

Lessons from Nephrectomy Outcomes Data

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THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY

Chaired by Robert Francis QC

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Executive summary

- "Publication of Clinical Audits for every consultant practicing in Urological Surgery"
- There is no single procedure undertaken by every urologist
- None of our audits are nationally funded



Exercise announced 04/02/13

- Meeting with HQIP 21/02/13
- Decision to publish
 2012 Nephrectomy data
 28/02/13
- Publication date of 28/06/13

Problem

- Only covers ~40% of Urologists
- Only 30% regularly uploaded data
- Min F/U data
- 70% retrieve data within 10 weeks - many had little or no support from Trusts
- Need to use HES from 2011 to indicate potential numbers

PUBLICATION OF SURGEON SPECIFIC OUTCOMES DATA

- Data collection period 1 Jan 2012 to 31 Dec 2012
- HES data (Eng) for 2011 = 6,766 nephrectomies by urologists
- England: 5,449 cases from 283 consultants at 119 centres, inc. 125 PPs from 34 consultants.
- Estimate that we have almost 80% of nephrectomies
- Median cases per consultant: 14 (range 1 107)
- Median cases per centre: 37 (range 1 − 231)

Surgical Outcomes

Nephrectomy Casemix - 1st January 2012 to <u>Click here for information on understanding graphs</u> 31st December 2012

http://www.baus.org.uk/patients/surgical out

comes

Nephrectomy Outcomes Data

Search by Trust and / or by individual surgeon

Trust / Hospital Centres

TAUNTON AND SOMERSET NHS FOUNDATION TRUST

South West

THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST

South West

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

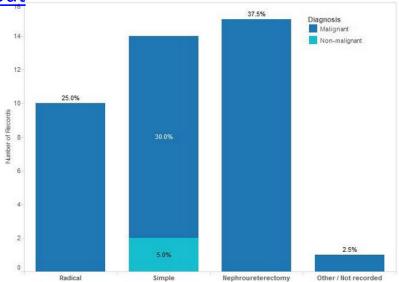
South West

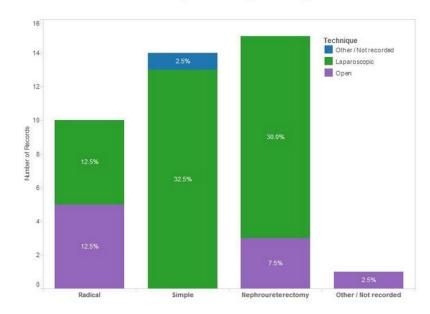
HES data for 2011 indicates that 74 procedures were performed by urologists at this centre. No data was returned to the BAUS audit for 2012, however we are aware there has been a reconfiguration and urology services moved to North Bristol Trust in April 2013. It is likely that the surgeons were busy dealing with the move and were unable to return data to the audit within the tight...

First 1 2 Last

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South East Coast

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Nephrectomy Outcomes Data

Search by Trust and / or by individual surgeon

Trust / Hospital Centres

ASHFORD AND ST PETER'S HOSPITALS NHS TRUST

South East

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST

South East

DARTFORD AND GRAVESHAM NHS TRUST

South East

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

South East

HES data for 2011 indicates 100 nephrectomies were undertaken by urologists at this Trust in 2011 The 59 cases returned by this unit for 2012 arrived too late for inclusion in the risk adjusted analyses and therefore moribidity charts cannot be shown. Unadjusted complication and mortality rates were 0% and the transfusion rate 12.5%.



South East

FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST

South East

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

South East

MEDWAY NHS FOUNDATION TRUST

South East

HES data for 2011 indicates that 34 procedures were performed at this centre. Less than 5 cases were reported in 2012 - insufficient for meaningful analysis. The consultants who did report cases from here also work at additional hospitals.

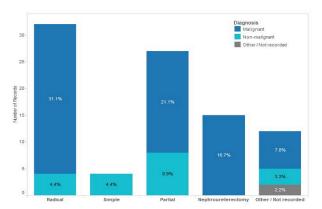
ROYAL SURREY COUNTY NHS FOUNDATION TRUST

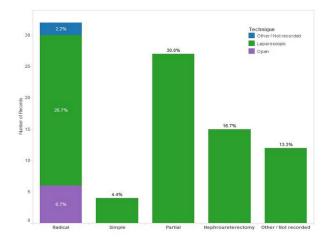
South East

SURREY AND SUSSEX HEALTHCARE NHS TRUST

South East

Nephrectomy Casemix - 1st January 2012 to Click here for information on understanding graphs 31st December 2012





London South

Nephrectomy Outcomes Data

Search by Trust and / or by individual surgeon

Trust / Hospital Centres

BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST

ondon

Many cases were not downloaded due to lack of notes at the time of inputting. From 1st June 2013, the Trust has agreed to fund prospective data input

BARNET AND CHASE FARM HOSPITALS NHS TRUST

London

BARTS AND THE LONDON NHS TRUST

London

HES data for 2011 indicates that 61 procedures were performed at this centre. No data was returned to the BAUS audit for 2012. We are aware that there has been some service reconfiguration during 2012 and the consultants have assured us data will be submitted in the future.

