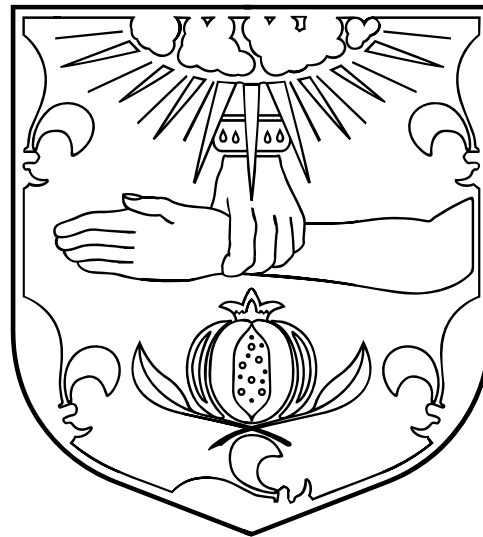# Royal College of Physicians of London

Clinical Effectiveness and Evaluation Unit

Alex Hoffman

NCIN conference 18 June 008

Use of data

- Local audit
- Clinicians probably already know what issues are locally
- They may have tried many times before to change but no one is listening
- May feel their service appears to be a low priority in pecking order within the trust

Data collection

- Honest answers
- Encourage Hawthorn effect - learn lessons as teams/individuals enter data
- Use the team to review cases
- Use the inter rater cases to standardise data quality and consistency
- Reduce frustration regarding amount of data – people feel it's worth it – if you use ALL eg a full benchmarked report, slide shows, tool kits, business plans, different local audiences

Role of centre and staff in hospitals

Data management – The centre provides
- audit tool with high data quality and data completeness
- help desk always available
- analysis experienced statisticians, clinicians and steering group
- meaningful reporting

Clinicians provide honest answers describing strengths & weaknesses of your service

Reporting - The centre provides
- a report highlighting strengths and weaknesses locally
- regionally
- nationally
- makes recommendations for change

Clinicians use reports to improve the service,

Role of centre and staff in hospitals

Strategy - The centre provides clinical credibility, evidence base, political know-how, patient involvement, experience of national audit and implementation

Clinicians provide local insight, local ownership, potential solutions, action plans

Local report

- Benchmarked report gives clinicians power locally
- Informs what they do well/OK/badly compared to others nationally and evidence based standards of care
- Suggests areas to start making improvements and starter for developing an action plan locally
- Encourage clinicians to shout about local results(Executive team/Non executive board/PCT/SHA/press/board)
- Praise staff for doing well
- Identify key areas for change
- Who needs to be involved in making the change happen? (may be a culture change, may not be £££ may be a procedural change)

