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## NCIP PORTAL - UROLOGY

### FREQUENTLY ASKED QUESTIONS

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#### **What is the NCIP portal?**

The NCIP portal provides access to individual outcomes data and unit-level data across a range of surgical specialities. It is intended to support NHS consultants in England as part of their personal learning and development. It provides both local and national benchmarks against which consultants can review and access their patient outcomes, with the aim of delivering improved patient care.

Urology is the vanguard surgical specialty for rollout of the portal and all consultants in England should have access to it by March 2023.

#### **How do I access the portal?**

When your Trust goes live, you receive an email from [apps@model.nhs.net](mailto:apps@model.nhs.net) inviting you to register and log on. If you can't locate this email, didn't register or have forgotten your password please email [england.ncipimplementation@nhs.net](mailto:england.ncipimplementation@nhs.net) and a member of the NCIP Implementation Team will assist you.

You can also access your unit level data through the Model Hospital System - [NHS England - Model Hospital](#) – which has a link to your unit level data in NCIP and from which you can navigate to your individual data in NCIP.

#### **Where does the data in the portal come from?**

The data is HES data, routinely collected by Trusts and pseudonymised at individual level. HES data has been chosen for the following reasons:

- Readily available, regular cycles of updated data, objective
- Complete coverage of activity – all admissions, A&E attendances and outpatient appointments at NHS hospitals in England
- Linkable for longitudinal analyses
- Standardised format – data definitions, coding systems and ontologies
- Good for hard outcomes – in-hospital mortality, length of stay, readmission, reoperation

The HES data is updated every three months. At present NHS procedures undertaken in the private sector are included in the data. NCIP will link with the Public Healthcare Information Network (PHIN) [Private Healthcare Information Network \(phin.org.uk\)](http://phin.org.uk) for whole of practice data in the future. It also plans to link with national registries and audits in the future.

NCIP already uses ONS data, and the NCIP content development team is working on incorporation of Trust theatre and outpatient data as well as national cancer registry data to enhance the data tool.

## Is it surgeon specific-data or unit-specific data?

When access to the data portal is switched on in your Trust, you will have access to your individual level data as well as aggregated data across the dashboards for all consultants in your unit. You need to have undertaken six procedures over a three-year period for a dashboard to be generated in your name.

## Which procedures and metrics are included in the portal?

The content is presented on the portal via a series of procedure-specific dashboards. Metrics include volumes, length of patient stay or day case rate, and readmission rate. Other metrics such as re-operation rates, revision rates, complication rates and mortality are included for procedures where they are deemed appropriate. You can drill down to individual patient-level information via pseudonymised patient records to allow for full interrogation of your outcomes data.

### NCIP Urology Procedure Dashboards – June 2022

Sub-specialty	Title (in alphabetical order, by sub-specialty)	Sub-specialty	Title (in alphabetical order, by sub-specialty)
1	Andrology   Insertion of penile prosthesis   age 17+   elective	30	Oncology   Prostate biopsy   age 17+   elective
2	Andrology   Pevronie's surgery   age 17+   elective	31	Oncology   Prostatectomy for cancer   age 17+   elective
3	Andrology   Urethral dilatation, female   age 17+   elective	32	Oncology   Nephrectomy for cancer   age 17+   elective
4	Andrology   Urethral dilatation, male   age 17+   elective	33	Oncology   Nephroureterectomy for cancer   age 17+   elective
5	Andrology   Urethroplasty for stricture, male   age 17+   elective	34	Oncology   Primary management for penile cancer   age 17+   elective
6	Andrology   Urethrotomy   age 17+   elective	35	Oncology   Lymph node management for penile cancer   age 17+   elective
7	Andrology   Microtесе   age 17+   elective		
8	Andrology   Varicocele   age 17+   elective		
9	Andrology   Orchidopexy		
10	Endourology   Insertion of ureteric stent   age 17+		
11	Endourology   Litholapaxy for bladder stones   age 17+   elective		
12	Endourology   Extracorporeal shock wave lithotripsy of calculus (ESWL)   age 17+   elective		
13	Endourology   Percutaneous nephrolithotomy (PCNL)   age 17+   elective		
14	Endourology   Ureteroscopy   age 17+		
15	Endourology   Nephrostomy   age 17+		
16	Endourology   Pveloplasty   age 17+   elective		
17	General   Adrenalectomy for adrenal pathologies Age 17+   elective		
18	General   Circumcision   age 17+   elective		
19	General   Hydrocoele   age 17+   elective		
21	General   Insertion of suprapubic catheter   age 17+		
22	General   Male bladder outflow obstruction surgery   age 17+   elective		
23	General   Nephrectomy for benign disease   age 17+   elective		
24	Functional   Bulking agents   age 17+   elective		
25	Functional   Cystectomy for benign disease   age 17+   elective		
26	Functional   Sacral nerve stimulation for urinary conditions   age 17+   elective		
27	Functional   Vaginal fistula   age 17+   elective		
28	Functional   Insertion of artificial sphincter   age 17+   elective		
29	Oncology   Cystectomy for malignant neoplasms of the bladder   age 17+   elective		
30	Oncology   Endoscopic resection of lesion of bladder (TURBT)   age 17+   elective		

**Stress Urinary Incontinence (SUI) surgery and paediatric dashboards are available in the portal and will migrate automatically if the procedures are performed by the individual consultant surgeon**

## How accurate is the data?

A validation exercise was undertaken by NCIP and BAUS to check ascertainment of HES data with BAUS registry data at the outset of development. This demonstrated very good correlation for uro-oncological procedures (around 90%) and reasonable correlation with benign urological procedures at unit level. Work on improving the quality of coding for benign procedures is being undertaken by BAUS and GIRFT in parallel with the development of the portal and rationalised codes for PCNL and ureteroscopy came into effect on 1 April 2020.

