



Activity data

In 38 out of 100 reviews, we identified issues about the quality of surgical activity data.

Any service undertaking surgery should have access to good activity data. Our experience of invited reviews shows they often do not.

In some cases, services we have reviewed have lacked basic data on:

- The number of patients referred into and discharged out of the surgical service.
- The number of new and follow-up outpatients appointments completed by the service.
- The number and type of operations undertaken.

These data are critical for a number of reasons. The requirement is to:

- Understand the level of demand on the service, monitor changes to this over time and plan resources to match patient demand.
- Demonstrate that a sufficient number of procedures are being undertaken to maintain competence and ensure that suitable outcomes are achieved.
- Ensure the hospital is being appropriately reimbursed for the services it provides.

38%



We are not suggesting that information does not exist somewhere within the organisation under review.

Our experience is that:

- The personnel providing surgical services do not access and analyse the data in aggregate form and are unable to prepare suitable data as part of their preparation for an invited review.
- There is a lack of confidence in the accuracy of the data available, due to it being incomplete, poorly collected or coded, or because there are multiple, contradictory data sources.
- Changes to the clinician or service manager responsible for collecting, and presenting this data has left the service without access to the skills required.

We are aware that hospitals often do not prioritise and support the development of systems that enable the collection of good-quality activity and outcomes data. The realisation of how important this is only occurs when there is a problematic situation.

Resources

- Royal College of Surgeons | *Using data to support change in clinical practice*

