

Clinical Coding Auditor Programme (CCAP) Handbook 2021-22

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1 Introduction

The Clinical Coding Data Quality Framework provides the activities, roles and protocols which individually and collectively ensure that standards associated with auditing of coded clinical data are met.

The Clinical Coding Auditor Programme (CCAP) provides the associated training on the application of the methodology to individuals that possess the necessary general and specialist knowledge and skills to conduct a clinical coding audit.

The success of the audit depends upon the competence of the auditor; the key resource for the inspection of coded clinical data. It is therefore essential that an individual and their organisation understand the base knowledge and skills required as well as the ongoing commitment.

1.1 Purpose of document

The document provides an outline of the CCAP so that the reader has a thorough understanding of:

- Pre-requisite skills and knowledge
- Entry level Assessment Day
- Clinical Coding Audit Workshop content
- Ongoing post-course requirements and continued professional development to maintain approved clinical coding auditor status.

1.1.1 Audience

Accredited clinical coders interested in developing and maintaining their existing skills and knowledge to become an approved clinical coding auditor through continued professional development.

Line managers, to understand the level of commitment required by the individual and organisation to embed and support a skilled auditor in the department to conduct a regular and robust cycle of clinical coding audit within the organisation / department.

1.1.2 Background

Accurate and comprehensive coded clinical data is essential for reliable and effective clinical and statistical analysis. A regular internal programme of clinical coding audit ensures the quality of coded clinical data and NHS regulatory bodies increasingly use the outcomes of clinical coding audits as evidence that organisations exemplify best practice and promote a culture of continuous improvement.

The CCAP supports organisations by ensuring only the most highly skilled staff qualify to become approved clinical coding auditors and that continued professional development in this expert field is maintained.

2 Pre-requisite skills and knowledge

The CCAP pre-requisite criteria ensure that an applicant has the basic skills and knowledge required to become an approved clinical coding auditor.

An approved clinical coding auditor must possess a wider range of skills and knowledge than those required for day-to-day clinical coding. Whilst excellent technical coding skills are necessary, they are not sufficient.

It is essential therefore, that applicants fulfil **all** of the following criteria **prior** to applying for the CCAP:

1. Attain Accredited Clinical Coder status (ACC) by passing the National Clinical Coding Qualification (UK) examination and **a minimum of 3 years** clinical coding experience **post** accreditation before submitting an application for the programme. (*Provides certificate*). We will not be able to accept applications from candidates who have sat and passed the National Clinical Coding Qualification (UK) examination in March 2019 until March 2022 and only if there are still places available.
2. Successfully complete a Clinical Coding Standards Refresher Course* delivered by a Terminology and Classifications Delivery Service approved clinical coding trainer **within 3 years of the application date**.
(*This is not required if already a Terminology and Classifications Delivery Service approved trainer due to mandatory completion of a Trainer Refresher course every three years.) (*Provides certificate confirming successful completion*)
3. Attend a report writing course. This can be either a classroom based or an online course. (*Provides a course certificate/evidence*).
4. Attend a presentation delivery skills course. This can be either a classroom based or an online course covering the skills required to **deliver** a relevant presentation, in preference to those required to write one. Applicants that are approved clinical coding trainers will also need to attend a presentation delivery skills course and provide the relevant evidence. **The TAP Certificate in Training Delivery Part A – new to training is not valid for this pre-requisite** (*Provides a course certificate/evidence*).
5. Have proven expertise and specialist knowledge in the application of the rules and conventions of ICD-10 and OPCS-4 and a thorough understanding of national clinical coding standards for these classifications.
6. Have experience in coding across a wide range of speciality areas including general medicine, general surgery, trauma and orthopaedics and obstetrics **as a minimum**. (*Acceptable evidence includes if the applicant can list dates when they have been responsible for coding these specialties within their organisation*)

7. Excellent communication skills both verbal and written to enable effective interaction across multi-professional teams.
 8. Excellent planning and organisational skills.
 9. Excellent time management skills.
 10. Basic analytical skills.
 11. Experience in problem solving. (*Demonstrates with a practical example*)
 12. Proven excellence in report writing and the ability to write reports to an acceptable standard for presentation at Board level. (*Provides details of previous reports written and a sample report they have been the sole author of on any subject - this does not have/is not expected to be a coding audit report, however it must clearly evidence ability to draw conclusions from findings and make informed and SMART¹ recommendations*)
 13. Demonstrated commitment to continued professional development.
 14. Knowledge of the Data Security and Protection Toolkit Standard 1 guidance pertaining to clinical coding audit available on [Delen](#).
 15. Knowledge of Data Protection laws. (The applicant should have received Data Security and Protection training within their own organisation and be able to provide an up to date certificate as evidence of this training. Where a certificate is not available/issued a screenshot confirming the training and date(s) completed will suffice). The certificate must be valid and obtained within 12 months of the application date. (*Provides valid certificate*).
- N.B.** A screenshot confirming successful completion within the last 12 months will suffice in cases where a certificate is not available.
16. Knowledge and understanding of the principles of the Approved Auditor Code of Conduct* found on [Delen](#).
 17. Knowledge and understanding of A Guide to Clinical Coding Audit Best Practice* found on [Delen](#).

*** Knowledge of these two documents is still relevant but due to the change in format of the Theory assessment paper for the May 2021 CCAP assessment day, the content of these will not be tested on the May 2021 CCTP assessment day but will be covered in the Clinical Coding Audit Workshop.**

¹ SMART = Specific, Measurable, Achievable, Realistic and Timely/Timebound.

IMPORTANT INFORMATION:

Criteria 1 to 4 and 15 – Will be evidenced by provision of certificates.

Criteria 5 to 15 – Will be evidenced within the applicant's [CCAP Curriculum Vitae](#) through the provision of practical examples and any other requested supporting information (for example criterion 11 requires a sample audit report in addition to details of other previous reports written). **Please see section 3.1 below for further guidance and information.**

Criteria 5 to 13 - Will be demonstrated through successful completion of the CCAP Assessment Day. (Also see CCAP Assessment Day Bibliography.)

