NHS

NCIP | Data insights for clinical improvement

Making the National Consultant Information Programme (NCIP) work for you

A guide for consultant surgeons, clinical leads, responsible officers and medical directors

GIRFT
GETTING IT RIGHT FIRST TIME

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Introduction to the National Consultant Information Programme (NCIP)

What is NCIP?

The National Consultant Information Programme (NCIP) is an online portal providing access to consultant surgical activity data for key procedures across a range of surgical specialties.

Who can use it?

The portal is designed specifically for consultants, MDs, ROs and specialty clinical leads, providing data insights to support quality improvement for the benefit of patients.

Which specialties are live in the portal?

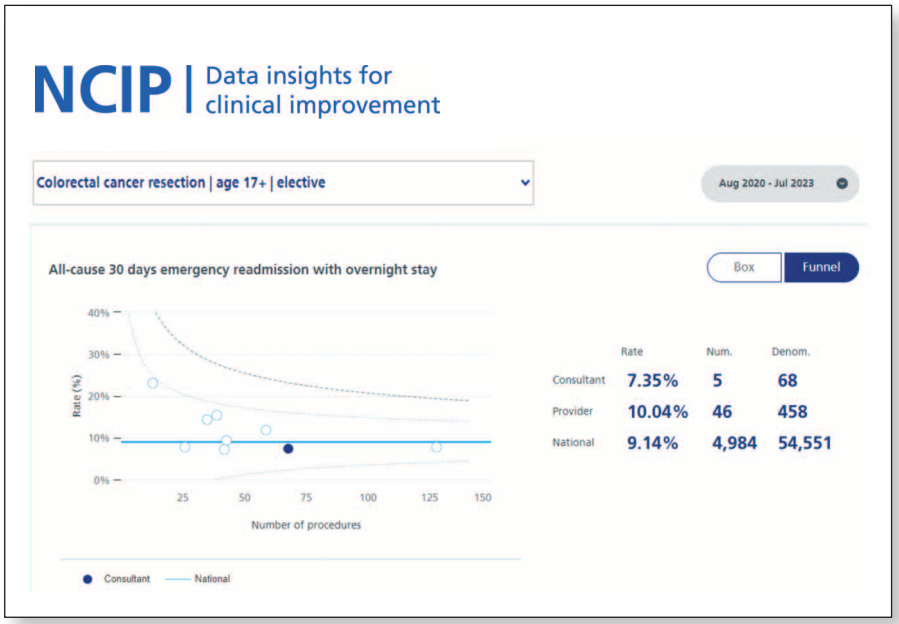
- Breast surgery
- Gynaecology
- Orthopaedic surgery
- Spinal surgery
- Thoracic surgery
- Urology
- Ear, nose and throat (ENT)
- Neurosurgery
- Paediatric surgery
- Surgical dermatology and skin surgery
- Vascular surgery
- General surgery
- Oral and maxillofacial surgery (OMFS) and oral surgery

To view the full current list of specialties visit the NCIP pages on the GIRFT website.

How can NCIP support me?

NCIP can be used as a supportive resource for:

- Appraisal and re-validation
- CEA / CIA
- Tracking innovative procedures
- Clinical governance
- HVLC quality monitoring
- Training and development
- Clinical research and audit



What content will I see in the portal?

View **quality based indicators** such as length of stay, day case rates, conversion rates, readmissions, complication and revision rates and mortality.

View **diagnoses and procedures** for each patient.

Apply filters to view a specific diagnosis, procedure or surgical approach.

Demographic data such as co-morbidity scores, deprivation levels and ethnicity provide an enriched picture of population.

Introduction to NCIP (continued)

What are the features of the portal?