Data presentation to illustrate messages eg Changes in Organisational Score Between 2004 and 2006
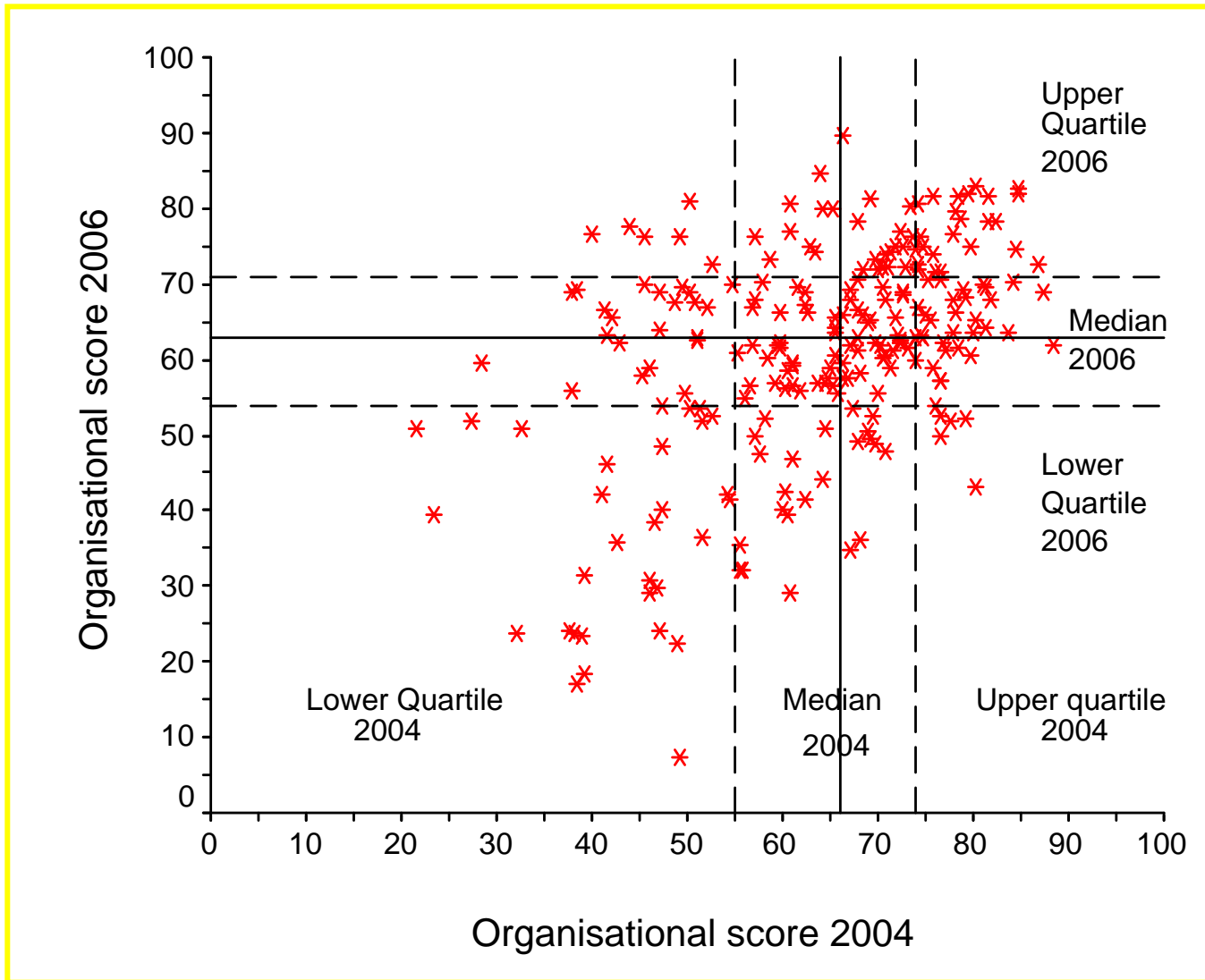
Regional report

- Once results are received and centre gives notice SHA/network/Department of Health (regional) reports produced

- Impact of regional comparisons – no one wants to be bottom, contributes to annual planning cycle, regional/network approach

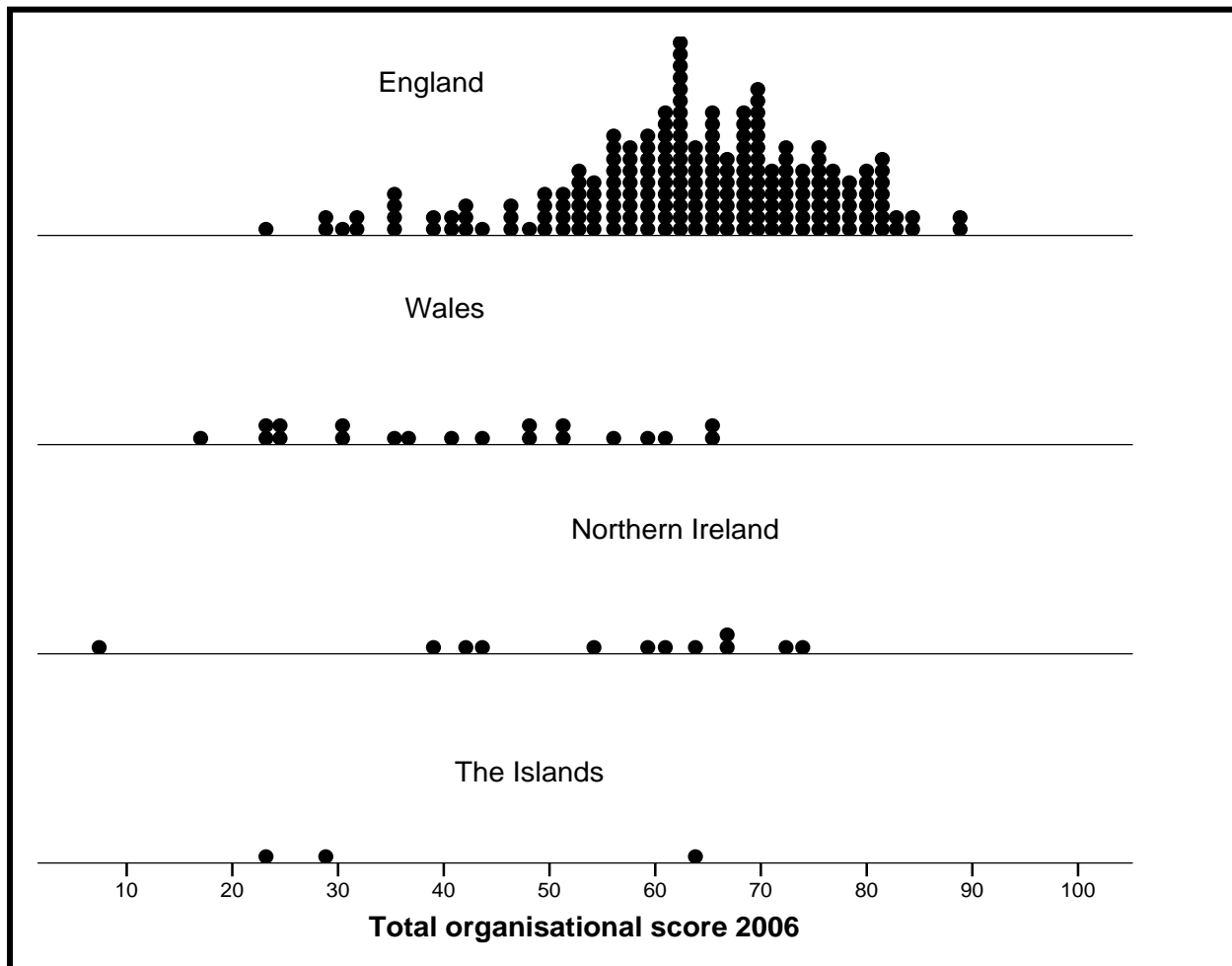- Who is the regional lead – may take time to identify?