Criteria 16 and 17 – As stated above, knowledge of these two documents is still relevant but due to the change in format of the Theory assessment paper for the May 2021 CCAP assessment day, the content of these will not be tested on the May 2021 CCAP assessment day but will be covered in the Clinical Coding Audit Workshop.

It is important that the applicant and line manager work together to ensure the applicant meets all of the criteria listed above.

3 Applying to attend the Clinical Coding Auditor Programme (CCAP)

The CCAP is very popular and places are offered on **a first come, first served basis** subject to availability. Available places can only be secured by submitting a fully completed course booking form, a CCAP CV clearly evidencing **ALL** the necessary listed criteria and all other required documentation with the initial application. (See IMPORTANT INFORMATION in section 2. Pre-requisite skills and knowledge)

The course booking form and CCAP CV can be downloaded from the [NHS Digital Delen website](#)

3.1 Payment Information

When submitting an application to the programme a purchase order covering both the cost of the Assessment Day and the Audit Workshop must be included.

The purchase order must detail the cost of the Assessment Day and Auditor Workshop separately (plus VAT, if applicable) with the total amount being the cost of the two courses added together. The purchase order must display the amount to be billed to the organisation as below:

Course Details	Cost
Clinical Coding Auditor Programme (CCAP) Assessment Day	£XXX.XX (plus VAT, if applicable)
Clinical Coding Auditor Programme (CCAP) Auditor Workshop	£YYY.YY (plus VAT, if applicable)
Total cost	£ZZZ.ZZ (£XXX.XX + £YYY.YY) (plus VAT, if applicable)

It would also need to include the following information:

- Purchase Order number

- Full invoice address and contact details (telephone number / email address)

If any of the above details are missing the purchase order will not be acceptable.

A screenshot of the Purchase Order number (from the finance system) without the above details will also not be acceptable.

We are aware that some NHS Trusts do not issue purchase orders and if this is the case a 'Promise to Pay' letter is acceptable which must include the following information:

- The Trust promises to pay the amount of £XXX.XX for FULL NAME to attend the Clinical Coding Auditor Programme.
- Invoice address
- Contact details for finance contact including full name, telephone number and email address.

If any of the above details are missing the Promise to Pay will not be acceptable.

N.B. Should the candidate not be successful on the assessment day, only the cost of the assessment day will be charged.

3.2 The Clinical Coding Auditor Programme Curriculum Vitae

The Clinical Coding Auditor Programme Curriculum Vitae (CCAP CV) is the applicant's first step towards demonstrating they have the necessary qualifications and skills to become an approved clinical coding auditor. Completing the CCAP CV should be compared to reviewing a job description and matching key skills when applying for a job. It is expected that the CCAP CV will be well structured and formatted. All the relevant documents are available by accessing the [NHS Digital Delen website](#)

Entry onto the CCAP is subject to the applicant evidencing within the CCAP CV that they fully meet skills **5 to 13** of the pre-requisite criteria.

Applicants must provide **practical** examples demonstrating use of skills **5 to 13** in either a current or previous role. Just stating '*I have problem solving skills/I have attended report writing course/I have attended a presentation delivery skills course*' does not evidence application of these skills, nor does it demonstrate excellent written and verbal communication skills, which are also a fundamental criteria for attending this programme.

When completing the CCAP CV, the relevant sections should be populated with descriptions of how an applicant meets the pre-requisite criteria and how they utilise these skills and knowledge in their current or previous role (this can, as previously mentioned, be supplemented with practical examples). It is the applicant's opportunity to describe exactly how and why they believe they would make a good auditor. It is not acceptable to simply embed word/PDF/Screenshots into the CV against the individual pre-requisite criteria with no accompanying text, doing so will result in the application being rejected.

All of the required information must be present within the CCAP CV template. If you attach your own CV document, stating "*Please see CV*" (or similar) on the CCAP CV template, the application will be declined.

Whilst we do give an indication as to which area(s) requires improvement, we do not provide specific feedback as to why a CV has been declined. The Terminology and Classifications Delivery Service would encourage all applicants prior to their

application being submitted to review and discuss their CV with their line manager to ensure they have provided clear practical examples that evidence each skill.

Applicants are allowed **two submissions** of their CV. If unsuccessful at the second attempt the applicant will be advised to re-apply for the next available programme. A place cannot be reserved on the assessment day until a fully completed and satisfactory CV (along with all other required documentation) has been submitted.

4 The Clinical Coding Auditor Programme Assessment Day

4.1 Overview

The Assessment Day ensures that only competent, experienced and accredited clinical coders are admitted onto the Clinical Coding Auditor Programme (CCAP).

4.2 Purpose

- The applicant's second step towards demonstrating that they have the skills and knowledge to become an approved clinical coding auditor.
- An opportunity for applicants to network with potential approved clinical coding auditors from other organisations.

4.3 Attendance Criteria

The Assessment Day is open to existing accredited clinical coders (ACC) who have submitted a CCAP CV that evidences the required criteria **and** provide the appropriate certificates/documents with their application. The applicant and their line manager must both confirm their ongoing commitment to all aspects of the CCAP on the course booking form.

4.4 Assessment Day Objectives

Attendees must meet the required pass marks and skills criteria in all aspects of the CCAP Assessment Day before being invited to complete the programme. These are set out below:

- Correctly answer at least **95%** of questions in the written Practical Pre-assessment Paper. ([Demonstrates pre-requisite criteria 5, 6, 8, 9 and 10](#)). The paper is 1.5 hours in length. Suggested timeframes for completion would be 30 minutes per section; Section A = Four ICD-10 Scenarios, Section B = Four OPCS-4 Scenarios and Section C = Two Case Studies.

Marks are awarded for the following:

- Correct code in primary diagnostic/procedural position.
- Correct assignment of 5th characters.
- Correct sequencing of codes where a national standard dictates the sequencing.

Marks will be deducted where the bullet points listed are incorrect and where the incorrect fourth character code has been selected.

Please note that there will not be any questions on COVID-19 standards or guidance in the May 2021 assessment day papers.

