Clinical Quality Indicators for Cosmetic Surgery

Guidance for Independent Healthcare Providers of Cosmetic Surgery

Aim of guidance

This document outlines the clinical outcome measures that are being launched by the Royal College of Surgeons (RCS). They should be routinely collected and reported on by all independent providers of cosmetic surgical procedures.

At present, routine activity collection within independent providers is varied. It is anticipated that, in time, collection of more of these data items will be automated and thus made available for reporting via the Private Healthcare Information Network (PHIN).

Routine activity collection within all independent providers that deliver cosmetic surgery may require considerable effort to implement, especially among smaller providers. This paper outlines each identified metric, how they will be reported and the reasons for their inclusion within the dataset.

Background

In April 2013, the Department of Health published Sir Bruce Keogh's review into the regulation of cosmetic interventions,[1] highlighting an urgent need for robust regulation of cosmetic practice. It noted that 'the existing regulatory framework has not kept pace with changes and does not provide enough protection against many of the potential risks from cosmetic procedures'. The review made numerous recommendations to improve regulation of the industry. Specifically, The RCS was asked to set up a Cosmetic Surgery Interspecialty Committee (CSIC) to take forward the recommendations relating to cosmetic surgery. Membership of the CSIC has included representatives of all the relevant specialty and professional associations, as well as regulators and patient and provider representatives.

As part of the recommendations, the CSIC was asked to identify 'clear, credible outcome measures for cosmetic surgery that are published at individual surgeon and provider level on the NHS Choices website.'

The outcome measures that have been defined for cosmetic surgery providers through this programme of work are listed in Appendix 1.

The measures outlined within this document are the clinical quality indicators and 'minimum dataset'.

1 *Review of the Regulation of Cosmetic Interventions*. 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192028/Review_of_the_Regulation_of_Cosmetic_Interventions.pdf

The clinical quality indicators

This dataset defines the standard information, which is generated from care records, from any organisation or system that provides cosmetic surgery. It is a list of data items, each with a clear label, codes and classifications. From this high-quality data collection, services will be able to:

- enable more consistent audit and quality improvement
- capture more accurate information about the demographics of patients having cosmetic surgical procedures
- monitor activity and outcomes and changes over time
- support improved patient choice and informed decision-making

How has this dataset been developed?

This dataset has been developed through consensus within the CSIC and in discussion with PHIN. The following have been taken into account when developing the dataset:

- RCS' requirement for evidence for cosmetic surgery certification
- Competition and Markets Authority (CMA)'s legal requirements for independent health providers.[2]
- Care Quality Commission (CQC)'s requirements for intelligent monitoring prior to inspection of an independent provider[3]
- Possible future requirements of an implant registry.

How should services report on this dataset?

The data items listed below represent the 'minimum' data items that should be collected on every cosmetic surgical procedure. Some (but not all) of the items within the list are also within the CMA requirements, which are mandatory for all independent providers of cosmetic surgery.

All of these data items are important in measuring quality within services but it is recognised that, at present, collection of only some of these items will be 'best practice'. We anticipate that all services will work towards collecting all these data items, but may not be able to submit data immediately.

The mechanism for collection of this data may change through time, as more routine data capture is enabled. Those items for which we have indicated that PHIN will be collecting data will be reported on at a consultant and unit level on the PHIN website (http://www.phin.org.uk/). Where data collection is not yet routinely possible, we would expect that providers collect data through local audit at least once a year.

Reporting and subsequent action plans as a result of both types of data collection will become an integral part of the intelligent monitoring used within the CQC's inspection framework for cosmetic service.

