

FINAL PROJECT REPORT

Project Title	Using HES for revalidation: understanding clinical coding
Lead College or Faculty	RCSEng
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Date Project Approved	December 2012
Date Project Finished	July 2013
Aims and Objectives	To identify and try to address the issues surrounding clinical coding to support the use of HES data for revalidation.
Methods and Methodology	<p>This project specifically explored and sought to enhance the relationship between activity and coding, between clinicians and coders. The project comprised three main activities:</p> <ul style="list-style-type: none"> • Running a round table seminar on the “DRIP effect” (ie. that the NHS is data rich, but information poor). The seminar covered: <ul style="list-style-type: none"> ○ Understanding the range and type of data the NHS has and ideas about understanding it, improving it and using it to best effect. ○ Helping users to understand how and why data is collected and what this means for interpreting it. ○ Taking into account the positive push on improving and publishing data, an exploration of the risks (eg. the limitations of the data, the issues surrounding data collection, training and competence of staff (clinical and administrative), understanding how to interpret data collected for a defined purpose and then put to a different use). <p>Invitees included: the chairman of the RCS Quality and Outcomes Committee; the managing editor of EHI; the Director of the Professional Association of Clinical Coders; Director of the RCS Clinical Effectiveness Unit; a Chief Clinical Information Officer; Chair of the Information Standards Board; the Head of IM&T Policy, Public Health England; Head of Surveillance, CQC; Head of Research at the Nuffield Trust; and patient representation.</p> <ul style="list-style-type: none"> • A report outlining the discussions from the roundtable seminar can be found at http://www.ehi.co.uk/features/2013/RT/RCS/ • A series of papers (to be published in the RCS Bulletin) on the technical aspects of coding from a clinical coder’s perspective to help clinicians

	understand the issues (these have been commissioned and will be published by end 2013)
Main Findings	<p>Turning data into well understood, useful information is hard but to do so would enable the NHS to use information to inform practice, research and public health, to make it clear what quality means and where the NHS might be at risk of failing to deliver it.</p> <p>Participants agreed the following action points:</p> <ul style="list-style-type: none"> • National data definitions are needed to standardise medical notes. • Senior political figures and NHS leaders need to come together with the presidents of all the royal medical colleges to agree a way forward to enforce the use of national record keeping standards, including mandatory training for medical students. • All national datasets extracted from the electronic record must stipulate standards for record keeping. • New datasets for quality performance must be extracted automatically. • Electronic records need to be implemented on a fixed timescale of, say, five years and to be built around clinical data not administrative data. • System developers should be required to develop “end user query” tools to allow clinicians to interrogate their own data. • Chief clinical information officers should be mandatory for all NHS providers. • There should be improved education for data analysis. • Electronic records are also needed to support data collection along patient pathways in multiple care settings. • Patient access needs to be supported by tools that help people understand what records mean.
Communication	Report published and publicised by EHI and RCSEng.
Applicability of the Project to other Specialties	The difficulties in using data effectively are felt across the NHS. Therefore the report is applicable to all specialties.
Further Work	In line with the project plan, a series of articles have been commissioned for publication in the RCS Bulletin. These will be published later in the year.