Reference Number:	FOIAH2425/611
From:	Commercial
Date:	29 January 2025
Subject:	Clinical Coding Details for 2024

Q1   How many episodes of care were coded by your organisation in 2024 (both inpatient and outpatient)?

A1   84.5K

Q2   How many episodes of care went uncoded in 2024?

A2   Zero

Q3   How much income do you estimate was not generated due to uncoded activity?

A3   Not applicable as per A2

Q4   Can you provide the split of coding volumes between specialities (e.g., oncology, cardiology)?

A4

Service	Count
General Paediatrics	7092
Plastic Surgery	6620
Ear Nose & Throat	5606
Dermatology	5452
Ophthalmology	4884
Emergency Medicine	4520
Oncology	4361
Paediatric Surgery	3834
Urology	3716
Nephrology	3695
Audiology	3539
Gastroenterology	3012
Cardiology	2399
Haematology	2315
Orthodontics	2213
Orthopaedics & Trauma	2203
Fracture	2025
Radiology	1993
Dentistry	1700
Neurology	1472

Endocrinology	1416
Anaesthetics	1393
Diagnostics	1299
Allergy	1196
Rheumatology	1174
Neurosurgery	887
Respiratory	874
Oral Surgery	643
Cardiothoracic	537
Burn Surgery	441
Ambulatory	437
Spinal Disorders	303
Neonatal Surgery	260
ID and Immunology	245
Diabetic Medicine	239
Craniofacial	167
Gynaecology	71
Pain Management	59
Laser	58
Cleft	53
Community Medicine	33
Paediatric Metabolic Disease	21
Child and Adolescent Services	17
Community Ophthalmology	13

Q5   Please explain how your organisation manages coding activity.

A5   Hybrid Remote Rota

Q6   Are outpatient and inpatient coding managed by the same team or separate teams?

A6   The Coding team process inpatient and certain cohorts of outpatients. Some outpatient data is input by the specialty team attending to the patient, utilising electronic forms set up by Clinical Coding and Clinical Systems.

Q7   How many Whole-Time Equivalent (WTE) staff complete clinical coding for the Trust?

A7   Eight

Q8   What proportion of the total WTE staff for clinical coding is substantive (permanent), bank staff, and agency staff?

A8   All permanent

Q9   Does the Trust currently have any automated solutions in place for clinical coding?

A9   No

Q10   If yes, please explain the automated solution that is in place.

A10   Not applicable as per A9

Q11   If not, is the Trust planning to implement automated coding solutions in the next 12–24 months? Or would it be interested in exploring potential solutions?

A11   Exploring currently

Q12   Is the Trust currently on Payment by Results (PbR), block contracts, or another financial model?

A12   Both Block and PBR models

Q13   What clinical coding systems or software does the Trust currently use to capture clinical codes?

A13   PAS, Expanse Meditech and Encoder Solventum (3M)

Q14   Does your Trust's Electronic Patient Record (EPR) system integrate clinical coding, or do clinical departments use standalone systems?

A14   EPR is used to extract the Clinical Coded data.

Q15   What are the main challenges the Trust faces in clinical coding (e.g., timeliness, accuracy, staffing shortages)?

A15   National shortage in Coding resource has caused delays in recruitment.

Q16   Could you provide the contact details (name, job title, and email) of the person who is ultimately responsible for overseeing clinical coding within the Trust?

A16   Suzanne Williams, Clinical Coding Manager, suzanne.williams@alderhey.nhs.uk