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Themes identified in relation to national clinical audit from our latest annual survey^

1. BURDEN

Many comments highlighted the considerable amount of time and effort involved in conducting NCAs. Comments included: 'over cumbersome', National IBD audit is a real beast', 'very time consuming', 'NCAs are heavy on manpower/resources', 'a lot of the national audits are very time consuming and repetitive', 'we are struggling to participate', 'on the verge of being unmanageable', 'onerous data collection', 'we are sinking'.

2. COVERAGE

Respondents frequently highlighted that NCAs currently focus predominantly on hospitals and Comments included: 'the hospital Trust participates in around 40 NCAs per year', 'in acute Trusts we are overburdened with NCAs', 'very few NCAs for my Mental Health Trust', 'only a handful are relevant to Community Care', 'there needs to be more focus on mental health', 'hospices are excluded from NCAs'.

3. REPORTING ISSUES

A clear theme identified via the survey centred on delays in relation to reporting of national audit results back to participants. Comments included: 'reports are very general', 'results don't translate at a local level', 'difficult to get hold of local results', 'reports don't lend themselves to interpreting the results very easily', 'reports they produce are meaningless'.

4. IMBALANCE

Although respondents noted that most NCAs focus on acute care, a number felt even within this setting there was an uneven distribution of NCAs. Comments included: 'some specialties have far too many NCAs when others have none', 'specialties such as respiratory and cardiology have more than their fair share'.

5. DELAYED REPORTS

Respondents highlighted that national audits would benefit from much quicker reporting of results. Comments included: 'delays in waiting for results', '12+ month old data', 'timeliness of reporting should be live', 'for most national audits the results and site reports are slow', 'some cancer audits are two years out of date', 'we wait 12 months for data reports', 'reports are received a year or two later'.

6. POOR METHODS

There is an agreed clinical audit process and HQIP have produced best practice guidelines for audit. Respondents highlighted problems: 'remove the registries and non-audits from NCAPOP', 'apply more rigour to design', 'have proper standards', 'too many are data trawls for research purposes', 'some are just collecting data for the sake of it and do not appear to be true audits', 'they are not fit-for-purpose'.

7. LOCAL IMPACT

Respondents explained how NCAs are impacting on local audit: 'our local team is being overwhelmed by the national agenda', 'the NCAs are driving out local projects', 'we are drowning in NCAs and it detracts from the quality of local audits', 'NCAs take from the creativity and innovation of auditing local areas of identified risk', resources are stretched and we cannot focus on supporting local audits', 'local audit is more effective'.

8. CRITICISMS

The survey received a significant number of comments that were openly hostile towards current NCAs, these included: 'most are a waste of time', 'I feel they do not add any benefit', 'scrap them', 'scrap them all as very few contribute to better care', 'stop doing them', 'most are a waste of time', 'too much work for too little return', '£10K per year cost makes them less valuable', 'staff feel NCAs do not tell them anything'.

9. POSITIVES

Thankfully, those completing our survey did identify a number of positives in relation to NCAs as follows: 'Good and well run', 'NCAs provide really useful benchmarking data which can be a big motivator for teams', 'a good national audit is both a yardstick and a motivator', 'the availability of comparison of data is a good thing', 'benchmarking provided is useful', 'SSNAP audit published data with a minimal time lag'.

10. SUGGESTIONS

Respondents to our survey made numerous suggestions of how NCAs could be improved. A range are listed: 'fewer better quality NCAs', 'more real time reporting', 'more online portals, less paper', 'more local support', 'more NCAs that relate to mental health setting', 'recruit some clinical audit professionals [to help run NCAs]', 'NCAs should be shared equally across sectors', 'streamline them'.