LIBERATING CLINICAL AUDIT WITHIN THE NHS
Since 1989 Clinical Audit has been high on the Government’s NHS agenda.

In 1989 the White Paper: Working for Patients and the NHS Act of 1990, introduced mandatory medical audit, to which clinical audit evolved in 1993. In the 1997 White Paper: The New NHS: Modern, Dependable, the position of clinical audit, as an essential element of professional quality practice in the Health Service, was reinforced. Furthermore, the 1998 White Paper: A First Class Service, directed that all hospital Doctors should participate in clinical audit programmes. This was supported in the 2000 White Paper: The NHS Plan: A Plan for Investment, A Plan for Reform, which introduced that clinical audit should be mandatory for all healthcare professionals.

The General Medical Council in 2001 advised Doctors that they must take part in regular and systematic medical and clinical audit, recording data honestly. And the UK Central Council for Nursing, Midwifery and Health Visiting in 2001, also directed that clinical governance and the co-ordination of quality improvement initiatives such as clinical audit is: ‘the business of every registered practitioner.’

More recently, the 2007 White Paper: Trust, Assurance and Safety, outlined the importance of national and local level audits and highlighted the role of clinical audit in supporting continuous improvements in patient care and service delivery.

Whilst not specifically mentioned in Lord Darzi’s 2008 report: High Quality Care for All, it is highlighted that quality should be at the ‘heart of everything we do.’

Now, in the latest Government White Paper: Liberating the NHS, clinical audit has been singled out as a key driver for the Government’s vision for the NHS. This White Paper outlines principals relevant to clinical audit including patient engagement, accountability, better measurement and improvement in outcomes. The overall intention is that the data from clinical audits should be published in order that patients can make choices about their healthcare provision, and that NHS Trusts deliver transparency.

For over a decade, it has been recognised that clinical audit is vital to driving healthcare quality improvement. However, as the Department of Health has recognised in their response consultation to the Government’s White Paper, ‘An Information Revolution’, will be necessary to facilitate this strategy. In order to provide the public with more information and a wider choice about their care, the NHS will have to transform the way information is accessed, collected and analysed.

This White Paper reviews some of the issues currently faced by the Health Service, in trying to embrace a wider use of clinical audit, and outlines ways in which some Trusts are already overcoming these, by adopting innovative solutions that can support patient experience analysis and provide accurate information to drive resulting improvements.
1.0 INTRODUCTION

“At present, PROMs, other outcome measures, patient experience surveys and national clinical audit are not used widely enough. We will expand their validity, collection and use. The Department will extend national clinical audit to support clinicians across a much wider range of treatments and conditions, and it will extend PROMs across the NHS wherever practicable.”

These are the words of the Secretary of State for Health, Andrew Lansley, in his recent White Paper for the NHS. He goes on to say that more widespread use of patient experience surveys and real-time feedback will be encouraged, and that patients will be able to rate services and clinical departments according to the quality of care they have received. Hospitals will have to be more open and accountable about mistakes and staff feedback will play an important role in improvements made to the quality of patient care.

The area of monitoring treatments, feedback and the setting and achieving of clinical audit objectives will become of primary focus for NHS Trusts. Whilst most Trusts already have teams in place that are experienced in clinical audit and statistical analysis, these have been predominantly focussed on gathering information from internal clinical sources. The switch in emphasis toward patient feedback will mean that they now have to put in place the methods and processes for obtaining this information in volume, whilst ensuring its quality. Given the financial constraints that are likely to apply to these teams, they will need to find innovative ways of doing this rather than apply those traditionally used.

2.0 THE POTENTIAL FOR CLINICAL AUDIT

Radical changes are about to take place within NHS Trusts. Patients will become at the heart of everything that a Trust will do and there will be much more emphasis on research and analysis to help increase productivity and efficiency within the Service. At the same time, the NHS is tasked with improving its efficiency and has the goal of reducing management costs by 45%, over the next four years.

The current accepted definition for clinical audit appears in: ‘Principals for Best Practice in Clinical Audit (2002)’ and was endorsed by the National Institute of Clinical Excellence (NICE). It states: “Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, process and outcome of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented as at individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.”

Compared to other sectors, healthcare is in its infancy in putting the patient first. Clinical audit has a key role to play in identifying and achieving improvements to care and outcomes, as well as reducing costs. Clinical audit can extend its application to include patient feedback as part of its process and systematically review outcomes of care, against explicit criteria and the implementation of change.

