

What is clinical audit?

**And other frequently asked
questions**

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Q: What is clinical audit?

'Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.'

New Principles of Best Practice in Clinical Audit (HQIP, January 2011)

Clinical audit is a way to find out if health or social care is being provided in line with standards. Clinical audit lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve patient outcomes.

Clinical audits can look at care provided all over the country - we call these national clinical audits (NCA). They can also be done locally in a trust, hospital, GP practice or care home - anywhere health or social care is provided.

Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of care against agreed and proven standards. The audit cycle includes taking action to bring practice in line with these standards to improve the quality of care and health outcomes.

By following the cycle, any clinician or team should be able to see where their practice can be improved against given benchmarks, to take action, and then to re-measure and make further improvements.

Q: What is national audit and patient outcomes measurement?

The NCAPOP programme collects a large volume of data about local service delivery and achievement of compliance with standards, and about attainment of outcomes. Each project is commissioned from a suitable professional or academic group appointed on the basis of their skills and expertise, and these are closely monitored and supported by HQIP.

The projects allow:

- local bodies to identify and make local improvements for patients based on data they have supplied
- patients to question the quality of their care and exercise choice
- the Care Quality Commission and other regulators to corroborate local bodies' self assessments against national standards

- NHS England and NHS Wales to assess progress against national initiatives

Clinical audit and patient outcomes monitoring are two closely related activities that seek to improve patients' experiences and health outcomes through the systematic review of healthcare delivery. They aim to ensure that all patients receive the most effective, up-to-date and appropriate treatment, delivered by clinicians with the right skills and experience.

The three broad questions that clinical audit and outcomes monitoring seek to answer can be summarised as:

- Are patients given the best care?
- Are they better?
- Do they feel better?

Q: Who should be involved in clinical audit?

Clinical audit matters to everyone involved in health and social care, including:

- patients and service users
- carers and relatives
- clinicians at every level, in every profession and discipline
- nurses
- regulatory bodies
- commissioners
- NHS Trust boards
- the managers of health and social care providers

From the start, if you are planning an audit you should involve anyone who might later be affected by the result. This includes all of the people who might be asked to change their practice, manage or use the service that is being audited.

If the audit has implications for professions or disciplines in other areas they should be consulted at the planning stage. It is important that your audit project is supported by those who have the authority and commitment to see changes put into practice.

Q: What is the difference between clinical audit and research?

To understand the difference between a clinical audit and research, it helps to think about the purpose of the project.

- Clinical audit tells us whether we are doing what we should be doing and how well we are doing it. Clinical audit is about quality and finding out if best practice is being practised.
- Research is about obtaining new knowledge and finding out what treatments are the most effective. Research tells us what we should be doing.

The National Research Ethics Service makes a clear distinction between clinical audit and research and states that, unlike research, clinical audit does not need approval from a research ethics committee.

For more information see the Differentiating Audit, Service Evaluation and Research document on the National Research Ethics Service [website](#).

Q: What is the difference between a clinical audit and a patient outcome programme?

Sometimes agreed good practice criteria do not exist, perhaps because it is difficult ethically to conduct properly controlled scientific trials for a particular aspect of patient care. In some areas of healthcare - often in relation to complex surgery - it is more direct and important to measure outcomes following treatment.

In these circumstances, recording the results for individual patients (their outcomes) can supplement or replace an audit of what has been done to them.

The [Clinical Outcome Review Programmes](#) now encompass Confidential Enquiries. They are designed to enabling clinicians, managers and policy makers to learn from adverse events and other relevant data to assess the quality of healthcare, and stimulate improvement in safety and effectiveness.

Q: What is the difference between a clinical audit and a registry?

To understand the difference between a clinical audit and registries, it helps to think about the purpose of the project.

- Clinical audit tells us whether we are doing what we should be doing and how well we are doing it. Clinical audit is about quality and finding out if best practice is being practised.
- Registries do not usually measure performance against standards, nor do they necessarily drive improvements in an explicit way. Registries detail care provided for their client groups, the incidence and outcome of specific conditions and procedures, and organisational responses and treatments provided for specific conditions. They often gather information on clinical outcomes of patients, and form sources for audit and research into the causes of variance in outcomes and other research projects.

All registries are a form of audit technically, but in practice only those where the register is used to drive quality improvements should be classified as audits. A good example is the [National Joint Registry](#) which, as well as counting the number of implants of various kinds, is also used to assess the performance of individual surgeons and the quality of different makes or manufacture of implant which is directly related to quality of healthcare.

Q: What is the difference between a clinical audit and a patient satisfaction survey?

To understand the difference between a clinical audit and patient satisfaction surveys, it helps to think about the purpose of the project.

- Clinical audit tells us whether we are doing what we should be doing and how well we are doing it. Clinical audit is about quality and finding out if best practice is being practised.
- Patient satisfaction surveys ask patients about the treatment they have received. Some forms of patient survey are outcome measures, such as PROMS (patient reported outcome measures). Whilst these are related to audit, are not audit in themselves. They are however vital for assessing service quality and an excellent addition to audit.

It can be difficult to separate clinical audit and patient satisfaction surveys, because some clinical audits involve patient surveys to help them find out how well care is provided. Asking patients about the treatment they have received is a vital part of audit, as it can be used to assess the degree to which care was offered against standards.

Q: Why should my organisation participate in national and local audit?

In addition to HQIP's statutory and mandatory requirements guidance to participate in national and local clinical audit every healthcare provider should want to ensure that they provide the best possible care. HQIP is committed to improving patient care and clinical audit is a key element in that process. National audit provides valuable comparative information at national and local level. Organisations and clinicians can compare achievements with their peers and share experiences with one another.

It also has great potential to provide information to the public about the quality of clinical care provided by the NHS services that they fund through the taxes they pay. Participation in local clinical audits and outcomes monitoring is the mark of a service that is constantly striving to improve.

Q: We are a local Trust. Which national audits do we have to participate in?

Under the standard terms of contract between commissioners and providers of NHS services, all trusts must participate in the NCAPOP national audits. Additionally, all providers who are required to produce Quality Accounts must report on whether or not they have participated in any of the national clinical audits which appear on the list of projects drawn up and published by NHS England each year. This includes the NCAPOP projects.

In order to meet the risk management standards set by the NHSLA, trusts must have a clear documented plan for prioritising both national and local clinical audits.

For more information on the statutory and mandatory requirements to participate in clinical audit, see HQIP's statutory and mandatory requirements guidance_