



CCSD Board Meeting Minutes

Date/Time 09/07/2024
11:30 – 13:00

Location Microsoft Teams

Attendees	Independent chair (non-voting)	Voting members	Non-voting members	Support services provider (Grant Thornton, GT)	Other
	Zoltan Varga (ZV)	Ayodele (Ayo) Kazeem (AK) – AXA Health Lesley Doyle (LD) – Vitality Health Matthew Calver (MC) – Aviva Alyson Henderson (AHe) – BUPA (covering for TW) Martin Rennison (MR) – Spire Healthcare, rotating provider representative Nigel Hawkins (NH) – HCA Healthcare, rotating provider representative (covering for JS)	Jenny Murray (JM) – Healthcode John Hopgood (JH) – IHPN (<i>left at 1230</i>)	Peter Saunders (PS) Andrew Plumtree (AP) Catherine Baldwin (CB) Phil wright (PW) Zelig Kasten (ZK)	
Apologies	Timothy Woodman (TW) – BUPA; John Shepherd, Ramsay Health, rotating provider representative; Anne Coyne (AC) – PHIN; Kainat Ali (KA) - GT				

Minutes taken by Catherine Baldwin (CB)

Item	Description	Action
1	Welcome, introduction and apologies <ul style="list-style-type: none"> Welcome and introduction by Chair. Apologies received from TW, JS, AC and KA. 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	Acknowledgment of minutes and action log <ul style="list-style-type: none"> The final minutes of the March Board meeting as circulated prior this meeting, were accepted. The outstanding, on hold or in progress, items on the action log were reviewed. The in progress actions pertain to actions following on from the Board governance review at the end of 2023, those which are outstanding are medium or low priority. All high priority actions have been completed. There is one outstanding action from the March Board meeting, which should be resolved 	2.1 GT to email Board and the provider group when the updated core module is available on the CCSD website. Due 12th July 2024

	in the next few weeks. This relates to the publication of the updated core module on the CCSD website, and has been delayed which some technical issues are resolved.	
3	<p>Mapping of CCSD to OPCS</p> <ul style="list-style-type: none"> One of the key aims in the CCSD strategy is to help drive comparability of healthcare data between the private sector and the NHS. The need for a mapping framework to support this aim was identified by the Board in March 2024, with the work highlighted as a priority for 2024, given its potential for the whole sector. Alongside supporting comparability between private and NHS activity a mapping framework will help: <ul style="list-style-type: none"> Drive improvement and development ensuring consistency within the CCSD schedule Allow greater scope for cross sector analysis Ensure consistency across the sector and Identify gaps or narrative issues between CCSD and OPCS The Grant Thornton (GT) team have developed a first draft of the mapping from CCSD to OPCS. The work was well received by the Board who thanked the team for their efforts. It was clarified that this work is mapping CCSD to OPCS, and not OPCS to CCSD. In undertaking the mapping, the code narratives have been used to find the most relevant OPCS code. This reinforces the importance of private sector activity having a CCSD code to record the activity undertaken within the sector. The first draft of the mapping has resulted in CCSD codes being mapped to different levels, mapping to the most granular level possible. These are outlined below: <ul style="list-style-type: none"> CCSD narrative matches OPCS narrative and full OPCS code can be assigned Two or more OPCS codes are required to reflect the CCSD code in the schedule Two or more OPCS options are provided as the CCSD code narrative uses +/- or / so different combinations of procedures could be assigned An OPCS subchapter (three character rather than full four-character level) provided as the CCSD narrative is not specific enough to assign a full OPCS code A range of potential OPCS codes have been provided as the CCSD narrative is not specific enough to assign a full OPCS code, or the narratives are split differently (e.g. by site) 40% of codes could be mapped exactly between CCSD and OPCS, with an additional 33% mapped to 3 character level. For a small number of CCSD codes, around 2%, there is not an OPCS counterpart, this reflects the standby and consultation codes within CCSD. The Board agreed that the closest match possible should be displayed. The Board agreed that there was potential benefit across the sector for this work. In PHIN's absence it was noted that they use a form of mapping as data is submitted by some providers in both OPCS and CCSD form. The Board request GT meet with PHIN to understand more about this. The Board noted the importance of CCSD protecting the intellectual property of the mapping and the need for measures to be in place to ensure this. GT clarified that the mapping will be available to CCSD licence holders and fee payers. Consideration will need to be given as to how others who wish to can gain access to this tool. It was agreed that trialling the mapping to understand the benefit and use in the sector, before formalising GT will update the mapping on the comments received from the Board, and any comments from PHIN. Once the work is finished GT will share the output with Board for final review and comment. GT will also engage with the Working Group from a technical coding perspective. Following this there will be a trial use of the mapping with the learning from this feeding in to the final agreed processed for sector roll out, presentation and update. 	<p>3.1 GT to follow up with PHIN to understand their current mapping/groupers between CCSD and OPCS. Due 2nd August 2024</p> <p>3.2 Board members to share any additional comments with GT by early August, in order for these to be included in the update version of the mapping. Due 2nd August 2024</p> <p>3.3 GT to share mapping with Board. following their meeting with PHIN. Board will then have 2 weeks to comment before final sign off at the end of August.</p> <p>3.4 GT will engage with Working Group from a technical coding perspective and include any comments in the final mapping presented to Board for sign off at the end of August.</p> <p>3.5 GT to draft mapping SOP document, to include who will have access to the mapping, and how its intellectual property will be protected. Due 16th August 2024</p> <p>3.6 Once the mapping is finalised and agreed, GT to support a trial of the mapping before wider sector roll out and formalisation of</p>

