**Clinical Audit Policy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1.2 | 30/03/2022 | Sultan Mohamed | Munira Mohamed | Policy updated (Practice Index) |
| v1.3 | 12/12/2023 | Sultan Mohamed | Munira Mohamed |  |
|  | March 2025 |  |  | Next review |
|  |  |  |  |  |

**Table of contents**

[1 Introduction 2](#_Toc129941244)

[1.1 Policy statement 2](#_Toc129941245)

[1.2 Status 2](#_Toc129941250)

[2 Definition of terms 3](#_Toc129941333)

[2.1 Clinical audit 3](#_Toc129941334)

[2.2 RCGP Clinical Innovation and Research Centre (CIRC) 3](#_Toc129941335)

[2.3 Clinical Practice Research Datalink network 3](#_Toc129941336)

[2.4 National Institute for Health and Care Excellence 3](#_Toc129941337)

[3 Clinical audit process 4](#_Toc129941338)

[3.1 Rationale 4](#_Toc129941339)

[3.2 Audit, research and survey 4](#_Toc129941340)

[3.3 Features 4](#_Toc129941342)

[3.4 What can instigate an audit 5](#_Toc129941343)

[3.5 Audit cycle 6](#_Toc129941344)

[3.6 Audit cycle explained 7](#_Toc129941345)

[3.7 Structure 7](#_Toc129941346)

[3.8 Ethics 8](#_Toc129941348)

[3.9 Results 8](#_Toc129941349)

[3.10 Additional guidance 8](#_Toc129941350)

[4 Summary 8](#_Toc129941351)

#  Introduction

## Policy statement

The purpose of this document is to ensure conformity in order to achieve a common high standard of medical practice at Sheerwater Health Centre.

The Royal College of General Practitioners (RCGP) advises in its document titled [Quality Improvement](https://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement) that this subject is a commitment to continuously improve the quality of healthcare by focusing on the preferences and needs of the people who use the services. It is an evidence-based approach that helps primary care to free up time to deliver initiatives and embed new approaches more effectively and efficiently into practice.

Quality improvement (QI) helps to make the most of administrative and clinical procedures thus enabling organisations to deliver better outcomes, care and experience for their patients. There are many different types of quality improvement activity (QIA) and one example is clinical audit. Conducting clinical audits will enable staff to bring about improvements in both administrative and clinical procedures in order to enhance the care and experience of patients.

The CQC advises in its [GP Mythbuster 4: Quality improvement activity](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-4-quality-improvement-activity) that organisations should be able to demonstrate that they:

* Consider the quality of the care provided
* Review the care provided in relation to current best practice guidance
* Make changes where necessary or appropriate in order to improve
* Revisit the question to see whether the changes made have resulted in an improvement

Other examples of QIA can be found in the CQC’s GP Mythbuster 4.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiRx834t-P2AhXSVsAKHRSDDEIQFnoECAkQAQ&url=https%3A%2F%2Fwww.legislation.gov.uk%2Fukpga%2F2010%2F15%2Fcontents&usg=AOvVaw1-uAQWChhT_Ound-oBWwmB). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Definition of terms

## Clinical audit

A clinical audit is the quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change.

Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm the improvement in healthcare delivery.

Additional reading can be found in the NICE document titled [Principles for best practice in clinical audit](https://www.nice.org.uk/media/default/About/what-we-do/Into-practice/principles-for-best-practice-in-clinical-audit.pdf). Furthermore, for audit in a wider sphere, the RCGP has provided ‘how to’ guidance titled [Improvement within a Primary Care Network](https://www.rcgp.org.uk/getmedia/7eb16993-d107-4346-bb81-04039f23606e/QOF-QI-PCN-how-to-guide-RCGP-2021.pdf).

## RCGP Clinical Innovation and Research Centre (CIRC)

The RCGP has a [Clinical Innovation and Research Centre](https://www.rcgp.org.uk/clinical-and-research) (CIRC) that supports GPs and primary care teams to deliver better quality healthcare to their patients.

## Clinical Practice Research Datalink network

Clinical Practice Research Datalink (CPRD) is a ‘real-world’ research service supporting retrospective and prospective public health and clinical studies. CPRD is jointly sponsored by the [Medicines and Healthcare products Regulatory Agency](https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/) (MHRA) and the [National Institute for Health Research (NIHR)](http://www.nihr.ac.uk/) as part of the Department of Health and Social Care.

Organisations that sign up to join the [CPRD](https://cprd.com/) network receive free, confidential patient safety and prescribing reports to support their quality improvement work. CPRD advise that they collect anonymised patient data from a network of GP practices across the UK. Primary care data is linked to a range of other health related data to provide a longitudinal, representative UK population health dataset.

This data can be used as evidence for appraisals and revalidation and to support work on QOF.