- Correctly answer at least **90%** of questions in the written Theory Pre-assessment Paper. ([Demonstrates pre-requisite criteria 5, 6, 7, 8, 9, 10, 11, 13, 14 and 15](#). The paper is 1.5 hours in length. Suggested timeframes for completion would be Section D = ICD-10 & OPCS-4 Multiple Choice Theory Questions = 15 minutes, and Section E = Data Extraction and Communication Skills = 1 hour 15 minutes

NB: The previous **Section F = Coding Audit Theory** has been removed from the Theory Pre-assessment Paper as, following consultation with the wider clinical coding community, it was decided these questions didn't effectively test the competencies required to become an approved clinical coding auditor. Consequently, **Section E = Data Extraction and Communication Skills** has been expanded from four questions to five as this section is critical to assessing a candidate's ability to 'think like an auditor' and explain any contravention of national coding standards found during coding audit.

- Write **three** valid conclusions and **three** associated SMART recommendations from the findings in the given audit report scenario. ([Demonstrates pre-requisite criteria 7, 8, 9, 10, 11, 12 and 13](#))
- Explain three of the key pre-requisite criteria skills you use and why these are essential for a good clinical coding auditor by delivering a pre-prepared 5 minute PowerPoint presentation to meet all four of the presentation marking criteria provided below. It is expected that all candidates demonstrate that they can apply all the presentation delivery skills learnt during their attendance on a presentation skills course. ([Demonstrates pre-requisite criteria 4, 7, 8 and 9](#). [May also demonstrate additional criterions depending on the topic selected.](#))
 - The presentation marking criteria are:
 - demonstrates knowledge of the pre-requisite skills to become a clinical coding auditor
 - communication skills
 - problem solving
 - time management.

Important information

Should candidates have specific requirements in relation to sitting the assessment day, these should be emailed to information.standards@nhs.net on application, or as soon before the assessment day as possible to allow for any potential arrangements to be made.

A section is available on the programme booking form to allow candidates to add this information. We are unable to guarantee what support, if any, will be available and as a result such requests will be considered on an individual basis.

To support selection of individuals with the highest level of skills and knowledge the CCAP Assessment Day is challenging. The [CCAP Bibliography](#) together with the Summary of Common Errors documents produced after previous assessment days and provided on

Delen are useful preparation tools for candidates preparing for the assessment day to provide an indication of the various sources of questions in the written assessment papers.

We also recommend that potential candidates ensure their classification books; both ICD-10 and OPCS-4 are suitably annotated and that paper coding is practised before the assessment day. In past years some candidates have struggled having been used to directly inputting codes into an encoder and using that as a double checking mechanism; this is not an option on the assessment day.

Due to the limited amount of question topics, past assessment day papers are NOT available.

Both papers allow delegates to further demonstrate that they possess all of the pre-requisite criteria for attending the CCAP. Applicants must also note the following:

- The practical paper contains both ICD-10 and OPCS-4 coding questions and some case studies. ([Demonstrates pre-requisite criteria 5, 6, 8, 9 and 10](#))
- The theory paper contains sections to assess delegates' understanding of current national coding standards, data extraction and analysis skills, problem solving skills and the ability to effectively communicate key facts about current national coding standards. ([Demonstrates pre-requisite criteria 5, 6, 7, 8, 9, 10, 11 and 13](#)). *Refer to the example questions for this section below.*
- **NB: There will be no short answer theory questions regarding clinical coding audit in the 2021/22 theory paper.**

A third paper tests candidate understanding of conclusions and recommendations and the link between them. Candidates are required to:

1. Analyse the background and general findings (below) from the given clinical coding audit extract.
2. Use their analytical skills to draw **three** valid conclusions as to why the coding errors might have occurred.

NB: The conclusions are the auditor's (candidate's) opportunity to offer their opinion as to why an error may have occurred based on the general findings, simply repeating/re-wording the general findings will result in no marks.

3. Use their problem-solving skills to make **three** recommendations **associated** with their conclusions that could be used to reduce these areas of error. Use their report writing skills to ensure that **all recommendations are SMART**.
4. Apply their report writing skills to **clearly** and **concisely** record their **three** conclusions and **three** associated recommendations on the answer page provided.

There are **no** anatomy and physiology, or medical terminology questions in the theory assessment paper.

Example Questions

Multiple Choice Question Example:

Which of the following is a current national standard for coding stillbirths?

a)	If the cause of the stillbirth is known, the cause must be coded as the primary diagnosis. Code P95.X Fetal death of unspecified cause must still be recorded and can be assigned in any secondary position.	<input type="checkbox"/>
b)	If the cause of the stillbirth is not known, code P95.X Fetal death of unspecified cause must be assigned as the primary diagnosis.	<input checked="" type="checkbox"/>
c)	A code from category Z38.- Liveborn infants according to place of birth must also be assigned on a stillborn baby's episode.	<input type="checkbox"/>

Reference: DCS.XVI.7: Stillbirths (P95.X) - National Clinical Coding Standards ICD-10 5th Edition reference book (2021).

There are a total of six questions in this section: three questions each for ICD-10 and OPCS-4. Often the options provided will be very similar; it's therefore important to read these very carefully before selecting your answer.

Example of a Data Extraction and Communication Skills Question:

Each of the tables below provides the codes and sequencing assigned by a Trust and an Auditor. **The auditor's coding is correct**, but there are aspects of the Trust coding that contravene national coding standards and/or rules / conventions. Either the Trust or Auditor's code assignment is acceptable when describing the discrepancy.

To obtain maximum marks for each of the questions you need to:

- Analyse the information provided in **both** columns.
- Identify **each** specific code/codes where a coding standard, rule or convention has been contravened
- A code may contravene **more than one** coding standard – it is expected that a brief but clear explanation of why the coding contravenes national standards/rules/conventions is given and that supporting references are provided for **each one**.
- For **each** contravention you must provide the **full** ICD-10 or OPCS-4 reference number **and** title of the associated national clinical coding standard/convention/rule, to support your explanation.
- Where there is no National Clinical Coding Standards ICD-10 or OPCS-4 reference book number and title applicable, you must provide the relevant classification title and page(s) number or Coding Clinic reference to support your explanation. **NB: The number of boxes provided in each table is *not* indicative of the number of contraventions.**

<u>Trust code and sequence</u>	<u>Auditor codes and sequence</u>
---------------------------------------	--

1.	O80.0 Spontaneous vertex delivery	1.	O70.1 Second degree perineal tear during delivery
2.	O70.1 Second degree perineal tear during delivery	2.	Z37.0 Single live birth
3.	Z37.0 Single live birth	3.	J45.9 Asthma, unspecified
4.	J45.9 Asthma	4.	

