CBSA Newsletter July 2015

Dear fellow community surgeons,

Welcome to the sixth CBSA newsletter. If you would like to see the first five newsletters please log on to the RCGP website:


Progress so far:
The record of surgical activity continues to grow:

![Graph showing number of registered users and active within the CBSA system]

We have almost 7000 surgical procedures recorded since the pilot began in 2013. The official project dates for the RCGP ran from 13th April 2013 until 31st March 2015 and we are in the process of analyzing the aggregated data over this period.

Early project findings:
Those of you who have been entering data consistently will be familiar with the Practitioner Level Reports that the system generates. These provide an instant audit of your operating by quarter or by year and split-able by role (LES/DES vs. Model 1 or Model 2 Practitioner). This is a godsend when it comes to producing audit for appraisal or revalidation. We now have had glimpse of the data for all users (anonymised) and the results are impressive: For BCCs, diagnostic accuracy and complete excision rates match or exceed those found in published hospital data. The surgery you all provide is arranged rapidly and considerably more rapidly than secondary care. Recorded
complications are very low, again as good as any hospital outcomes (although we must be aware that this data field is gathered passively and not actively).

The surgeon’s role:
The combined clinical audit data is split-able by role. Interestingly Model 1 and Model 2 GPwSIs undertook the greatest number of BCC excisions and histologically these excisions were complete more often than for GPs operating under a LES/DES GPs contract. This trend is also seen in diagnostic accuracy with fewer BCCs correctly diagnosed by LES/DES GPs compared to Model 1 and 2 GPs.

Future Plans:
We are working with Surrey University to see how best to present the data so far at the forthcoming RCGP Annual Conference in Glasgow this October. As well as presenting the findings we will be looking to attract funding partners to help maintain the CBSA for the future. We have been managing this year on the goodwill and support of our colleagues at the HSCIC for which we should all be hugely grateful. Please come to conference!

I have written several times to NHS England to seek their financial backing for the CBSA. I would still like to see the CBSA used as the standard reporting system for community based surgery. Any pressure you can bring on your CCGs to push for it to be part of their contract monitoring would be appreciated.

The CBSA continues to be open and free to all GPs within the UK and we would ask you to encourage any colleagues not using it to register. As one of the most frequent recorders of data I can personally assure you that the time taken to enter data reduces significantly with familiarity. In addition the Missing Key Fields section ensures no patient histology ever goes unnoticed. Finally, for the last two years my annual appraisal audit has been generated automatically courtesy of the CBSA, the file seamlessly uploaded into the Clarity website.

Please spread the word!

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