Country reports

- Differences for each Department of Health to address (nb different denominators)
- International comparisons may be appropriate
- Link to National Audit Office /NSF/Strategy/Frameworks

Data presentation Aggregated Audit Score:

Country Comparison

England

Wales

Northern Ireland

The Islands

Total organisational score 2006

10   20   30   40   50   60   70   80   90   100

The Stroke experience

- Stroke Programme at the RCP
- National Audit
  - Organisation of Care
  - Patient data
  - Audit of patient views
  - Primary Care audit
  - Carotid endarterectomy audit
- Guidelines
  - NICE Guidelines on Acute care and TIA
  - Intercollegiate Guidelines on the rest
- Peer review
- Do Once and Share

How has the sentinel stroke audit help to shape clinical services?

- There is evidence it is a major lever for change

- Data is useful at clinical and managerial level
  eg
  to lobby for opening stroke unit
  to increase size of stroke unit
  to improve scanning facilities "I've been trying to get the trust to offer scanning for stroke patients for 5 years, within a day of receiving the audit report the chief executive had convened a meeting with stroke service and radiology" A stroke physician after publication of performance indicators 2004 audit

Public reporting of key areas

Northumbria Healthcare NHS Trust (Wansbeck General Hospital)	25-48 hrs	> 48 hrs	Yes	✔ (green)
South Tees Hospitals NHS Trust (The James Cook University Hospital)	5-24 hrs	25-48 hrs	No	✔ (green)
South Tees Hospitals Trust in collaboration with Hambleton and Richmond PCT	5-24 hrs	25-48 hrs	No	◆ (orange)
South Tyneside NHS Foundation Trust	5-24 hrs	25-48 hrs	Yes	✔ (green)
Aintree Hospitals NHS Trust	5-24 hrs	25-48 hrs	No	✔ (green)
Blackpool, Fylde & Wyre Hospitals NHS Trust	25-48 hrs	25-48 hrs	Yes	✘ (red)
Bolton Hospitals NHS Trust	25-48 hrs	> 48 hrs	Yes	◆ (orange)

Factors contributing to success

☑ Access to reasonably high quality data (better than other sources)

☑ Defined by clinicians (Intercollegiate Working Party for Stroke and National Clinical Guidelines for Stroke)

☑ Interpreted by clinicians (reports and workshops by MDT)

☑ Owned by clinicians

Activities to facilitate change

- Reporting at all levels
- Policy influence
- Clinical support eg tool kits/slide shows
- Iterative standard setting - guidelines
- Peer review
- ASSET tool for managers
- Workshops
- Clinician to clinician
- Inter-agency working

Factors contributing to success

Continues to evolve

☑ New areas where evidence is increasing (acute care, thrombolysis, TIA management)

☑ Developing patient involvement: Patient survey (Picker Institute)