Answer:

O80.0 Spontaneous vertex delivery

- Must only be used if no other condition classifiable to Chapter XV is recorded.
- As the patient has a second degree perineal tear (O70.1) which is classified to Chapter XV, code O80.0 must not be assigned

DCS.XV.28: Delivery (O80–O84) - National Clinical Coding Standards ICD-10 5th Edition reference book (2021)

Z37.0 Single live birth

- It is mandatory that this code is sequenced in the first secondary position

DChS.XV.1: Outcome of delivery (Z37) - National Clinical Coding Standards ICD-10 5th Edition reference book (2021)

There are a total of five questions in this section; two or three for ICD-10 and two or three for OPCS-4.

The Terminology and Classifications Delivery Service practices the policy that no written papers will be returned to assessment day delegates after the event. Detailed feedback including relevant scanned extracts from the papers where applicable is provided on the candidates Individual Feedback Form.

A Summary of Common Errors document is also produced and made available to the service via Delen following the assessment day.

4.5 Reference Materials

NB: Delegates can refer to National Clinical Coding Standard reference products when completing the practical and theory Assessment Papers.

Access to these and the other reference materials permitted are included to act as an 'aide memoire' rather than replacing the need for the candidate to revise the subject as many questions require them to describe national standards in their own words. *Experience has shown that those who rely too heavily on the reference products during the written assessments often struggle to complete them within the allotted timeframe.*

Each applicant must supply their own reference books for use during the assessment day. The reference products that can be accessed for both the theory and practical papers are listed below:

- Volumes 1 and 3 of ICD-10 5th Edition (fully updated to reflect the current *Coding Clinic* available on [Delen](#))
- OPCS-4.9 Volumes I and II (fully updated to reflect the current *Coding Clinic* available on [Delen](#))
- National Tariff Chemotherapy Regimens List* (current version)
- Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4* (current version)
- National Clinical Coding Standards ICD-10 5th Edition reference book* National Clinical Coding Standards OPCS-4 reference book*

NB: The CCAP Assessment Day written assessment papers will be based on the version of the National Clinical Coding Standards reference books that is in use on the date of the assessment day, i.e. an assessment day held in May will be based on the new reference books released that April, not the previous versions.

The documents marked with an asterisk are available for download by accessing the relevant area on Delen using the link provided below:

https://hscic.kahootz.com/t_c_home/view?objectId=16878800

NB: Delegates are welcome to bring laptops/tablets to access electronic versions of the products highlighted with an*; **however use of mobile phones to access these is NOT permitted.** These products can be downloaded via [Delen](#). Delegates may also use the ICD-10 and OPCS-4.9 e-Version*. The eViewer (eVersion) application, along with the ICD-10 and OPCS-4 e-Version books and the reference books for use in the eViewer are available to download via the [Technology Reference Data Update Distribution \(TRUD\) site](#).

OPCS-4.9 is also available using an internet browser which can be accessed via the link below:

<https://classbrowser.nhs.uk/#/>

ICD-10 is not currently available via this platform.

- *Coding Clinic Ref 88*: Coding of Co-morbidities

NB: Delegates can download the latest version of the *Coding Clinic* onto their laptops/tablets if desired.

4.6 Assessment Day Timings

08.45-16.00*

*Based on previous assessment days and may be subject to change. Times will be verified in the Assessment Day Joining Pack sent to all successful applicants 3 weeks prior to the assessment day.

4.7 Registration

All aspects of the registration form (with Terms and Conditions) and all associated required documentation must be completed and returned by each applicant. Should the applicant be unsuccessful in passing the assessment day a nominal charge will be made to cover costs.

Applicants requiring overnight accommodation prior to the assessment day will need to arrange this separately. If booking hotel accommodation as an NHS applicant, always ask for Government rate where this is available. Please see the booking form for further details.

4.8 Dress Code

The dress code for both the CCAP Assessment Day and the Audit Workshop is smart casual. The wearing of jeans, etc. is not permitted.

4.9 Next Steps

Successful completion will result in an invitation to attend the [Clinical Coding Audit Workshop](#).

Candidates are asked to keep their diaries free for ALL Audit Workshop dates/venues.

Any candidate who does not meet all the assessment day criteria is required to re-sit ALL elements of the assessment day on a future Clinical Coding Auditor Programme.

5 CCAP Assessment Day Bibliography

5.1 Purpose

Everyone who attends the CCAP Assessment Day must be prepared to further demonstrate that they have the pre-requisite skills and meet criteria **4-17** in order to be accepted onto the CCAP. The bibliography provides a list of the documents and publications used to source the questions for the written assessment papers. Applicants should also refer to section [4. Clinical Coding Auditor Programme Assessment Day](#) for information about content of the assessment day.

5.2 Bibliography

Delegates are expected to refer to the most current versions available for all documents and publications listed in this bibliography when studying for the Clinical Coding Auditor Programme (CCAP) Assessment Day. Links are provided to web based products.

