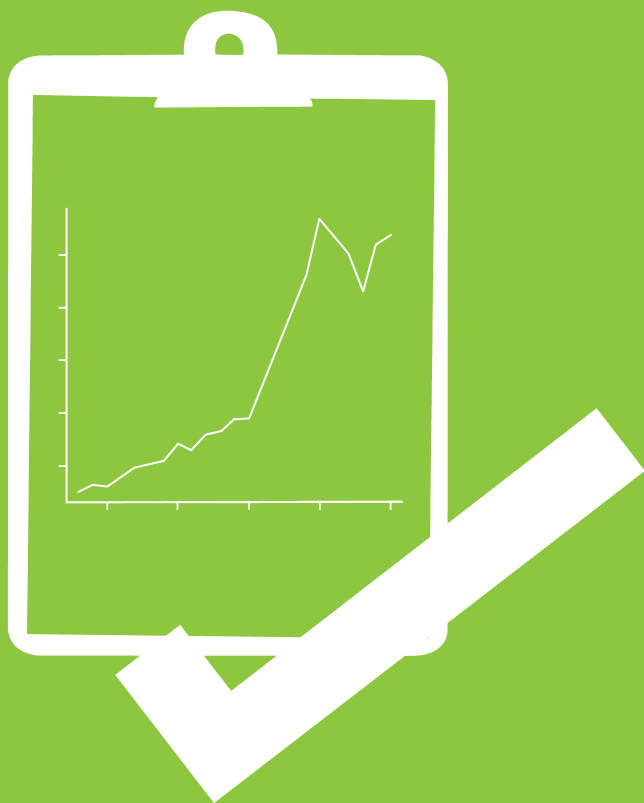


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A briefing on data quality in the NHS



Health

Summary

March 2009

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Summary

The importance of data for NHS bodies and the patients and public they serve has never been higher. Good quality information underpins the delivery of effective patient care. Lord Darzi's *Next Stage Review*^I signalled a shift of emphasis within the NHS towards measuring and publishing quality outcome indicators. These will give more information to patients to enable them to choose the service that suits them best. They will also increase accountability through the development of quality accounts, and ultimately link to payment mechanisms through Commissioning for Quality and Innovation (CQUIN). Quality cannot be effective as the organising principle of the NHS without good data to underpin it.

The majority of hospital funding is already dependent on accurate activity and costing data under Payment by Results (PbR). World Class Commissioning and the development of practice based commissioning rely on good data being available, and regulators are placing increasing importance on information and data in their assessment and screening processes.

Recent work has shown that the quality of data in the NHS is often not what it needs to be to meet the demands now being placed upon it. The Audit Commission's PbR data quality assurance programme showed that the error rate in a key data set for NHS activity varied from 0.3 per cent to 52 per cent. The recent move towards a more refined tariff for PbR through the introduction of healthcare resource group (HRG) 4 has highlighted further questions about the reliability of data, although it is based on more clinically appropriate definitions of the activity undertaken by the service. The *Health Informatics Review*,^{II} published in July 2008, highlighted the need to improve the quality of

- I Department of Health, *High Quality Care for All: NHS Next Stage Review Final Report*, Department of Health, June 2008.
- II Department of Health, *Health Informatics Review*, Department of Health, July 2008.

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data in order to deliver the goals set by the *Next Stage Review*. This was confirmed by representatives of many of the relevant national bodies, as well as some trust and primary care trust managers, at a roundtable discussion hosted by the Audit Commission in November 2008.

Data quality is not a new issue for the NHS. The Audit Commission undertook several reviews of data quality within the NHS between 2001 and 2004,¹ covering activity, waiting list and reference cost information. Its work over that period, before responsibility for reviewing data quality was passed to the Healthcare Commission, was summarised in *Information and Data Quality in the NHS: Key Messages from Three Years of Independent Review*, published in 2004. It concluded that NHS data quality had improved since earlier reviews in the mid 1990s, but there were a number of recurring issues that needed to be addressed if data quality was to be improved to the extent required for its future use.

As part of a wider review of NHS and foundation trust board assurance processes which will be published in spring 2009, we recently reviewed how boards assure themselves of the quality of their data. We also assessed the findings of current data quality programmes and discussed the position with experts in a roundtable event. All of the issues we raised in 2004 are still largely relevant today. Successful implementation of clinical outcome measures and the movement

¹ Audit Commission, *Data Remember: Improving the Quality of Patient-based Information in the NHS*, Audit Commission, May 2002.

Audit Commission, *Waiting List Accuracy*, Audit Commission, March 2003.

Audit Commission, *Information and Data Quality in the NHS: Key Messages from Three Years of Independent Review*, Audit Commission, March 2004.

towards a more granular tariff currency for PbR could be undermined by poor data quality.

We propose five steps to improve data quality in the NHS:

- **Clear leadership** from the Department of Health, senior managers, clinicians and regulators and also from the National Quality Board, which should reinforce the need for reliable data when examining quality metrics and the quality and effectiveness of patient care.
- **Greater clinical engagement**, helped by the development of quality metrics, the introduction of payment for quality schemes and the move to HRG 4, facilitated by improvements in the quality of medical records and ensuring data is increasingly derived directly from the operational care record.
- **A stronger interest from boards** in every organisation, which should assure themselves of the quality of data they are using and providing. Prime responsibility for the quality of data rests with the organisation producing it. Although there is some good practice, the approach of many organisations is weak. This briefing sets out five questions which all organisations and boards should ask themselves (see overleaf).
- **External monitoring and review**, which are important components of any programme. Such reviews should build on existing programmes such as the PbR assurance framework which we intend will embrace payments under the CQUIN initiative. If quality accounts are to have the same status as financial accounts, and if the public is to have confidence in the data that they contain, the quality of that data should be subject to external as well as internal validation and assurance.
- **More support** for organisations such as that planned under the NHS Information Centre's new data quality programme.

Summary

The Audit Commission's standards for data quality¹ set out a framework that boards and senior managers can use to assure and improve data quality. The findings from our recent work indicate that there are a number of questions which boards should ask themselves when considering whether they have sufficient assurance of the quality of their data.

Do we have policies and guidance on data quality and assurance processes to ensure consistency and improve overall awareness?

Have responsibilities for data quality been defined and allocated at board, committee and managerial level to ensure that governance and accountability arrangements are clear?

Do we have the knowledge and expertise on the board to understand and challenge more effectively on data quality issues?

Should the implications of data quality and assurance processes be incorporated into board reports, as is commonly done for legal and financial considerations?

Are we promoting the wider use, publication and benchmarking of data to further incentivise accuracy?

¹ Audit Commission, *Improving Information to Support Decision Making: Standards for Better Data Quality*, Audit Commission, 2007.

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