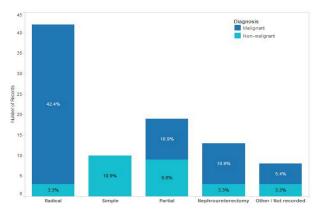
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST

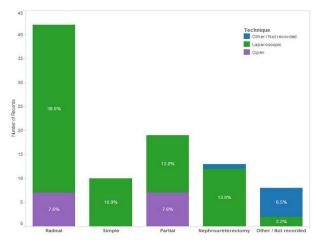
London

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Nephrectomy Casemix - 1st January 2012 to Click here for information on understanding graphs 31st December 2012

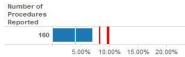




Morbidity - Centres

Mortality Rate Number of Procedures Reported 2.00% 3.00% Risk Adjusted Mortality Rate Complication Rate

Blue line indicates National Average Red lines indicate 99% & 99.9% Upper alarms



Transfusion Rate



Length of Stay (Median & Range)

Technique	Number of Records	Median length of st	Minimum	Maximum
Open	82	6.00	3.00	59.00
Laparoscopic	78	4.00	0.00	31.00

Morbidity - Individual

Risk Adjusted Rates

alarms



Number of Procedures Reported

Length of Stay (Median & Range)

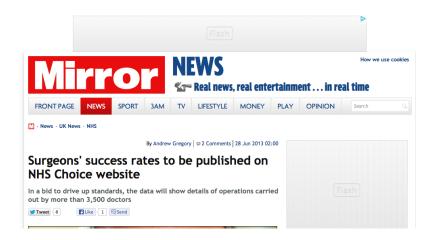
0.0% 10.0% 20.0% 30.0% 40.0%

Technique	Number of Records	Median length of stay	Minimum	Maximum
Open	4	7.500	4.000	9.000
Laparoscopic	6	4.500	2.000	5.000

Everyone Counts: Offer 2 28th June 2013









423 people visited this site





Language	Visits % Visits
1. en-us	348 74.52%
2. en-gb	116 24.84%
3. en	2 0.43%
4. en_gb	1 0.21%

Everyone Counts: Offer 2 Lessons Learnt

Communication:

- Poor communication between HQIP and the Specialty Associations
- "Too many cooks" (HQIP/ RCS/ FSSA)
- Trusts seemed to be unaware of the BAUS audits (not nationally funded)
- BAUS has no mechanism for routinely notifying trusts of our Audit activities
- BAUS elected to go one week later after planned publication date



Everyone Counts: Offer 2 Lessons Learnt

Data Analysis:

- HQIP proposed that we use CHIR based at Imperial College for our data analysis and statistical support
- In desperation BAUS turned to Dendrite Clinical Systems who turned round the work in 3 days

Presentation:

 HQIP suggested that we use Lightmedia but the uploading of data was time consuming - (600jpegs into a table to upload)

Everyone Counts: Offer 2 Lesson learnt

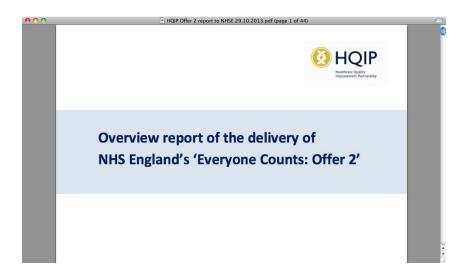
Ideal timescale:

- 1 week post closing date to submit data for validation
- 3 weeks for checking and correcting by contributors
- 3 weeks for data analysis
- 2 weeks to upload data
- 4 weeks for BAUS to contact trusts & Individuals to review data and comment also review Outliers / failure to submit data
- Quality Assurance & Validation!!!!

