

Protocol for Topic Selection for the Clinical Outcome Review Programmes

November 2012 – updated September 2014

This protocol outlines the process for topic selection for the four Clinical Outcome Review Programmes:

- Medical & Surgical Clinical Outcome Review Programme
- Mental Health Clinical Outcome Review Programme
- Child Health Clinical Outcome Review Programme
- Maternal, Newborn and Infant Clinical Outcome Review Programme

1.0 Background

The Clinical Outcome Review Programmes, which encompass Confidential Enquiries, are designed to help assess the quality of healthcare and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. The programme aims to complement and contribute to the work of other agencies such as NICE, SIGN, CQC, the Royal Colleges and academic research studies with the aim of supporting changes that can help improve the quality and safety of healthcare delivery.

The four Clinical Outcome Review Programmes are commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, NHS Wales, the Health and Social care division of the Scottish government, the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS), the States of Jersey, Guernsey, and the Isle of Man.

2.0 Purpose

This document sets out the roles and responsibilities of the key stakeholders responsible for the management and decision making for topic selection, which forms part of the contractual requirement of each Clinical Outcome Review Programme. Topics are selected annually. The key stakeholders involved in this process are:

- Organisations, clinicians and individuals wishing to submit topics
- The Funding Stakeholders: NHS England; NHSSPS Northern Ireland; the health department of the Scottish Government; the health department of the Welsh Government; and the States of Jersey, States of Guernsey and the Isle of Man.
- HQIP (The Commissioner)

- The Independent Advisory Group
- The Supplier Steering Group / Programme Board, if applicable

The topic selection requirement for each Clinical Outcome Review Programme is:

Medical and Surgical: A series of themed reviews, investigating cases of death and serious or disabling harm; reviewing the quality of care provided to medical and surgical patients, considering a balance of pathway-based and clinical topics.

Mental Health: A series of themed reviews, investigating cases of death relating to specific mental health issues, considering a balance of pathway-based and clinical topics.

Child Health: A themed review of cases of death and serious morbidity among children aged 1-18 years.

Maternal, Newborn and Infant: *Maternal Confidential Case Review.* Review of cases of death and serious morbidity among women during pregnancy and post-delivery.

Newborn Confidential Case Review: themed review of cases of stillbirths, deaths and serious morbidity among infants up to one year old.

3.0 Call for Topic Proposal Process

In order to ensure transparency and allow organisations to contribute to the future work of the Clinical Outcome Review Programmes, the Suppliers in conjunction with HQIP will invite interested parties to submit original study proposals for consideration as possible forthcoming themed topic reviews on the **new Topic Proposal Form** available in on the MBRRACE-UK website. Details of the process and a topic proposal form will be made available on both HQIP and the Suppliers' websites.

In addition, both HQIP and the Supplier will develop a list of UK-wide key stakeholders and a communications strategy to actively target these organisations or individuals.

4.0 Selection of Topics

Each Clinical Outcome Review Programme has an Independent Advisory Group (IAG), which provides overall governance to each of the programmes. The groups are made up of representative experts from relevant Royal Colleges, academia, public health organisations, third sector and lay representatives. Advisors are appointed for the expertise they bring to the IAG, rather than to represent a particular professional group or body. In addition, the funding bodies from the Department of Health, England (DH); NHSSPS Northern Ireland; the health department of the Scottish Government; and the health department of the Welsh Government, provide one representative to each group.

