

Benefits case study summary - release of health care data to National Clinical Analysis Applications Team (NATCANSAT)

Released data set

Between 2008 and 2012, the Health and Social Care Information Centre (HSCIC) released Hospital Episode Statistics (HES) data sets to NATCANSAT. The data sets consisted of inpatient episodes (from HES's admitted patient care database) relating to cancer and for period 1997/98 - 2011/12. On a monthly basis, NATCANSAT processed the HES data to produce local data extracts, which consisted of episodes relating to mastectomy and breast conserving surgeries, but excluding immediate reconstruction in the same episode.

The objectives the HES data supported

The Transforming Inpatient Care Programme, led by NHS Improvement (NHSI), was established in 2007 to support local initiatives to improve inpatient care for cancer patients. As part of the Programme, NHSI, which is now part of NHS Improving Quality (NHSIQ), used HES data to support improvements in the breast care surgical pathway. The data was specifically aimed at supporting 3 key objectives:

1. Reduce unnecessary length of stay (LoS) in hospitals
2. Standardise the breast care surgical pathway by moving away from the myriad of local inpatient models
3. Identify cost savings in the breast care surgical pathway.

The outputs NATCANSAT produced from the processed HES data

NATCANSAT used HES data to produce monthly data reports and a web-based data tool. These data outputs reported, at local NHS trust and hospital site levels, various measures in the breast care surgical pathway, such as mean and median LoS, percentage of day cases and percentage of re-admissions.

How the two data outputs (data reports and web-based tool) were used

1. As part of the Transforming Inpatient Care programme, 104 sites tested and implemented changes to the breast care surgical pathway. NHSI used the data outputs to assess the impact of changes on LoS, day case and other measures. Where improvements were realised, changes were implemented. The sites were also given access to the two outputs, so that they could locally assess the impact of changes.
2. The data outputs helped establish which sites formed good candidates for documenting good practice examples in the Winning Principles documentation suite. NHSI and NATCANSAT subsequently promoted the uptake of the documentation suite across the NHS, with the aim of generating improvements in the breast care surgical pathway.
3. NHS introduced the 'Day case/one night stay breast surgical pathway' in 2011. The successful pathway and clinical changes implemented through testing helped shape the new pathway.

Measurable benefits (improvements) contributed to

The three uses described above have contributed to the following measurable benefits in the breast care surgical pathway:

1. Mean LoS for elective admissions reduced from 2.0 days in 2007/08 to 1.0 day in 2011/12.
2. Day Cases for elective procedures increased from 27% in 2007/08 to 40% in 2011/12.
3. Total bed day cost reduced by £10.3m in 2011/12, when compared to 2007/08.

More information

The full NATCANSAT benefits case study can be accessed at:

- <http://www.hscic.gov.uk/benefitscasestudies/extracts>