways in which it could be used by commissioners (CCGs, CSUs, and the NCB) should be commissioned.

Action: Recommendation to the DH to commission a briefing document for commissioners.

NB

8. Government Transparency Policy and CPRD

MP had been appointed as the NAGCAE representative for the Health and Social Care Transparency Panel, Clinical Audit Sub-Group, and had participated in meetings on 12th July (minutes available to members) and 12 September. Among the concerns discussed were: the level of resources required to handle data access requests; the need for a case by case, 'risk based' approach; who would handle outliers; level of granularity; public understanding of data; need for acknowledgement of the source of, and credit for any data used. A key concern was defining what was meant by 'raw data'. It was noted that the CPRD had been brought into the process for alignment.

A policy document was being drafted, taking on board the comments and feedback received at the meeting, and would be presented at the next Transparency Sub Group meeting on 4th October. It would then go to the HSC Transparency Panel in November before it was available for NAGCAE to comment.

*Actions: Draft document to be circulated to NAGCAE.
Comments on policy document.*

**MP/AH
All/NB**

9. Audit of care pathways

MP and SB presented a paper on opportunities for auditing pathways of care, focusing particularly on bridging primary and secondary care. It was suggested that the way to achieve this was a detailed review of patients identified in secondary care who had experienced poor care (eg late diagnosis of cancer), based on root cause analysis.

It was felt this would fit well with emerging policies in the Clinical Outcomes Review Programme in which the idea of 'nesting' detailed enquiries of this sort within the wider remit of NCAs could prove highly productive by providing some population denominator data.

An alternative approach to auditing pathways based on linking individual patient-level data across various NCAs (eg AMI patients in MINAP to revascularisation

patients in coronary angioplasty and/or coronary surgery NCAs to cardiac rehabilitation; all linked to HES). In this way pathways of care could be established using existing data in a 'meta-audit'. This could prove highly cost-effective.

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

10. New Audits Sub-Group update

PO reported that the contract to run the new National Emergency Laparotomy Audit was awarded to the Royal College of Anaesthetists, and the National Chronic Obstructive Pulmonary Disease (COPD) Audit was awarded to the Royal College of Physicians.

Tender evaluation meetings for the Learning Disability development project was scheduled for 19th October and for National Chronic Kidney Disease Audit (based in primary care) and the National Arthritis Audit would be held in January 2013.

The specification development meetings would be held on 15th October for the National Eye Diseases Audit; mid November for the National Specialist Rehabilitation for Patients with Complex Needs Audit; early December for the National Breast Cancer Audit; and March 2013 for the National Sexually Transmitted Diseases Audit.

11. Renewals Sub-Group update

MG reported that the specification development meeting for the lung, bowel, and head and neck cancer audits was on 3rd October; dementia in November; incontinence in November; and psychological therapies in January 2013.

There would contract extension evaluation to be undertaken for six cardiac audits, adult diabetes, paediatric diabetes, and oesophago-gastric cancer audits in June and July 2013.

12. Recent HQIP activities – for information

13. Next meeting

Wednesday 12th December 2012, 11 am – 4 pm.
Alexander Harvey Room, RIBA, 66 Portland Place, London, W1B 1AD.