HQIP Requirements for 2014

Key recommendations for autumn 2014

- More consultation with and involvement of patients
- All ten specialties that published consultant-level analysis in 2013 should update and improve this information in autumn 2014
- At least one new specialty should publish consultant level outcomes in autumn 2014
- Funding should be available from NHS England via HQIP to support the process
- Minimum requirements for publication should be defined by HQIP/NHS England and met by all audits



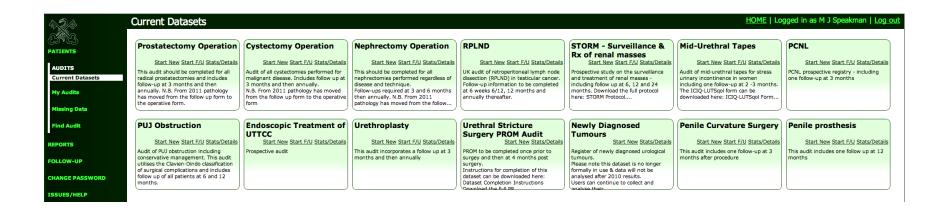
Where does BAUS go from here?

2013/2014:

- Most audits did not collect information on preoperative morbidity:
 - BMI
 - Charlson score
 - Clavien-Dindo Classification of Surgical Complications
- Datasets reviewed to better differentiate between benign and malignant cases.
- Concern re QA: Need to validate externally a % of entries.
- BAUS role in relation to outliers

2014/2015:

- HQIP "Need to have an audit covering every individual urologist in England"
- Evolution not Revolution
- Discussions over the next audits:
 - Endo PCNL
 - Oncology Radical Prostatectomy
 - Collect 2014 data for publication in 2015



Current IT platform for audit data collection (Nuvola) launched 2008.

Cost £66k & participation rates 30%

Over 5 years the costs for data and audit = £256k i.e. £300 per full member or £1000 per contributing member.

- Review of process ? New supplier. ? Launch Spring 2014.
- Should we link to HES benefits!!
- Need S251 approval tortuous process, need an application to cover all the audits otherwise:
 - New application for each audit
 - All would be subject to an annual review
 - With 9 audits this is non-viable
- Also DFI, HED or Dendrite costs would need to be explored as well ownership of the data.



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Your choices: consultant choice

Choosing a consultant

Consultant data

Consultant data

Consultant treatment outcomes

NHS England is committed to making more information available about how services and professionals are performing. The aim is to drive up the quality of care and to help people choose the treatment that suits them best.

This initiative is a central part of NHS England's ambition to ensure every patient gets high quality care, and to build improved services for the future.

On this page you'll find links to

information about individual consultants in a number of clinical areas. You can look at their results for a range of operations and treatments to help you make decisions about your care.

Prof Sir Rauce Kengh, National Medical Director of NHS England, eaid: This is a major

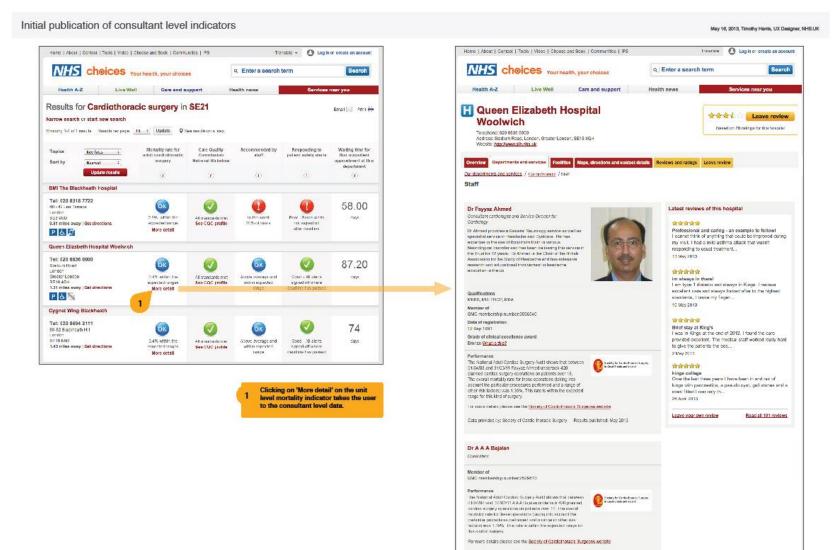


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-) GP referrals
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- > NHS complaints procedure
- > NHS friends and family test
- > NHS hospital services explained
- Quality Accounts
- > Treatment choice
- > The Keogh Mortality Review
- What are PROMs



What might the future look like?



Hade provided by Shippely of Combo-Impage Surgery - Results pulpeted May 2013