

CCSD strategic review

Strategy 2022-2025

01 March 2022

FINAL



Summary

CCSD has delivered against its initial aim – to provide an industry standard code set to support effective reimbursement. This role underpins much within the sector but there is recognition that CCSD should now build on this. The key components of the future strategy include:

Sector wide

CCSD will be an inclusive sector-led group which makes decisions with, and for the benefit of, the whole sector and which add value to all users of CCSD

Clinical

CCSD will develop and maintain a classification system which reflects the clinical activity delivered in the sector for appropriate reimbursement (irrespective of funding source) by engaging effectively with the clinical community

Promote transparency

CCSD will drive transparency to support healthcare delivery including patient safety, risk management, reimbursement and comparability with the NHS, working with sector bodies to achieve this

Support value based healthcare

CCSD will support the increasing move to value based healthcare by providing standardised datasets and rules for describing and understanding the care delivered in the private healthcare sector

Aims & objectives

We will

- reset the purpose and aims of CCSD and develop its scope so that it has a broader role around classification, clinical coding and data recording
- work more closely with sector bodies such as PHIN and Healthcode to help drive standardisation, transparency and alignment of data

Governance

We will:

- re-establish CCSD as an inclusive sector-led group with a strategic focus on issues impacting on the sector
- develop new governance arrangements to ensure greater involvement and engagement from all users of CCSD
- establish a process for greater clinical input and decision making into CCSD
- review funding arrangements to ensure that CCSD remains financially viable and sustainable

Current Schedule(s)

We will:

- establish clearer business rules and guidance to support the development and maintenance of the Schedule(s)
- work with the sector to understand and address implementation issues to drive greater standardisation and usage of the Schedule(s)
- develop a new and improved structure to aid navigation, understanding and comparability with other coding systems

Future developments

We will:

- expand the scope of CCSD (with engagement of stakeholders) into new areas which add value to the sector
- develop and maintain a mechanism for greater alignment of CCSD with the NHS (but recognise their difference in purpose and aims)
- over the longer term, develop and agree a sector plan for clinical coding, data recording and reimbursement for the sector

Short term 3-6 months

- ✓ Agree strategy
- ✓ Establish governance arrangements
 - ✓ Define new purpose and aims
- ✓ Set up working arrangements with key stakeholders
- ✓ Develop business rules, guidance and processes
 - ✓ Develop future funding options

Medium term 6-18 months

- ✓ Embed new processes
 - ✓ Set up and implement clinical engagement
- ✓ Define new structure (classification) for existing schedule
- ✓ Understand implementation issues & develop plans to address
- ✓ Undertake scoping to inform future development work

Long term 18 months+

- ✓ Revisit ownership arrangements (if needed)
- ✓ Work begins on agreed new development areas
 - ✓ Align CCSD to value based healthcare
- ✓ Develop longer term plan for clinical coding, data recording and reimbursement

Background

Background, purpose and approach

Background

The Clinical Coding & Schedule Development (CCSD) Group consists of representatives from four major private healthcare insurers: Aviva, AXA Health, Bupa and VitalityHealth. It was originally formed to oversee the improvement of coding standards for the private healthcare sector to support reimbursement.

The CCSD Group oversees the development and maintenance of the CCSD Schedule(s), currently covering surgical procedures (launched in 2006) and diagnostics tests (launched in 2013).

The CCSD Schedule(s) sets common coding standards within the private healthcare sector by providing procedure and diagnostic tests codes and narratives to reflect current medical practice.

In order to maintain the integrity of the CCSD Schedule(s), any amendments that may include new procedure or test codes, narrative changes, code reinstatements or code inactivations are released on a regular basis.

A word of thanks...

Thank you to all those who took the time to speak to us or completed the survey during this process. Your feedback was invaluable in helping us shape our strategic direction. We look forward to hearing what you think about our proposed strategy.

Purpose

Whilst some changes have been made to the processes and operation of CCSD, its scope and the way it operates has remained largely unchanged over the last 15 years. Therefore, the CCSD Board felt there was a need to develop a refreshed strategic direction for CCSD, supported by a 3 year strategy and implementation plans.