5.2.1 References needed for Clinical Coding Auditor Programme Assessment Day Paper 1 – Practical and Paper 2 –Theory

- ***World Health Organisation International Statistical Classification of Diseases and Health Related Problems (Tenth Revision) 5th Edition Volumes 1, 2 & 3.***

Available to purchase from The Stationery Office book shops. For details of how to order the three volumes visit:

<http://systems.hscic.gov.uk/data/clinicalcoding/codingstandards/icd10/icd10updates/index.html>

- ***The National Clinical Coding Standards ICD-10 5th Edition reference book (2021)***

Available for download via the Terminology and Classifications Delivery Service section on Delen by accessing the link below:

<https://hscic.kahootz.com/gf2.ti/f/762498/92815877.1/PDF/-/NCCSICD1020217.pdf>

- ***OPCS Classification of Interventions and Procedures, Version 4.9 (April 2020) Volumes I Tabular list and Volume II - Alphabetical Index.***

Available to purchase from The Stationery Office:

<https://www.tsoshop.co.uk/bookstore.asp?FO=1160007&action=Listing&CLICKID=002289>

- ***National Clinical Coding Standards OPCS-4 reference book (2021)***

Available for download from the Terminology and Classifications Delivery Service section on Delen by accessing the link below:

<https://hscic.kahootz.com/gf2.ti/f/762498/92815845.2/PDF/-/NCCSOPCS420218.1.pdf>

- ***National Tariff Chemotherapy Regimens List***
- ***Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4***

All available for download via the [NHS Digital Delen website](#)

- ***The Coding Clinic***

Publication providing updates to national clinical coding standards and guidance published by the Terminology and Classifications Delivery Service. Available from https://hscic.kahootz.com/gf2.ti/f/762498/97408773.1/PDF/-/Coding_Clinic_04-2021_V9.0.pdf

5.2.2 Other useful information

Current versions of the ICD-10 and OPCS-4 Exercise and Answers Booklets are available as practice aids on request from information.standards@nhs.net.

NB: Some of the above links may be subject to change.

6 CCAP Assessment Day Tips

Sitting assessments is nearly always stressful. You might feel worried because you're afraid you're not good enough, that there are too many demands on you all at once, that you haven't worked hard enough or that you'll let others down. These worries might be particularly strong if you have been out of education and haven't sat an assessment for a long time.

Weeks before the assessment day

Get organised: One of the best ways to avoid assessment related stress is to be prepared. You will avoid high levels of anxiety if you can go into the assessment feeling confident that

you know your stuff. This means that you should think about how much time you have before your assessment and **plan very carefully** how you will spend that time. Blank revision timetables can be useful to help you plan your time. It is also very important to think about **how** you will revise. Reading the reference books is not enough for you to recall information under assessment conditions. **NB:** Use of reference books during the assessments is permitted as described in [Section 4.5](#) of this Handbook.

Days before the assessment(s)

1. **Come up with a strategy for the assessment**, e.g. work out how much time you will spend on each section of the assessment paper according to the marks available and visualise yourself doing it. Decide what section you will tackle first and how you will approach it. For example, how will you approach multiple choice questions (e.g. rule out all the wrong answers before deciding on the right one) and the practical paper, will you start with the case studies, or the shorter coding scenarios.
2. **Make a list of all the things that you need to take with you to the assessment** - you don't want to trigger anxiety before you start because you've forgotten your reference books!
3. **Plan how you will spend your time in the hours before the assessment**, e.g. what will you eat, what time will you leave, how will you get there?
4. **Talk positively to yourself** – You must not let negative thoughts get the better of you as they will only lead to anxiety, so replace any negative thoughts (e.g. *I don't have what it takes to pass this assessment*) with positive ones (e.g. *Of course I can do this, I wouldn't have been accepted on the assessment day if I couldn't and I am going to give this my best shot*). This is really important, especially the day before when doubt can start to creep in.

Assessment Day

1. **Stick to the plan you created** - e.g. get up when you had planned, eat what you had planned, gather everything you need according to your list and leave exactly when you had planned.
2. **Expect to feel some nervousness** - It is well known that people perform better in assessment situations with some anxiety (although too much anxiety will have a detrimental effect on performance) rather than no anxiety. This is your body's way of preparing you to do your best and those feelings of nervousness will sharpen your focus and energy.
3. **Make sure that you eat enough** - You don't want to be lacking energy during the assessment day so have a good breakfast or lunch, even if you feel nauseous and would prefer not to eat.
4. **Get there early and continue to be positive** – Waiting to go into the assessment can be a nerve-racking time. Continue to give yourself those positive messages and rehearse the assessment strategy that you have planned. Stay away from other delegates who might scaremonger or exacerbate your nerves.

During the assessment

1. **Before opening the paper, try to relax** – take a deep breath and remind yourself that you are ready to give it your best shot.

2. **Stick 100% to your plan** – It is easy to let the formality of the situation get to you and to forget your assessment strategy, so work hard to follow the plan that you had set; answer each section in the order you had planned and approach each question using the strategy you had planned. Most importantly, keep your eye on the clock; if you had planned to spend 30 minutes on section A, then only allow yourself 30 minutes. If you spend too long on one section of the assessment you will risk your performance in the other section(s).
3. **Deal with panic** – If the worst happens and panic sets in, you'll need to take some time to get yourself back in the right frame of mind. Stop what you are doing and either shut your eyes or ask the assessment day facilitator if you can leave the room temporarily if you have to. Practice deep breathing to bring your anxiety levels back down and try to think positively, even if you don't know how to answer the questions. All is not lost; once you calm yourself down you will be in a better position to answer the questions and what seemed impossible 10 minutes ago might now seem achievable.
4. **Remember that YOU are in control** - If you do experience a panic attack or high levels of anxiety, don't give into it. Although it feels as if you can't control a panic attack, it is within your power to fight what's happening.

After the assessment

Reflect but don't get caught up in comparing your answers with those of your fellow candidates - While it is important to reflect on how your strategy went and what adjustments you might make should a resit be required, once the assessment is over you should move on. If you go through your answers with others, you are likely to discover little mistakes that you may have made or points that you forgot to add. This will only knock your confidence for the next assessment and leave you feeling disappointed.

7 Clinical Coding Audit Workshop

7.1 Workshop Overview

The primary objective of this workshop is to develop an experienced accredited clinical coder into an approved clinical coding auditor. The workshop teaches delegates the correct application of the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology to measure the quality of ICD-10 and OPCS-4 code assignment to identify areas of best practice and those requiring improvement.

