

TO: Responsible Officers in England

NHS ENGLAND & NHS IMPROVEMENT NATIONAL CONSULTANT INFORMATION PROGRAMME INFORMATION NOTE

Introduction

1. Responsible Officers play a crucial role in improving and maintaining the quality and safety of patient care, ensuring their organisation has processes in place that provide a framework within which doctors are encouraged to maintain and improve their practice.
2. To support Responsible Officers in carrying out their statutory role, this information note provides an overview of the National Consultant Information Programme (NCIP), a digital tool providing a single repository of an individual clinician's outcomes data and unit-level data across a range of surgical specialties to support consultant learning, development and quality improvement.

Background

3. The National Consultant Information Programme (NCIP) was initiated in 2018 to support NHS consultants with learning and continuous self-development of their practice. Separately, the Paterson Inquiry highlighted that a lack of transparent reporting can allow dangerous variation in clinical practice to take place undiscovered across the NHS and the independent sector. This is because there is no consistent consultant level clinical outcome data available at present; consultants - and their appraisers and Responsible Officers - cannot compare outcomes for their whole practice or use peer review to improve their practice in a way that is measurable and objective.
4. NCIP provides a solution to the Paterson Inquiry recommendation that there should be a single repository of the whole practice of consultants across England.¹ The Government's response² to the Paterson Inquiry also identifies NCIP as a tool to help managers and healthcare professionals understand variation in practice and identify areas of concern.
5. Currently focusing on elective surgical specialties, NCIP has worked to combine different types and sources of data to provide a single point of access to information for both consultants and those with medical appraisal and governance responsibilities. The programme is chaired by Sir Norman Williams and is working closely with consultant surgeons, Getting It Right First Time (GIRFT) clinical leads and Specialty Associations and has the full support of the Medical Royal Colleges.

Aim and objectives

6. NCIP aims to improve clinical quality and safety for patients across the NHS by giving consultants a single source of data covering their whole practice to support quality improvement.
7. NCIP's primary objective is to support quality improvement activities and professional appraisal, with the aim of delivering improved patient care. Consultants are encouraged to share their outcomes data with their appraiser and with colleagues as part of collaborative quality improvement activities. It is hoped that access to this information will help consultants reduce variation and identify good practice, leading to better patient care and safety within the NHS. Additionally, NCIP will improve the visibility of outcomes data and therefore support clinical governance, such as morbidity and mortality and clinical audit meetings and encourage improved coding accuracy. Further information about NCIP can be requested by emailing: nhsi.ncip@nhs.net

¹ DHSC (February 2020) [Report of the Independent Inquiry into the issues raised by Paterson](#)

² DHSC (December 2021) [Government Response to the Independent Inquiry into the issues raised by Paterson](#)

Key features the NCIP tool

Data sources and data content

8. NCIP provides a secure single point of access to existing information from Hospital Episode Statistics (HES), routinely collected by Trusts and pseudonymised at individual level. The HES data is updated every three months. At present NHS procedures undertaken in the private sector are included in the data. NCIP is linking with the Public Healthcare Information Network (PHIN) Private Healthcare Information Network (phin.org.uk) to discuss incorporation of whole of practice data in the future.
9. The NCIP content development team is also working on incorporation of trust theatre data and outpatient data as well as clinical audit and registries data to enhance the data tool over the next 15 months. In the longer term, NCIP is exploring how risk adjustment can be incorporated into the outcome data to allow a fairer comparison of performance between consultants, by adjusting for factors beyond the consultants' control.
10. NCIP has an ambitious 3-year programme to roll out the NCIP tool to every surgical specialty and to some interventional medicine specialties. Urology is the vanguard specialty and NCIP is working with the British Association of Urological Surgeons (BAUS) to roll out the tool nationally to all consultant urologists in England by April 2022. There are currently 201 procedure dashboards in the NCIP portal across the following 12 surgical specialties:
 - Urology (28 dashboards) – *NCIP live in 79 Trusts with urology units*
 - Ear, Nose and Throat (ENT) (32 dashboards)
 - General surgery- upper GI and lower GI (20 dashboards)
 - Gynaecology (19 dashboards)
 - Oral, Maxillofacial Surgery (OMFS) (18 dashboards)
 - Ophthalmology (13 dashboards)
 - Orthopaedics (27 dashboards)
 - Paediatric surgery (16 dashboards)
 - Spinal (10 dashboards).
 - Neurosurgery (13 dashboards)
 - Cardiology (1 dashboard)
 - Plastics Burns (1 dashboard)
11. NCIP will be rolled out to the remaining 11 surgical specialties through a phased approach over the 2022/23 financial year and add a further three specialties for implementation: cardiac surgery; thoracic surgery and vascular with a total of 15 specialties in the tool by the end of 2022/23.

Metrics

12. NCIP works with nationally appointed Clinical Leads from each participating specialty to develop the data content and metrics in their surgical specialty. Metrics include volumes, length of patient stay or day case rate, and readmission rate. Other metrics such as re-operation rates, revision rates, complication rates and mortality are included for procedures where they are deemed appropriate.

Access to the NCIP tool

13. Access to the tool is restricted to Medical Directors, Responsible Officers and individual consultants. Registered users will be permitted access upon completion of the enrolment process.
14. Medical Directors have access to individual consultant surgeon data for all consultants in their Trust and aggregated unit-level data for their Trust. Responsible Officers have access to the data for all their designated consultants across their consultants' providers. Individual consultants can view their own data across a range of metrics. Consultants need to have undertaken six procedures over a three-year period for a procedure dashboard to be generated in their name.

Supporting quality improvement

15. NCIP allows consultants to print a PDF report of their data for each of their procedure dashboard to support appraisal and revalidation meetings. NCIP encourages consultants to share their outcomes data with their appraiser and with peers as part of collaborative quality improvement activities to reduce variation in patient outcomes and identify good practice.