The Government is intending to hold the NHS to account against clinically credible and evidence-based outcome measures, not process targets. This will mean that clinical audit
teams will need to provide their NHS Trust Boards with more comprehensive, qualitative information than ever before. In such a climate they will also need to ensure the accuracy and relevance of any information published.

3.0 BARRIERS TO EFFECTIVE CLINICAL AUDIT

Andrew Lansley’s White Paper makes more emphasis on the accountability of quality management on Chief Executives, not only ensuring that minimum standards are met and monitored throughout the organisation, but now how these results are regularly published to the public.

Resistance - Within the NHS the terms ‘clinical audit’ or ‘clinical governance’ can elicit a variety of negative responses, primarily: frustration, misunderstanding and very rarely enthusiasm. However, under good management and with the right tools and systems in place, clinical audit can achieve important and measurable improvements in patient care as a matter of routine.

Organisational culture – Many clinicians and managers fear that participation in clinical audit will lead to punishment of poor performers or even litigation. NHS organisations need to make it clear that it is safe to reveal mistakes and that as a result, lessons can be learnt.

Information requirements need re-addressing - Continual improvement of clinical service quality depends on accurate clinical information being available to clinicians, managers, service users and the public. This information can come from a variety of sources, which may include: internal IT management systems, patient focus groups, surveys, specific databases and routine audits. Frequently, information needs must be reassessed and systems identified, to provide the information in a way that makes it useful.

Inefficiency – Although the adoption of technology solutions has increased in the NHS over the last 20 years, many departments continue to run independently of each other, preventing the free-flow of communication. Some clinical audit departments continue to process audits and survey forms with inefficient manual systems. Now is the time for them to adopt a comprehensive Trust-wide approach to information collection, that minimises clerical effort and utilises modern technology in a way that both improves the quality, timeliness and availability of this critical information.

Low prioritisation – Previous to the recent Government’s White Paper, clinical audit has been a low priority for some NHS organisations, often seen as time-consuming, not relevant and expensive. Some Chief Executives and Trust Boards have rarely considered clinical audit as an organisational priority so instead, topics for clinical audit have been identified and undertaken according to departmental preference. As a result, the data is rarely shared across the organisation.

Lack of investment – Low priority leads to a lack of investment, both in terms of adequate staffing and supporting systems, as well as necessary administrative resources.

All of these barriers to clinical audit must be addressed if NHS Trusts are to achieve the Government’s ambitious objectives. Good quality, accessible data is essential to effectively support management and bring about improvements in patient care and outcomes.
4.0 PROACTIVE CLINICAL AUDIT

The Government’s White Paper directive demonstrates that there will be a “relentless focus on clinical outcomes … with results that really matter.”

These new measures empower patients to rate hospitals and clinical departments, according to the quality of care they receive and also require hospitals to be open about their mistakes and inform patients if anything goes wrong.

**Patient generated information** - Information generated by patients themselves will be critical to the process and by the Government’s own admission; it is not something that the NHS has been historically good at. More wide spread use of ‘effective tools’ like Patient Reported Outcome Measures (PROMs), patient experience data, and real time feedback will be expanded to support clinicians across a much wider range of treatments and conditions. PROMs will be extended across the NHS wherever practicable, including for additional surgical and non-surgical procedures.

**Handling the volume with reduced resources** - Clinical audit departments, and the like, will see a dramatic increase in both the volume and breadth of support they are expected to provide, without receiving a corresponding increase in resources. This will drive the need for Trusts to automate their processes and place this accountability, away from the consolidating PCT’s and diminishing middle management, directly in the hands of the Clinician.

**Gathering information at source** - There is also recognition that in order to meet the rigor of clinical audit and revalidation, the required information needs to be clear and more importantly, medically accurate. This means that the best place to capture the information is at the point of care. This is not only is more effective in informing decisions on quality improvement, but also promotes patient involvement.

**Evaluate the pathway of patient care** - Given the scope of these requirements, Trusts will likely seek to identify an overall approach for the gathering and processing of outcome and clinical audit data. In the future, solutions will be integrated for routine use as part of day-to-day patient care. Ultimately it will be possible to evaluate the pathway of care for each patient from start to finish – from GP surgery or A&E, through surgery and post operative stages, to finally at any at-home care.