This is a unique three-day course developed, updated and delivered by the Terminology and Classifications Delivery Service – the authoritative source of clinical classifications (ICD-10 and OPCS-4) and coding standards that underpin the health, public health and social care systems by providing quality information to support evidence-led care to patients and populations. The workshop covers the four main areas of clinical coding audit:

1. Background and the principles of clinical coding audit
2. The pre-audit process
3. The audit
4. The post-audit process

7.2 Benefits to the delegate

- Provides an optimal learning environment
- Gives access to highly experienced and skilled Terminology and Classifications Delivery Service-based Approved Clinical Coding Trainers/Auditors
- Provides understanding of the correct application of the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology
- Develops delegate confidence to conduct clinical coding audit back in the workplace, through practical application and assessments at each stage of a clinical coding audit
- Gives a greater understanding of the role and importance of clinical coding audit within the delegate's working environment
- Provides the national clinical coding audit methodology and associated templates to support an ongoing programme of local clinical coding audit
- Supports an ongoing record of continued professional development through access to the Terminology and Classifications Delivery Service online Auditor eAssessment
- Provides an opportunity to network with approved clinical coding auditors from other organisations.

'Excellent trainers who obviously know their stuff! Very professional teaching sessions and quick to pick up when anyone was struggling. Encouraging and patient. Thank you.'

'Enjoyed the course, trainers created a relaxed atmosphere whilst ensuring learning was the focus.'

7.3 Benefits to the organisation

- A skilled approved clinical coding auditor who can deliver clinical coding audits that comply with the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology
- A skilled approved clinical coding auditor who understands the need for accurate, high quality coded clinical data to support healthcare planning, reimbursement, management of services, statistical analysis and research
- Increased effectiveness of formal and informal clinical coding audits providing specific, measurable, achievable, realistic and timely (SMART) recommendations for improving clinical coding processes and procedures
- The opportunity to deliver a more cost-efficient in-house clinical coding audit programme to satisfy internal data quality and Data Security and Protection

'Excellent trainers. I thought the pace of the course was well judged. They encouraged a supportive network between all the candidates and even managed to make it fun! Thank you.'

Toolkit requirements, Clinical Governance and other NHS regulatory body requirements.

7.4 Attendance Criteria

This course is only available to existing accredited clinical coders (ACC) who have demonstrated that they meet all the CCAP Pre-Requisite Criteria; have successfully met the required pass marks in all aspects of the CCAP Assessment Day and have confirmed, along with their line manager, their ongoing commitment to all aspects described on the booking form.

Delegates will be able to:

- List 6 areas where potential errors could arise at the pre-audit stage, using the given pre-audit questionnaire (Marked Assessment 1).
- Extract and then use relevant data to assign ICD-10 and OPCS-4 codes to at least 95% accuracy for the two given case studies (Marked Assessment 2).
- Allocate at least 80% of the given error keys correctly, using the Meadows Hospital Trust audit worksheets (Marked Assessment 3).
- Use the completed Meadows Trust audit worksheets to correctly analyse the percentage of different errors (Marked Assessment 4).

Following the course, delegates must score at least 80% in their Meadows Hospital Trust coding audit report. Only on successful completion of all marked assessments and their Meadows coding audit report (Marked Assessment 5) will delegates be awarded Approved Clinical Coding Auditor status.

It is important that the delegate set aside sufficient time to write their Meadows Hospital Trust coding audit report, as this must be submitted to information.standards@nhs.net no later than 10 working days after the workshop ends.

Please note that the workshop content is under re-development during 2021/22.

7.5 Dress Code

The dress code for both the CCAP Assessment Day and the Audit Workshop is smart casual. The wearing of jeans, etc. is not permitted.

7.6 What will the course cover?

Preparing for a clinical coding audit

- Identifying the information required prior to the audit commencing and why this information is necessary
- Using the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology pre-audit templates
- Planning and preparing appropriate coding audit resources
- Communicating audit/auditor requirements

Conducting clinical coding audit

- Time management
- Correct application of all aspects of the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology
- The necessary skills to audit correct application of the four step coding process, national coding standards and rules and conventions of the classifications
- Using the audit worksheets to assign clinical codes
- Comparing Trust coded clinical data against your clinical codes
- Differentiating between coder and non-coder errors
- What the different audit error keys are and when they should be assigned
- Analysing the audit data

Facilitating the post clinical coding audit process

- Using the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology post-audit templates
- Generating a positive climate in feedback sessions
- How to use the audit authentication mechanism
- Required structure of the Meadows Audit Report - Marked Assessment 5. (The report content will be based on the information the delegates have gathered from practical activities and assessment during the three-day workshop)

NB The structure is for the Meadows Marked Assessment only. How an auditor structures their report/presents their findings once qualified is entirely up to them/their organisational preference or commissioner requirements.

Ongoing requirements

- Maintaining approved auditor status
- Continued professional development

7.7 Course Materials

Each delegate receives:

- Delegate course folder
- Written exercises and handouts
- Samples of a number of Terminology and Classifications Delivery Service Clinical Coding Audit Methodology templates

7.8 Reference Materials

Each delegate must supply their own reference books for use during the course:

- Volumes 1 and 3 of ICD-10 5th Edition (fully updated to reflect the current *Coding Clinic* available on [Delen](#))
- OPCS-4.9 Volumes I and II (fully updated to reflect the current *Coding Clinic* available on [Delen](#))
- National Tariff Chemotherapy Regimens List* (current version)

- Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4*(current version)
- National Clinical Coding Standards ICD-10 5th Edition reference book (2021) *
- National Clinical Coding Standards OPCS-4 reference book (2021) *

NB: Delegates are welcome to bring laptops/tablets to access electronic versions of the products highlighted with an*. These products can be downloaded via [Delen](#). Delegates may also use the ICD-10 and OPCS-4.9 e-Version*. The eViewer (eVersion) application, along with the ICD-10 and OPCS-4 e-Version books and the Reference books for use in the eViewer are available to download via the [Technology Reference Data Update Distribution \(TRUD\) site](#).

OPCS-4.9 is also available using an internet browser which can be accessed via the link below:

<https://classbrowser.nhs.uk/#/>

ICD-10 is not currently available via this platform.

