CBSA Newsletter September 2013

Dear fellow community surgeons,

Welcome to the first CBSA newsletter. For those who have been actively using the system thank you. To those who have not yet started data entry do please start. I am aware that data entry takes time **BUT:**

- It gets much faster with practice
- We are actively looking at ways to help streamline it
- When used consistently it will provide all the data needed for commissioning without having to run reports on your clinical systems
- With our “dashboard development” we will be providing you support for revalidation and reaccreditation.

**News**

**Latest research**

The latest data analysis from Prof Peter Murchie et al was published in the BJGP on 1st August ([http://www.ingentaconnect.com/content/rcgp/bjgp/2013/00000063/00000613/art00038](http://www.ingentaconnect.com/content/rcgp/bjgp/2013/00000063/00000613/art00038)). If you haven’t read this paper I would encourage you to click the link. The numbers are significant but even so in the past Peter’s work has been criticised when his research has demonstrated safe and effective surgery in Primary Care (albeit with data from Northern Scotland). The results are particularly encouraging as data from the National Cancer Intelligence Network suggests the GPs who see the most melanomas (those in the south-west of the UK) are better at diagnosing it. The Murchie paper shows that those at the other end of the country are equally good at keeping the melanoma patients alive even if they see fewer cases!


**Feedback from survey**

Back at the CBSA we have been very busy analysing your feedback, both to the Survey Monkey evaluation and from email contact. We are determined to produce changes to help you, in particular to speed data entry. We plan to send you details of the change requests, what we can do with them and why.

**Support documentation**

Quite a few users have submitted queries that indicate the online information provided has not necessarily been accessed. It’s a bit like playing with a gadget without reading the instructions perhaps?! My kids tell me I am old fashioned by reading instructions first! They just go on line and find the answers. Well, so can you by going online to [http://www.hscic.gov.uk/cbsa](http://www.hscic.gov.uk/cbsa) to find the consent form, user guide, patient information leaflet, FAQs etc.

We plan to add the link to the CBSA home page for convenience and of course right now you could add it to your “Favorites” web browser links.
Issues: Consent and “what data?”

There are two common threads from the feedback: Consent and “what data?”

Consent: The written consent document (in the HSCIC link above) is extensive and requires two signatures. It’s more comprehensive than most of our surgical consent forms and I am aware it might not be as user friendly as we had hoped. It’s provided as an exemplar, so feel free to adapt it or incorporate elements into your existing consenting processes to meet your practice’s information governance standards.

The good news is that verbal audit consent is acceptable.

“What data?”: Some of the data items you need to enter are straightforward, but some need to be looked up (for example date of referral). To help this process we are developing an aide-memoire. This form will also facilitate data entry when away from your clinical computer system. The problem with audit data is of course that you only get out what you put in and we are building this system to be as “future proof” as possible.

We know NHS numbers and dates of birth take time to enter and initially we discussed relying upon names only. I am now an NHS number convert! The algorithm used to create each unique number is so clever and this in turn means that mis-entered numbers are incredibly unlikely.

Reporting

Finally if you haven’t already done so please check out the reporting section of the tool. This is accessed via the ‘reporting’ link on the CBSA home page. There you will find a list of all the patients you have inputted (patient log) and a list of patients awaiting histology data and complications to be added (missing key fields report) which are useful alternative ways for relocating a patient record to update it.

I hope to be keeping you updated in this manner over the next few months to share progress on the audit development, and tips to help you get the most out of the audit system.

Please keep the feedback coming in.

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