CBSA Newsletter. October 2014

Dear fellow community surgeons. Welcome to the fifth CBSA newsletter. You may have read some of the press coverage recently about the CBSA. If not I would recommend clicking on one or all of the following:

*GP Online report that the RCGP have launched a nationwide audit of practice-based minor surgery in a bid to prove that GPs have the clinical skills to diagnose and treat dermatological conditions, including skin cancers. It also states that the RCGP have said this will save the NHS millions.* [http://www.gponline.com/minor-surgery-audit-prove-value-practice-based-procedures/cancer/article/1309185](http://www.gponline.com/minor-surgery-audit-prove-value-practice-based-procedures/cancer/article/1309185)


In addition last week the Association of Surgeons in Primary Care managed very good coverage including the audit:

I am due to meet NHSE London to discuss the minor surgery DES, in particular their templates which are not fit for purpose in my view. Ideally I would like to use the CBSA downloads to provide the submissions needed for payment (with the exception of joint injections of course, which should be on a separate contract).

**Developments:**
Enhanced Reporting: The most significant development took place over the last week. The enhanced reporting that I covered in the 4th Newsletter has now gone live! You access it via the usual reporting page in the system: [Click on Reporting](#)
Once on the reporting page you will be presented with four options, the last of which is the new, much awaited “Practitioner-level reports”. Click on that.

You will now be presented with the various report options, dependent upon how long you have been using the system and at what level (ie DES/LES GP or GPwSI (Model 1) or as a Model 2 practitioner. To see the roles combined choose “All”.

You can also choose to see reports by quarters or for a full year. The quarter dates are included. These are the dates during which the surgery took place. We allow 3 months after surgery for all complications to be updated (the audit states complications within 56 days and we allow another month). If patient entries are not complete then they will not be
uploaded to the reporting programme. If they are subsequently completed they will appear when the report is next run. See below for the relevant dates:

<table>
<thead>
<tr>
<th>Report Covering</th>
<th>Latest Date for users to update records</th>
<th>Available to users week commencing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 1st April - 30th June</td>
<td>6th October</td>
<td>3rd November</td>
</tr>
<tr>
<td>Q2 1st July - 30th September</td>
<td>24th December</td>
<td>30th March</td>
</tr>
<tr>
<td>Q3 1st October - 31st December</td>
<td>17th March</td>
<td>30th March</td>
</tr>
<tr>
<td>Q4 1st January - 31st March</td>
<td>16th June</td>
<td>30th June</td>
</tr>
</tbody>
</table>

The reports may be downloaded as PDF files and as Excel spreadsheets (xls). The appearance of the reports were covered in the 4th Newsletter. You will also note there is a warning on the front sheet:

Please note that this report may contain low numbers (1-5) which in certain circumstances can result in a risk of individual patients being identifiable. It has not been cleared for publication by HSCIC. If you wish to share it with anybody where such identification would represent a breach of confidentiality then it is your responsibility to ensure that the risk of this happening is acceptably small. If you require any guidance concerning when a low number may lead to disclosure you are referred to the NHS Anonymisation Standard. You should pay particular attention to the risk of identification when the total number of cases in the report is low (1 to 5 inclusive) or when the total number of malignant cases in the report is low (1 to 5 inclusive).

This warning is there to point out that there is the hypothetical risk of an individual viewing the report to work out details of an individual patient. If you have any issues with the report please email me via the RCGP: CBSA@rcgp.org.uk

Two last items: Could you please keep a record of how many patients decline to be added to the audit and let me know again via the CBSA@rcgp.org.uk email, it would be helpful to know the relative numbers (consented vs refused consent) thank you.

And finally please help us promote the CBSA by encouraging all colleagues you know locally to use the system, we have to increase uptake!

Best Wishes

Jonathan