- [Coding Clinic Ref 88](#): Coding of Co-morbidities

All the products highlighted with an * in addition to the Coding Clinic can all be found by accessing the [NHS Digital Delen website](#)

NB: Delegates can download the latest version of the *Coding Clinic* onto their laptops/tablets if desired.

7.9 Course Timings

Day One: 09.15-17.00*
Day Two: 09.00-17:15*
Day Three: 09.00-16.00*

*Based on previous Audit Workshops and may be subject to change. Times will be verified in the Clinical Coding Audit Workshop Joining Pack sent to all successful applicants 3 weeks before the course.

7.10 Registration

All aspects of the booking form (with Terms and Conditions) must be completed for each delegate.

The price includes all tuition, materials and refreshments on the three-day course (*unless otherwise indicated in the Course Joining Pack*).

Delegates requiring overnight accommodation during the course will need to arrange this. If booking hotel accommodation as an NHS delegate, always ask for Government rate where this is available.

7.11 Next Steps

Following successful completion of the workshop, each delegate receives:

- Terminology and Classifications Delivery Service Approved Clinical Coding Auditor certificate
- Clinical Coding Audit Methodology and all associated templates
- Access to the Shared Auditor Workspace and their Individual Auditor Workspace
- Access to the Auditor eAssessment tool
- Permission to use the Terminology and Classifications Delivery Service Approved Clinical Coding Auditor accreditation symbol after their name.

8 Maintaining Approved Clinical Coding Auditor Status and Continual Professional Development

To maintain approved clinical coding auditor status, auditors must evidence continued professional development (CPD). This is done by:

- conducting a minimum 20 days of clinical coding audit per year,
- writing at least one audit report each year,
- attending a two-yearly Approved Clinical Coding Auditor Forum,
- successful completion of both modules of the Auditor eAssessment Tool each year,
- attending a three-yearly Clinical Coding Standards Refresher Course (or dedicated Trainer Refresher Course if also an approved clinical coding trainer).

Failure to comply with all ongoing requirements will result in approved status being revoked.

NB: From 1 April 2021, the requirement to submit an Approved Clinical Coding Auditor Log Book has been removed whilst a more efficient and effective replacement is developed; this replacement will be introduced from 1 April 2022.

Auditors are recommended to attend Introduction to Classifications training during 2021-22 which can be delivered by any approved clinical coding trainer who has been given permission to use these materials. This training will further enhance their knowledge of classification structure, conventions and uses.

8.1 Approved Clinical Coding Auditor Forum

8.1.1 Overview

These are one-day interactive events designed to inform and update approved clinical coding auditors and provide the opportunity for input into the ongoing development of the Clinical Coding Quality (Audit) Framework.

The forum is part of the CCAP, is held every two years and attendance is mandatory for all approved clinical coding auditors (existing and newly qualified).

The content will vary but the general format will include presentations / interactive sessions facilitated by the Terminology and Classifications Delivery Service and guest speakers, where possible. The forum will:

- Inform of classification updates and changes to national coding standards
- Advise on planned updates to the Clinical Coding Quality (Audit) Framework
- Promote group discussion and input into future updates
- Encourage sharing best practice
- Provide the opportunity to network with other approved clinical coding auditors
- Provide access to guest speakers from secondary use organisations.

8.1.2 Benefits to the delegate

- Share audit experiences and best practice
- Opportunity to network with approved clinical coding auditors from other organisations
- Provides a tool to support Trusts in developing and maintaining their internal data quality programme
- Access to highly experienced and skilled Terminology and Classifications Delivery Service-based Approved Clinical Coding Trainers/Auditors
- Promotes continual professional development (CPD)
- Is one of the criteria for maintaining approved clinical coding auditor status.

8.1.3 Benefits to the organisation

- A skilled approved clinical coding auditor who is up-to-date on the latest classification updates and changes to national clinical coding reference products and who has a commitment to their ongoing CPD.
- The continued opportunity to deliver a more cost-efficient in-house clinical coding audit programme to satisfy internal clinical data quality and Data Security and Protection Toolkit, Standard 1, Clinical Governance and other NHS body requirements, in accordance with the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology.
- Sharing best practice processes with other NHS organisations.

8.1.4 Attendance Criteria

This Forum is open to existing approved clinical coding auditors and must be attended once every two years.

Failure to comply with all ongoing requirements will result in approved status being revoked.

8.1.5 Forum Materials

Each delegate receives:

- Access to copies of all slide handouts
- A Terminology and Classifications Delivery Service Approved Clinical Coding Auditor Forum certificate of attendance

8.1.6 Reference Materials

It is generally not necessary for delegates to bring any reference materials with them on the day; just thoughts and ideas they can share with fellow delegates.

8.1.7 Forum Timings

09.30-16.00 *

* Based on previous Auditor Forums and may be subject to change. Times will be verified in the delegate Auditor Forum Joining Pack issued three weeks before the Forum.

8.1.8 Registration

All aspects of the booking form (with Terms and Conditions) / online booking form must be completed for each delegate.

All materials and refreshments on the Forum are included (*unless otherwise indicated in the Joining Pack*).

Delegates requiring overnight accommodation will need to arrange this separately. If booking hotel accommodation as an NHS delegate, always ask for Government rate where this is available.

8.2 Auditor eAssessment Tool

The Auditor eAssessment Tool which has been designed to refresh the practical skills and theoretical knowledge of all approved clinical coding auditors is available on the Digital Learning Solutions (DLS) platform.

It must be completed on an annual basis by every approved clinical coding auditor at a time that's convenient to them.

It comprises two modules: Module 1 which takes 1-1.5 hours to complete, tests an auditor's ongoing error key assignment skills and has a pass mark of 95%, whilst Module 2 which takes 0.5 to 1 hour to complete, tests an auditor's ongoing understanding of the Clinical Coding Audit Methodology, the Clinical Coding Auditor Requirements Framework, the Data Security Protection Toolkit Data Standard 1 in respect of clinical coding audit, GDPR and Data Protection and has a pass mark of 90%.

