



CCSD Board Meeting Minutes

Date/Time 19/03/2024
11:30 – 13:30

Location GT Office, London / Microsoft Teams

Attendees	Independent chair (non-voting)	Voting members	Non-voting members	Support services provider (Grant Thornton, GT)	Other
	Zoltan Varga (ZV) <i>(Joined virtually)</i>	Ayodele (Ayo) Kazeem (AK) – AXA Health <i>(Joined virtually)</i> Lesley Doyle (LD) – Vitality Health Adam Hayward (AH) – Aviva Alyson Henderson (AHe) – BUPA <i>(Joined virtually)</i> (covering for TW) John Shepherd (JS) – Ramsay Health, rotating provider representative Claire O'Neil (CO) – Circle Health, rotating provider representative (covering for MR)	Jenny Murray (JM) – Healthcode <i>(Joined virtually)</i> Anne Coyne (AC) – PHIN John Hopgood (JH) – IHPN <i>(Joined virtually)</i>	Peter Saunders (PS) Andrew Plumtree (AP) Catherine Baldwin (CB) Lana Nabeel (LN)	Matthew Calver (MC) – Aviva (will be taking over from AH)
Apologies	Timothy Woodman (TW) – BUPA; Martin Rennison (MR) – Spire Healthcare, rotating provider representative				

Minutes taken by Catherine Baldwin (CB)

Item	Description	Action
1	<p>Welcome, introduction and apologies</p> <ul style="list-style-type: none"> Welcome and introduction by Chair. Apologies received from TW and MR. Competition law reminder given by Chair The Chair asked all present to confirm that they had received and read the papers shared prior to the meeting, and that there were no objections to the agenda items and timings proposed. All confirmed. The Chair thanked GT for the preparation in advance of the meeting. 	
2	<p>Acknowledgment of minutes and action log</p> <ul style="list-style-type: none"> The final minutes of the October Board meeting and December extraordinary Board as circulated prior this meeting, were accepted. The Chair thanked Board members for confirming the receipt and review of the draft minutes via email at the time of circulation. 	2.1 GT to upload confirmed October and December minutes to CCSD website. Due: 29/03/24

