

Aims and benefits of NCIP

Q. What is NCIP?

The National Consultant Information Programme (NCIP) is a clinically led, data driven programme to rollout an online portal, initially across surgical specialties, to enable NHS Consultants, Medical Directors, Responsible Officers and Clinical Leads to review surgical outcomes data alongside comparable national and unit level data.

Q. What is the aim of NCIP?

The aim of NCIP is to support clinical quality improvement and safety for the benefit of patients across the NHS. The portal will be a single point of access for consultants to source practice data from Admitted Patient Care Hospital Episode Statistics (HES) and in the longer run include whole practice data across audits, registries and private healthcare data.

Q. What are the benefits of using NCIP?

NCIP is a versatile tool that can support different aspects of your role, whether that's as a Consultant, Medical Director, Responsible Officer or Clinical Lead:

- **Quality Improvement:** Supports clinical leadership within the specialty unit to identify areas of excellence, variation in outcomes, effectiveness of innovative procedures, use of evidence-based procedures and impact of medical devices on patient outcomes.
- **Appraisal and Revalidation:** Empower consultants to review and improve their practice and provide high quality objective evidence to support their appraisal and revalidation meetings.
- **Learning and Development:** Enables individual and peer to peer learning and professional development.
- **Clinical Impact Awards:** Can be used by consultants to evidence excellence.
- **Clinical Governance:** Can be used as an additional source of information for risk management and informing evidence-based approaches to patient treatment as part of Mortality & Morbidity and Clinical Audit meetings.
- **Service Management:** Contributes to the planning, development and management of service pathways, particularly those that are of national priority in the NHS.
- **Leadership:** Supports the statutory responsibilities of Responsible Officers and Medical Directors in building and maintaining clinical quality improvement.

To discover how NCIP can support you in your role, read our NCIP 'how to' guide on [webpage](#).

Access

Q. How do I sign up?

NCIP registration is by invitation only for live specialties. Please contact the NCIP team for more information and to activate your account. England.ncip@nhs.net

Q. I have been given access, but I have not received the link to the NCIP portal. What do I do?

- The link will be sent by email from apps@model.nhs.uk. The email may have gone to your junk folder.
- For help, email the NCIP team england.ncip@nhs.net

Q. Can other staff groups such as Staff Grade, Associate Specialist and Specialty (SAS) Doctors and junior doctors access their surgical outcomes data on NCIP?

The NCIP portal uses consultant level activity data from HES so a further breakdown of the data to correctly attribute activity to operating doctors or SAS doctors is not possible. Over time we will be expanding the data sources that we draw on to include theatre data, audits and registries. This will provide the opportunity to roll out the NCIP portal to consultants in other medical specialties and to extend the portal to include other staff groups in the future.

Q. Is the NCIP portal available to the public?

No. Access to the portal is restricted to the following specified user groups via personal login; Consultants, Responsible Officers, Medical Directors (and their delegates) and Clinical Leads.

Q. What data can each user group access?

NCIP User	NCIP User Permissions		
	View individual Consultant Data and pseudonymised patient records	View Provider Level Data	View Provider level pseudonymised patient records
Individual Consultant	Yes – for their own activity	Yes – for their own unit	Yes – for their own unit
Responsible Officer	Yes – RO’s can see metrics for their consultants across multiple providers. RO’s can see an individual consultant’s patient records only for their designated organisation	Yes – for ROs designated organisation	Yes – for ROs designated organisation
Medical Director	Yes – for their own trust	Yes – for their own trust	Yes – for their own trust
Clinical Lead	Yes – all consultants in their unit, including locums	Yes – for their own unit	Yes – for their own unit

Data sources, data content and data quality

Q. What specialties does NCIP cover?

- ENT
- General Surgery – Upper GI and lower GI

- Gynaecology
- Neurosurgery
- OMFS
- Orthopaedics
- Paediatric Surgery
- Spinal surgery
- Urology
- Vascular Surgery

Cardiology and cardiac surgery are currently in development. In the longer term, NCIP also plans to include medical and interventional specialties.

Q. What content can be viewed on NCIP procedure dashboards?

- Quality based indicators such as length of stay, day case rates, conversion rates, readmissions, complication and revision rates and mortality. Individual procedure dashboards also have bespoke metrics that are clinically relevant to that procedure e.g., stoma creation rate for lower GI cancer operations
- Diagnoses and procedures for each patient, including readmission episodes
- Filters to view metrics for a specific diagnosis, procedure or surgical approach
- Demographic data such as co-morbidity scores, deprivation levels and ethnicity

Q. Who has NCIP worked with to develop content?

NCIP has designed the portal and developed content with a combination of national GIRFT Clinical Leads, NCIP Clinical Leads and other leading consultants across participating specialties with representation from specialty associations. All NCIP data content is signed off by appropriate specialty and sub-specialty associations.

Q. Where does the data come from?

Content has been built using the national Hospital Episode Statistics (HES) dataset. This is populated with data from the individual trust's Patient Administration System (PAS). Mortality data is sourced from the Office for National Statistics (ONS).

Q. Using HES data as the source for data content and quality metrics can result in inaccurate attribution of surgical activity and misleading outcomes data for a named consultant. How will NCIP address this?

HES data attributes just a single consultant to a given episode of care. This is not necessarily always the actual surgeon operating on the day of the procedure. To address this, NCIP will be linking to theatre data, allowing the portal to identify 1st/2nd/3rd operating surgeons, the primary anaesthetist and their respective grades. If you have concerns regarding your data, please read our guidance document for data quality in our 'how to' guide on our [webpage](#).

Q. How can I improve the quality of HES data at my trust(s)?

Check out our the 'how to address data quality' section in our online NCIP 'how to' guide which explains how to address common data quality issues. The guide can be found on our [webpage](#).

Q. Why haven't other data sources been included in the portal?

The ultimate ambition is to provide a unique service – a single, secure point of access to existing information. NCIP will be expanding the data sources that it draws on to include audit and registry, and private healthcare data sources.

Q. Some surgeons have a higher caseload of older patients with co-morbidities and from deprived backgrounds. How will NCIP take account of this to ensure a fair representation of outcomes data?

NCIP provides demographic information for each specialty procedure dashboard, allowing you to identify factors affecting outcomes directly. In the longer term, NCIP is considering approaches to risk adjustment that can be applied to procedure dashboards across all participating NCIP specialties.

Q. Why doesn't the portal distinguish between related and unrelated readmissions?

For some procedures it is possible to distinguish between related and unrelated readmissions (e.g., explicit body site reference). However, for some procedures it can be difficult to know when a readmission is truly “related”, therefore, NCIP does not apply any exclusions, this can be done by users locally via the ‘generate CSV’ function.

Q. Dr Foster – how does it differ from NCIP?

Dr Foster is provided by a commercial organisation and requires significant investment by a trust. NCIP is free and uses your own trust's HES data. It has been developed by the profession, for the profession, and will continue to be developed in partnership with participating Specialty Associations and consultant feedback.

Elective recovery

Q. What is NCIP's role in elective recovery?

Accelerating elective recovery is one of the six priority areas in the NHS England Operational Planning Guidance for 2023/24¹. The National Consultant Information Programme (NCIP) is supporting the programme by developing and populating HVLC content to provide each individual an overview of their HVLC procedures. HVLC procedures are indicated in the portal with the flag ‘HVLC’.

¹ [NHS England » 2023/24 priorities and operational planning guidance](#)