**Move away from paper-based information to electronic solutions** - In order to reach the right sample for accurate clinical audit, it may be necessary to change the method in which the audit is deployed. For example: for elderly patients, it may be better that a member of staff asks the questions and responds on their behalf, using a clinical assistant PC or handheld device. Whereas if requiring results from younger patients, an online web form might produce a larger sample. In the case of a GP Surgery, it may be easier to gain patient feedback using a touch screen displayed in reception.

The move away from traditional paper-based information capture systems to electronic solutions that utilise modern devices such as: touch screens, patient kiosks, tablet PCs, handheld devices and the web, enables the whole process to be more efficient and accessible by clinicians and patients alike.

**Quality, efficient and reliable information** - Of course the success of any clinical audit or evaluation is possible only with reliable, accurate and up to date information. The right
technology can play an ever-increasing role in making information more efficient and more reliable. To manage services efficiently; to make the right management decisions; and to publish the right information to the public, NHS Trusts need systems that are fit-for-purpose and provide good quality information. Integral to this is the understanding that quality information must not be used in isolation (i.e. not for one individual department or project) but used to support the information demands of the whole organisation. As the NHS Trust evolves and adapts to changes in legislation, patient pressure, ever-changing technology or results-driven improvements, the information must always remain accessible and accurate.

5.0 MEETING CLINICAL AUDIT CHALLENGES

How Formic Can Help You

This White Paper has highlighted a number of the challenges that NHS Trusts are tasked with. The ultimate goal being the communication, improvement, and efficiency of services.

HQIP Chief Executive Robin Burgess recently outlined clinical audit’s central place in the Government’s healthcare plans, stating that: “Audits at both the national level and the local level will need to strive to measure both adherence to standards and the outcomes arising from those changes to practice that mark better adherence. Local Trusts must be prepared to share this data with patients, and also to implement HQIP’s guidance on patient involvement in audit if they are to match the aspirations set out.”

There are some fundamentally complex issues and no right answer for individual Trusts to deal with them. But a good way to start is to tackle clinical audit and revalidation with the right approach to information gathering – an approach which can hold the key to turning some of the clinical audit theories into practice, with meaningful outcomes.

FORMIC – capturing the right information at the right time

Formic recognises the importance of the changes outlined in the Government’s White Paper and our experience has led us to believe that accurate, efficient and cost-effective information capture, management and sharing, will soon play an increasingly critical role as an enabling factor for many of the changes outlined.

Formic works in partnership with hospitals and healthcare professionals in order to deliver highly robust, proven and fit-for-purpose clinical audit solutions.

Formic’s portfolio includes Formic Fusion which, for 20 years, has been helping more than 300 NHS Trusts to efficiently collect, manage and analyse data for clinical audit, infection control, staff surveys, health screening and revalidation. Its users range from physicians and administration personnel, through to clinical governance departments working some of NHS Trusts’ most complex auditing projects.

Through our solutions, accurate up-to-date information can be captured at the point of care using the most appropriate device (Tablet PC, PDA, PC, and Smartphone) or can capture data from forms online or on paper – or a combination of all.
Flexibility

Solutions are available for deployment, either at a departmental or Trust-wide level. These solutions can be installed on an organisation’s existing IT infrastructure, or be available as a web-based service, without the need for any impact on IT systems.

Who Uses Formic Fusion?

Just a few of Formic’s customers include:

- Barking, Havering and Redbridge Hospitals NHS Trust
- Royal Bournemouth & Christchurch Hospitals NHS Trust
- Epsom & St Helier NHS Trust
- Lincolnshire Partnership NHS Trust
- North West London Hospitals NHS Trust
- Milton Keynes NHS Trust
- South Devon Healthcare NHS Trust
- Northern Ireland Ambulance Service
- Royal Sussex NHS Trust
- North Tyneside NHS Trust

Conclusion

Formic’s range of solutions already provide many NHS organisations with these capabilities. As well as facilitating the capture of information on the front line in real time, they also provide tools to assist with consolidation, analysis and reporting, leading to much faster feedback to clinicians, trust management and patients. With the accompanying reduction in manual effort, professional staff are able to focus on using the information to drive improvement in clinical outcomes. As the Government’s White Paper admits “too often the patients are expected to fit around the services, rather than the services around the patient.” Getting the right, proven solutions in place will help towards achieving a patient-led, accessible service that will go a long way to helping the NHS deliver the productivity and efficiency to which it aspires.

FOR MORE INFORMATION

Visit: www.formic.co.uk
Tel: 0870 197 5608
Email: @formic.co.uk