Community-Based Surgery Audit
Pilot phase

Clinician information

Introduction

The Royal College of General Practitioners (RCGP), in collaboration with the Health and Social Care Information Centre (HSCIC), has developed a community-based surgery audit system and would like to invite you to participate in piloting the system. The pilot aims to:

- build a mechanism that measures the quality and quantity of community-based surgery
- allow practitioners of surgery in community settings to monitor and improve the quality of the service they provide by comparing their practice and results with their peers
- allow individual practitioners to collect data to support re-accreditation, appraisal, revalidation\(^1\) and local contracting
- allow high-level analysis and reporting of data submitted by all participating practitioners to give an overview of community-based surgery practice.

The pilot commenced with a limited release in 2013. This allowed a number of practitioners who expressed an interest to use and test the system in real practice, and it was updated based on their experience and feedback. The system is now ready for wider release and you are welcome to participate in the national pilot which is scheduled to run until March 2015.

Audit focus

The audit has a particular focus within community-based surgery, which has been defined as **operative procedures carried out under local anaesthesia in a community setting and likely, with the exception of toe nail surgery, to involve the removal of material for histological analysis, on patients aged 18 years or older**. This will encompass all dermatological surgery (removal of skin lesions) and some more technically challenging excisions such as flaps and grafts, and toenail surgery. It will include the majority of procedures in the Association of Surgeons in Primary Care (ASPC) definition of level 1 surgery (services that can be delivered by GPs with basic surgical skills from a basic minor op/treatment room): epidermoid cysts (sebaceous or pilar cysts); lipoma <2 cm; excision of ‘small lumps and bumps’; toenail avulsion. It does not currently include vasectomy, carpal tunnel, trigger finger or ganglion surgery, as these are better served by other procedure-specific audits.

\(^1\) In order for national/external audit to count towards revalidation, GPs would need to demonstrate sufficient reflection on the relevance of the topic and methodology to their own practice. The data would need to apply to themselves or their practice.
How it works

The audit system is hosted by HSCIC and is based on its secure internet-based portal. All information you submit will be through this secure mechanism. Information collected (see Table 1 for examples) will allow analysis of the timeliness of treatment, accuracy in diagnosis and quality of surgical technique.

Table 1: Examples of information collected

<table>
<thead>
<tr>
<th>Participants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal information (collected at audit registration only)</td>
<td>Name; GMC or NMC number; email address</td>
</tr>
<tr>
<td>Practitioner role</td>
<td>e.g. LES, type 2 practitioner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal information</td>
<td>NHS/CHI number; name; date of birth; postcode; gender</td>
</tr>
<tr>
<td>Lesion and surgery details</td>
<td>Lesion site and size; treatment reason; pre-surgical diagnosis; the type of surgery; histology results; major or minor complications occurring within two months of surgery</td>
</tr>
</tbody>
</table>

Currently the audit does not collect patient feedback, although this may be built into future versions of the system. However, we would remind all participants that as part of the follow-up to any surgery it is best practice to obtain feedback from patients on their satisfaction with their treatment and outcomes.

To facilitate ease of use, data entry via a drop-down list system has been employed as much as possible. Familiarity with the system and its structure will also increase the speed of data entry. Supporting documentation is available to help you use the system and can be accessed from [www.hscic.gov.uk/cbsa](http://www.hscic.gov.uk/cbsa).

You will be able to download raw data extracts for cases you have treated as soon as you have entered any data. These downloads will support your own analyses and also allow you to cut and paste information into your own clinical records to avoid the need for double entry of clinical data. Downloadable audit reports are also being developed. These reports will include comparisons with peers on key data items and will support your re-accreditation, commissioning and revalidation purposes.

Patient consent

As patient-identifiable data are being collected **you need to obtain explicit consent from patients** for their information to be included in the audit. Obtaining and recording patient consent locally is the responsibility of the participating practitioner. Patient consent is recorded as a mandatory data item in the data collection system. It is also your responsibility to ensure that the data of non-consenting patients are not submitted. Although written consent is not mandatory it is the preferred option and recommended as ‘best practice’. To ensure that your patients are fully informed, a sample patient consent form and a patient information sheet explaining the audit are provided for you to use or adapt to suit your own service.
Data security and confidentiality

HSCIC operates a Network Security Policy that embodies best practice in relation to physical system security, data storage, back-up and restoration, as set out by the NHS Code of Practice for Information Security Management, the requirements of the Department of Health’s Information Governance Toolkit, and ISO 27002 (Information technology – Security techniques – Code of practice for information security management).

HSCIC makes sure that data collected are subject to strict rules about confidentiality as laid down by Acts of Parliament, including the Data Protection Act (1998) and the Health and Social Care Act (2001). It also conducts its clinical audit activity in accord with the recommendations of the Caldicott Report (1997) on patient confidentiality.

HSCIC will only access the personal details of patients and practitioners in the database if necessary for database administration. Data extracts supplied to the RCGP, and any other organisation, will be formatted so that no individual practitioner or patient can be identified.

How the information will be used

The RCGP will analyse the anonymised data and may publish reports in medical journals and on the web. Other publicly funded health organisations or university departments specialising in health matters may be involved in the data analysis. The data may be used for research or health policy analysis. The research will always be in line with the overall purpose of the project’s aims. Information collected may also be linked to other datasets. It should be stressed that no patient or practitioner will be identifiable at any stage in this process.

By signing and submitting the audit registration form you consent to HSCIC providing your email address to the RCGP project team so they can contact you for feedback and evaluation during the pilot.

Patient consent provides you with access to the patient’s information for the duration of the audit. If a patient changes his or her mind regarding inclusion of his or her data in the audit, the patient is advised to contact you directly. You are required to delete all details regarding the patient from the system that you have submitted to it.

Support

If you have any queries about using the system (e.g. regarding registration or log-in) please contact HSCIC by email at enquiries@hscic.gov.uk or by telephone on 0845 300 6016.

If you have any clinical queries you can contact the RCGP clinical lead for the project on cbsa@rcgp.org.uk.

To register and start using the audit system, please go to www.hscic.gov.uk/cbsa.