2 https://assets.digital.cabinet-office.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

3 (http://www.cqc.org.uk/content/provider-handbooks)

Cosmetic surgery clinical quality indicators

This has five main sections:

A. Patient demographics

B. Details of admission and operative procedure

C. Details of anaesthetist and anaesthetic

D. Details of surgeon

E. Clinical outcome indicators

A. Patient demographic			
Dataset metric	Field name	Mechanism of reporting by April 2017	Reason for inclusion in minimum dataset
Person given name	n/a	Local collection and reporting	• Recall of patients if required • Links with breast implant registry to identify patients without NHS number
Person family name	n/a	Local collection and reporting	• Recall of patients if required • Links with breast implant registry to identify patients without NHS number
Person gender code	SEX	PHIN	• Mapping activity and patient demographics
Person birth date	n/a	Local collection and reporting	• Recall of patients if required • Links with breast implant registry at later date
Age on admission	ADMIAGE	PHIN	• Mapping activity and patient demographics
Local patient identifier	JOINING_KEY	PHIN	• Recall of patients if required
NHS number*	NHSNO_VALID	PHIN	• CMA requirement • Links with breast implant registry at later date
Address first line	n/a	Local collection and reporting	• Recall of patients if required
Postcode of usual address	OACODE	PHIN	• To map activity PHIN will report on modified data item Lower Super Output Area Code (geography • Links with breast implant registry at later date

*Legal requirement for providers to collect data through CMA

B. Admission and operation details			
Dataset metric	Field name	Mechanism of reporting by April 2017	Reason for inclusion in minimum dataset
Date first seen (by consultant)	ELECDATE	Local collection and reporting	• To calculate two-week 'cooling off' period between initial consultation and procedure •CQC Key Line of Enquiry (KLOE)E6: Consent, Mental Health Act and DOLs
Start date (hospital provider spell)	ADMIDATE	PHIN	• Calculate length of stay and two-week 'cooling off' period
Discharge date	DISDATE	PHIN	• Calculate length of stay
Length of stay*	n/a	PHIN	• Evidence for certification • CMA requirement is for 'average length of stay' • Extended length of stay as an adverse event monitored through CQC KLOE S1 & S2: Incidents
Organisation site code	SITETRET	PHIN	• Treating site, ie the hospital at which they were treated
Organisation post code	POSTCODE_SEC	PHIN	• Mapping activity and organisation demographics
Procedure code(s)*	OPER1–OPER20	PHIN	• CMA requirement for calculating 'volume of procedures' carried out
Procedure date*	OPDAT1	PHIN	• To calculate revision surgery
Diagnostic code*	DIAG_ICD-10	PHIN	• Up to 14 ICD-10 diagnoses per admission
Start date and time (knife to skin)	Not yet available	Local collection and reporting	• To calculate length of procedure
End date and time (final surgical contact)	Not yet available	Local collection and reporting	
Unique device identifier for all alloplastic devices, except sutures	Not yet available	PHIN	• Recall of patients if required • Map to future breast implant registry • CQC Inspection KLOE S3: Environment and equipment

*Legal requirement for providers to collect data through CMA

C. Anaesthetic details			
Dataset metric	Field name	Mechanism of reporting by April 2017	Reason for inclusion in minimum dataset
Anaesthetic type (local anaesthetic [LA], general anaesthetic, LA with IV sedation)	Not yet available	PHIN	• Map against activity and outcome measures for consultant-level reporting
Primary anaesthetist name	n/a	PHIN	• Map against activity and outcome measures for consultant-level reporting
Primary anaesthetist GMC number	ANAESTHETIST_CODE	PHIN	• Map against activity and outcome measures for consultant-level reporting
Preoperative ASA grade of patient	ASA_SCORE	PHIN	• Mapping activity and patient demographics • CQC KLOE S4: Assessing and responding to risk

D. Surgeon details			
Dataset metric	Field name	Mechanism of reporting by April 2017	Reason for inclusion in minimum dataset
Primary surgeon name	n/a	PHIN	• Map against activity and outcome measures for consultant level reporting
Primary surgeon GMC number*	CONSULTANT_CODE	PHIN	• CMA requirement
Surgeon's registered specialty	n/a	PHIN	• Pulled from GMC register via registration number
Separate medical indemnity cover	n/a	Local collection and reporting	• CMA requirement to provide to patients • Reviewed by CQC through inspection KLOE W2: governance, risk management and quality management • Requirement for certification process
Specific cosmetic surgery medical indemnity	n/a	Local collection and reporting	• Reviewed by CQC through inspection KLOE W2: governance, risk management and quality management • Requirement for certification process • CMA requirement to provide to patients