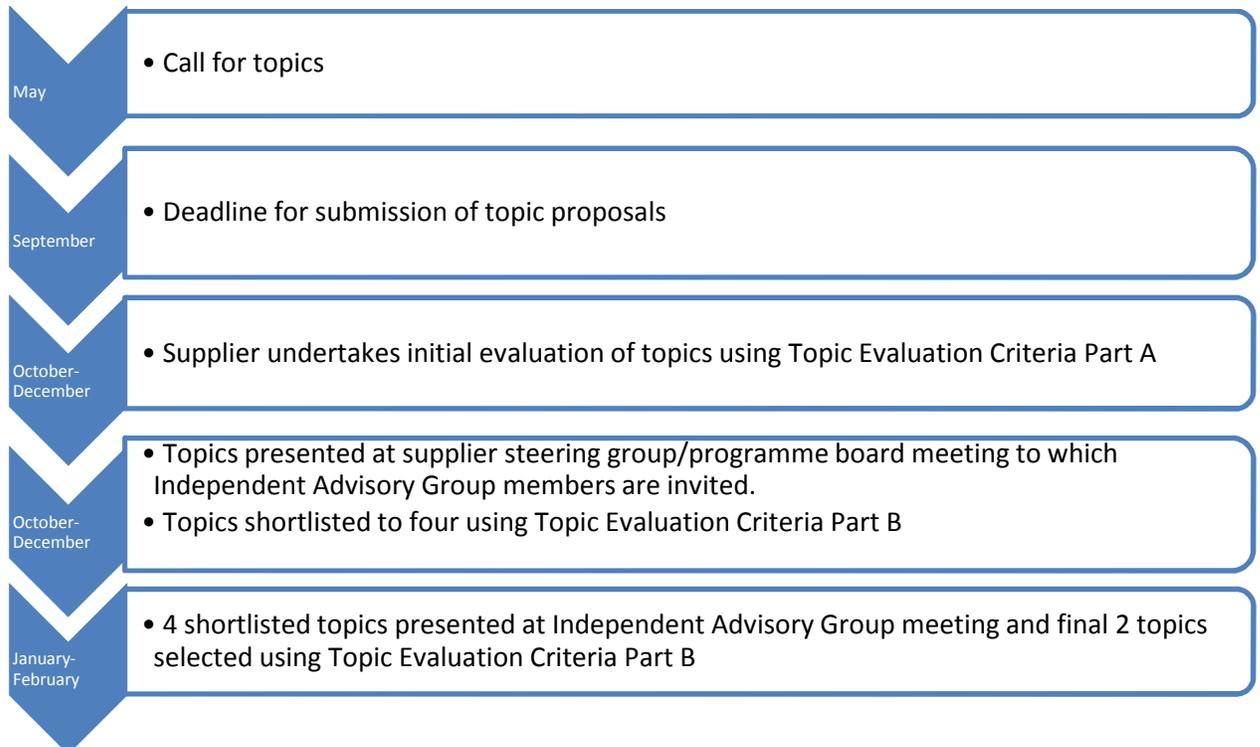
The terms of reference for these groups state that HQIP will be guided by each IAG in topic selection, progress and outputs from the programme, and service contract renewal or extension.

The Independent Advisory Groups reserve the right to review all proposed topics. The Supplier will, as appropriate, undertake an initial evaluation of proposed topics using the **Topic Evaluation Criteria Part A in the Appendix**. Some proposed topics may be rejected at this point. The topics are then presented to the programme’s internal steering group or programme board (if they have one).

Members of the Independent Advisory Groups will be invited to supplier steering group/programme board meetings, where they will have an opportunity to review all topics that have been submitted and how they have been evaluated. All proposed topics must have the Topic Selection Evaluation Criteria report completed. A shortlist of four topics will be selected at this meeting using the **Topic Evaluation Criteria Part B in the Appendix**.

The Supplier and Topic Proposer, if appropriate, will then attend the Independent Advisory Group meeting in January/February to present the shortlisted topics and finally two topics for each group will be chosen the Independent Advisory Group using the **Topic Evaluation Criteria Part C in the Appendix**.

Topic Selection Process



Appendix Part A

Evaluation Criteria for Initial Topic Short-listing

- To enable short-listing of the proposed topics, please evaluate each topic proposal against the criteria below providing a 'Yes' response if you agree with the statement or a 'No' if you do not.
- All topics which meet the criteria below will be put forward to the next evaluation stage

Other Criteria	YES/NO
The proposed topic is one for which confidential case review is an appropriate methodology	
There is no immediate reason why this topic could not be undertaken; including that it can be delivered by an appropriate methodology within the funds available.	
The outcome of this study could positively influence the way healthcare is provided including the development of standards if none are available.	
A case definition for the proposed topic can be developed or the proposed topic uses data that can be identified using a universal NHS coding system eg. ICD 10 / HES Coding.	

Recommendation

Appendix Part B

Evaluation Criteria for Topic Short-listing

- To enable short-listing of the proposed topics, please score each topic proposal against the criteria below.
- A score of 0 to 10 should be assigned to the priority criterion with 0 being the lowest priority and 10 being the highest priority.
- For the other criteria please score from 0 to 5, with 0 being the lowest and 5 being the highest priority.
- The total score will be used to generate a final short-list for four maternal topics and four perinatal topics to go through for final topic selection by presentation at the Independent Advisory Group meeting.

Priority criterion	Score (0-10)
Importance of the topic for patients, the public, the NHS, service planners or policy-makers – it is a significant healthcare area (eg. cost, volume, mortality/morbidity).	

Other Criteria	Score (0-5)
The aim of the proposal is clear.	
The outcome of this study could positively influence the way healthcare is provided including the development of standards if none are available.	
The topic proposal is aligned with current health policy direction.	
The study would remain clinically relevant for its proposed duration.	
TOTAL SCORE (0-30)	

Recommendation

Appendix Part C

Final Topic Selection

The final topics will be selected by presentation of the topics identified at the Stage B evaluation. Following presentation and discussion of all the topics, members of the Independent Advisory Group will be asked to rank the topics from 1 to 4 with their preferred topic identified with the rank of 1 and their least preferred topic with the rank of 4.

The rankings will be summed across all assessors. In the event of a tie, a further round of discussion and ranking of the tied topics will be carried out until a clear final ranking emerges.

Topic Title – Maternal Topics	Rank 1 to 4

Topic Title – Perinatal Topics	Rank 1 to 4