



14:00 - Panel Discussion:

The importance of accurate data and coding,
its impact and how we can improve it

Our speakers:

- **CHAIR:** Bevin Manoy, *Associate Director, CHKS*
- **Andrea Race**, *Assistant Director of Information & Performance, Nottingham University Hospitals NHS Trust*
- **Visseh Pejhan-Sykes**, *Chief Finance Officer , NHS Leeds West Clinical Commissioning Group*
- **John Shepherd**, *Commercial Contracts Manager, Ramsay Health Care UK*
- **Dr Simon Peck**, *Head of Investigations & Medical Advice, AXA-PPP Healthcare*

Visseh Pejhan-Sykes

Chief Finance Officer

NHS Leeds West Clinical Commissioning Group

My Background

- Previous Roles held in:
 - NHS Leeds PCT
 - Ambulance Service
 - National Pilot Shared Financial Services
 - Community and Mental Health Trust
 - NHS Executive
 - Teaching Hospital
 - Private Practice (Accountancy Firm)

Data Quality – The Journey in Leeds

- Started for me in 2007
- Financial pressures PCT and Trust
- Anecdotes and Perceptions
- Undertook Benchmarking in Partnership
- Established common understanding
- Started to use Data Analysis as a common currency to work together

The Impact

- Changing pathways for the benefit of patient care and better value for money
 - Assessment Units
- Using a pragmatic approach
 - Pathology Services

Next Stages

- PLICS and Clinical Coding Improvement
 - Ensure income received correctly for patients treated
 - Cost of services understood
 - Cost base review – whole hospital
- Inform Strategic decisions:
 - Specialist services
 - DGH services
 - Community Beds

Next Stages (Cont)

- Money is now even tighter
- The more accurate the data (including the impact of interventions) the more informed choices we can make
 - Clinical effectiveness
 - Value for Money
- Currently looking at avoidable admissions – headline data 20%
 - Is the data robust?
 - Is all relevant key data about every patient recorded?
- Can we totally change a pathway radically based on what we have?

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The importance of accurate coding, its impact and how we can improve it

Dr Simon Peck

Axa PPP healthcare

About me

- Originally trained in anaesthetics
- 18 years in health insurance industry
- On Board of CCSD which sets private sector codes

- Special interest in fraud wastage and abuse and in particular coding abuse.
- The views here are my own and not those of any particular organisation

Private sector coding

- ICD 9/10
- CCSD which is a cut-down/condensed system based on OPCS 4.7

Coding

- Requirements for clinical activity recoding conflict with coding for reimbursement
- When coding is used for reimbursement purposes, it tends to be used to maximise revenue at the expense of accuracy

Coding and reimbursement

- We compared coding in the private sector from surgeons anaesthetists and hospitals and audited
- There was a clear and obvious association between financial interest and complexity of codes used.

Coding abuse

A major source of loss in fee for service medicine

- Upcoding
- Unbundling
- Misrepresentation

Management of coding abuses

- Analytics
- On site audit
- Investigations of the worst cases

Analytics

Simple rules	Stop known abuses
Outlier analysis	Finds anomalies you did not know about
Complex analytics	Look at relationships and find things which are wrong sitting in the middle of “normal”
Use of intelligence	Incorporate intelligence and other information

On site audit

Targeted and random note reviews

Investigations

- A number of individuals have faced criminal prosecution, civil recovery or GMC erasure.
- The problem persists because the chances of getting caught are too low and the penalties not sufficient

What is needed (in my view)

- Coding standards
- Minimisation of subjective areas
- Accreditation
- Benefits for accurate coding and penalties for miscoding

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