	<ul style="list-style-type: none"> The outstanding, on hold or in progress, items on the action log were reviewed. The on-hold actions pertain to potential work on complexity setting or the diagnostic schedule. Both of these were picked up as part of agenda item 4, the CCSD 2024 workplan. There is an outstanding action for GT and IHPN to reach out to smaller providers to discuss the appetite for the diagnostic schedule. An engagement session was arranged and advertised through IHPN channels earlier this month, but there was no take up from smaller providers. The other outstanding action is for GT to consider work with Royal Colleges in gaining approval on specialist modules. The CCSD Working Group (WG) are still reviewing the first alignment piece of work and have been contacted by BOFAS to support this. 	
3	<p>Board review report – approval of recommendations</p> <ul style="list-style-type: none"> Following a year of operating under new governance arrangements a review was commissioned by the Board to understand the impact of these changes, reflect on the previous year and give all Board members a chance to articulate areas for development and improvement. Board members were invited to complete an online survey and attend a 1-2-1 meeting with the GT team; these engagements took place over December 2023 and January 2024. GT collated the key themes across the methods of engagement, these were: Ways of working at the Board; Provider Group input; The wider independent healthcare sector; Working Group and Potential areas of CCSD development. As part of the review report GT suggested 11 recommendations across the key themes. It was clarified that recommendation 4's responsibility was GT, as in the supporting document. It was discussed that the coordination of the majority of actions is currently allocated as the responsibility of GT. This does not mean that other parties will not be involved undertaking the delivery and activities within specific actions. The Board recognised that sector input would be critical for progressing the action plan and committed to supporting GT in doing this. The recommendations in the Board review report were approved and GT will now progress to implementing with recommendations with the relevant Board support. 	<p>3.1 GT to add the recommendations as part of this report to the Board action log for future reporting. Due: 20/03/24</p> <p>3.2 All to progress actions which they are responsible for and to support the progress of other actions. Due: High priority April 2024; Medium priority July 2024; Low priority October 2024</p>
4	<p>Workplan for 2024 and potential areas for development including proposed approach for improving ways of working and operational delivery</p> <ul style="list-style-type: none"> A work plan for 2024 was presented to Board for discussion and approval. Around 60% of GT's time is spent on BAU activities, this includes: the running of Board and Working Group; licencing, billing and financial monitoring; maintaining and developing the schedule; external stakeholder management and training and user support. Some of the work now included as part of the BAU delivery was considered development work last year, for example training. The remaining 40% of GT's time is spent on development work. Currently this falls into main three categories: <ul style="list-style-type: none"> Projects which are ongoing and are to be completed in 2024. This includes robotic assisted surgery (RAS) code development and gender affirmation code chapter. Projects where there have been previous discussion and general consensus that these should be undertaken. This includes an overhaul of the ways of working, secondary licence review and a mapping framework between CCSD and OPCS. Potential projects which need discussion and agreement from the Board to understand if further work is desired. No consensus has been reached on these items previously. This includes possible work on the diagnostic schedule, possible work on complexity setting, a review of radiotherapy codes and potential new CCSD chapters. To support an understanding of sector wide appetite for some of the potential projects GT set up calls with small insurers and providers, although there was no take up to the call from the latter group. Smaller insurers noted that have not fully adopted the diagnostic schedule, but there was 	<p>4.1 All who do not currently use the diagnostic schedule to bring rationale behind this to next Board meeting. JH to ensure there is a clear view from small providers. Due July 2024 (for presentation and feedback)</p> <p>4.2 GT to support JH in collating feedback from small providers. Due May 2024</p> <p>4.3 GT to draft an updated 2024 workplan and share with Board for approval via email. Due 22nd April 2024</p> <p>4.4 GT to progress the new ways of working</p>

