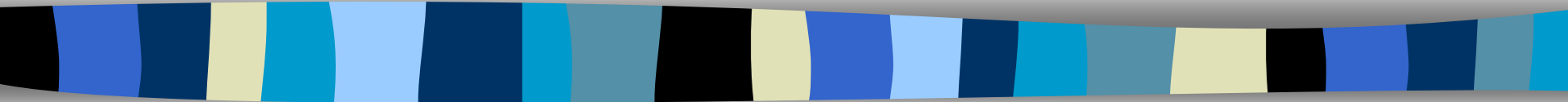


# Principles of Audit and Governance in Ophthalmology





# Corporate liability

- Walsh (1998) detailed the concept of corporate liability for both competence and performance within the NHS, and delineated impelling reasons for institutionalised audit procedures.

# Risk Management



- In the light of high profile system failures in Bristol and elsewhere, the government is understandably concerned to reassure the public.
- If clinical governance is driven solely by an agenda of control and risk management, the result could be compliance rather than commitment.



# Relevant Bodies

- Medical Royal Colleges, the General Medical Council, the NHS Executive and NHS trusts all have their roles. Other statutory bodies such as the National Institute for Clinical Excellence (NICE), the Commission for Health Improvement (CHI) in England and Wales, and the Clinical Resource and Audit Group (CRAG) and the National Clinical Standards Board (NCSB) in Scotland and the relevant bodies in Northern Ireland, will be crucially important. Clinical governance depends not only on self regulation by clinicians but also requires support for clinicians from managers and involvement of clinicians in management.



## “system failure”

- Underpinning contemporary theories of quality improvement is the axiom that poor individual performance usually reflects wider "system failure" or the absence of an organisation-wide system of quality assurance.<sup>1</sup>
- In healthcare organisations, critical incidents can lead to death, disability, or permanent discomfort. This, together with clinicians' tendency to protect their individual autonomy and reputation, can promote a culture of blame and secrecy that inhibits the organisational learning necessary to prevent such incidents in future.



# Systematic approach to quality assurance and improvement

- Introducing clinical governance to primary care, the government stated that it "must be seen as a systematic approach to quality assurance and improvement within a health organisation . . . Above all clinical governance is about changing organisational culture . . . away from a culture of blame to one of learning so that quality infuses all aspects of the organisation's work.



# Audit

- Audit may be defined as the systematic analysis of the quality of health care.
- Walsh (1998) detailed the concept of corporate liability for both competence and performance within the NHS, and delineated impelling reasons for institutionalised audit procedures.
- Governance means, *inter alia*, implementing mechanisms necessary to ensure the quality of health care.

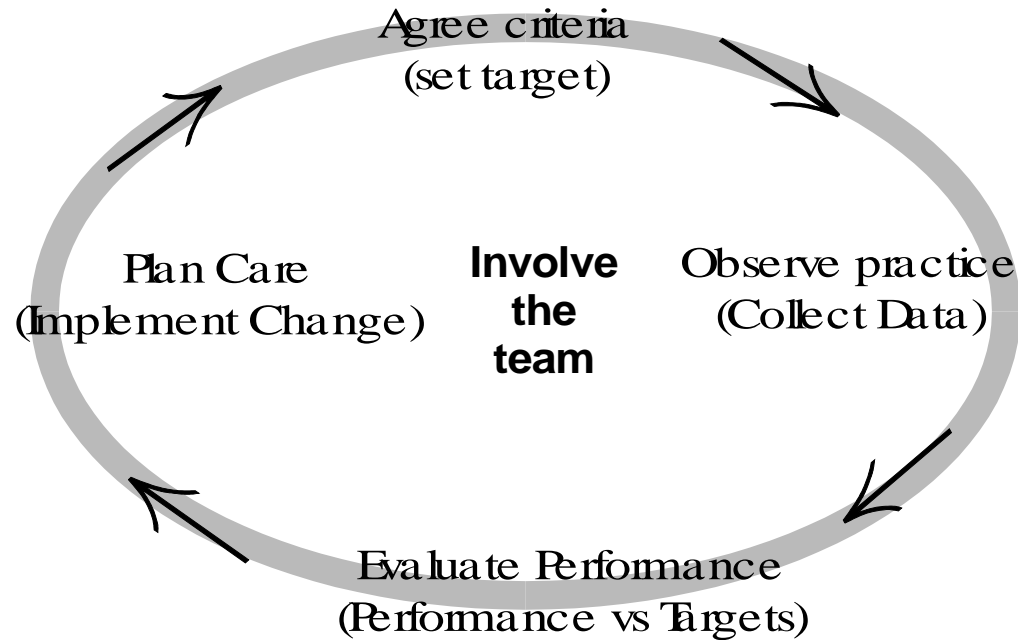


# Governance

- The current definition of governance is thus... *‘A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.’*