☑ Primary Care links: Qresearch (primary care)

☑ Carotid endarterectomy audit

☑ Profession specific audit expand multidisciplinary aspects (in development – nurse, OT, PT SLT, dietitian)

☑ Peer review

☑ Acute audit – continuous

Comparison over time
Neurovascular clinics in England

	2004	**2006**
Neurovascular clinic	69%	84%
Current average waiting time	14	11
See and investigate in stated number of days	55% in 14 days	37% in 7 days

Comparison over time -12 Key Indicators

|	2002 (%)	2004 (%)	2006 (%)
Weighed	49	52	57
Mood assessed by discharge	52	47	55
Antithrombotic by discharge	91	95	100
Rehab goals documented	61	68	76
Home visit	73	69	63
Average for 12 indicators	**57**	**61**	**65**

Impact of Stroke Programme

- Informed NSF for Older People Stroke Chapter 2000 and National Stroke Strategy 2007
- Guidelines widely disseminated & quoted
- Performance indicator for Stroke ★ratings
- Report for All Party Parliamentary Group
- Work with NHSIA developing minimum dataset
- Stroke Improvement networks
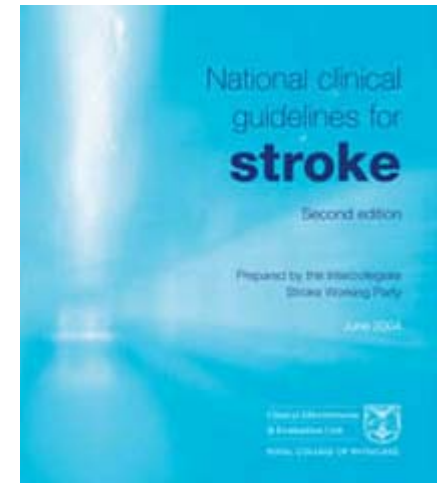
National Audit Office report

- Informed NAO report
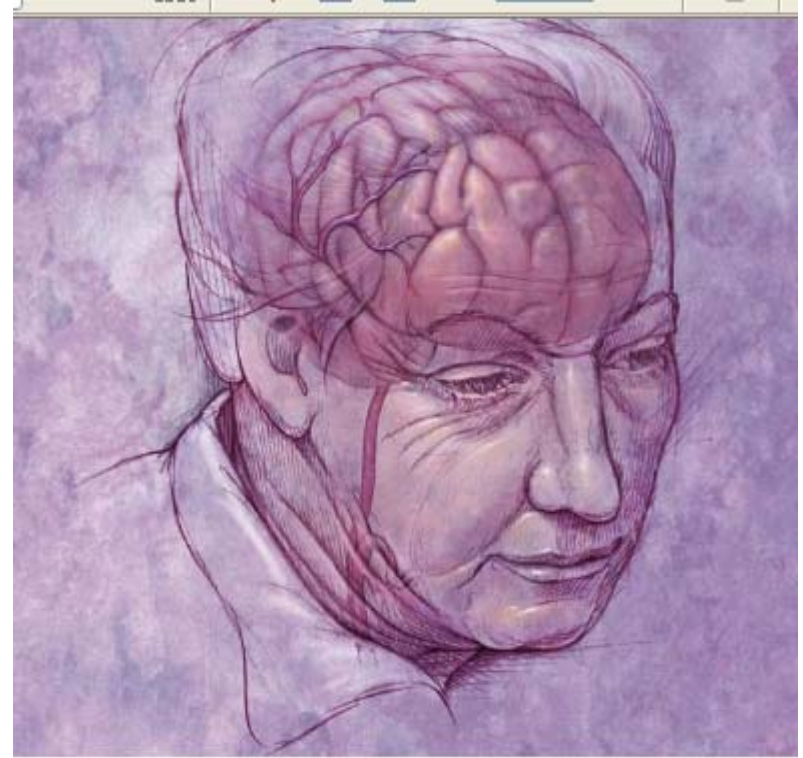
DEPARTMENT OF HEALTH
Reducing Brain Damage:
Faster access to better stroke care

REPORT BY THE COMPTROLLER AND AUDITOR GENERAL | HC 452 Session 2005-2006 | 16 November 2005

Use of RCP data from audit and advice – expert group

NCIN conference 18 June 008

National Audit is powerful

- Collect good data
- Encourage clinicians to own and use their reports
- Re-audit key issues locally and whole audit nationally – appropriate timescale
- Steering group is key to whole process
- Work together to optimise effort
- Clinicians, patients (and managers) will reap the rewards