<p>some appetite for this, although it was noted that they would not be using all the codes within it. From the small insurers there was more appetite for work to look at a complexity setting methodology, recognising there were limits on what CCSD could do there was a desire to explore this.</p> <ul style="list-style-type: none"> • A new vision for CCSD ways of working was presented, bringing together engagement from 2022, 1-2-1 sessions throughout 2023 and deep dives sessions with the Working Group in January 2024. CCSD will look to become a high performing, highly efficient 'organisation'. This position will be reached by a root a branch review, with all activities in scope. This future vision includes: <ul style="list-style-type: none"> – Investment in technology to enable fewer manual processes and increased collaborative working – Updating processes and workflows to enable the right information to be captured at the right time and presented to the right people – Greater collaboration and shared learning between members of groups, supported by clinical insight – Data led insights supporting maintenance of the schedule • The Board expressed a desire for CCSD to focus on what it does well, as has been shown by the good feedback around the RAS code development work. CCSD should continue to aid the conversation between payer and provider, including championing transparency. • There may be a role for CCSD to encourage good practice with regard to health and sustainability in the future. PHIN data currently aligns to 11 measures of good practice. Work would be needed to understand how CCSD codes could support work in quality and outcomes, given they are less granular than other coding options. • Board members had differing views on the diagnostic schedule. Some felt it aided the clear communication desire by the sector whilst others do not currently use it and did not see that position changing. To support a greater understanding in this area the chair asked those who do not currently use the schedule to bring the clearly articulate drivers behind this choice to the next Board meeting for discussion. It was noted by GT that the maintenance and development of the diagnostic schedule requires time, so a clear position from the sector on the future of this would benefit CCSD. • A complexity setting methodology was seen as less important in the context of other work. Board members noted that the position had changed over the last year and investing in this was not the best use of time and resources. There was concern that work in this area could take CCSD too close to commercial concerns given the link between complexities and price setting. • The Board agreed that creation of a mapping framework from CCSD to OPCS would benefit the sector and help ensure CCSD's position as the sector standard on coding. This work would not be a 1-2-1 mapping but a framework to support mapping between the code sets. • The Board agreed with the vision set out in the new ways of working for CCSD, with this being a priority for the coming year, and will be an enabler to other development projects succeeding. • The projects which were agreed to be taken forwards are: <ul style="list-style-type: none"> – Update of CCSD ways of working, including investment in technology and infrastructure – CCSD/OPCS mapping framework – Radiotherapy code review – Secondary and international licence review – Completion of current development work underway • GT will collate the comments from Board and share an updated, and prioritised work plan for 2024 for Board approval via email. There remains some un-allocated time which will be used to allow flexibility and responding to calls for development work later in the year. 	<p>including provision to Board of a detailed roadmap. Due 22nd April</p> <p>4.5 GT to close actions in relation to complexity setting. Due 29th March</p>
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5	<p>CCSD strategy and development update (items not covered on the agenda)</p> <ul style="list-style-type: none"> The CCSD core module has been uploaded on the CCSD website since the last Board meeting in October. The GT team have been working with a supplier to make this more engaging and interactive for users, this will be available to the sector in April 2024. The provider licence roll out has commenced and will continue over 2024. More information is available on the CCSD website. Since opening applications there has been one application to the proposed CAG. The chair reflected, having observed a recent Working Group meeting, of the need for clinical input to support decision making. It was noted that most organisations have a combination of general clinical and technical coding expertise which feeds into Working Group. However, on occasion more specialist clinical input is required, and this could be sought externally. It was agreed to propose the original CAG applicant as a WG specialist advisor, within their area of practice, to be us on an 'as and when' basis. Given CCSD's current position and the lack of applications received to CAG it was agreed that CAG should not progress further. Where other external, independent, clinical advice is needed Royal Colleges could be a source for this, particularly for development work. As part of this discussion it was noted that the quality of information included within a request to Working Group is important in enabling decisions to be made. GT are already including a review of the code request form as part of the ways of working review. Ways of working within the Working Group need to ensure the information is complete and comprehensive before Working Group review, and that members of the Working Group come to meetings having had time to do their research and review, and ready to make a decision. The second phase of robotic codes were discussed in the development call earlier this month. The majority of codes will be adopted in the March, with a few outstanding queries reflected back to stakeholders who participated in the robotic code development work. Working Group are currently in the final stages of reviewing the new gender affirmation chapter and the first schedule alignment review, of toe, ankle and knee codes. These codes will be part of the March adoption cycle and supporting technical and training documents will be made available. 	<p>5.1 GT to communicate with the Board and sector when the updated core training module goes live. Due 30th April</p> <p>5.2 GT to go back to CAG applicant and ask if they are willing to be a support, if required, within their own specialist area for WG. Due 29th March</p> <p>5.3 GT to include a review of the code request form, and its supporting process, in update of ways of working. Due 30th April</p>
6	<p>Working Group update</p> <ul style="list-style-type: none"> The Working Group update was presented and accepted by the Board. There has been a slight reduction in the number of requests in the most recent Working Group cycle, although this time period spans the Christmas and New Year period and does not reflect the additional development codes which have been reviewed by the Working Group. 	<p>6.1 GT to monitor the requests to Working Group, and who they come from and present this as part of the next Working Group update. Due July 2024</p>
7	<p>Impact of AI discussion</p> <ul style="list-style-type: none"> At the previous Board meeting the Chair request members bring reflections on the impact of AI to support a discussion on the topic, and its potential role within CCSD. The Board discussed the current capability of AI tools and their use within the sector in other organisations. It was noted that most organisations are still at the early stages of understanding and piloting AI. For the impact on CCSD and wider section, it was suggested that we consider these broad areas: <ol style="list-style-type: none"> Adoption of AI in running and delivery of CCSD – for example automating processes, improving coding structure and review of requests, adopting common term tags alongside technical CCSD descriptions, obtaining supporting information to support code requests Adoption of AI by users of the CCSD codes within their own organisations to improve and automate processes, for example potential for automated clinical coding by providers, or potential automation of analytics and insight by insurers. It was noted that the codification and rules was critical in supporting AI and Machine Learning 	<p>7.1 GT to add AI discussion to the agenda for the first Board meeting of 2025 having worked up a document focusing on the 4 broad areas discussed. Due by March 2025.</p>

