

Setting the standard in healthcare



Audit, enquiry and registry data as part of accreditation of clinical services

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HQIP's status

- Charity: not for profit
- Owned by Royal Colleges of Medicine working through their federative body, the Academy; the Royal College of Nursing, and National Voices, umbrella body of national patient charities



HQIP's role

Healthcare Quality

Improvement Partnership

In England:

- Management and commissioning of national audits and confidential enquiries
- Promoting and developing clinical audit practice, the governance of clinical care in provider organisations, and the use of audit by commissioners
- Developing audit practice in social care
- Promoting other areas of QI, including accreditation of clinical services

National Audits and Enquiries

Healthcare Quality

Improvement Partnership

- 45+ nationally funded projects collecting a large range of high quality clinical data about the effectiveness of services. Comparable programmes of similar registries in Denmark and Sweden.
- Many other national registries and local audit projects
- The body of data provides a basis for accreditation of clinical services: not really used as such at present

Accreditation of clinical services in England

- A variety of schemes, mainly run by Royal Colleges of Medicine, but no national system of any kind
- No overall oversight regime for the range of projects: some are accredited.



The relationship between regulation and accreditation in England

Excellence?

Good standards for quality, some measurement, few national incentives to comply

Regulation and below: Minimum standards defined but weak processes for measurement/poor data



Implication:

- Providers only have to comply with the minimum; NHS system means that aspiration to excellence is not a requirement
- Everything above the regulatory line is voluntary – except participation in clinical audits is a requirement on Trusts



The goal in the UK

- To build more schemes of clinical service accreditation
- To link audit and enquiry data as sources of evidence for accreditation standards
- To agree common standards for clinical service accreditation schemes
- All probably outside of Governmental system of quality oversight



The value of audit/registry data

- Enables objective, unambiguous, fact based assessment of quality of services against agreed clinical standards
- Provides useful complement to opinion based peer review processes and desk based accreditation
- Clinically led, and scientific of research quality

Healthcare Ouality

Improvement Partnership

- Measures outcome and not just process
- Very focused on clinical aspects as well as organisational

To find out about the audits in the UK

- http://www.hqip.org.uk/national-clinicalaudits-including-ncapop-and-corp/
- You can find reports/project outputs and information about the programme or links to the projects themselves



The potential for use of audit findings in other countries

- Audit data in the UK could be used to establish standards for care in other countries
- These audits can be replicated in other countries to create a similar bank of data to support accreditation schemes
- Audits that operate across Europe could supply data for schemes within countries or similar schemes in several countries - supporting cross European accreditation



Next steps

Healthcare Quality

Improvement Partnership

- To articulate the vision of what clinically led accreditation schemes of clinical services could provide more forcefully
- To work towards a common way of working for such schemes
- Where possible, to integrate audit data as a major source of evidence
- Potential discussion with those outside of UK about audit

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