		update processes.
4	<p>Use of the diagnostic schedule across the sector</p> <ul style="list-style-type: none"> The CCSD diagnostic schedule has been a recurring item on the Board agenda over recent meetings. Working Group manage requests for procedural and diagnostic schedules, but only 2 insurers vote on the diagnostics schedule changes. Following the March Board, the chair requested providers provide an insight at this meeting into the challenges and rationale for not adopting the diagnostic schedule. MR and NH presented the view of the provider group, noting this was the view held by the five main providers but that additionally IHPN had not received comment from the wider provider hospital sector contrary to this. The predominant issues highlighted included: <ul style="list-style-type: none"> Providers were not being asked to use the diagnostic schedule and cost CCSD time and money to maintain There was no clear, compelling rationale of the benefits of the diagnostic schedule and moving to it would be a major undertaking There was additional conversation between members to understand the purpose of the diagnostic schedule, recognising that other methods of coding diagnostics exist in the sector. This includes the ISCs held by Healthcode. It was noted that if the diagnostic schedule continued to be developed GT could work with Healthcode to improve mapping between these systems. AK reminded all of the original purpose of CCSD coding, to provide a language which enables clear communication between payors and providers, acting as a conduit between different parties in the pathway. He also noted the importance of separating use and need in the context of this conversation. As with all CCSD codes, insurers make decisions on whether they adopt CCSD codes; it is important that CCSD continues to enable this language to exist. Board members agreed these points were important, although recognised that CCSD may not be the method chosen to encode activity and that there are things CCSD could develop a coding system for, but chooses not to. Although not present in the room, GT reflected the comments from smaller insurers which had been gathered earlier in the year. Some members of this group do use elements of the diagnostic schedule but not to its full extent. One Board member insurer representative noted they make use of the diagnostic schedule with providers in the sector. Healthcode offered to meet with the GT team and explore the options around alignment between Healthcode ISCs and CCSD diagnostic codes. JM also offered to share the usage data they hold around the CCSD diagnostic codes to help understanding in this area. GT presented data which shows that diagnostic code change request continue to be submitted to Working Group, and highlighted to Board that these require time from the GT team and Working Group to review, vote and publish. The Chair reflected the need to move this item on and avoid numerous conversations around the same topic, recognising that there was less enthusiasm for this than other areas of CCSD, such as the RAS development work. Board members with voting rights were asked to vote on whether CCSD should continue to maintain the diagnostic schedule. Yes – 3; No – 2; Abstain – 1 The outcome of this votes means CCSD will continue to maintain the Diagnostic schedule, although recognising its current use in the sector there will not be specific development of this schedule. 	<p>4.1 GT to follow up with healthcode to understand what would be required for mapping between their codes and the CCSD diagnostic codes and monitor CCSD diagnostic code usage across the sector. Due: 31st July</p>
5	<p>CCSD development update</p> <ul style="list-style-type: none"> Since the last Board meeting the final RAS codes have been published and a 'lessons learned' review of this has been undertaken. Key points within this include positive engagement with the wider sector both during and on the back of this work, and the use of excel for voting for larger volumes of codes. The project did highlight some inconsistencies within the CCSD schedule and in future projects the potential wider 	<p>5.1 GT to progress conversations with BOFAS to undertake a clinical review of the toe/ankle codes in the CCSD schedule. Due 31st</p>