	<p>3. Adoption of AI in the delivery of healthcare and whether this might be require a different codeset, for example AI in the reading of diagnostic scan results. It was agreed that this would come at some point but probably does not require CCSD at this stage. Additionally, the codes cover the procedure, diagnostic test or other clinical activity irrespective of how it is delivered (e.g. by human, by robotics, by AI).</p> <p>4. Potential negative impacts to CCSD – for example would AI lead to CCSD being largely redundant where processes are automated or the ability for AI to translate unstructured clinical data into a codified system itself</p> <ul style="list-style-type: none"> • It was noted that one main barrier to the adoption of AI more generally was the cost involved and therefore given the size and relatively small budget that CCSD has, this is unlikely to be a priority area at this point in time. CCSD is more likely to consider the use of third party systems that use AI rather than CCSD investing in AI or ML itself. 	
8	<p>Update on sector working</p> <ul style="list-style-type: none"> • Healthcode have supported recent CCSD work in providing robotic assisted surgery (RAS) code data demonstrating the increased use of these codes which fed into the evidence base for undertaking the work and has been used in recent sector communications. JM provided additional information that Heathcode have seen a 38% increase in the use of RAS codes, against a general increase of 6-7% across other areas of the Schedule. In order to understand more about the use of codes JM will attend and upcoming WG meeting. • PHIN have also undertaken a recent piece of work which has shown an increase in the need for RAS codes in the sector. AC will present this to Board at the next meeting. • IHPN continue to support CCSD through the use of their communication channels. IHPN host a CMO meeting which could be a channel for CCSD to communicate through and to use to gain greater clinical input, where needed. 	<p>8.1 JM to attend the next Working Group to understand the use of codes from the Working Group members. GT to ensure all RAS information shared by Healthcode has been shared with the Board. Due May 2024</p> <p>8.2 AC to present PHIN RAS work at the next Board meeting. Due July 2024</p> <p>8.3 GT to work together with INPN and others to strengthen the engagement with hospital providers Due by May 2024</p>
9	<p>Document review. Opportunity for comment on supporting papers circulated to Board</p> <ul style="list-style-type: none"> • The Board Terms of Reference, Annual report and updated fee waiver criteria document were shared with the Board in advance of the meeting. • CCSD's Annual Report will be published by the end of March. Board members will have until the end of the week to feed in any final comments. The GT will plan the sharing of this and it will include: emailing licence holders, uploading to the website, sharing on LinkedIn and contacting members via the website email function. GT recently held a meeting with smaller insurers and they were appreciative of this piece of work in keeping them updated with business and developments. 	<p>9.1 Board to share any final comments on the Annual Report with GT by 22nd March. Due 22nd March.</p> <p>9.2 GT to draft Annual Report engagement plan and share in line with this. Due 28th March</p>
10	<p>AOB</p> <p>This meeting marked the last for AH who is handing over to MC after over a decade of work with CCSD. The Chair thanks AH for his work and contributions over the years and wished him luck in his</p>	

	<p>future endeavours. AH reflected on the positive changes which have been seen recently in CCSD including the input of providers around the Board table.</p> <p>Chair thanked all and closed the meeting. The next Board meeting will be held on 9th July 2024 and will be on MS Teams.</p>	
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