- Free
- Easy-to-use
- Accessible online, at a time that suits you
- Activity data updated every quarter
- Personalised to each user
- Designed by the profession, for the profession
- Data benchmarked locally and nationally
- All your NHS activity in one place

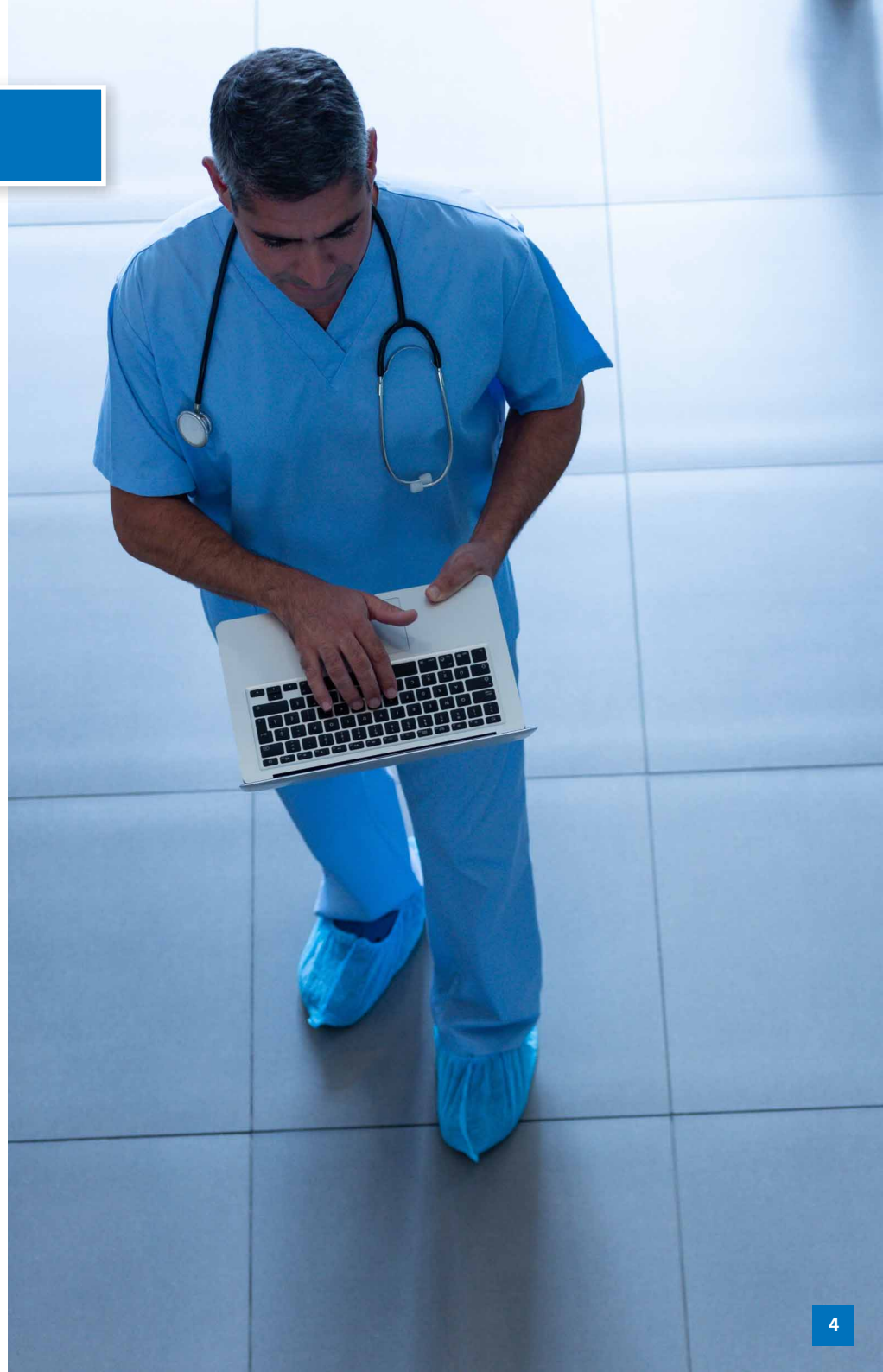
How do I sign up?

To have your account activated **email: England.NCIP@nhs.net >**

For more information on the programme, visit our webpage: **www.gettingitrightfirsttime.co.uk/ncip/ >**

Log in to the portal via: **ncip.model.nhs.uk >**

> NCIP is clearly a very exciting project that has the potential to allow really high-quality benchmarking for common surgical procedures. This should lead to optimisation of practice, improved outcomes for patients and inform appraisal and re-validation going forward.
>
> **Rick Saunders**
> *Consultant colorectal surgeon, Leeds Teaching Hospitals NHS FT*



Using NCIP data for appraisal and validation

Preparing for your appraisal or re-validation

As part of the supporting evidence for your appraisal or re-validation, download an easy-to-read summary report for any of your procedure dashboards. See page 13 for an example >

Guidance on supporting information for appraisal and revalidation (gmc-uk.org) >

Reflective Practice

Reflection is a core requirement for revalidation.