# The Audit Cycle

## The Audit Cycle



# Outcome Measurement

<b>CLINICAL OUTCOME MEASUREMENT</b>			
<i>Condition/Procedure</i>	<i>Data</i>	<i>Quality Indicators</i>	<i>Evidence/Reference</i>
<b>Cataract extraction and IOL</b>	Pre-op best corrected VA. Post-op VA at discharge from hospital. Post-op VA at final refraction (or 3 months). Co-morbidity (additional diagnoses)	Post-op: % achieve 6/12 or better in eyes without co-morbidity or % gain > 2 lines of Snellen VA	RCOphth National Cataract Audit 1998/99
<b>Corneal graft</b>	Graft survival	Clear graft	UKTSSA follow-up data
<b>Dacryocystorhinostomy</b>	Epiphora (absent, improved no change)	% free of epiphora at hospital discharge or 3 months	
<b>Retinal detachment</b>	Anatomical re-attachment at ... weeks after first time surgery	%	RCOphth audit



## MEASUREMENT OF SERVICE PROVISION

- **Condition**
- *Data*
- *Quality Indicators*
- *Evidence/Reference*
- **Cataract extraction and IOL**
- Time on waiting list for elective surgery
- median time on waiting list. % waiting 12 months or more
- DoH report on outcome indicators for cataract 1997
- **Glaucoma**
- Organisation and range of services
- special clinics/screening arrangements
- 
- 
- Waiting time for hospital appointment
- % within ... weeks
- 
- 
- Availability next visual field appointment
- % within ... weeks
- 
- **Diabetic retinopathy**
- Organisation and range of services
- special clinics/screening arrangements
- 
- 
- Waiting time for hospital appointment
- % within ... weeks
- 
- 
- Waiting time for PRP
- % within ... weeks
- 
- 
- **Age related macular degeneration**
- Waiting time for hospital appointment
- % within ... weeks
- 
-



# *The Health Services Act 1999*

- *The Health Services Act 1999* defined the duties of each health authority towards its patients and detailed the framework of administrative structures.
- The act also outlined the accountability of the Chief executive Officer for maintaining technical and professional standards within the respective Health Trusts.



# Audit

- Audit may be personal, for example, a surgeon reviewing his or her own work. Internal audit may take place within hospitals, at a departmental or institutional level.
- External mechanisms are available for audit, recent media publicity has been given to high profile committees such as NICE and CHI



# Clinical governance

- **Clinical governance is about promoting continuous improvement as well as establishing baseline standards. It must in part be an emergent process that allows for individual, group, and organisational inventiveness and for leadership to come from anywhere in the organisation or system.**
- **The wider organisational challenge is then to be able to convert an invention in one part of the system into innovation throughout it.**

# Medical leadership



- American studies of doctors' participation in quality improvement work have highlighted the importance of strong medical leadership.
- Hospital doctors were more likely to participate in work led by a respected clinician on clinical problems that were perceived as important and for which data were available to monitor practice.
- Whether such findings can be generalised to a UK primary care setting is questionable, but they raise important questions about the role of clinical leadership in galvanising participation in clinical governance.



# Bodies involved with Clinical Governance in Ophthalmology



# National Institute for Clinical Excellence (NICE)

- NICE, which covers only England and Wales, began in 1999 with three main functions. Firstly, it appraises new technologies, including drugs, and decides which should be encouraged in the NHS and which should be held back. Its other functions are to produce or approve guidelines and to encourage quality improvement. The biggest push for NICE came from political disapproval of "postcode prescribing:" patients on opposite sides of the same street may receive or be denied treatment because they fall under different health authorities, each with different policies on which treatments they will fund.