The purpose of the review is to:

Set and drive through the future direction for CCSD

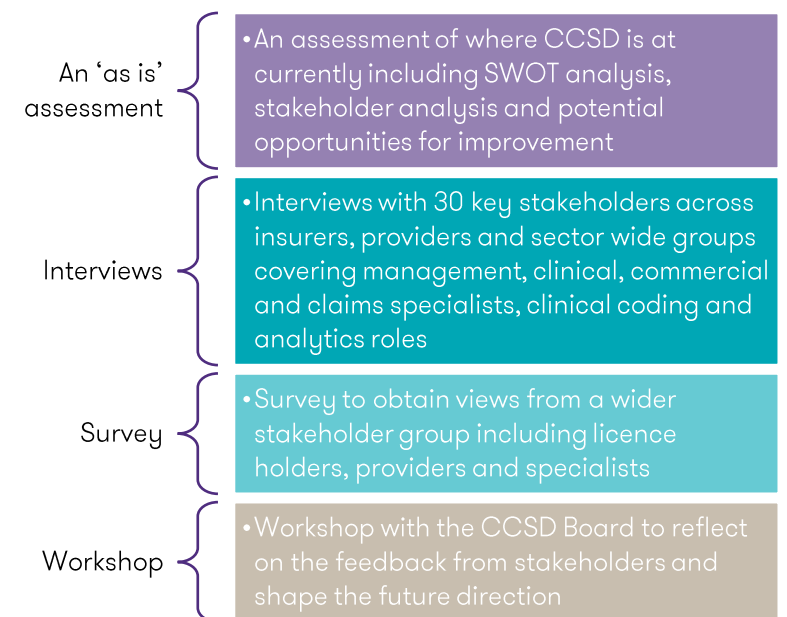
Demonstrate the value of CCSD to key sector stakeholders and improve engagement

Reaffirm CCSD as sector authority on clinical coding, classification and data

Approach

In the summer of 2021, the CCSD Group appointed **Grant Thornton UK LLP** as support services provider to the Group. Working under the direction of the Group, Grant Thornton will manage the delivery of CCSD activities.

Grant Thornton have been supporting the CCSD Group to undertake a review of its strategic direction. This was undertaken through 4 key stages:



This process has culminated in the attached strategy document which has been shared with key stakeholders for feedback and review before finalising.

Strategy 2022-2025

What we heard

Through our interviews and survey responses with key stakeholders, we were able to deduce the following key messages, grouped into high-level themes.

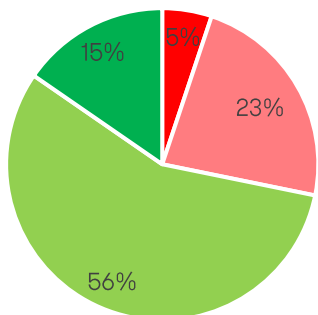
Purpose and aims

- CCSD brings value to the sector by providing a level of consistency and a standardised classification of procedures for reimbursement purposes
- CCSD has delivered against its initial aim – to provide an industry standard code set – but there is recognition that it should now build on this and do more to drive consistency and transparency of data
- Although not high on everyone’s priority list, there was strong feedback that CCSD is important to their business – it enables funding flows and ensures that cash flows effectively in the sector
- There is also recognition that CCSD does add value beyond just codes for reimbursement – such as claims management, patient safety, theatre scheduling, pricing & cost analysis
- A majority of stakeholders felt that CCSD should have a broader role around classification, clinical coding and data recording for the sector – in particular should be supporting the move to value-based healthcare
- A strong desire for CCSD to work more closely with other organisations such as PHIN and Healthcode, but not replicate or duplicate their work – in particular to drive alignment with the NHS