NCIP data, such as anonymised patient data for a particular procedure, can support lessons learnt and show insights a consultant has gained from the experience.

The Reflective Practioner >

Measured outcomes

NCIP meets the Royal College of Surgeons' recommendation for the use of outcome measurements derived from routinely collected data sources such as Hospital Episode Statistics (HES).

How to use NCIP for your Clinical Excellence Award (CEA) or Clinical Impact Award (CIA)

The NCIP portal provides a rich source of objective evidence for your surgical practice to help you meet application requirements:

Demonstrate how you are making a difference to patient care

- View quality based indicators such as length of stay, day case rates, conversion rates, readmissions, complication and revision rates.
- View diagnoses and procedures for each patient.
- Apply filters to interrogate a specific diagnosis, procedure or surgical approach.
- Demographic data such as co-morbidity scores, deprivation levels and ethnicity provide an enriched picture of population variation.

Show what you have achieved over time

- Track your indicators over different time periods as far back as April 2017 up to the latest quarter.
- If you work across multiple providers, or have changed provider in the last five years, you can view all your NHS activity in one place.
- Metrics cover long-term outcomes such as revision, re-operation and mortality over five years, even if the place of death was out of hospital.

Include measurable information in your application, such as outcomes data with dates, sources and relevant benchmarks

- All NCIP data is benchmarked locally (compare yourself to consultant colleagues within the unit) and nationally (compare yourself to the England rate).
- NCIP uses the verified data sources Hospital Episode Statistics (HES) and the Office for National Statistics (ONS) to deliver content.
- NCIP patient information drills down into the details, including admission / discharge date, date of surgery, readmission dates and patient age.

> Ready access to a trusted independent data resource has helped me immensely as a busy clinician-academic. It has saved precious time and allowed comparative illustration of my personal impact in local service delivery for my ACCIA application. I was awarded one of ENT UK's top two supporting citations for 2022.
>
> **Mr Taranjit Tatla** *PhD, FRCS (ORL-HNS)*
> *Consultant ENT, Head & Neck Surgeon, London North West University Healthcare NHS Trust*
>
> **Read Mr Tatla's case study on using NCIP for his CIA >**

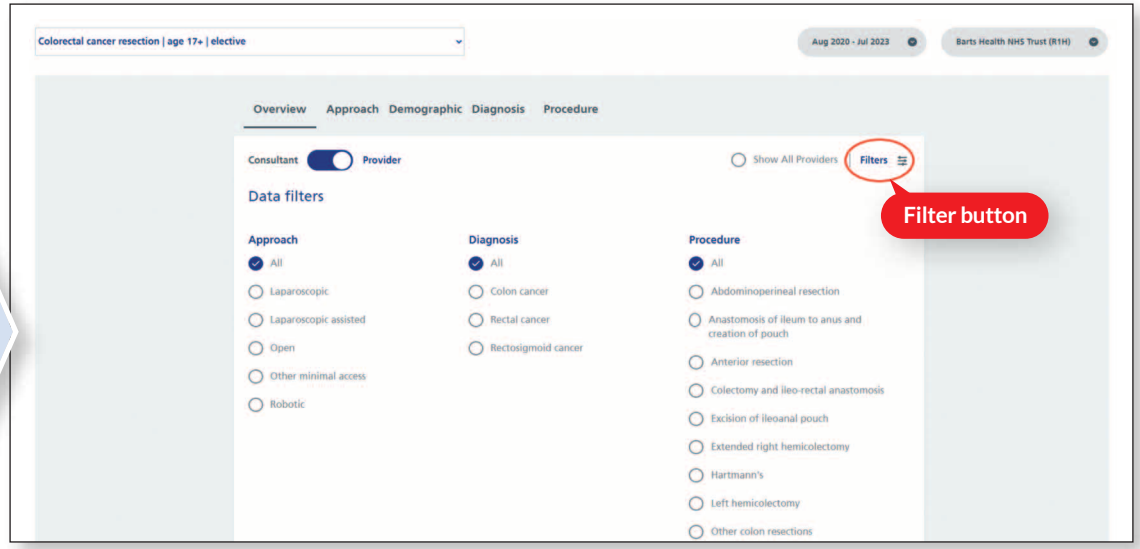
How to use NCIP to track innovative procedures

