Consultant Clinical Outcomes reporting: media information from specialties

This is a summary of each specialties’ work on outcomes reporting, each was given the opportunity to provide text such as details of the society and audit team delivering the work, nature of the data they are providing, topline results, quotes for media use and contact details. Details from the seven teams reporting between end of June and early July 2013 are listed alphabetically below. As highlighted in the media release and FAQs, the three outstanding teams will report in autumn 2013.

Bariatric (publication date - Sunday 30 June 2013)

Bariatric work was delivered by the British Obesity and Metabolic Surgery Society (BOMSS) using data from the National Bariatric Surgery Registry (NBSR). The society welcomes the publication of data on the performance of individual surgeons. There was 100% consent for publication from surgeons on the NBSR and the results revealed no outliers.

Quote: Mr Richard Welbourn, consultant surgeon, chair of the National Bariatric Surgery Registry and the president of the British Obesity and Metabolic Surgery Society, commented: “I welcome the publication of surgeon-level data which highlights the safety of bariatric surgery and gives patients and other members of the public the opportunity to review the work of individual surgeons. We want patients with severe and complex obesity to feel confidence in NHS care and, as surgeons, we want to deliver the best treatment for individuals in the context of team working as well as individual performance.”

British Obesity and Metabolic Surgery Society website: www.bomss.org.uk

Cardiac Surgery (publication date – Friday 28 July 2013)

Cardiac Surgery reporting was delivered by the Society for Cardio-Thoracic Surgery using data from the National Adult Cardiac Surgery Audit. Data at individual consultant-level has been available for UK cardiac surgery since 2005. Friday 28 June sees this updated to show activity and risk-adjusted mortality rates for individual surgeons, based on operations carried out April 2009–March 2012.

Key findings: the results include over 100,000 operations and represents 100% of NHS cardiac surgery consultants in the England. Overall crude mortality for isolated first-time coronary artery bypass grafting (CABG) has dropped from 1.92% in 2002/3 to 1.41% in 2011/12.

Media enquiries: cardiac surgery reporting is led by Professor Ben Bridgewater, also seconded by HQIP as Director of Outcomes Publication to manage the Consultant Clinical Outcomes reporting as a whole. Professor Bridgewater is available for interviews on 27 and 28 June: to arrange, please contact HQIP Communications Manager James Thornton via 020 7469 2522, 07984 383346, or james.thornton@hqip.org.uk

Society for Cardio-Thoracic Surgery website: www.scts.org/patients
Endocrine and Thyroid (publication date – Monday 1 July 2013)

The British Association of Endocrine and Thyroid Surgeons (BAETS) will make available the surgical outcomes data of its members, as part of the Department of Health’s initiative on data transparency.

Key findings:

- The mortality of thyroid surgery is extremely low, at around 0.1%, with no significant differences between surgeons.
- In-hospital complications are relatively rare, and hospital stay usually short.
- The commonest complication after total thyroidectomy is the need to take additional calcium or Vitamin D supplements.
- Although data submission to the audit has been voluntary, and requires data to be inputted by the individual surgeon, rates of data completeness are generally very good.

Quote: British Association of Endocrine and Thyroid Surgeons President John Watkinson commented: “We will continue to strive to demonstrate to the public that we are committed to ensuring that patients who undergo all aspects of thyroid and endocrine surgery receive the best possible care.”

Interventional Cardiology (publication date - Monday 1 July 2013)

Interventional Cardiology reporting was delivered by the British Cardiovascular Intervention Society (BCIS) using data from the National Adult Coronary Interventions Audit. The society was founded in 1988 and represents all with an interest in Percutaneous Coronary Intervention (PCI) in the UK. For years BCIS has published hospital level data, but now we publish individual consultant’s PCI activity. The overall number of procedures split by clinical presentation is shown. Observed rate of major adverse outcomes are also analysed and compared with what would be expected given that operator’s case mix. A detailed explanation of these analyses, with their strengths and limitations is available on the website accompanying these data.

Key findings: A wide range of overall levels of Percutaneous Coronary Intervention and a very variable case mix between different operators. No consultant has adverse event rates higher than would be expected according to the case mix of patients they are treating.

Quote: Dr Peter Ludman, Consultant Cardiologist and British Cardiovascular Intervention Society Audit Lead commented: “These results provide a very reassuring picture of Percutaneous Coronary Intervention care across the UK.

