Public Health England

Protecting and improving the nation's health

HCAI Data Capture System Stakeholder Engagement Forum: 16th October 2018

Attendees:

- Alice Page (University Hospitals of Leicester NHS Trust)
- Ester Taborn (South Kent Coast CCG)
- Melanie Thornton (Royal Devon and Exeter NHS Foundation Trust)
- Caroline Williams (The Newcastle upon Tyne Hospitals NHS Foundation Trust)
- Jade Barker (The Newcastle upon Tyne Hospitals NHS Foundation Trust)
- Tracy McDonald (The Newcastle upon Tyne Hospitals NHS Foundation Trust)
- Karen Robinson (isle of Wight NHS Trust)
- Gloria Beckett (Oldham Council (Oldham CCG))
- Rachel Howitt (NHS Leeds CCG)
- Pat Cattini (The Royal Marsden NHS Foundation Trust)

PHE Mandatory Surveillance Team:

- Russell Hope
- Simon Thelwall
- Graeme Rooney
- Edgar Wellington
- Jeremy Anselmo

Welcome and Introduction

This session of the Stakeholder Engagement session is to seek feedback on the Data Capture System (DCS), making sure that we are meeting your needs for data analysis and for entering the cases, as well as looking for ways to improve the system for the users.

Online Training

PHE proposed a series of instructional videos which demonstrate how the DCS is expected to work and covered how the reports functionalities can be used. These videos will cover how to:

- enter cases
- use the different reports available
- use the Data Upload Wizard (DUW)
- download data extracts
- run line listings to get case by case information.

Once the videos are finished, they will be hosted somewhere accessible from the DCS (if not on the DCS, there will be links provided from there).

Users think that these videos would be useful and they are seeking to understand better how to extract the data that they enter; how to use the DUW; and get more information regarding the use of all the different functionalities.

PHE requested that users send queries about any specific aspects of the system that they would like to be covered in the videos that PHE will develop. to the Mandatory Surveillance inbox (mandatory.surveillance@phe.gov.uk)

PHE advised users who would like to use the DUW to contact the Support team (support.HCAIDCS@phe.gov.uk) who will be able to get them started and help them upload data via the DUW.

Data Capture System

PHE emphasised that, while there is a number of changes that PHE would like to make to the DCS, these changes are implemented by an external developer company and PHE has a limited budget to commission these changes.

Access to GP code through the DCS

It was discussed that in terms of access to a GP code for a case through the DCS, it is technically something PHE could do. However, the implementation would be a very complicated matter and is not something that would be PHE's most important priority to improve the DCS.

Users expressed that they feel very strongly about accessing the GP code. The explained that it would save many hours of work both for Trust and CCG users. Not having this GP code creates an unnecessary burden on the acute Trusts as well as the CCGs. The work load is duplicated by the trust and the CCG on a local level but also across the country.

The group discussed that at the moment the Trust do not tell PHE where the GP is. They enter the patient's information, which gets traced by the NHS spine by the Batch Demographic Service (BDS).

PHE suggested that Trusts could voluntarily enter the GP code in the comments section of a case on the DCS. Additionally, PHE are willing to build a business case to develop a mechanism of taking the BDS data and back-populating the DCS in a way that would not compromise the case completion calculations, for instance. PHE warned that it would not be a particularly quick fix.

Greater trend analysis through the DCS

Trusts users explained that they have been working with GP practices to make their own classifications and capture data that is not on the DCS such as diabetes, BMIs, urine resistance patterns, blood culture resistance patterns, among others.

In response to this, PHE is looking to introduce a malignancy risk factor for the *E. coli* cases, which would then be expanded to the other Gram-negative data collections.

In addition, PHE stated that if there is a demand for a particular additional field, it can be added. However, PHE emphasised that fields have been kept to a minimum because the more questions added, the longer the line list becomes. PHE also need to consider the wider use of a suggested additional question as one question that would be useful for a trust might not be desired for others. PHE informed the group that, the information added to the Case Capture is going through a burden assessment to check whether the information added is needed.

ACTION: PHE will send DCS users a questionnaire/poll about which questions they would like to add/amend/remove.

Making the DCS more user friendly

Users expressed they would enjoy a greater clarification of definitions of certain fields. Definitions may not be as clear as they were on the old protocol.

PHE requested users to provide a list of specific fields where users would like a clarification on the definition. This would help PHE to improve any unclear definition.

PHE stressed that some definitions cannot be very precise. Risk factors, for instance, are a matter of clinical judgement.

Mandatory surveillance improvements

In terms of CDI apportioning, PHE confirms that all cases of CDI will go through the new apportionment algorithm (COHA, HOHA, COIA, COCA).

Users asked for concrete examples for the new classifications of CDI cases. It was agreed that this is something that PHE can work with the SSI team to generate some relevant and frequent examples. PHE asked users to provide specific examples of aspects that are unclear in this matter. This would allow PHE to draw specific definitions on those particular points that are unclear.

Any other business

User queried how to identify a patient who had been reported twice in 2 different organisations. PHE explained that this is not something that is done centrally. The CCG will usually identify such differences. PHE also highlighted the 'duplicate report' that identifies duplicates within a single organisation.

Users confirmed a general demand for a report that focuses on risk factors. PHE explained that a report could be created including counts and rates for one single organisation but also including the median count or rate for the rest of the country. Users are finding this addition useful, as well as looking at counts and rates from an STP perspective.

ACTION: - PHE will enquire with NHSE about getting STP data on a national level.

PHE pointed out the fact the monthly counts are produced as a 12 month rolling rates as part of PHE fingertips. A link to PHE fingertips is available on the DCS at the bottom of the page. There are a number of graphics, maps and visualisations to help looking at the data.

Next meeting to be scheduled for: TBC