NCIP can be used to track the efficacy of innovative surgical procedures

Example: Colorectal Cancer Resection Procedure Dashboard

Using the **filter button** (see right), review outcomes by different surgical approaches, such as robotic and laparascopic, and by procedure. Use the NCIP data to:

1. Create an evidence base for tracking of innovative procedures and practice
2. Share learning with colleagues and management
3. Access best practice from best performing hospitals
4. If required, make changes to surgical practice



Example case study

ENT: The ENT consultant network in South West London (SWL) used NCIP data to support a review of their surgical outcomes. The data showed a lower post-op readmission rate for intracapsular coblation tonsillectomy.

The GIRFT workspace on NHS Futures is a useful resource and contains case studies for many specialties:
Specialties and workstreams - Getting It Right First Time - FutureNHS Collaboration Platform >

> Surgeons, clinical leaders in hospitals, commissioners and health system leaders need to be cognisant of the challenges associated with innovations and not just the opportunities they offer. It is incumbent upon the surgical profession to ensure that surgical innovation takes place with great care, with the consensus of other surgeons and clinicians and is underpinned by rigorous clinical governance processes, appropriate training and close oversight of outcomes."
>
> **Royal College of Surgeons Good Practice Guide: Surgical Innovation, new techniques and technologies**

How NCIP can support quality improvement and clinical governance

The NCIP tool can promote a learning culture in which consultants regularly review and evaluate their practice at an individual and unit level. Surgical morbidity and mortality (M&M) meetings are a key forum for using NCIP data.

NCIP data can be used to support M&M meetings in the following ways:

Consultants can review procedures at unit level and individual consultant level, use NCIP patient demographic data to triangulate with other trust data and local contextual factors to develop a fuller picture of patient outcomes.

Enables trust specialty clinical leads to have an open discussion about the NCIP data, showing unit level/ individual consultant distribution across key metrics, such as complication and mortality rates, facilitating best practice sharing and learning from adverse outcomes.

Helps assess efficacy of service pathways by using metrics such as emergency readmissions and zero-day length of stay data.
Use NCIP data to support business cases for investment in service delivery.

Use NCIP data to review the effectiveness of surgical approaches or types of surgical procedures for different diagnosis groups, alongside patient demographic data to support quality assurance and clinical quality improvement.

Drill down into individual patient diagnoses and procedures to review key cases in M&M and clinical governance meetings.

How to use NCIP for research and audit

NCIP reduces the administrative burden of supplying evidence through:

Accessibility

- Accessible online, at a time that suits you.
- Clear and simple presentation, optimised for desktops, tablets and mobile devices.
- Download reports to interrogate data further.

Content

- Designed by the profession, for the profession.
- Content regularly reviewed and refined with clinical leads to ensure clinical relevance.
- View your data across a range of surgical procedures.
- View all your NHS activity across multiple providers in one place.

Timeliness

- NCIP content is updated quarterly, giving you access to recent activity.

Research

- The features of NCIP make it a reliable source of information that can be used to measure results objectively.
- NCIP reflects current surgical practice in each specialty and provides granular and longitudinal consultant activity and outcomes data.
- Metrics are benchmarked locally and nationally, allowing overview of variation in operative outcomes.
- NCIP can be used to track the effectiveness of innovative procedures.

Audit

- Use NCIP to identify areas for local clinical audit and as a source of evidence to substantiate findings.
- NCIP is ratified for use at each trust by the medical director, and can be incorporated into the audit framework.
- Track progress against best practice and surgical priorities e.g. HVLC programmes.

How NCIP has been supporting surgeons undertaking research nationally:

- Understanding the uptake and outcomes of robotic colectomy.
- Comparing outcomes of endovascular abdominal aortic aneurysm (EVAR) repair and open abdominal aortic aneurysm (oAAA) repair.
- Assessing variation in longer-term outcome measures for patients undergoing lower limb bypass in England.

Clinical Lead Guide

Uniquely designed for clinical leads, NCIP can be used as source of objective information to support leadership and strategic and operational service management responsibilities.

