

Process for deciding national audits to be included in the reporting list for Quality Accounts 2012-13

Background

Last year the Department of Health (DH) received several queries regarding the number of national clinical audits organisations were required to report against in their Quality Account. Organisations are required to identify those national audits in the list that they were eligible to participate in and then report, as a percentage, the number of national audits they took part in. Full details of the requirements for Quality Accounts are published in the Quality Accounts toolkit.

This year we undertook to seek views from stakeholders on the value of individual national audits to their organisation before finalising the list for 2012-13.

The Healthcare Quality Improvement Partnership (HQIP) put together an initial list of clinical audits which are collecting data in 2012-13 and which met a set of basic criteria:

- definably constitute a clinical audit, in that clinical data about comparative adherence to defined and agreed clinical standards is collected, analysed and disseminated;
- involve review of a nationally agreed clinically appropriate topic;
- be led by a clinically appropriate person or body;
- collect individual patient data during the year 2012-13;
- issue a timely, public and open report on the findings of the audit;
- involve patients in their governance;
- report at trust level or lower; and
- provide support to trusts or clinicians to implement findings.

Stakeholder views

The following stakeholders were contacted by HQIP for their views: Royal Colleges, NHS trusts (including local clinical audit staff), Monitor, CQC, MHRA, NICE.

Stakeholders were asked to nominate audits and were given the criteria for inclusion. A total of 220 replies were received in response to the consultation by the closing date, with 704 nominations for 127 different registers or audit projects. These represented a mix of different professional and local provider bodies.

National audit supplier views

HQIP wrote to a full list of national audits known to them and their providers (some cover several audits) and asked them to supply their own replies to the criteria.

Advice from National Clinical Audit Advisory Group (NCAAG)

NCAAG has considered the list of National Clinical Audits (NCAs) that HQIP has proposed for inclusion in QA for 2012/13. It is essential that the decision for inclusion is based on clear, objective criteria otherwise any excluded NCA may appeal against the decision. As you will recall, the issue of changing the criteria was considered at our meeting on 22 June 2011. As the Minutes record, we concluded:

“There was agreement that the requirements for inclusion in the list of NCAs that NCAAG recommend to the DH should be modified to help drive up their quality. In discussion of the proposed additional criteria it was agreed that while some were straightforward to define and could be applied to all NCAs (eg public disclosure of provider performance; reporting frequency and timeliness), others presented some methodological challenges that would need to be addressed before being adopted (eg sufficient statistical power to detect differences between providers; data quality; adequacy of case-mix adjustment). It was agreed that there would be considerable time needed to prepare additional criteria for implementation which could not feasibly be undertaken by NCAAG members.”

The one additional criterion that could be added is the requirement for ‘public disclosure’ of comparative performance of identifiable providers. However, this would lead to several NCAs being excluded (including some that DH has made mandatory).

We therefore recommend continued use of the criteria that have been employed for QA 2010 – QA 2012:

- Coverage: intention to achieve participation by all relevant providers in England.
- Data collected on individual patients
- Provides comparisons of providers (though not necessarily made public)
- Recruiting patients during 2012-13

We support the inclusion of the 38 NCAs suggested by HQIP. In addition, we recommend the following one is included as it is mandatory:

- Liver transplantation (UK Transplant)
[transplant audits are effectively mandatory by way of standards published in 2005 for designated liver transplant centres; only a few providers are eligible]

We also suggest that two new NCAs currently being commissioned that will be collecting data during 2012/13 and are mandatory be included:

- COPD (supplier to be confirmed)

- Emergency laparotomy (supplier to be confirmed)

And we recommend the continued inclusion of seven others as they all meet the inclusion criteria and their exclusion will be counter-productive in discouraging audit in the areas of emergency medicine, respiratory disease and renal disease:

