



eNewsletter - Issue 117 - February 2019

## CASC survey suggests big improvements!!!



We are delighted to be able to release the interim report for our annual clinical audit survey. CASC first ran the survey in 2010 so we now have nine sets of data, over eight years to compare. As a

team we are really proud of this initiative and know of no comparable survey that produces such high quality and consistent results. First of all, we would like to thank all 183 respondents that took the time to provide feedback. This is the second highest number of returns and brings the total over nine surveys to almost 1,500. Once again, the majority of respondents classified themselves as a 'clinical audit professional' (60%) and 55% work in acute care. Highlights this year include: a significant jump in respondents stating they feel 'more positive' towards clinical audit than a year ago (up to 45% from 32% in 2017), a small improvement in views on national audits, a sharp rise in the number of respondents stating they have more local resources for clinical audit and a clear drop in the number stating they intend to leave audit in the next 5 years. This time we have also collected valuable feedback on: the best attributes of NCAs and suggestions on how the national audits can be improved. These will appear in the full report (scheduled for April). Read the interim report, [here](#). Read the one-page highlights, [here](#). We have also created a post on the NQICAN forum [here](#), so please use this to ask questions, make comments, etc.

## NHS Long-Term Plan: implications for audit and QI

Many of you will have seen that in January, the NHS Long Term Plan was published, see [here](#). This is a landmark (136 page) document that sets out the future direction for the NHS and pays particular attention to: funding arrangements, the need to make key changes (e.g. reduce pressure on emergency hospital services) and the plans to address health inequalities and progress the quality of care. It is encouraging to see clinical audit feature within the publication and to assist you we

## Training Courses:

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[Train the Trainer in Clinical Audit](#)

[Audit Distance Learning Course](#)

[Root Cause Analysis](#)

[Significant Event Audit](#)

[Getting started with QI](#)

## See Also:

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## Announcements:

Next eNews will be released on 5 March 2019.

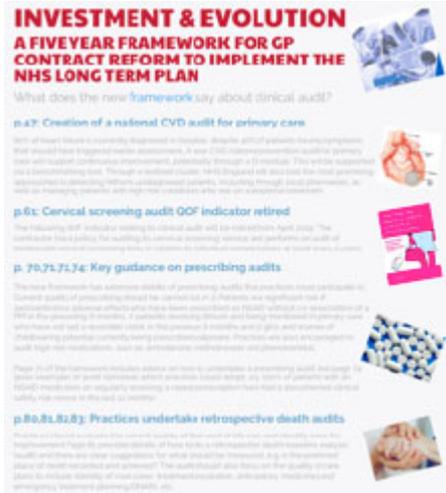
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have created a one-page document that highlights where clinical audit and QI feature in the plan. Arguably the key announcement is that there will be a new national CVD audit for primary care. With so much current NCA investment focusing on hospitals we applaud this

decision. It is also great to see that existing national audits are referenced with further plans detailed. For example, advancements will be made to the Sentinel Stroke National Audit Programme to ensure a more comprehensive dataset. The plan also identifies that there will be a new QI element for the Quality and Outcomes Framework. To find out more, click [here](#).

## New framework for GPs: what it means for clinical audit



As noted above, the new NHS Long-Term Plan was launched in January. To coincide with this, January also witnessed the publication of ‘Investment and Evolution: a five-year framework for GP contract reform to implement The NHS Long-Term Plan’, click [here](#). This comprehensive 108-page document puts primary care at the heart of

the future NHS reforms and many of you will have seen the recent media coverage focusing on the huge investment planned for primary care between now and 2023/24 (with 20,000 additional staff promised). It is fantastic to see that clinical audit is featured at many levels within this publication. Highlights include: a commitment to create a new CVD national audit for primary care, plans to amend the QOF indicators, plus an expectation that all practices will now participate in a number of key prescribing audits (e.g. NSAIDs, Lithium, Valproate, etc.). The framework also sets out how practices will carry out a regular end of life care audit that will involve a retrospective review of patient deaths. CASC view these as significant changes that once again highlights the value of clinical audit in measuring and improving care. Click [here](#) for more.

## NQICAN update: national summit and forum

CASC met Carl Walker (NQICAN Chairman) in January to formalise our future working arrangements. From what we learned at the meeting, it appears the first quarter of 2019 will be very busy for



NQICAN. On 29 March, NQICAN will be partnering up with Healthcare Conferences UK to run the National Clinical Audit Summit in London. Carl will be chairing the day with high profile speakers from NHS England and HQIP. We understand the day will include feedback from the forthcoming NQICAN

consultation and that much of the event will be devoted to local clinical audit. NQICAN have secured reduced delegate rates for local audit staff and the brochure for the day is available [here](#). Meanwhile, the NQICAN forum is proving an excellent resource for generating key discussions in relation to clinical audit and we encourage you to join and get actively involved. The forum allows you to raise any questions or concerns that might be of interest to our wider community. For example, there is currently a helpful debate looking at the use of SurveyMonkey within clinical audit and this has generated a request for clear guidance from NHS England. Visit the forum, [here](#).

## CASC news: now and future plans



In addition to working on our annual survey, we have recently released a new 'Stuff we like' section on our website. This currently focuses on The School for Change Agents. The School

is a superb resource that many audit and QI staff are not familiar with. The #S4CA provide lots of materials and deliver regular webinars. Click [here](#) for more. We have also released two new dates for clinical audit training: 11 April (Leicester) and 7 June (London). In addition, we offer all our courses as in-house workshops, plus you can access our training via distance-learning. Please click [here](#) or get in touch for more details. In terms of our future plans: we are in the process of developing new Excel tools for audit that will be made available via our website soon. We have also been working with our friends at Practice Index to create online training that looks at how to reduce your 'did not attend' rate for patients. This incorporates online training, an Excel tracker and various other tools and will be available in mid-February.

## Worth a look: Improvement Fundamentals and HQIP

CASC are big fans of the Improvement Fundamentals online training courses that are supported by NHS England. These practical, short courses are learner-centred and allow like-minded professionals to interact and share experiences. To date, four courses have taken place: QI theory, QI tools, measurement for improvement and an introduction to improvement gains. All learners have access to course facilitators



and learners can also interact on social media via the #QIHIKERS. To find out more, click [here](#). Meanwhile, many of you will have read the recent article [here](#) by Drs Boyle

and Keep entitled 'clinical audit does not work, is quality improvement any better'. CASC provided a reply to this via a letter [here](#) to the editor that was published online in November and Danny Keenan (HQIP Medical Director) has now published his own thoughts via the HQIP website, [here](#). We would encourage those working in audit to be aware of this ongoing debate and to contribute to it.

## Tell your friends about our eNews



We first launched the CASC e-Newsletter in February 2007 with the aim of providing those with an interest in clinical audit and QI with a free regular monthly update. Since that time hundreds of subscribers across the world have joined our circulation list. The newsletter provides subscribers with a mixture of CASC-related and other clinical audit, quality improvement and patient safety news to help you keep up-to-date with current events. Don't forget that if you have missed a previous issue of the newsletter then you can visit the [eNews](#) section of our website where all previous issues are archived. If you wish to sign up for your own copy or know others who may be interested then please email:

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