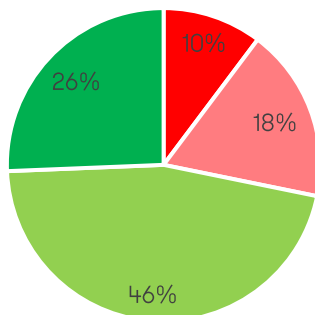
Governance

- The governance arrangements for CCSD are simple and there is recognition CCSD has improved its transparency but greater clarity about how decisions are made would be helpful
- There is a strong desire for the Group to be more inclusive and make decisions which benefit the whole sector
- Implementation of CCSD raised as an issue which, at times, can undermine an industry standard approach – there needs to be greater take up to drive consistency and comparability
- Stakeholders were largely ambivalent about ownership of the Group – the important issue is engagement, consultation and decision making
- There is a need to improve engagement with specialists and consultants so that best use is made of their specialist expertise and the Schedule reflects current and future clinical practice
- A need to improve communication about the work of CCSD, particularly for those not directly involved. There are strong levels of interest and enthusiasm for getting more involved in the work of CCSD

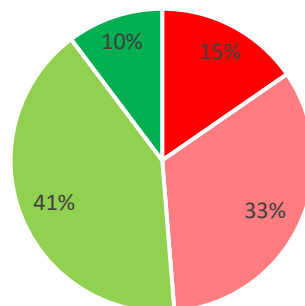
CCSD brings value to me and/or my organisation



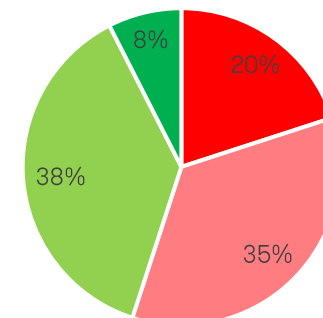
CCSD should have broader remit around classification, clinical coding and data recording



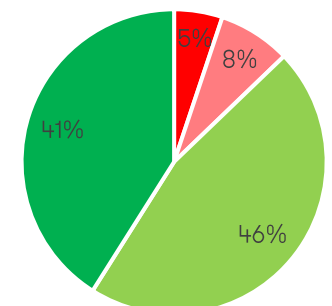
The CCSD Group is inclusive and brings benefit for the whole sector



I understand how the CCSD Group makes decisions



I would like to see CCSD collaborating with other sector organisations



■ 1 – Strongly Disagree ■ 2 – Disagree ■ 3 – Agree ■ 4 – Strongly Agree

What we heard

Through our interviews and survey responses with key stakeholders, we were able to deduce the following key messages, grouped into high-level themes.

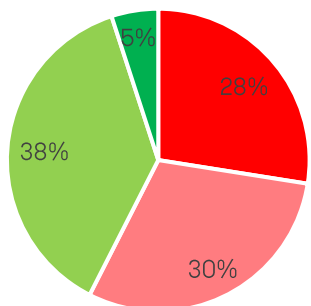
Current Schedule

- The current schedule works relatively well for reimbursement - low cost, captured at point of care delivery, does not require coding specialists or system replacements – so there is no strong case for moving to another system
- An improved structure (or classification) would help with navigation and understanding. This should include better definitions and terminology, rules and guidance for structuring narratives and a more intuitive taxonomy
- A clear desire for improved clinical rationale to support changes and a robust decision making framework and rules for assessing proposed changes
- The number and frequency of change to the Schedule (particularly to current codes) generates some instability and inconsistency in application. The process for updating codes should also be easier and supported by technology and automation where possible (such as API distribution)
- CCSD should consider what further support it can provide to support users, such as training and/or guidance on how to navigate and find the most appropriate code and support consistent implementation

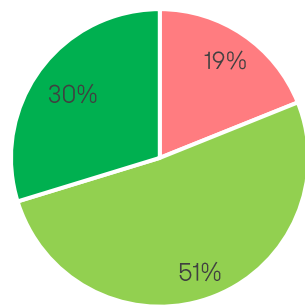
Future developments

- A number of industry issues expressed which relate to inconsistent data and practices arising due to a lack of consistent and standardised data schedules (outside of surgical procedures) – but no clear consensus about which areas should be prioritised to develop standardised code sets. Potential develop areas included cancer, prosthesis, drugs, robotics, outpatient activity.
- There is a need for more effective consultation and agreement on future developments to ensure that they have sector wide buy-in, are aligned to sector priorities and add value to the sector
- Greater alignment between CCSD and the NHS should be a key priority of CCSD. This might be through developing and maintaining a mapping of OPCS (NHS) procedure coding and/or by more closer alignment of structures and narratives
- Potential for CCSD to support the interpretation and application of the schedule such as guidance on complexities, anticipated length of stay and intensive care.
- The schedule(s) should be more forward looking and support the move to towards value based healthcare. Coverage should not be solely determined by funding route
- Over the longer term, development work should focus on preparing the sector for future clinical coding or data recording initiatives