* Legal requirement for providers to collect data through CMA

E. Clinical Outcome Indicators			
Dataset metric	Field name	Mechanism of reporting by April 2017	Reason for inclusion in minimum dataset
Blood transfusion within 28 days	n/a	Local collection and reporting	• Best practice: adverse event • Reviewed by CQC through inspection process KLOE S1 & S2: Incidents
Transfer to other organisation during the primary procedure*	TRANSREAS	PHIN	• Recording of adverse event under CMA requirement • Reviewed by CQC through inspection process KLOE S1 & S2: Incidents
Readmission within 28 days (including at another organisation)*	RECORD_TYPE	PHIN	•Requirement for certification process • Recording of adverse event under CMA requirement • Reviewed by CQC through inspection process KLOE S1&S2 and E2 (patient outcomes)
Reoperation within 28 days (including at another hospital)*	Via date of admission, date of procedure	PHIN	• Reviewed by CQC through inspection process • Requirement for certification process
Unplanned return to theatre on the same day	Hospital to submit to PHIN	PHIN	• Adverse event under CMA requirement • Reviewed by CQC through inspection process
Unplanned transfer to critical care within 28 days	Via date of admission, SUI records	PHIN	• Recording of adverse event under CMA requirement • Reviewed by CQC through inspection process KLOE S1 & S2: Incidents
Mortality within 30 days of procedure*	Via date of admission, outcome of episode, link with Office of National Statistics via NHS number	PHIN	• Recording of adverse event under CMA requirement • Reviewed by CQC through inspection process KLOE S1 & S2: Incidents • Requirement for certification process
Surgical site infection that had a compromise on the patient within 30 days*	Via date of admission, log of SUI via Public Health England	CMA requirement	• Recording of adverse event under CMA requirement (surgically-acquired and facility-acquired infection) • Reviewed through CQC inspection process KLOE E2: How are people's care and treatment outcomes monitored and how do they compare with other services?
DVT/PE within 30 days	n/a	Local collection and reporting	• Best practice. To review as possibility in future submissions to PHIN
Never event or serious untoward incident requiring investigation within 28 days of the initial operation*	SUI records, capture of re-operation, transfers, mortality, infection, etc	Local collection and reporting	• Reviewed through CQC inspection process KLOE E2: How are people's care and treatment outcomes monitored and how do they compare with other services? • CMA requirement to record frequency of adverse events
Elective revision within a year of initial procedure	Via date of admission, procedure, NHS number	Local collection and reporting	• Reviewed through CQC inspection process KLOE E2: How are people's care and treatment outcomes monitored and how do they compare with other services? • Requirement for certification process

* Legal requirement for providers to collect data through CMA

The Private Healthcare Information Network (PHIN)

PHIN was approved by the CMA as the independent 'Information Organisation' in December 2014, with a mandate to ensure that by 2017 patients using private healthcare will receive far better information to help them compare and choose between hospitals and consultants. All independent hospitals, including NHS Private Patient Units (PPUs), will be required to provide comprehensive and detailed data to the Information Organisation to enable the publication of comparative performance measures for both hospitals and consultants.The first reports will be published in April 2017 on the year's data from September 2015 to September 2016. Subsequently, data will be updated on a monthly basis. It is anticipated that surgeons and providers will be able to view their data towards the end of 2016, prior to publication. After initial publication the data will be updated on a monthly basis and all surgeons and providers will be able to check data one month prior to publication.

Ongoing review of data set

There will be an ongoing review of the data set by the Surgical Specialty Associations and PHIN and with other planned areas of development, such as the National Breast Implant Registry. In time we anticipate that data items, for which routine collection is not yet possible, will be collected and submitted to PHIN for national reporting. This will reduce the burden on providers to collect and report on data locally.

Appendix 1: Quality and outcome measures to be launched by RCS

Outcome measure	Details of data collection
Clinical quality indicators	Independent cosmetic surgery providers will be expected to collect these data items for all cosmetic surgical procedures
Patient reported outcome measures (PROMS)	To be collected pre- and postoperatively for certain cosmetic surgical procedures (augmentation mammoplasty, rhinoplasty, rhytidectormy, abdominoplasty, blepharoplasty and liposuction)
Consultation guidance and audit tool	A document to help guide patients through the preoperative consultation and a simple audit tool to check compliance