

British Society for Allergy and Clinical Immunology (BSACI) National Audit Manual

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Delivering a high quality and safe service is the main objective of all health care professionals in the National Health Service (NHS) and ‘audits’ are important building blocks of the clinical governance system. It is important to have robust quality assurance and improvement systems in place in order to maintain patient and public trust and confidence that the quality of care that is being delivered meets the required national standards.

Clinical audit

The National Institute of Clinical Excellence (NICE) has defined clinical audit as follows: *‘It is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and implementation of change. Aspects of structure, processes and outcome 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 improvement in health care delivery’*. In simple terms, a clinical audit therefore produces information whether *‘best care is being delivered’*, *‘does the service reach the set ‘bench mark’ ?*, *‘a way of reflecting upon ones practice’*.

What is a national ‘allergy service’ audit?

This can be a clinical or laboratory or clinical cum laboratory and should meet the following criteria:

1. National coverage of NHS Allergy clinics should be achieved, such as allergy services registered with BSACI will be invited. Depending upon the topic, either all clinics or specific clinics based on inclusion criteria of the audit will participate
2. Evaluates practice against specific standards from national (e.g.: NICE, BSACI, National Service Framework) or international guidelines. Where there is no evidence or guideline, standards for the audit will be ‘best practice parameters’ taken from consensus of Standards of Care Committee (SOCC) or co-opted experts *a priori*
3. Audit standards should be ‘SMART’ (Specific, Measurable, Achievable, Relevant and Theoretically sound/Timely) compatible
4. Prospective (where applicable)
5. Key stake holders including clinical, non-clinical, patients or patient organisations agree that this is a ‘priority’. In some cases views and opinions of commissioners and Trust managers may be necessary
6. Applies ‘audit cycle’ driving change for improvement of quality of care

The following ‘verbs’ have been used to in defining ‘aims’ of an audit – improve, enhance, ensure and change.

What is the Importance of National Audits?

In the new patient centred NHS where there are ongoing efforts to create professional excellence and deliver high quality of care with equity of access, national audits are useful clinical governance tools to assess if these objectives are being achieved. They offer the following benefits:

- Patients, their families and members of the general public could refer to standards and get an idea about what constitutes ‘high quality of care’
- Participation in National Audits will be mandatory, and health care professionals are encouraged to use this important resource for their Continuing Professional Development that will feed into their portfolios and revalidation with General Medical Council. This would constitute an important Clinical Governance exercise and could be used for their service ‘dashboards’ to display safe and good clinical practice and make changes for improvement when necessary. Furthermore, this would also be an important tool for Accreditation which will be launched for Allergy services in the forthcoming years.
- Commissioners could access this information to ensure that their local service provider is meeting the national bench mark and that high quality care is being provided to patients. Data from national audit could also be used as an incentive for local stakeholders for contracting process. Data from national audit would be a useful resource to Clinical Reference Groups (CRGs) in making their recommendations to Department of Health and for planning innovations for better health care provision within the NHS.

Stages of National Audit

The following are the stages of national audit cycle:

1. Topic Selection: Any generic or speciality-specific topic could be considered for a national audit but for it to generate useful information that has a significant impact on quality of care, the following scenarios could ‘trigger’ perusal of this exercise:
 - a. Patient complaints
 - b. High complication rates
 - c. Is this a significant problem in several centres based on knowledge from local audits or anecdotal experience/s
 - d. Is it measurable?
 - e. Is the problem amenable to change?