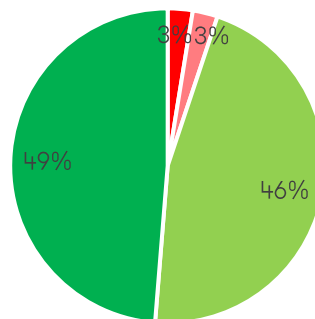
I, or my organisation feel informed about the work of the CCSD Group



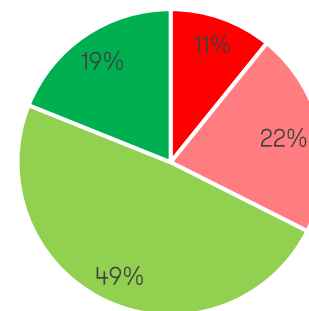
I, or my team would like to get more involved in the work of CCSD



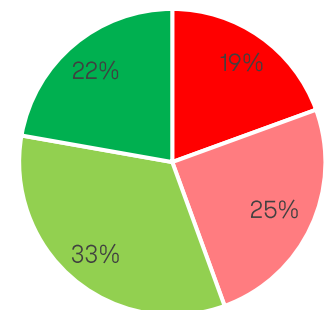
The CCSD Schedule is important to my business



The CCSD Schedule is the most appropriate payment mechanism in the PMI sector.



I, or my team know how to request changes to the CCSD Schedule



■ 1 – Strongly Disagree ■ 2 – Disagree ■ 3 – Agree ■ 4 – Strongly Agree

Strategy 2022-2025

Our proposed strategy

We have used the stakeholder feedback to inform our proposed strategy. Across those themes, we propose:

Purpose and aims

We will:

- Reset the purpose and aims of the CCSD Group to move from original basis (which has largely delivered on its aims) to the next stage of CCSD evolution
- Develop the scope of CCSD so that it has a broader role around classification, clinical coding and data recording
- Raise the profile and importance of standardised, consistent and insightful data to the whole sector – we will also help to improve the consistency of implementation of the Schedule either through direct CCSD activities or through the relationships we have with the sector
- Work more closely with sector bodies, such as PHIN and Healthcode to help drive standardisation, transparency and alignment of data



A working version of our refreshed purpose and aims is set out below:

Purpose

The purpose of the CCSD Group is to develop and maintain a common set of codes, clinical narratives and supporting rules for activity delivered in the private and independent healthcare sector to **drive transparency, aid understanding** of the care delivered, support **healthcare delivery & management** and provide a mechanism for effective **reimbursement** and billing.

Aims

- CCSD will drive the development and maintenance of classification system that accurately reflects the clinical care delivered in the independent healthcare sector
- CCSD will develop Schedule(s) which support reimbursement at an appropriate level
- CCSD will be sector-led and will work in the interests of all users of the CCSD Schedule to help drive transparency of care and funding in the sector
- CCSD will be forward looking and support the move to value-based healthcare
- CCSD will work with other organisations to help drive comparability of private healthcare data with the NHS

Ultimately, more consistent, structured and accurate data across the sector will reduce transaction costs for both funders and providers through reduced queries, challenges and audit which will enable faster payments and cashflow and help to control or reduce costs to customers.