	<p>ramifications of development work should be considered at the outset of the project.</p> <ul style="list-style-type: none"> Following the completion of the toe/ankle alignment review the GT team have been in contact with BOFAS (British Orthopaedic Foot and Ankle Society) to undertake a clinical review of the codes in this subchapter, with the aim to understand whether current clinical practice is reflected in the code set. The hope is that this approach could be rolled out to other areas, if it proves successful. Gender affirmation codes will be published later this month, following discussion within Working Group to agree the principles which underpin this code set. The provider licence roll-out continues, although this is taking more time than anticipated and has had an impact on other development areas. The updated training module will be available on the CCSD website shortly and will be followed by other 'bolt on' modules. The planned radiotherapy development work has been put on hold until Working Group have capacity to pick this up, this will likely be in early Autumn 2024. The CCSD ways of working project will refresh how CCSD operates both internally and externally. This will update operational delivery as well as bring up to date the externally facing elements of CCSD, such as the website. Since the last Board meeting GT have been undertaking detailed scoping conversations with internal and external stakeholders and are in the process of exploring the use of a shared working platform for Working Group. The Board thanked GT for this standing agenda item, reflecting the value of having sight across activities underway which do not warrant a standalone agenda item. 	<p>August 2024.</p> <p>5.2 GT to launch shared platform for Working Group, and consider how this could be used in other areas of CCSD operational delivery. Due 31st August 2024</p> <p>5.3 GT to continue to progress ways of working updates, and ensure an update on this is included in the October board meeting. Due 15th October 2024</p>
6	<p>Communication and engagement plan</p> <ul style="list-style-type: none"> The first CCSD communication and engagement plan aims to improve CCSD's engagement and communication with users, external and internal stakeholders and to drive progress against CCSD's strategic aims and objectives. The plan details the different stakeholders CCSD needs to engage with, the information they require and the best methods of communication. CCSD needs to make more use of communication methods beyond email and consider being more targeted in its communications. Undertaking and achieving the recommendations set out in the plan will: <ul style="list-style-type: none"> Improve CCSD's profile in the sector Increase involvement in CCSD development projects Support wider sector engagement with CCSD LD noted that potential stakeholders should also include software developers and NHS Digital. This links through to the use of AI and it would be interesting to consider the use of AI. NHS Digital lead development for the NHS procedure classification (OPCS) and having links through to this would be beneficial for CCSD. PHIN's relationship with NHS Digital was noted and the Board reflected that CCSD should not look to duplicate this, and should discuss the topic further with PHIN. As part of the discussion around stakeholders it was noted that a review of secondary licence holders would need to take place to understand more about this group and their use of CCSD. The Board noted they were already seeing an improvement in CCSD's profile in the sector with CCSD being discussed at recent sector events. AP, on behalf of the GT team, also acknowledged Board and Working Group members' contributions to the communication and engagement plan through introductions or sharing of materials and thanked them for their support. The plan was approved by the Board (subject to inclusion of comments received during the meeting). 	<p>6.1 GT to arrange conversation with AC to develop links through NHS digital. Due 2nd August 2024</p> <p>6.2 GT to review and update secondary licence holder agreements and the engagement with this cohort. Due 31st August 2024</p>
7	<p>Working Group update</p> <ul style="list-style-type: none"> There has been an increase in business-as-usual (BAU) through Working Group, recovering to the baseline seen before the RAS development work. However, there are 	<p>7.1 GT will continue to gather data each WG cycle and monitor the group's</p>

	<p>challenges in utilising the time during meetings, with fewer codes meeting consensus threshold before the meeting.</p> <ul style="list-style-type: none"> GT shared a slide showing code review during a Working Group cycle, and consensus ahead o meetings, has reduced , highlighting the capacity constraints on Working Group that have previously been raised with Insurers. In view of these challenges a decision was made to delay the start of the radiotherapy code development work, until Working Group's capacity to engage in this project can be assured. 	<p>capacity to review requests ahead of meetings, and include data in the Board update. Due 15th October 2024</p>
8	<p>Update on sector working</p> <ul style="list-style-type: none"> There was no formal update form PHIN or IHPN, as the representatives were not present for the agenda item. JM gave a brief update on work within Healthcode, including that they have seen an overall increase in CCSD volumes since 2023, although June was slightly lower but this was consistent with wider seasonality trends. This picture was also seen across the recently introduced RAS codes, and JM offered to share this data with CCSD. 	<p>8.1 JM to share RAS code usage data with GT. Due 31st July</p>
9	<p>AOB</p> <ul style="list-style-type: none"> The chair outlined his plan to meet on a 1-2-1 basis with each of the Board members in July and August and have these complete by September. ZV will email Board members directly to find suitable times and dates during the summer holidays. The next CCSD Board meeting will be on 15th October 2024 and will be held at the GT offices in London. 	<p>9.1 ZV to have met with all Board members individually across July and August ahead of the next Board meeting. Due 1st September</p>