British Cardiovascular Intervention Society website: [www.bcis.org.uk/patientarea](http://www.bcis.org.uk/patientarea)
Orthopaedics (publication date - Monday 1 July 2013)

Orthopaedic outcomes reporting was delivered by the British Orthopaedic Association (BOA) using National Joint Registry (NJR) data. At www.njrsurgeonhospitalprofile.org.uk, patients and the public will be able to review information regarding hip and knee replacement surgery for surgeons undertaking NHS-funded treatment in England in 2012. They will be able to see the:

- hospitals where a surgeons works
- numbers of hip and knee joint replacement procedures carried out by each surgeon in 2012
- 90-day risk-adjusted mortality rate for each surgeon (using data from 2003/2013).

Key findings: Hip and knee replacement surgery is a surgical procedure with very low levels of mortality and which offers significant benefits for the 150,000 patients undergoing a hip or knee joint replacement operation each year.

Quote: President of the British Orthopaedic Association, Martyn Porter, commented: “This is a world first for orthopaedics. Through greater transparency and information sharing we can demonstrate the high standards and levels of success achieved in hip and knee replacement surgery. We hope that patients, their families and carers across England will be reassured through the release of this information.”

Media enquiries: Please contact Si Scott at the British Orthopaedic Association on 07730 989 692.

Website: www.njrsurgeonhospitalprofile.org.uk

Urology (publication date - Friday 5 July 2013)

On 5 July 2013 the British Association of Urological Surgeons (BAUS) will publish individual outcomes data from the Association’s national nephrectomy (removal of the kidney) audit (part of the BAUS Cancer Registry). This audit was chosen because there is no single operation all urologists undertake, but nephrectomies are routinely undertaken by about 40% of the 700 consultant urologists practicing in England.

This operation may be undertaken for malignant or benign disease and there are a range of operative techniques used, for example open or keyhole surgery. Each unit and surgeons casemix will be shown together with their risk adjusted rates of complications, transfusions and mortality plus figures on length of hospital stay.

Data on 5,258 cases has been collected from 281 consultants at 119 centres.

Quote: British Association of Urological Surgeons President Adrian Joyce stated: “The British Association of Urological Surgeons sees the publication of consultant level outcomes data as an opportunity to drive up quality of care; enable patient choice and support the requirements of professional revalidation.”

Website URL (accessible from 5 July 2013) http://www.baus.org.uk/patients/surgical_outcomes
Vascular outcomes data was delivered by the Vascular Society using data from the National Vascular Registry. The National Vascular Registry 2013 Report on Surgical Outcomes: Consultant-level Statistics, presents information on the results of surgery for patients who underwent two types of vascular procedures: elective repair of an infra-renal Abdominal Aortic Aneurysm (AAA) and stroke prevention surgery or carotid endarterectomy (CEA).

Key findings: This information builds on the UK wide quality improvement programmes that vascular surgeons have been running since 2005. The Society has been reporting unit-level outcomes for AAA and CEA and has seen significant improvement in surgical performance in the last eight years. This reporting has led to the rate of mortality after elective infra-renal AAA repair in the UK falling from 7% in 2008 to 2.4% in 2013. This is a direct result of the relentless focus by multi-disciplinary teams (MDT) on outcomes over preceding years.

The data reveals that no surgeon had an outcome outside the expected range - so there were no outliers.

Quote: Vascular Society President Professor Julian Scott commented: “When analysing this information it is vital to understand that many surgeons now operate jointly for complex cases such as Abdominal Aortic Aneurysm and this cannot be reflected in the current data as the operation is only assigned to one consultant. As a result unit/hospital-level data may be a better guide to quality as it reflects the results of the surgical team far better. To simplify consultant-level data to a discussion around league tables is highly misleading and cannot be justified.”

“Surgeons in these tables should not be ranked by their mortality rate as there is a risk that they will be wrongly criticised and patients misled. Some are conducting extremely difficult surgery on very sick people so will have relatively high mortality rates. In all of these cases the patients are discussed in a multi-disciplinary team and the opinion is shared with the patient and their families. If they decide to undergo surgery, these patients are managed on a daily basis by a variety of health care professionals and not by just by one consultant surgeon.”


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