Our proposed strategy

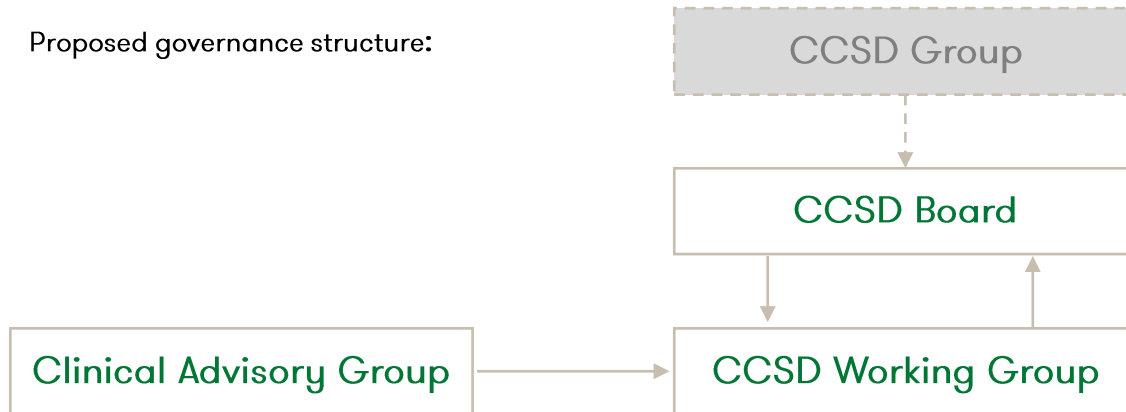
We have used the stakeholder feedback to inform our proposed strategy. Across those themes, we propose:

Governance

We will:

- Re-establish the CCSD Group as an inclusive sector-led group with greater involvement and engagement from all users of the Schedule
- Develop new governance arrangements which support the above aims such as new governance structures, clearer decision making framework, more inclusive and diverse representation and improved terms of reference and business rules
- Establish a process for greater involvement by consultants and practitioners such as chapter advisory panels or putting our proposals for consultation

Proposed governance structure:



Clinical Advisory Group

Purpose: provides clinical advice and recommendations to the CCSD Working Group in response to specific initiatives or queries

Membership to be comprised of up to 10 specialists in the required area.

It is proposed that the Clinical Advisory Group is established on a time limited basis and for an agreed purpose such as to support agreed development work or provide advice into specific code set reviews.

Working Group

Purpose: the Working Group will drive the delivery of the strategy, undertake development work and maintain the schedule

Membership:

- Independent non-voting Chair (Grant Thornton)
- 4 existing CCSD members (insurers)
- 1 x large hospital group, representing hospital providers
- 1 x smaller insurer, representing small insurers
- 1 x smaller provider, representing small providers

An open invite will be in place for all other interested parties, such as other large hospital groups, smaller insurers and licence holders.

It is proposed that the Working Group meet 6 times per year, with the majority of review and decision making processed outside of the meetings to reserve meeting time for external engagement or contentious issues. Processes will be improved and streamlined to enable this to happen.

Group

The CCSD Group (Aviva, AXA Health, Bupa and VitalityHealth) will continue to 'own' the Schedule(s) but will devolve decision making to the CCSD Board. The main impact is on the ownership of intellectual property, copyright and Trademark.

Once new governance arrangements are embedded and working effectively, ownership of the CCSD Group will be reviewed at an appropriate time in the future.

Board

Purpose: the Board will be the decision making body of CCSD and will take a strategic role, setting the direction, ensuring CCSD delivers against its strategic objectives and ensure any developments are aligned with other sector wide initiatives

Membership:

- Independent Chair, representing the whole sector
- 4 existing CCSD members (insurers)
- 1 x clinical representative, representing specialists
- 1 x large hospital group, representing hospital providers
- 1 x smaller insurer, representing small insurers
- 1 x smaller provider, representing smaller providers
- 2 x sector organisations (such as PHIN, Healthcode)

Members should be of sufficient authority to make decisions on behalf of their organisations (expected to be Director level or similar). Representatives (in green) shall serve for a 24 month term, before rotating to a new representative.

It is proposed that the Board meet 4 times per year.