Specialty Clinical Lead

Leadership

- **Oversight:** Stay informed of your unit's surgical practice by viewing unit and individual consultant metrics, including locums. To provide insight, all metrics are benchmarked, locally and nationally.
- **Appraisals:** NCIP meets the General Medical Council's requirement for an objective data source for appraisal and re-validation. Summary reports can be downloaded for printing / sharing, reducing the administrative burden on individuals to source evidence.
- **Training and professional development:** Use NCIP to reflect on surgical practice at an individual and unit level to identify and agree training opportunities for the team. Check progress each quarter, when new data is added.
- **Demonstrate clinical excellence:** NCIP is a rich source of hard outcomes that can be tracked over time to demonstrate individual and group achievements.
- **Research and Innovation:** Metrics have been chosen carefully by national NCIP clinical leads to reflect practice in each specialty and provide users with granular, longitudinal and objective information. Ideal for research and tracking surgical innovation.

Strategic and operational service management

- **Inform clinical service delivery plans:** Use NCIP in a range of ways; monitor delivery plans against best practice and quality guidelines, review activity levels vs staff resourcing and distribution, as evidence in a business case for equipment procurement or understanding the demographics of your local population and how this impacts their care experience.
- **Pathway management:** Monitor progress against your HVLC plans using HVLC specific dashboards. NCIP metrics allow you to view specific points along the surgical pathway, supporting pathway improvement or re-design, e.g. LOS reduction or increasing day case volumes.
- **Clinical governance:** You can view each peri-operative complication, inform MDTs, audits or complaint responses and understand procedural effectiveness. The ability to drill down into patient diagnoses and procedures gives you a detailed view of each episode of care. You can further interrogate data by applying filters to view a specific diagnosis, procedure or surgical approach.

Medical Director Guide

The NCIP tool supports Medical Directors in clinical leadership, clinical governance and promoting a culture of reflective practice amongst consultants in their trust.

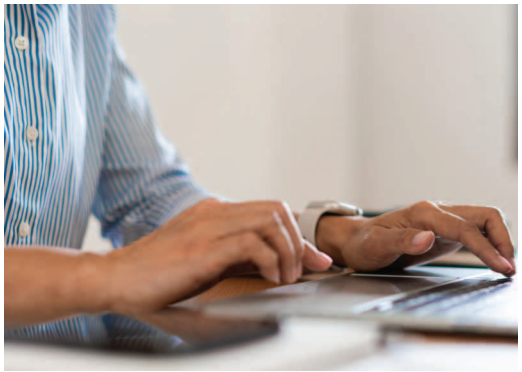
Medical Directors

Portal features

- **View dashboards:** See all NCIP procedure dashboards for all consultants employed at your trust.
- **View episodes:** See all patient episodes for all consultants in each NCIP procedure dashboard.
- **View activity:** See consultant activity across all surgical specialties at your trust.
- **Peer view:** Use the "peer" view to see individual consultant distribution across quality metrics for key procedures.
- **View unit activity:** See unit level activity across all surgical specialties and compare nationally.
- **Delegate access:** MDs can delegate MD level access to nominated employees at their trust to support their statutory duties.

Strategic oversight and management

- **Appraisal and re-validation:** Adopt NCIP as an objective source of outcomes, presented in a clear and easy-to read format, supporting the administrative process of evidencing clinical practice.
- **Leadership and oversight:** NCIP can be embedded at all levels of leadership, with clinical leads and responsible officers also having elevated access to NCIP.
- **Clinical governance:** Adopt NCIP into clinical governance structures to support qualilty, efficacy and identify unwarranted variation.
- **Pathway management:** Monitor progress against your HVLC plans using HVLC specific dashboards. NCIP metrics allow you to view specific points along the surgical pathway, supporting pathway improvement or re-design, e.g. LOS reduction or increasing day case volumes.
- **Data quality:** NCIP can be a driver for supporting high data quality of administrative and clinical coded dataq.



Responsible Officer Guide

NCIP supports Responsible Officers in objectively reviewing the performance of their consultants against local and national benchmarks. As well as giving an overview of practice, individual episodes of care can easily be reviewed.

Responsible Officers

Portal features

- **View procedure dashboards** for all consultants under your designation.
- **View all patient records** for all consultants under your designation.
- **Use "consultant peer view"** to see individual consultant comparison for key procedures for a specialty.
- **Use "provider peer view"** to see unit level distribution and compare with national provider peers.

