



National clinical audits of NHS Occupational Health: How did we do and what next?

Report to NHS Plus on the Audit Conference 22nd April 2009

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Introduction

This is a report from the OHCEU on the national conference for occupational health (OH) professionals held on 22nd April 2009. The conference was funded by NHS Plus and followed up on the national clinical audits of OH services provided to NHS staff. The two national audits were conducted by the Occupational Health Clinical Effectiveness Unit in 2008 and focused on the management of employees with back pain and screening for, and management of, depression in staff on long-term sickness absence.

Background

In 2008 NHS OH services in England participated in the first ever round of national clinical audit. 69% of trusts participated in the audit of depression screening in staff on long-term sickness absence and 65% of trusts participated in the audit of back pain management.

Following dissemination of the audit results, all OH doctors and nurses providing services to NHS trusts, regardless of whether they had participated in the audits or not, were invited to a free national conference to discuss the results and explore barriers to implementation of the guidelines that were being audited against.

To aid this process, we asked conference delegates a series of questions about their beliefs and attitudes around areas that the audits had revealed were poorly addressed in consultations. We used an electronic voting system to collect responses.

Delegate recruitment

The conference was advertised through NHS Plus alerts, several rounds of emails to all NHS OH providers in England, posting of flyers, invitation via the ANHOPS mailing system and the ANHONS website.

The conference

The conference was opened by the NHS Plus director of clinical standards. The programme (see appendix) included the clinical leads for both audits, the audit project manager and the OHCEU clinical director.

A technician from the RCP facilitated the AV and voting systems, the OHCEU programme manager and administrator supervised the day and other members of the RCP clinical standards department staffed the registration desks.

All conference delegates were issued with a hand-held electronic keypad on registering at the conference venue. Questions were displayed using PowerPoint slides. A choice of responses was projected and delegates were instructed to press the key that correlated with their chosen answer. We tried to keep answers mutually exclusive, however, where more than one answer might apply, delegates were asked to pick the answer that most often or most closely applied. The audience response was projected as a percentage attached to each answer, immediately after each question was asked. The answers were anonymous and the delegates were asked to keep hold of their own voting pad to allow cross-comparisons. Delegates were asked to identify whether they were a doctor or nurse and this information was used to look for differences in responses between these occupational groups throughout the remaining questions.

The questions were asked before presentations to reduce the influence of their content on responses.

The depression screening audit showed the following areas were poorly addressed in consultations:

- enquiring about possible depression in staff off sick for a physical problem (15% of consultations included assessment of this)
- enquiring about suicide in those off work and where depression is suspected (31%)
- enquiring about alcohol and street drug use in those off work and where depression suspected (33% and 9% respectively)

Areas for improvement in the back pain audit included:

- enquiring about red (44%) and yellow flags (35%)
- enquiring about barriers to return to work (51%)

Questions about these areas were asked, alongside questions about any changes in practice delegates had made as a result of participating in the audit and also whether delegates would like training or other support.

Audience

180 delegates providing OH services to 60% of the NHS trusts in England attended the conference. The majority of delegates participated in the voting and the number who responded to each question fluctuated very little. 58% of voting delegates were nurses and 27% were doctors.

Findings

Summary voting results

Have your audit results been presented /discussed?	
Amongst OH colleagues in house	28%
With trust colleagues outside OH dept	25%
Other	7%
Not at all	40%

Changes in practice as a result of the audits	
Routinely ask about yellow flags when didn't before	58%
Routinely ask about red flags when didn't before	59%
Changed practice in asking about suicide in depressed people	55%
When you see a staff member with a new episode of back pain - do you routinely give them written material about managing back pain?	
Yes The Back Book	35%
Yes Other published guidance	3%
Yes In-house info sheet/leaflet	13%
No	48%

I don't routinely give written material about back pain because;	
I don't believe it is necessary	9%
I haven't got around to organising it	41%
It is not within my control	13%
Other	36%

Do you routinely ask about red flags (risk factors for serious spinal diseases and nerve root problems)?	
Yes	72%
No, I don't believe it is an important part of back pain assessment	1%
I don't believe it is my job to do it	1%
No, I don't have time during my consultation to include the questions	1%
No, I don't have the knowledge I need to ask about red flags	13%
Other	13%

At present, when you see staff who have been off sick for at least four weeks with a physical problem, do you routinely ask about their psychological health?	
Yes	61%
No, I believe that psychological health can often be assessed without having to ask direct questions (e.g. patient presents very cheerfully)	32%
No, I'm not confident about asking about psychological health	3%
No, I do not believe that this is the role of an OH specialist	0%
No, I was not aware of how frequently depression occurs in people off sick with a physical problem	5%