GIRFT and BAUS have developed national coding guidance for PCNL & ureteroscopy, prostatectomy, urethroplasty and nephrectomy & nephroureterectomy and male bladder outflow obstruction surgery, which will be launched shortly. Guidance for urinary fistulae and cystectomy & bladder reconstructions is also being developed.

## What if my data is not correct?

NCIP is a tool in development and BAUS is working with the programme to improve the quality of the data in the following areas: attribution of procedures, risk adjustment, complication metrics. Attribution is problematic in some Trusts, with variation in how procedures are coded and how they are then attributed to consultants undertaking pooled lists, dual operating, mentoring, trainee supervision and ensuring the correct supervising consultant for readmissions.

Data can be amended within the current financial year, but the emphasis is on improving the accuracy of the data moving forward. Planned incorporation of Trust theatre data into the NCIP data portal will help improve data accuracy in the future.

However, BAUS strongly recommends that you use the data in the NCIP portal as a driver for engagement with your coding department to improve the accuracy of urology data prospectively as a collaborative venture. It is important that urologists have regular meetings with coders to ensure that procedures are coded and attributed correctly by ensuring that:

- the correct codes are allocated to the procedure performed
- the correct supervising consultant is attributed to the procedure

BAUS and the GIRFT Coding Team are developing Urology Coding Guidance for Clinicians across a range of procedures to support these discussions with Trust coding departments to ensure the correct codes are used.

Coding guidance for Upper Urinary Calculus procedures can be accessed at:

[Clinician Guidance Urinary Calculus.pdf \(baus.org.uk\)](#)

Coding guidance for Male Bladder Outflow Procedures can be accessed at:

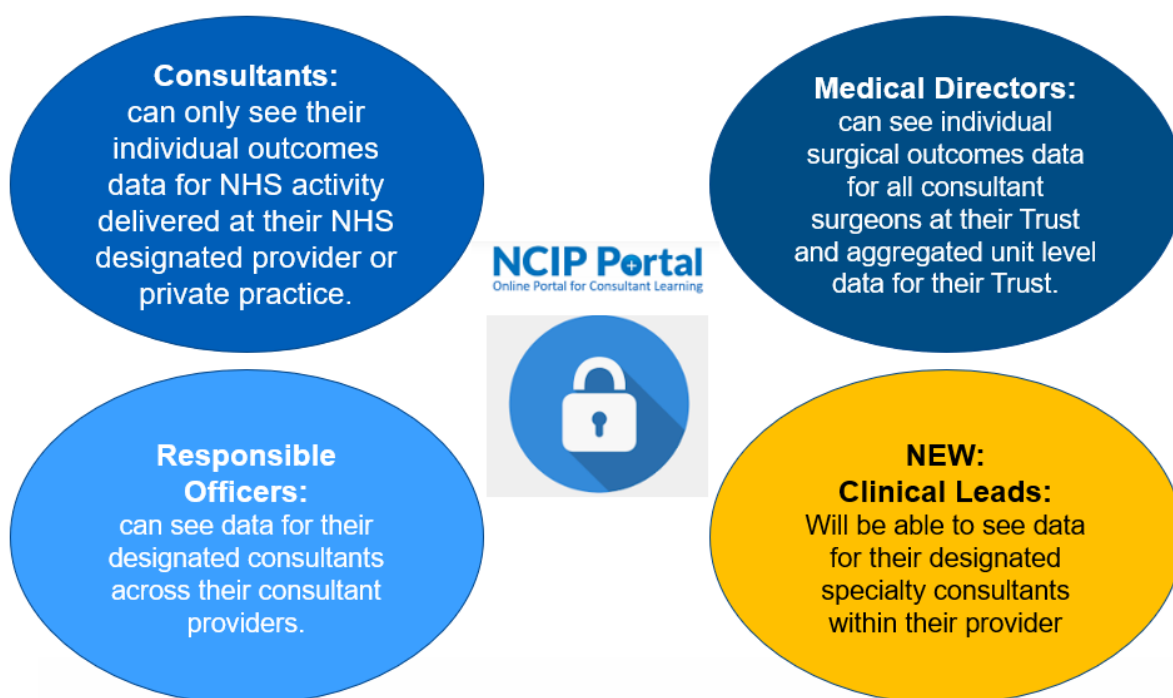
[Clinician Guidance Male BOO surgery.pdf \(baus.org.uk\)](#)

Draft coding guidance for Urology Outpatient Procedures can be accessed at:

[Urology outpatient procedure codes FINAL DRAFT \(002\).pdf \(baus.org.uk\)](#)

Coding guidance for Nephrectomy & Nephroureterectomy, Radical Prostatectomy and Urethroplasty is currently being finalised and will be uploaded onto the BAUS website in due course.

## Who can see my data?



Clinical Leads will have access to individual data for all urologists in their unit by the end of 2023.

## How do I use this data for my appraisal and personal development?

It is very easy to generate PDFs of your data from each of dashboards applicable to you in the portal. You are encouraged to share your outcomes data with your appraiser and with colleagues as part of collaborative quality improvement activities. It is hoped that access to this information will help consultants to reduce variation in patient outcomes and identify good practice, leading to better patient care and safety within the NHS.

## How do I use this data at unit level?

It is envisaged that by the end of 2023 the Clinical Lead for Urology will have access to individual surgeon data for all urologists in their Trust. Platform access by Clinical Leads will

provide a tool for reviewing surgical outcome data across a unit and can support quality improvement through focused M&M meetings and possibly, with further access by clinicians, across UAN's and regional networks. This access in a carefully controlled environment will allow urologists to reflect on group practice and provide learning opportunities.

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