- Fever in children (College of Emergency Medicine)
- Renal colic (College of Emergency Medicine)
- Fractured neck of femur (College of Emergency Medicine)
[meets inclusion criteria; exclusion likely to discourage clinicians from conducting audit in emergency medicine]
- Paediatric pneumonia (British Thoracic Society)
[meets inclusion criteria; need an objective reason to exclude this one topic]
- Non invasive ventilation (British Thoracic Society)
[major problems with consistent commissioning with this vital service]
- Bronchiectasis (British Thoracic Society)
[meets inclusion criteria; need an objective reason to exclude this one topic]
- Renal replacement therapy (Renal Registry)
[one of the most advanced and comprehensive audits in England]

As regards national confidential enquiries, we recommend the following mandatory enquiries in addition to the three proposed by HQIP:

- Childhood deaths & serious morbidity (RCPCH)
- Asthma deaths (NRAD)

We attach our recommended list for NCA and NCE inclusion in 2013 (Appendix).

9 January 2012

Final list for Quality Accounts

DH accepted the advice of NCAAG with minor revisions to the list reflecting new information on NCAs collecting data during 2012/13.

Appendix: Quality Accounts 2013 - National Clinical Audits recommended by NAGCAE

Peri- and Neo-natal

Neonatal intensive and special care (NNAP)

Children

Paediatric pneumonia (British Thoracic Society)

Paediatric asthma (British Thoracic Society)

Fever (College of Emergency Medicine)

Childhood epilepsy (RCPH National Childhood Epilepsy Audit)

Paediatric intensive care (PICANet)

Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)

Diabetes (RCPH National Paediatric Diabetes Audit)

Acute care

Emergency use of oxygen (British Thoracic Society)

Adult community acquired pneumonia (British Thoracic Society)

Non invasive ventilation - adults (British Thoracic Society)

Cardiac arrest (National Cardiac Arrest Audit)

Adult critical care (ICNARC CMPD)

Potential donor audit (NHS Blood & Transplant)

Emergency laparotomy (tba)

Long term conditions

Diabetes (National Adult Diabetes Audit)

Chronic pain (National Pain Audit)

Ulcerative colitis & Crohn's disease (UK IBD Audit)

Parkinson's disease (National Parkinson's Audit)

COPD (tba)

Adult asthma (British Thoracic Society)

Bronchiectasis (British Thoracic Society)

Elective procedures

Hip, knee and ankle replacements (National Joint Registry)

Elective surgery (National PROMs Programme)

Intra-thoracic transplantation (NHSBT UK Transplant Registry)

Liver transplantation (NHSBT UK Transplant Registry)

Coronary angioplasty (NICOR Adult cardiac interventions audit)

Peripheral vascular surgery (National Vascular Database)

CABG and valvular surgery (Adult cardiac surgery audit)

Cardiovascular disease

Acute Myocardial Infarction & other ACS (MINAP)

Heart failure (Heart Failure Audit)

Stroke (SSNAP)

Renal disease

Renal replacement therapy (Renal Registry)

Renal transplantation (NHSBT UK Transplant Registry)

Renal colic (College of Emergency Medicine)

Cancer

Lung cancer (National Lung Cancer Audit)

Bowel cancer (National Bowel Cancer Audit Programme)

Head & neck cancer (DAHNO)

Oesophago-gastric cancer (National O-G Cancer Audit)

Trauma

Hip fracture (National Hip Fracture Database)

Severe trauma (Trauma Audit & Research Network)

Fractured neck of femur (College of Emergency Medicine)

Psychological conditions

Prescribing in mental health services (POMH)

Schizophrenia (National Schizophrenia Audit)

Blood transfusion

Blood sampling & labelling (NCA of Blood Transfusion)

Use of anti-D (National Comparative Audit of Blood Transfusion)

Health promotion

Risk factors (National Health Promotion in Hospitals Audit)

End of life

Care of dying in hospital (NCDAH)

National Confidential Enquiries

Maternal & neonatal deaths & serious morbidity (tba)

Medical & surgical deaths & serious morbidity (NCEPOD)

Suicide & homicide in mental health care (NCISH)

Childhood deaths & serious morbidity (RCPCH)

Asthma deaths (NRAD)