Would you find it useful if the OHCEU were to develop a depression screening tool and back pain consultation tool that could be used during consultations?	
Yes	92%
No	8%

Want brief training in:	Doctors	Nurses
Discussing depression	51%	93%
Discussing suicide	50%	92%
Asking about street drug use	66%	89%

The voting system was easy to operate and the vast majority of delegates participated. The system was well received by delegates with many positive comments received on the conference evaluation forms. The conference organisers and speakers observed that the audience appeared very engaged with high levels of interaction with the audience that they felt was facilitated by the voting system. Anonymity allowed for honesty and the immediacy of results facilitated discussion with delegates about reasons for response and what further support/action was needed. The results rely on honesty of delegates however we have no reason to question the validity of their responses.

Some caveats apply to the data:

- The results indicate what people told us they do rather than what they do
- Delegates may not have been representative of NHS OH clinicians nationally hence introducing bias to our results e.g. we may have attracted the more interested and competent to the conference, or those from the better funded and staffed units.

Depression screening audit

Almost 1 in 10 delegates did not feel confident asking about suicide. This is concerning since suicide risk is a fundamental part of any depression assessment and all medical professionals should be able to undertake this. OH nurses may not have received training around mental health history taking. This is supported by the higher proportion of nurses than doctors who wished to be trained in this area. Interestingly, despite the high proportion who did not give this as their main reason for not routinely asking about suicide, almost 80% said that they would like brief training around broaching suicide with their patient. This suggests that there is a need for, in some cases, refresher training, and in other cases, de novo training, to allow OH professionals to feel skilled and confident around asking what can be a very sensitive area of enquiry.

Back pain audit

The back pain results show that an important minority of staff do not know how to assess yellow and red flags and, while we did not ask whether they would like training, we did receive a very high 'yes' vote when asking whether they would like proformas to use when assessing back pain. Again, this suggests that there is a need for further training in this area.

A high proportion of delegates told us they had changed practice, even before the audit results were made available, which demonstrates the power of audit as a quality improvement tool. The changes reported were important and positive. A higher proportion of people changed practice if they were directly involved in data collection.

Building on the conference findings

Depression and musculoskeletal disorders together account for a high proportion of ill-health in health care workers. This is why these two areas were chosen for audit. Having explored the results further at the conference we now need to roll out a programme of training in areas of history taking and develop proformas to support clinicians during their consultation sessions.

The conference voting results show reasons given by OH professionals for not implementing certain recommendations in the national guidelines we audited against. Building on this information, the OHCEU has since run a programme of nine regional workshops at which OH professionals prepared action plans aimed at overcoming the barriers they face when implementing such measures.

The next step is to re-audit NHS OH services to see whether there has been an improvement in the areas where performance was particularly poor.

Lessons learnt

The interactive conference style, in particular the electronic voting system was seen as a positive method for encouraging involvement throughout the day, for exploring behaviours and views, and for collecting feedback.

In future we must start every interactive voting session, throughout the day, by asking delegates to indicate their profession. This will ensure that responses reflect the profession of the delegate holding the handset even if delegates swap voting pads between sessions.

We need to review the use of on-the-spot questions. The majority of our questions had been prepared in advance of the conference. However we also asked questions verbally which hadn't been prepared in advance or loaded into the system, resulting in some ambiguity. If the presenter could put ad hoc questions onto the screen rather than give them verbally it would improve clarity and accuracy.

Feedback from delegates

The main reasons given for attending the conference were:

- As a follow up to the conference held in April 2008
- Follow up and review results from participating in the audit
- As a means to discuss the results prior to planning and implementing changes to practice
- Networking

The conference was well received by participants: 87% rated their overall impression either 'Good' or 'Excellent'. When asked whether the conference met their expectations, 72% of participants responded either 'Fully' or 'Almost fully'. In particular, the use of the voting pads was highlighted positively as a way of encouraging all to participate. Over 70% of those who attended the conference found it useful in relation to interpreting and using their results. The organisation of the conference was deemed to be of a high standard, with approximately 90% of participants rating this as 'Good' or above.

Feedback from the participants on the chosen venue was excellent, with only 3% rating it as 'Fairly good' and none as 'Poor'. The only criticisms were around the audio system, particularly the roving microphones failing on several occasions, and the projectors obscuring part of the screens if sitting at the back of the theatre. Participant views on the catering were mixed, however, only 6% rated this element as poor, with the main comments being around the lack of quantity and the length of the queues.

Follow up

A paper will be written on this conference, to include the data from the voting sessions, and will be submitted to a peer review journal for publication.

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