Leadership and oversight

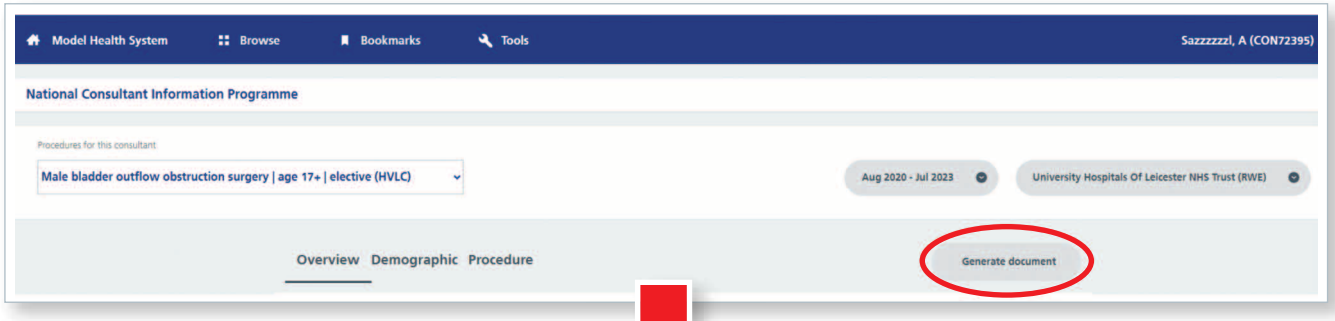
- **Identify unwarranted variation** in outcomes data on procedures delivered by individual consultants or/and at unit level.
- **Identify learning and development needs** for consultants under your designation.
- **Inform final recommendations** for a consultant's revalidation.
- **Support high standards** in the appraisal process for consultants.
- **Strengthen clinical governance.**

Responsible Officer Guide (continued)

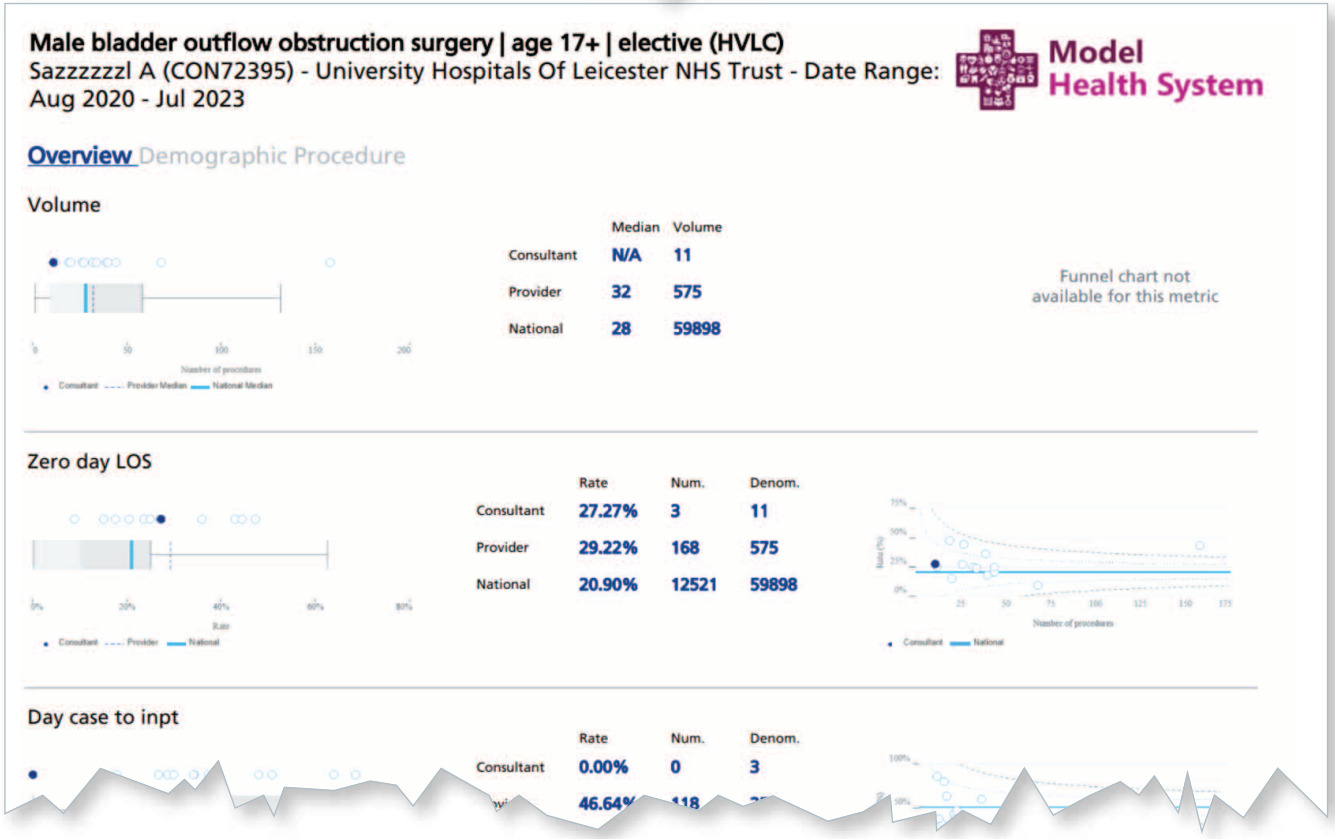
A key NCIP feature for ROs to use in consultant appraisal and revalidation is the "Generate document" feature.