- f. Are their national or international guidelines available to set standards for the audit ?
2. State the targeted audit participants
 3. Creation of the 'National Audit-Specific Team' [Appendix-1]: This will comprise the following members: lead for national audits for the BSACI, BSACI Scientific Officer (to facilitate the process), an expert/s in the specific topic being considered (usually a member of SOCC and/or where relevant a co-opted member who could be a Clinician, Specialist Nurse, Dietician, organ-based allergy specialist, general practitioner), and where relevant other health care professionals/associates such as Medical Statistician. Specific roles for each member, who will provide leadership for the project and the time frame for the audit should be clearly defined. Patients or members of public who are in the project team should have undergone relevant training, and should be briefed in advance about time commitment and confidentiality issues. They should be kept informed throughout the process about progress in 'plain English' and clinical 'jargons' and acronyms should be avoided where possible, or explicitly explained.
 4. Setting Audit Standards and methodology: Clinical practice will be audited against national and/or international standards. A detailed protocol should be developed by the project team including an audit questionnaire, 'audit tools' that will be employed for data collection, how quality assurance [see appendix-2] of data and analysis will be maintained. This will be ratified by SOCC. Emphasis should be given to any ethical issues, patient confidentiality and adherence to Caldicott principles.
 5. Dissemination of Results and Knowledge: Following data analysis, a report will be generated by the audit team which will be presented to SOCC for ratification before making it available to members of BSACI and patients/public. Audit report will be available on BSACI website, presented at the society's annual meeting and where appropriate a manuscript will be submitted to a peer review journal for publication. Members and patients/public will have an opportunity to offer their views and comments regarding the audit report which will be taken on board for planning 'action points' and a date for 're-audit' be agreed. The report should be presented in an appropriate fashion for the targeted audience. Following approval by SOCC, 'action points' will be circulated to all participants, to implement change/s where needed in their respective centres. Any potential barriers to implementation of changes should be clearly described, and where relevant 'risk-management' strategies highlighted. Time table for 'implementation of change' should be stated where relevant. commissioners

6. Re-audit: It is hoped that re-audit will demonstrate implementation of change/s, that has led to improvement of quality of patient care. Also, where the initial audit has demonstrated good practice, a re-audit may be needed to demonstrate if this is maintained or not.

National Audit Pathway for BSACI

Members of BSACI, patients and patient organisations (e.g.: Allergy UK, Anaphylaxis Campaign) are encouraged to forward topics for national audits either *via* BSACI website or directly to Dr M. T. Krishna (mtkrishna@yahoo.com), Lead for National Audits or Dr Pia Huber (pia.huber@bsaci.org), Scientific Officer, BSACI. All proposals will be considered by SOCC in February and final decision will be made regarding selection based on the following:

- importance and priority of the topic for BSACI
- timeliness
- availability of resources to carry out the audit
- availability of the required skill mix

Patient representatives nominated by Allergy UK and Anaphylaxis campaign will be invited to the meeting so their views and opinions are taken on board. The BSACI will carry out about 2 national audits per year.

Appendix-1

National Audit Team

1. BSACI National Audit Lead [to oversee quality assurance and could also lead the project]
2. BSACI scientific officer – to facilitate, help with data collection and analysis
3. Expert – topic-specific, BSACI member or co-opted member (clinician, specialist nurse, or dietician)
4. Others members project- specific:
 - a. Medical Statistician
 - b. Commissioner
 - c. Manager
 - d. Administrative support (data manager)

Appendix-2

Measures to ensure quality assurance of audit

1. Robust validated questionnaire
2. Define validity of standards being used – *‘are they able to give the correct answer of the problem being addressed ?’ i.e., sensitivity and specificity of standards used to judge ‘good’ and ‘bad’ practice*
3. Define targeted audience or patient population and avoid ‘selection bias’, i.e., correct sampling technique (representative and non-representative sampling techniques)
4. Define sample size
5. Meets ‘SMART’ audit standard
6. Ensure correct standards are chosen to measure quality of care
7. Preferably electronic ‘tool’ eg: ‘survey monkey’
8. If hard copies are involved – ensure no transcription errors, data cleaning: incorporate in the protocol and state explicitly how this will be carried out
9. As far as possible, avoid ‘free text’ responses
10. Carry out a ‘pilot test’ of data collection before launching the audit
11. Ensure protocol for confidentiality are embedded in all steps of the audit
12. Dataset complete, accurate and ‘fit for purpose’
13. Agree on a protocol for handling ‘missing data’ prior
14. Sound data methodology for data analysis
15. Easy access
16. Maintain confidentiality

BSACI National Audit Pathway