# ? Not NICE



- NICE began with a blaze of publicity by deciding that zanamivir, a new drug for treating flu, would not be made available in the NHS. Its decision was based on the lack of evidence that the drug was effective in older people and others most at risk of serious harm from flu. It glossed over the fact that the same could be said for many, even most, treatments currently available on the NHS. Zanamivir's manufacturers, Glaxo Wellcome, were furious, and the chief executive threatened to take the company's research abroad. NICE reversed its decision on the drug, declaring that it would be available to at risk adults who present within 36 hours of developing symptoms when consultations for flu rise above 50 a week per 100 000 population.
- NICE boasted that the reversal of its guidance showed its commitment to evidence. A pooled analysis by the manufacturers showed that the drug would reduce symptoms in those at high risk from 6 to 5 days.



# It's easier to say yes than no

- When NICE approves treatments such as taxanes for cancer there's little fuss, although many cardiologists think that it oversold the use of intravenous glycoprotein IIb/IIIa inhibitors in high risk patients who have had a heart attack, perhaps because it was overinfluenced by the drug companies' secret evidence. NICE's problems begin when it tries to deny treatments. It decided against beta interferon for multiple sclerosis and promptly found itself facing hostile publicity and an appeal from both the manufacturers and patients' groups. Its final decision will not be available until the new year.
- *Source BMJ 2000;321:1363-1364 ( 2 December )*



# One off decisions unbalance system

- Another failure with NICE is that it considers issues one at a time and is mostly concerned with what's new and expensive. A better system, like the one in Oregon, would look at all interventions. Otherwise a weak body that finds itself saying yes to most new technologies will encourage the traditional unjust rationing by delay (waiting lists), discrimination (against the elderly and mentally ill), dilution (two nurses on a geriatric ward at night when there should be four), and diversion (long term care moves to the social sector). Patients with Alzheimer's disease might receive donepezil but perhaps be worse off because they lose some of their nursing and social care.
- *BMJ* 2000;321:1363-1364 ( 2 December )



# Publications

- The General Medical Council has produced a number of publications which set out the standards expected of all doctors, including ophthalmologists. These are included in the list of references at the end of this document, but the duties and responsibilities listed in *Good Medical Practice* are particularly relevant.



# Government White Papers

- A First Class Service: Quality in the New NHS, 1998 (Department of Health, England)
- Putting Patients First: Quality, Care and Clinical Excellence, 1998 (Welsh Office Department of Health)
- Designed to Care: Renewing the National Health Service in Scotland (The Scottish Office Department of Health, 1998)
- Fit for the Future: Consultation Paper on the Future of the Health and Personal Social Services, 1998 (Department of Health and Social Services, Northern Ireland)



# NHS Executive

- The NHS (Appointment of Consultants) Regulations 1996 - Good Practice Guidance.  
Quality Framework for HCHS Medical and Dental Staffing, April 1997.  
Clinical Governance: Quality in the New NHS, 1999 (PO Box 40, Wetherby LS23 7LN)



## Evidence Based Medicine- *Levels of evidence*

- 1 RCCT or Meta-analysis
  - RCCT with high study errors
  - Clinical trial with a control group
  - Intervention case series
  - Interventional Case report
- 
- S Sharma, *Levels of evidence*. Evidence Based Eye Care 2000 :1; 261-2



# Cochrane Collaboration

- *'A database updated periodically of all RCTS'*
- Evidence based medicine, Randomised Control Trials (CDSR) 1995
- A database of 150,000 trials (CCTR)
- Cochrane Library ( CD ROM)
- Database of Abstracts Reviews of Effectiveness (DARE)



# Royal College of Ophthalmologists

- Since its foundation The Royal College of Ophthalmologists has taken an active role in promoting high standards of clinical practice. Indeed the College Royal Charter includes the statement that one of the "*objects for which the College is incorporated shall be to ..... maintain proper standards in the practice of ophthalmology for the benefit of the public*".

# References



- 1. CHI website [www.chimp.org.uk](http://www.chimp.org.uk)
- 2. Royal College of Ophthalmologists Audit Guidelines, 1995
- 3. Eke T, Thompson J, The national survey of Local anaesthesia for Ocular Surgery *Eye* 1999 13: 189-195
- 4. NHS Executive. *Clinical governance: in the new NHS*. London: NHSE, 1999. (HSC 1999/065.)
- 5. Berwick DM. Continuous improvement as an ideal in health care. *N Engl J Med* 1989; 320: 53-56
- 6. Audit Commission. *The PCG agenda: early progress of PCGs in 'The New NHS'*. London: Audit Commission, 2000.
- 7. Audit Commission. *The PCG agenda: early progress of PCGs in 'The New NHS'*. London: Audit Commission, 2000.