Our proposed strategy

We have used the stakeholder feedback to inform our proposed strategy. Across those themes, we propose:

Current Schedule

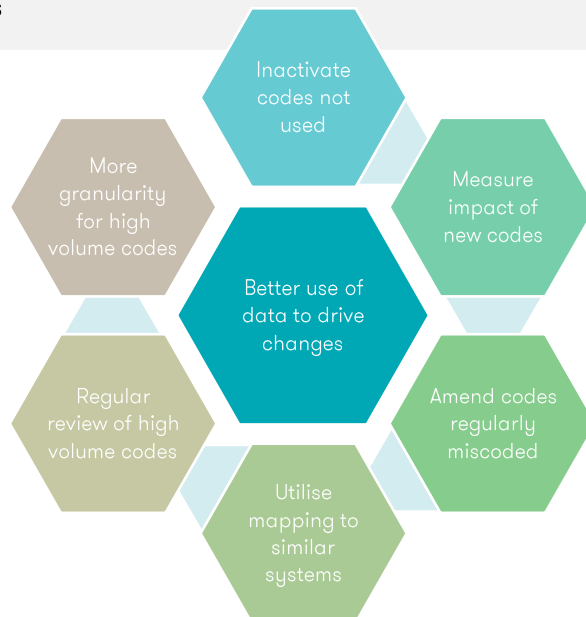
We will:

- Maintain the existing level of granularity but be data driven so that maintenance and development of the Schedule is prioritised based on impact and value
- Reduce the frequency of the changes to the Schedule and provide better lead-in times to changes. We propose to move to bi-monthly schedule changes and updates, supported by improved processes and better accessibility
- Develop a new and improved structure (or classification) which aids navigation, understanding and comparability with other coding systems
- Establish clearer business rules to support the development and understanding of the Schedule and put in place a decision making framework for reviewing and approving changes
- Work with the sector to understand and address implementation issues around the Schedule(s). Greater standardisation and transparency of data would be of benefit to the whole sector, but there is recognition that CCSD could play a greater role in supporting implementation, adoption and consistency of use.
- Develop engagement & training materials to support users to navigate the schedule, request changes to the schedule and inform them of any schedule changes or updates

Future developments

We will:

- Expand the scope of CCSD to other areas beyond surgical procedures and diagnostic tests. As an initial step, we will work with the sector to develop a prioritised 3-5 plan of new schedule areas so that areas are identified and selected which add maximum value to the sector
- Develop a clear framework on which to assess and approve new development work, which will include consultation with the sector
- Develop and maintain mapping or appropriate grouping between CCSD codes and similar comparable clinical coding and classification systems to help drive consistency and alignment – but recognise the difference between the two mechanisms which are for different purposes
- Undertake a scoping exercise to explore what supporting information and rules should be developed by CCSD to support understanding and use of the schedule, such as complexities, anticipated length of stay, intensive care levels, setting of care (such as inpatient, day case, outpatient)
- Over the longer term, work with other bodies such as PHIN and Healthcode to develop and agree a longer-term plan for clinical coding, data recording and reimbursement for the sector



Principles of any future development work:

The focus of any development work should address a number of issues:

1. Focus on effectiveness and usability of the schedule (beyond purely maintaining the codes and their narratives which is BAU), and/or
2. Drive standardisation and alignment across all areas of private healthcare activity (i.e. extend the scope of CCSD beyond surgical procedures), and/or
3. Prepare the sector for future clinical coding initiatives, such as alignment with NHS coding standards or moving to a new reimbursement model over the longer term e.g. to support Value Based Healthcare

Funding

Funding

CCSD will continue to operate on a self-financing, not for profit basis.

Our review has demonstrated that the current schedule provides significant value across the sector. This is however not demonstrated in current license fee and funding arrangements. In order to recognise this value, support the delivery of future strategy and ensure that CCSD remains financially viable and sustainable, we propose to review of funding arrangements including:

- Review of the licencing conditions, including level of fee charged and the scope of users. There are currently many users of the Schedule who do not pay a fee but benefit from the Schedule[s]
- Setting differing levels of licence fee depending on the scope of service provided by CCSD (for example, a minimum level might be access to the schedule, but training materials and/or a mapping to similar coding systems might be a higher level fee)
- Quantifying and committing resource (and as a consequence cost) of time across all parties within the sector to support maintenance and development activities
- Specific developments agreed by the sector might be funded on a one-off basis outside of the existing CCSD funds (where additional investment over and above the existing fee envelope is needed)

Putting our strategy into action

High-level roadmap

The following high-level roadmap sets out some indicative priorities and timescales for the implementation of the strategy. Following agreement and sign-off of the final strategy, detailed implementation plans will be developed which support delivery and monitoring of the strategy.

