

NCAPOP Funding Survey 2016

Background

On 30 August 2016, NHS Medical Director, Sir Bruce Keogh sent a letter to Medical Directors and Finance Directors of all NHS Trusts. The letter details significant changes to the funding arrangements for the National Clinical Audit and Patient Outcomes Programme (NCAPOP). As a result, the Clinical Audit Support Centre (CASC) were contacted by many clinical audit staff asking for our views. Hence, we decided to set up a short anonymous and confidential online survey to gauge opinion and this ran from 26 September to 17 October 2016. This short paper provides headline results and full data sets will be published in due course. Note: CASC have no conflict of interest: we do not participate in NCAPOP in any capacity.

Respondents

A total of 66 responses were received. 31 respondents classified themselves as 'acute', with 27 classifying themselves as 'community' [8], 'mental health' [8] or 'community and mental health' [11]. There were 8 'other' responses. 51 respondents specified their job title and collectively 34 were Managers [16], Heads of Department [15] or Clinical Audit Leads [3].

Results

When asked 'how long it took you to find out about the new [funding] proposals', 39% stated that they 'didn't know prior to this survey'. Note: the survey was made available online from 26 September, i.e. 27 days after Sir Bruce Keogh's letter. Only 23% stated they were aware of the new arrangements within 2 weeks of the letter.

The key question in the survey asked 'what is your view of the new NCAPOP funding arrangements?' Two answers were available: 'I support the new model, i.e. All Trusts pay £10,000 + VAT per year' or 'I prefer the old model, i.e. Trust charges linked to participation'. Results are provided in the table below:

New Model [£10K + VAT fixed fee]	Respondents [by group]	Old Model [pro rata]
41%	ALL [n=66]	59%
71%	ACUTE [n=31]	29%
7%	MH/COMMUNITY [n=27]	93%

Respondents were given the opportunity to provide opinion on the new arrangements. The following selection of comments highlight the clear degree of polarity:

'Charging all a standard charge whether they participate or not is fairer' [Clinical Audit and Effectiveness Manager, Acute Trust]

'For us, this change represents a reduction in costs so is, of course, extremely welcome' [Head of Patient Outcomes, Acute Trust]

'It is better than last year as the cost is reduced from £23.5K in 15/16 to £10K + VAT in 16/17' [Head of Clinical Effectiveness, Acute Trust]

'Clearly this is grossly unfair to those Trusts who access only a small part of the NCAPOP' [Clinical Audit Manager, Community Trust]

'From a Mental Health and Community Trust perspective many of the NCAPOP audits are not applicable and therefore are we getting value for money?' [Clinical Audit and Compliance Lead, Mental Health and Community Trust]

'The main issue is why introduce this mid financial year? Why not let 2016/17 continue as is and introduce this for budget year 2017/18?' [Clinical Audit Manager, Community Trust].