



## ***Future Forum, phase two: Information Response from the Royal College of Surgeons of England***

The Royal College of Surgeons welcomes the Future Forum focus on using information to improve health, care and wellbeing as part of its second phase of work. The College believes that making routinely collected data accessible by clinicians will improve its accuracy and relevance but also to allow clinicians to share this information with their patients.

Below are our specific comments on the consultation questions:

### **How can information be made to improve health, care and wellbeing?**

The College believes that routinely collected data such as the Hospital Episode Statistics (HES) has the potential to provide useful and relevant information to clinicians and that current effort to improve the accuracy and reliability of the data should continue. We would strongly encourage that HES data and other routinely collected data should be made more accessible to clinicians at the local level so that they can understand it, engage with it and correct it at source. This will not only improve the accuracy of the data but ensure clinician confidence.

Coupled with improvements to the accuracy of the data there also needs to be a commitment to the development of routinely collected data sets to ensure greater clinical relevance. We believe that current routine data collection focuses almost entirely on the process of delivering healthcare and does not capture clinically meaningful data that can be used to drive improvements in healthcare and the measurement of outcomes. There are also other important sources of information such as clinical audits which through investment could be linked to routinely collected data. These improvements will improve the analysis that it available for clinicians and support them to use the data to drive improvements in healthcare.

Clinical audits and registries are an important resource and play an active role in changing clinical practice to support improvements to health and wellbeing. These must be supported at national and local levels. We would like to see the NHS Commissioning Board and Clinical Commissioning Groups prioritise participation in audits and registries as a condition of service delivery.

We also would recommend that data is made more accessible to patients along with appropriate explanation.

### **How can cultural and behavioural change be fostered to stimulate collection and use of data among all professionals?**

The College believes that allowing clinicians access to their own data at source would foster a greater sense of ownership and engagement with data that is already collected. Coupled with access to data there should be the ability for clinicians to be able to then use the data directly so they can be creative about how they present and use the information to drive improvement. We also believe that national data should be available on a more “real time” basis so clinicians can see differences and act upon them. For example data on Patient Reported Outcome Measures (PROMs) is currently paper-based and takes up to five months to report.

We would recommend that a study is undertaken to understand clinician’s concerns about all aspects of data collection, handling and usage in order to be able to then reassure clinicians about its use. The College through its work on revalidation and the use of outcome data has suggested a process if the clinical data is outside the suggested norm. This would involve a local review that would examine the data for anomalies, the case mix, the structure of the team/unit and the environment before considering the individual. We believe that a clear process will also reassure clinicians.

**How can we ensure information is available that enables people to take more control of their own care and enable shared decision-making?**

The College believes that allowing clinicians to access the data will allow clinicians to share information with their patients at the point of contact (e.g. during consultations). The use of risk prediction tools and their integration with NHS systems would greatly enhance the ability of clinician’s to coherently discuss the risks and benefits of treatment with patients in real-time.

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