## National Institute for Health and Care Excellence

The [National Institute for Health and Care Excellence](https://www.nice.org.uk/about) (NICE) provides national guidance and advice to improve health and social care.

# Clinical audit process

## Rationale

The purpose of completing a clinical audit is to enable staff at Sheerwater Health Centre to review their individual practice and that of their colleagues with an overall aim of making improvements to benefit the service user.

A clinical audit will:

* Identify and highlight evidence-based practice
* Identify areas for improvement and enhance patient safety
* Provide data that can be used to review the effectiveness of service delivery
* Enhance multidisciplinary team communication
* Improve cross-functional working within the practice

## Audit, research and survey

There is a clear distinction between audit and research. Audit focuses on current practice(s) to ensure conformance to policy, protocol and clinical guidelines whereas research focuses on the gathering of new facts and knowledge.

The RCGP advises that a clinical audit differs from a survey because the data in a survey is not presented with reference to criteria or standards.

## Features

The [Healthcare Quality Improvement Partnership](https://www.good-governance.org.uk/wp-content/uploads/2017/04/clinical-audit-a-simple-guide-for-nhs-boards-and-partners.pdf) (HQIP) states that the features of a clinical audit are that it:

* Is a circular process system by which clinicians review their own clinical practice but which can be used throughout the practice to review effectiveness?
* Has a quality improvement intent
* Is systematic
* Is undertaken with the active involvement of those directly involved in the care process
* Looks beyond the immediate care process and may encompass resources devoted to a particular care pathway
* Considers processes allied to the direct pathway of care, such as the initial selection of patients for the care pathway concerned
* Uses established and agreed standards which are in themselves proxies for good quality care leading to better outcomes
* Compares actual practice to these standards
* Confirms compliance with standards or that necessary remedial action is taken
* Re-measures to gauge improvement

## What can instigate an audit

When managing any clinical governance process, clinical audit would generally be a consideration and an audit may be generated because of any of the following:

|  |  |
| --- | --- |
| **Clinical governance process** | **Reasons to audit** |
| Complaint | Why did it go wrong, or why was it perceived to have gone wrong?Has this happened before, or what are the risks of this reoccurring?Is there is a training need and how can this be achieved?Raise a significant event to outline all of the required actions and outcomes |
| Compliment | What went well and how can we continue to provide this perceived exemplary service?Is there is a training need and how can this be achieved?Raise a significant event to outline all the required actions and outcomes |
| Significant event | As alluded to, this could be either a positive or negative event, capture what was best practice, or what do not go so wellIs there is a training need and how can this be achieved?Does this need to be risk assessed?Has this happened before, or could this reoccur? |
| Managing risks | Identify a risk and how can this be mitigated as low as reasonably practicableWhat is the potential for this to be problematic or become an issue? |
| Managing issues | An issue has occurred, how do we resolve the problem? |
| Training | Is there a requirement to undertake additional training? |
| Meeting | Following any of the above, this needs to be discussed and minuted.Consider all the above and undertake an audit |

## Audit cycle

Below is the process of the audit cycle in diagrammatic form:

## Audit cycle explained

The diagram below shows how the need to audit can be identified:

## Structure

At Sheerwater Health Centre, all audits will be structured in the same format and will be comprised of:

* Title
* Reason for audit (aim and objectives)
* Criteria to be measured
* Standards
* Method
* Findings
* Summary
* Recommendations

## Ethics

Clinical audits must be conducted in an ethical manner ensuring that patient confidentiality is always maintained in line with the [Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/1998/29/contents) and the Caldicott principles as outlines in the [Caldicott and Confidentiality Policy](https://practiceindex.co.uk/gp/forum/resources/caldicott-and-confidentiality-policy.1831/)

Throughout the audit process, patient data should be anonymised and, where applicable, allocated unique identifiers.

## Results

At Sheerwater Health Centre, all audits will be discussed at practice meetings meetings on a regular basis, thereby ensuring that all staff are aware of ongoing audits as well as having the opportunity to discuss the findings of audits and how the changes will be implemented across the organisation.

Furthermore, there is a dedicated area on the organisation’s website where patients and carers can review current and previous audits and the outcomes.

## Additional guidance

Clinical audit is one example of a quality improvement activity (QIA) and can be used together with:

* Review of outcomes data
* Small scale data searches
* Information collection and analysis (search and do activities)
* Plan/do/study/act (PDS) cycles
* Significant event analysis (SEA)
* Large scale national audits
* Reflective case reviews
* Reflection on formal patient and colleague feedback survey results

Further reading on clinical audit and the wider sphere of governance can be found in the [Governance Handbook](https://practiceindex.co.uk/gp/forum/resources/the-governance-handbook-ms-word-version.1872/).

# Summary

All staff at Sheerwater Health Centre are to be involved in the audit process if it is to be effective which in turn can support clinical staff with the appraisal and revalidation process and this will ultimately lead to improved patient outcomes.