

Ensure the success of your consortia budgets by taking a serious look at data quality ...

Why is the quality of your data essential?

The data entered onto a patient's record determines their care – if a diagnosis is missed, patients will not be called in for reviews and will not receive the care you are contracted to provide. It is also essential for practice income – in many cases, specific codes determined whether you get paid or not and income can be seriously compromised by inaccurate data.

All practices want to believe that their data is accurate – unless you regularly run data validation & tidy-up searches, it is impossible to guarantee the accuracy of your data and it is highly likely that it will not be. A large % of diagnoses are made outside of the practice; how can you know that this information is always received back at the practice and coded appropriately. There are in excess of 300,000 codes and the average practice (5,800 patients) enters over a quarter of a million codes each year with GP's adding 4 times more codes than receptionists – what is the likelihood that everyone in the practice is using read codes or consultation manager/mode correctly?

Insight Solutions have been running data quality assessments to look at improving prevalence figures – to date, we have completed 186 assessments and found a staggering amount of £2,162,427 in possible missed prevalence income which works out as an average of £11,626 per practice per annum.

This is a huge amount of annual income to be missing out on – so many practices are complaining that since the changes to the way in which prevalence is calculated their income has dropped. How many have tried to recoup some of this loss by validating their data? We know that many practices are shying away from having a data quality assessment – either because they believe their data is accurate or they know it isn't and feel that this assessment will judge them. Neither of these can be further from the truth. Those who believe their data is already accurate, unless you regularly validate it, it won't be and for all others, you are no different to any other practice. Some practices just don't want to know because they know that it will result in a great deal of work for them. We cannot deny this, it will result in you having to improve the quality of your data but the alternative is not an option – a patient suing you for incorrect data will cost you much more in time, energy and bad press. You've registered the patient, you have to service them – not having enough man hours for them is a poor excuse, especially if you are still registering new patients.

We are in no way underestimating this whole area of high quality data but it is vital you truly understand what this means to your practice. This is why our assessments come with a 100% money back guarantee – if we do not provide the service we promise, you don't pay for it. You can't lose!

Practices in England will all soon be attached to a consortium, budgets for managing and caring for your patients are likely to be set based on the burden of disease in that area. If one single practice has a couple of patients missing off their CHD register, multiply that by the number of practices within the consortia and you will then have a serious problem with your budget – how can you manage 50+ patients who have a disease that you did not know about? This will have a massive effect on your budget and is likely to push you massively over-budget.

Case Study

Linda is a business manager in a large practice in the South West with 12750 patients. They use a system where limited data tidy-up searches are provided by their system supplier and they had previously run the CHART IM&T DES queries. They received notification from their PCT that as their prevalence figures were low, they would be having a PCT QoF verification visit. Linda knew that they had problems with their coding so called on the services of Insight to carry out a data quality assessment.

The Insight consultant added their current disease register numbers into their spread sheet. This identified that they had low prevalence in the following areas; Cancer, CKD, depression, obesity & palliative care. At that time, their current total QoF annual income (based on their current prevalence figures and on them achieving maximum points) was £207, 567. Insight ran a number of data validation searches and identified a possible annual loss of prevalence income of £33,500.

Over the next few months, the practice worked hard to address these issues prior to their QoF visit – this resulted in their visit running extremely smoothly as the areas of low prevalence the PCT were concerned about had been addressed and they could clearly demonstrate how they had addressed this.

Following on from this, Insight added their new disease register numbers into the spreadsheet and identified the following:

Disease Area	Old register total	Previous Prevalence	Previous value per point	New register total	New Prevalence	New value per point
Cancer	152	1.19	£251.61	355	2.78	£545.67
CKD	362	2.84	£190.00	405	4.10	£261.44
Epilepsy	102	0.80	£274.37	119	1.20	£412.91
Depression	759	5.95	£204.16	846	8.56	£215.45
Obesity	1164	9.13	£253.01	1439	14.09	£368.16
PC	11	0.09	£236.71	29	0.23	£624.06
LD	120	0.94	£645.58	125	1.26	£867.45

Black box indicates low prevalence, Horizontal lines bordering national average and checks is higher than average prevalence.

In these 7 areas alone, Linda and her colleagues have identified an additional 648 patients who were missing off appropriate registers. Across a consortia, this will amount to thousands of patients not accounted for in the budget.

Learning disabilities - the practice already had high prevalence in this area, however, they still identified 5 patients missing of the register. This increased each of their LD points from a value of £645.58 to £867.45, an increase of £221.87 per point. There are 6 points available for LD, giving a total increase of £1,331.22.

Epilepsy also demonstrates that even though they were borderline, they still managed to identify an additional 17 patients to be added to the register. This increased their point value by £165.54 and if all 15 points for epilepsy are achieved, a total increase of £2,483.10.

Although we would encourage practices to look at areas in which they are low initially (after all, you've got to start somewhere!), this demonstrates it is not only important to look at areas where you are low.

Following on from the work the practice has carried out over the last 3 months, they were keen to know what difference their efforts were making. Having added all the new register totals back into the spreadsheet, this has shown that the practice have increased their income by £15,093.52 per annum. This has really helped to spur them on, knowing that all their hard work is paying off, making a difference to their annual income and the standard of care provided to their patients. They also feel much more confident about their register totals as they approach the new world of primary care – they would feel even more confident if they knew that all practices within their consortia had carried out this priceless exercise.

Feedback from other practices has also been very positive. Many, where PCTs purchased this service on their behalf, were quite reluctant initially and wondered if they would really benefit from it. Pat from Cheshire comments "we really should make the time to do this but we don't so to have a service like this on an annual basis would be a massive help to the practice. Insight were so helpful and their feedback session highlighted exactly what we needed to be doing and helped us focus on high priority areas. It is not applicable for everyone identified to go onto registers, however, they do need to be checked. This service has been so helpful – we can now just get on with putting our data right".

For more information about Insight's data quality assessment, please contact us on 01527 557407 or email Fiona@insightsol.co.uk – only £395 + VAT with a possible annual return of more than £12,000.