

GOOD MANAGEMENT



**HELEN BEVAN
ON PRODUCTIVE
COMMUNITIES**



I want to tell you about the learning emerging from Productive Community Services, which the NHS Institute will launch later this year. Community services are NHS services provided in local care settings but not by GPs or other independent practitioners. They represent a significant proportion of NHS patient care: around 9 per cent of spending and 25 per cent of staff numbers.

We have spent a year designing Productive Community Services and testing it intensively with our 12 local primary care trust development partners. It focuses on field based services provided in patients' homes, which represent about 70 per cent of all the activity in community services.

The indications are that this programme will be as successful as Productive Ward. However, it is more complex and challenging than any of our previous Productive programmes. Community staff often work alone in people's homes dealing with vulnerable people in sometimes distressing circumstances. They are the real front line of NHS care delivery.

The first observation we made is just how much variation there is in community services. Some PCTs spend twice as much per head as others on community services. Within district nursing, for instance, the cost per contact for face to face visits varies by 143 per cent between PCTs and there is wide variation in the number of visits per team member per day. This variation also typically applies to the day to day work of clinical teams. There is huge potential for local teams to learn from good practice.

A recent PCT study indicated that frontline community staff spend less than 40 per cent of their time directly with patients. Our own observations, with a smaller sample, suggest about 30 per cent. The potential to release

time to care is significant. For instance, rework on incomplete referrals can take a team of eight up to eight hours a week, while sub-optimal travel patterns can waste 15 hours a week.

We estimate that if all the improvement ideas from Productive Community Services were adopted, the proportion of time spent with patients could increase by 50 per cent.

We are working with our PCT partners to translate the improvement ideas into a series of modules that any community team can use. As with other Productive programmes, the "big ideas" are not rocket science but

Teams can waste up to 15 hours a week due to sub-optimal travel patterns

practical solutions to energise and mobilise staff. This includes:

- basic planning and scheduling to match demand and capacity;
- co-ordinating with other care partners such as GPs;
- preparation for patient visits;
- reducing paperwork;
- managing performance as a team.

Measurement is critical. The teams are testing a range of metrics to gauge improvements in patient experience, use of resources, staff wellbeing, and safety and reliability of care.

Our 12 local testing partners are making a tremendous contribution. If the calibre of leadership they display is representative of other PCT providers, then the future of community services is very bright indeed.

Helen Bevan is chief of service transformation at the NHS Institute for Innovation and Improvement.



ACUTE CARE

Big break for the clinical coders

Improving coding is a priority for the NHS. Robin Gammon explains how one trust built and trained a dream team of coders

The NHS operating framework for 2008-09 calls on all organisations to focus on clinical coding in the drive for world class patient care. But do coders have the skills and knowledge required to undertake this increasingly important task?

At East Kent Hospitals University foundation trust, the clinical coding team is well positioned to deliver on the priorities set out in the operating framework. Two years into a structured training programme, the quality of clinical coding has improved so much that the trust won this year's CHKS Data Quality Award for England.

Back in February 2006, however, the situation was very different. Training had been neglected for a number of years and the first task of a newly formed project team was to introduce standards and processes to ensure coders received the information they needed to produce timely and accurate coding.

A training programme was then designed to build on the knowledge and skills of every member of the clinical coding team so they could all eventually become accredited clinical coders.

Head of the class

Beginning in late 2006, the clinical coding foundation course was run locally for eight members of the coding team. Developed by the NHS

Classifications Service, the course aims to provide coders with a thorough grounding in the theory of classification and provides opportunities to develop practical skills in clinical coding. The course was repeated the following year for other members of the team, alongside a refresher course for those with more experience.

The training programme is now in its next stage of development as more of the team are encouraged to get the accredited clinical coder qualification. The focus is on specialty workshops, with maternity and orthopaedics to be covered first, along with refresher and revision courses as the exam date looms.

Building in-house training and audit capabilities and encouraging a greater level of clinical engagement are priorities as the introduction of HRG4 approaches.

Clinician involvement in the coding process

will ensure that the healthcare resource group allocation under the new, more complex system will be accurate and comprehensive. The additional procedures and interventions that will need to be tracked on the clinical record will have a significant impact on the coding team and training will be put in place to support them. There is also a plan to allocate a clinical coder specifically to look at

KENT CODERS

- Three teams of coders
- One head of clinical coding
- Three site clinical coding managers
- 18 coders
- 120,000 episodes coded each year



CLINICAL CODING BEST PRACTICE FORUM

HSJ's conference looks at the latest developments around classification systems, national audit and HRGs www.hsj.co.uk/conferences



UPDATE ON DEMENTIA

We examine the National Dementia Strategy and look at the key facts and figures **In our new Resource Centre section next week**



The right numbers: accurate coding ensures commissioners have the information they need to provide high quality care to patients

'Clinician involvement in the coding process helps to ensure accuracy'

improving the process from medical notes to coding.

The need to grow a strong clinical coding team now means the trust recruits graduate level staff with knowledge of anatomy and physiology and a commitment to undertake the ACC qualification.

This is particularly important since a national shortage of qualified staff has led in the past to problems for trusts recruiting to head of clinical coding and site clinical coding manager posts, where the ACC qualification is mandatory.

Sharing best practice

Coders at East Kent Hospitals University trust are reaping the benefits of their training, not least through the high profile they have gained in the trust as a result of winning the CHKS award.

Singled out to share best practice by South East Coast strategic health authority chief executive Candy Morris, the team is working with SHA head of knowledge management Samantha Riley to maximise the learning experience across the region.

Ms Morris says: "Data quality is critical to ensuring that clinicians and commissioners have the best available information to support them in providing high quality care to patients.

"For this reason, data quality is a key component of the SHA's recently approved knowledge management strategy." ●

Robin Gammon is deputy director of information at East Kent Hospitals University foundation trust.

QUALIFIED TO CODE: THE ROUTE TO BECOMING AN ACCREDITED CLINICAL CODER

The national clinical coding qualification is the only nationally recognised qualification for clinical coders working in the NHS. The qualification was established by NHS Connecting for Health in partnership with administration and awarding

body the Institute for Health Record and Information Management. According to Connecting for Health, candidates who wish to sit the exam should fulfil these fundamental examination criteria as a minimum:

- Have at least one year and

typically two years' experience of clinical coding

- Have attended a clinical coding foundation course
- Have attended a clinical coding refresher course
- Have attended a national clinical coding qualification revision workshop
- Have covered all

specialties based on current national coding standards as the exam tests on all aspects of national clinical coding standards and not on policies unique to local organisations.

For more information, visit www.connectingforhealth.nhs.uk