

A simple clinical coding strategy to improve recording of child maltreatment concerns: an audit study

Author list

Andrew McGovern¹
BM BS BSc
Researcher in Primary Care – Department of Health Care Management and Policy
University of Surrey
AMcG andy@mcgov.co.uk

Jenny Woodman²
BA, MA, MSc
Research Student
University College London - Institute of Child Health
JW j.woodman@ucl.ac.uk

Janice Allister³
MSc (UCLan), DObs RCOG, DCH, FRCGP
2011-2012 Clinical Champion for Child Health
Royal College of General Practitioners
JA janice.allister@gmail.com

Jeremy van Vlymen¹
MSc
Research Fellow
Clinical Informatics – Department of Health Care Management and Policy
University of Surrey
JvV j.vanvlymen@surrey.ac.uk

Harshana Liyanage¹
BSc, MBCS
Research Fellow
Clinical Informatics – Department of Health Care Management and Policy
University of Surrey
HL h.liyanage@surrey.ac.uk

Simon Jones¹
PhD
Professor of Health Care Management & Policy
Clinical Informatics – Department of Health Care Management and Policy
University of Surrey
SJ simonjones@surrey.ac.uk

Imran Rafi³
PhD, MRCP, FRCP, DFMS

Chair of Clinical Innovation and Research Centre (CIRC)
Royal College of General Practitioners
IR Imran.Rafi@rcgp.org.uk

Simon de Lusignan^{1*}
MSc, MD(Res), DRCOG, FBCS CITP, FHEA, FRCGP
Professor of Primary Care & Clinical Informatics
University of Surrey
SdeL s.lusignan@surrey.ac.uk

Ruth Gilbert²
MB ChB, MSc, MD
Professor of Clinical Epidemiology
University College London - Institute of Child Health
RG r.gilbert@ucl.ac.uk

¹Department of Health Care Management and Policy
University of Surrey
GUILDFORD GU2 7PX UK

²Centre for Paediatric Epidemiology and Biostatistics,
University College London (UCL)-Institute of Child Health,
30 Guilford Street
London WC1N 1EH UK

³Royal College of General Practitioners (RCGP),
30 Euston Square
London, NW1 2FB UK

*Author for correspondence

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Recording concerns about child maltreatment, including minor concerns, is recommended by the General Medical Council (GMC) (1) and National Institute for health and Clinical Excellence (NICE) (2) but there is evidence of substantial under-recording (3, 4). GPs are apprehensive about how recording is perceived by parents and the impact of this on the patient-doctor relationship (4). However careful clinical coding, even of minor concerns, is essential for building a cumulative picture of concerns and making children 'findable' on the system.

We determined whether a simple coding strategy (www.clininf.eu/maltreatment) improved recording of maltreatment-related concerns in electronic primary care records. We calculated rates of maltreatment-related coding before (Jan 2010-Dec 11) and after (Jan-Dec 2012) implementation of the coding strategy in 11 English practices. The strategy was developed in collaboration with the audit leads in the 11 practices. These GPs were selected for expertise in child safeguarding or another relevant area.

The strategy centred on encouraging GPs to use, *always and as a minimum*, the Read code 'Child is cause for concern' if they 'considered' maltreatment (as defined in NICE guidance (2)) had any safeguarding concerns. We also undertook a service evaluation of the strategy.

In the 25,106 children age 0-18 registered with these practices we found increased recording of any maltreatment-related code (rate ratio 1.4; 95% CI 1.1-1.6), child protection procedures (RR 1.4; 95% CI 1.1-1.6), and cause for concern (RR 2.5; 95% CI 1.8-3.4) after implementation of the coding strategy. Clinicians cited the simplicity of the coding strategy as the most important factor assisting implementation and time and competing priorities as the greatest barriers.

The coding strategy improved coding of maltreatment-related concerns in a small sample of practices with some 'buy-in'. Further research should investigate how coding relates to ongoing management of the family and can support the doctor-patient relationship.

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