A new version of each module will be uploaded at the start of each financial quarter so that any auditor not meeting the required criteria for a module(s) after two attempts, will be presented with an entirely new question set for that module(s) as part of the re-sit process. The Terminology and Classifications Delivery Service will work with any auditor, and their line manager, who does not meet the criteria after four attempts to ensure they can meet the criteria following a development plan.

The main purpose of the tool is to support an auditor's ongoing CPD by providing a formal mechanism for ensuring that the clinical coding audit methodology is applied correctly and consistently across the service supporting high quality audits of coded clinical data.

8.3 Consultations

From time to time we run consultations on a variety of topics relating to the development and delivery of our products and services. The consultations provide useful information to help us make better decisions and help us understand the priorities of our stakeholders.

Consultations will be added to the searchable database found by accessing the link below, making it easy for you to see what's going on and to participate. Links to the results of consultations, including reports and information about any follow on activities will also be visible here.

Approved clinical coding auditors are expected to contribute comments/feedback to at least one standard and/or audit consultation a year, where applicable. These standards/consultations are published on the [Delen Consultations page](#).

9 Extended leave and your Approved Auditor status

The advice below is to be adopted by all approved auditor's line management as good practice in order to ensure status is retained in these circumstances.

- After a period of extended leave line managers are asked to ensure that an approved auditor has a work schedule in place which includes completion of 5 audit days. The audit should be completed with line manager's support ***within 3 months of returning to work*** after the period of extended leave.

Upon completion of the 5 days audit, approved auditors must notify the Terminology and Classifications Delivery Service who will, if satisfied the criteria has been met, issue a certificate confirming retention of the individual's approved auditor status until the end of the financial year after the date of the return to work.

The approved auditor will then need to continue to evidence 20 days audit for each subsequent financial year in line with Section 8.

For example, if an approved auditor returned from a period of extended leave (less than 12 months) in June 2021, they would need to undertake 5 days audit by the end of September 2021. Following confirmation from the Terminology and Classifications Delivery Service that all the criteria have been met, a renewal certificate expiring on the 30th April 2022 will be made available within their personal workspace. They would then be required to complete 20 days audit by the 31st March 2022 (the 5 days audit already undertaken will be counted towards the 20 days in this instance).

For reference, the above practice is applicable to any person on extended leave for a period between six months and one year. Leave extending beyond one year would require the person to undertake the full Clinical Coding Auditor Programme again, regardless of experience.

10 Other Useful Information

10.1 Health Informatics Careers

A structure for careers within Health Informatics can be found in the following documents:

<https://www.healthcareers.nhs.uk/sites/default/files/documents/Careers%20in%20health%20informatics.pdf>

<https://www.hee.nhs.uk/sites/default/files/documents/Health%20Informatics%20Career%20Pathways%20Report%20A%20v1.pdf>

10.2 Informed: An introduction to the use of informatics in healthcare

This is an e-learning course developed by the Department of Health and Social Care. The course is available for NHS employees who want to expand their knowledge of health informatics:

<http://www.e-lfh.org.uk/programmes/health-informatics/>

10.3 SNOMED CT Foundation course

This is an eLearning course developed by SNOMED International. The course is available to anyone seeking to acquire or demonstrate a broad foundational knowledge of SNOMED CT.

Study itself is expected to require a total of 30-35 hours. The course must be completed within a maximum of four months, but it is possible to complete it within as little as a week. Registration is required.

<https://www.snomed.org/snomed-ct/learn-more/snomed-ct-elearning-courses>

10.3.1 SNOMED CT Awareness for Clinical Coders

Alternatively go through the content of the SNOMED CT Awareness for Clinical Coders presentation available on Delen.

10.4 NHS Data Dictionary eLearning

There are demonstrations available developed by the HSCIC which cover a wide range of topics within the Data Dictionary, which can be accessed on a modular basis depending on the information required.

Knowledge can be tested by the completion of quizzes.

The content of these demonstrations is for training purposes only and therefore may not match the current content of the NHS Data Model and Dictionary.

<https://datadictionary.nhs.uk/help/demonstrations.html>

10.5 ICD-11 Browser

This 2018 version is available by accessing the hyperlink below.

https://icd.who.int/ct11/icd11_mms/en/release#/

Google Chrome may be required to access all the options available within the browser, for example the Coding Tool (available under the Linearizations tab)

Further information on ICD-11, including the chapter reviews and field trial outcomes are available on [Delen](#).

10.6 NIB Strategy

The NIB (National Information Board) role is to put data and technology safely to work for patients, service users, citizens and the professionals that serve them. It brings together national health and care organisations from the NHS, public health, clinical science, social care and local government, along with appointed independent representatives to develop the strategic priorities for data and technology.

<https://www.gov.uk/government/organisations/national-information-board/about>

Personalised health and care 2020: a framework for action was published in November 2014 in partnership with the Department of Health (now the Department of Health and Social Care).

It can:

- give patients and citizens more control over their health and wellbeing
- empower carers
- reduce the administrative burden for care professionals
- support the development of new medicines and treatments

This framework has been developed based on evidence from many sources, including civil society and patient organisations, as well as directly from service users.

This is not a strategy in the conventional sense. It is not a national plan, but a framework for action that will support frontline staff, patients and citizens to take better advantage of the digital opportunity.

The National Information Board will report annually on progress made against the priorities detailed in this framework and review them each year to reflect changing technology and accommodate new requirements from the public and staff. The proposals in this framework are not comprehensive but they represent the core and immediate priorities for delivery of modern digital health and care services

<https://www.gov.uk/government/publications/personalised-health-and-care-2020>

10.7 NHS Long Term Plan

The NHS Long Term Plan published Monday 7 January 2019, sets out ambitions for improving the NHS over the next decade.

The plan describes how the NHS will improve care for patients and make the NHS a better place to work for staff, while overcoming key challenges. A summary of the objectives and areas of focus of the plan is also available.

Technology is recognised as a key enabler in making our NHS work better for both patients and staff, and the plan sets out ambitious plans for digitally enabled care to go mainstream across the NHS. In ten years' time, we expect the existing model of care to look markedly different.

Plans to make better use of data and digital technology include providing more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>