This feature is available in every surgical procedure dashboard and generates a PDF file showing the consultant's distribution across key metrics and benchmarks.

NCIP Generate document



NCIP PDF Procedure Report



How to sign-up to NCIP

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Appendices

1. How to address data quality in the NCIP portal

This guide outlines some common data quality issues that you may encounter using NCIP. If you can't find an answer to your query, please get in contact with the NCIP team england.ncip@nhs.net

TIP: Use the 'methodologies' section in the portal to view the dashboard algorithms and outcome metric explanations

Patient Records

Patient Diagnosis and Procedure coding doesn't represent my practice

Diagnoses and procedures are entered by the hospital clinical coding team. Codes are chosen based on the clinical information available in the patient record and national coding classification rules. If the clinical coded information in NCIP is not accurately reflecting a user's patient diagnoses and procedures, contact your clinical coding department to review patient records and coded data together. To assist the review, you can view the dashboard algorithms in the 'methodologies' section of the NCIP portal. Inaccuracies that cannot be rectified locally should be escalated to NCIP.

TIP: Clinical coding colleagues can access the NCIP methodologies via Model Health System visit: www.model.nhs.uk

Missing data

There is missing content in the portal

NCIP does not cover all procedures or specialties. Please visit our webpage to view which procedures and specialties are in the NCIP portal. If you are missing procedure dashboards contact the NCIP team.

NCIP does not currently hold activity data for:

- Private activity undertaken in a private healthcare provider
- Outpatient activity
- Non-admitted emergency care
- Individual hospital sites within provider organisations

I can't see my consultant(s) in NCIP

If you are a medical director, responsible officer or clinical lead and you can't find a consultant on NCIP, please contact the NCIP team.

I don't see data for one or more of my trusts in the NCIP portal

Please contact the NCIP team.

How to address data quality in the NCIP portal *(continued)*

Inaccurate data

My activity volumes don't look accurate

- Across many NCIP surgical specialty dashboards, consultants may find that their volume of activity is unusually high or low or not visible. Most of the time this is due to incorrect attribution of surgical procedures to the named or responsible senior consultant, particularly for procedures delivered by pooled waiting lists.

  Through the National Theatre Programme, GIRFT is working with NHS trusts to improve the quality of theatre data to improve attribution of procedures to the operating surgeon. NCIP will, in time, incorporate theatre data into the portal to indicate the operative surgeon(s).

  Tip: All trusts are now submitting theatre data to NHS England, you can view the completeness of your trust's theatre data on Model Health System. Accessed via www.model.nhs.uk. Navigate to 'Care settings>Theatres> Theatre Benchmarking>Theatre Data Quality
- Episodes of care could be incorrectly attributed to you or another consultant by an administrative error at the trust, speak to your trust admissions team or service manager to rectify this.
- Due to the dashboard algorithms in place, a procedure may be in a different dashboard than expected. The NCIP team can support you in finding which dashboards to view.

My day case rate is lower than expected

Patients that are discharged later in the day may not be recorded as a day case due to administrative reasons. Liaise with your administrative team / service manager to ensure that day cases are not recorded as an overnight stay. Patients who are being discharged the following day will be counted in the day case to inpatient conversion metric.

My readmissions are higher than expected

- Patients can appear as an emergency readmission when they have returned to the unit for a routine outpatient or admitted procedures after the original index spell (i.e. removal of catheter). Liaise with your administrative team / service manager to ensure these are recorded appropriately.
- Patients transferred to another provider in the same episode of care can appear as a readmission. Where this is occurring, contact the NCIP team.
- The NCIP readmission metric includes readmissions to other NHSE acute providers in England, providing oversight of all your readmitted patients.
- The re-admission metric includes readmissions for all causes, therefore readmissions unrelated to the procedure will be included.

2. How a dashboard is developed in the NCIP portal

Data quality is NCIP's biggest priority. The portal's key data source for generating surgical procedure dashboards is Hospital Episode Statistics (HES).

HES is a data warehouse covering hospital activity relating to NHS patients in England including inpatient, outpatient data and A&E attendance. It is generated from SUS (Secondary Uses Service) data and used for non-clinical purposes.

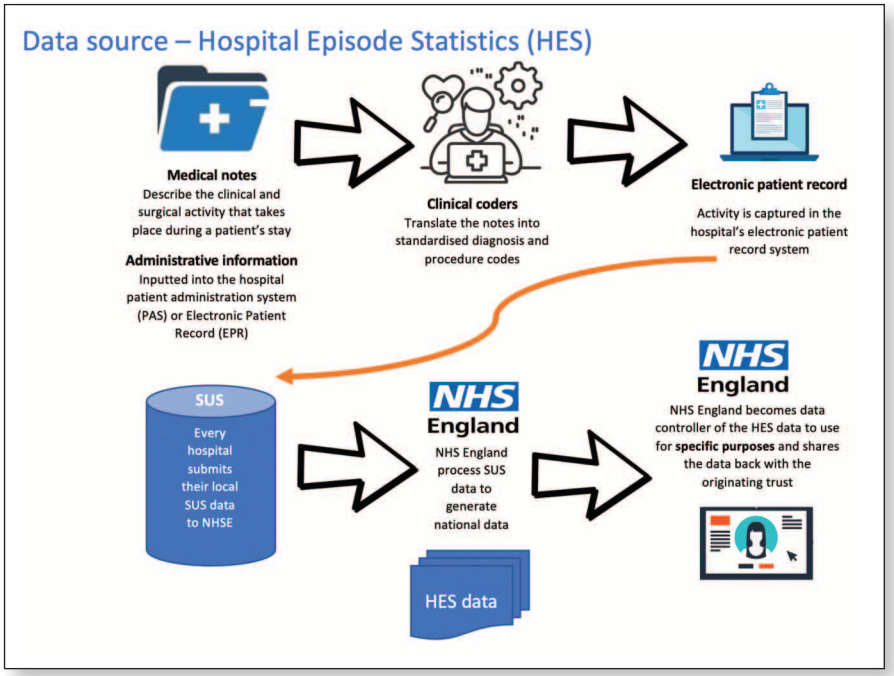
NCIP uses the OPCS-4 codes in HES – codes assigned to the procedures recorded in the medical record for each consultant episode – to design coding recipes for surgical procedure dashboards in NCIP for each specialty. **NCIP relies on the quality of coding at trust level to design and generate surgical procedure dashboards.**

NCIP clinical leads will identify the procedures with the highest activity or clinical importance first and advise how best to display this activity through the use of subgroups and metrics.

Volume of activity is validated to check the trust's and clinicians' activity against peers nationally and regionally. NCIP then identifies the potential procedure, diagnosis or surgical approach subgroups alongside relevant outcome metrics for the procedure. Additional coding expertise is provided by NHS England's coding lead, Specialty Associations and National Casemix Office.

Additional data sources

NCIP will incorporate and link to other databases in the future, such as PHIN, national audits and registries.



Benefits of HES data

- Objective
- Readily available
- Contemporaneous
- Complete coverage of activity
- Linkable for longitudinal analyses
- Good for hard outcomes (e.g length of stay, readmissions, in-hospital mortality)