

HQIP: Consultant Outcomes Publication quarterly newsletter

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Welcome

Welcome to the second HQIP Consultant Outcomes Publication (COP) newsletter. We will continue to provide quarterly newsletters to keep you up to date with all COP-related developments and requirements.

As this newsletter is still new, please provide feedback on what information you would like to receive more or less of - we are very open to suggestions and want to make these as helpful as possible. Please email cop@hqip.org.uk .

COP 2015: Progress

In 2015 the COP audits have made a number of steps forward from last year to improve the programme.

- **Additional patient meaningful measures** have been included, as mortality is not always the most appropriate measure
- **Team-based measures** are now being published, alongside reports about individuals
- **Staggered publication** is occurring throughout 2015, rather than all data being published in a 'big bang' at the end of the year as it was in 2014.5 audits have already published data so far in 2015.

Publication spotlight-From the National Vascular Registry

In August 2015, the National Vascular Registry published the results of elective infra-renal AAA repair and carotid endarterectomies for NHS trusts and individual consultant surgeons. This builds upon the results published in 2013 and 2014.

<http://www.vsqip.org.uk/surgeon-outcomes/>

For each surgeon, we have published number of operations, the typical length of stay, and the adjusted in-hospital mortality rate for the procedures. We have also published the median delay from symptom to procedure at NHS trust level for carotid endarterectomy.

Case ascertainment remains high for both procedures at around 90%. We are pleased to report that all consultants and NHS trusts are performing in the expected ranges, as shown by the funnel plots.

Results for English NHS trusts and consultants working in England were also published on the NHS Choices/MyNHS website in September 2015.

<https://www.nhs.uk/Service-Search/consultants/performanceindicators/1026>

New COP team member

Dr Kieran Mullan, Clinical Lead, COP Programme

Kieran joined the COP team in July as the Clinical Lead of the COP Programme. Previous to this role Kieran worked at the National Confidential Enquiry into Patient Outcomes and Deaths on scoping NHS England's proposals for standardising hospital based mortality review. He has also acted as an independent advisor to a DH review of hospital complaints and led a Health Foundation funded multi Trust improvement project based at Mid Staffordshire NHS FT. In his clinical role he works in an A&E department. Kieran's focus will be on the COP Strategic plan to 2020.

Professor Ben Bridgewater on 'Intelligent Transparency'

So the new expression in NHS care is 'Intelligent Transparency'. The Secretary of State has described the concepts in his recent speeches and the thinking frames the COP programme in a clearer way to my mind.

Jeremy Hunt articulates the Cardiac Surgery experiences of collecting, benchmarking and publishing data, and it has been shown that the process has been associated with improvements of quality. Some argue that these benefits would have occurred anyway without publication, and they may be right, but the Intelligent Transparency argument is wider than that.

It is indisputable that the major failures in clinical governance at Mid Staffs and elsewhere were associated with failures of organisations and individuals to publicly acknowledge shortcomings and learn from them. Hence the move to a duty of candor. But the intelligent transparency arguments sit over the top of all of this. If you know what you are doing and how well you are doing it, and everyone else does too, this should drive a culture of openness, transparency and ongoing learning. However it is essential that the environment must be appropriate to enable this to happen, whereby people can report mistakes and problems without the fear of inappropriate retribution.

The consequences of publishing outcomes must be right too; otherwise we will reap unintended negative consequences. We know the patients do not flock to the hospitals and the surgeon with the best results in any great numbers, but there have been adverse implications, possibly rightly so, for those whose results are not as good as expected. The challenges now sit with all organisations and individuals to show appropriate insight, candor, action and improvement when needed. Organisations must be supportive of their staff when they are in difficulty, and these processes need to be robust and skillful. We are moving from an unmanaged environment to a managed one, and I am not sure we really know yet how to do this effectively as things can, on occasion, become very challenging indeed. This is the most important issue that supports the COP agenda.

The final step of the 'Intelligent Transparency' argument sits with the patients. More and more people are using smartphones and other mobile devices in all walks of life, and this is developing in healthcare. It is not sustainable to believe that we will all use information technology, data, reviews and social networking to make decisions about merchandise, hotels and travel, but will rely exclusively on GP and hospital consultations when it comes to healthcare. Of course this is not all about choice of provider; it is more about informing people about their health, or illness, and encouraging them to take control of their own issues, be it disease prevention or disease management. In this thinking there is a direct line, for example, between putting hospitals activity

and mortality rates into the public domain and informing and incentivising people to act to prevent the onset of secondary diabetes. It is hoped that this processes of transparency will support a move from patients being passive recipients of the NHS to active participants in managing their own health. I believe the COP initiative makes more sense when seen in this context.

COP Manual

It has become apparent that there is a requirement for a number of different aspects of guidance for the national clinical audit programme. This applies right across national clinical audit, but it particularly relevant for those audits involved in the consultant outcomes publication (COP) programme. These audits are placing results into the public domain and there is a special need for all aspect of the audit to be as robust as possible.

HQIP has been working on a number of different guidance documents including the management of outliers, data validation and statistical aspect of analysis for the COP programme. These work streams are in different phases of consultation and completion; the outlier management

document has completed the processes, the statistical group have produced guidance which has finished internal consultation and is ready for more widespread input and dissemination, and the data validation document has been compiled following a workshop which was widely attended by the clinical audit community, but has not yet been released for wider input.

These new guidance documents are in addition to the existing COP guidance which has been available on the HQIP website for some time.

It has become apparent that there is a need for absolute consistency across this guidance, and that there is a risk of repetition if all guidance is issued 'stand-alone'. We have therefore pulled together a technical guidance manual that includes all of the above. We have now issued this on the HQIP website, and we would like the clinical audit community to help us refine and complete the document, and we recognise that some may find it useful in its uncompleted form. We are asking for feedback but contributors should recognise that the various chapters have been have already been through different levels of input and signoff as described above.

The document is available at <http://www.hqip.org.uk/resources/cop-technical-manual/> and feedback can be given through email to cop@hqip.org.uk. The deadline for submissions is 30th October 2015.



Portfolio Presentation-making the most out of your publication profile

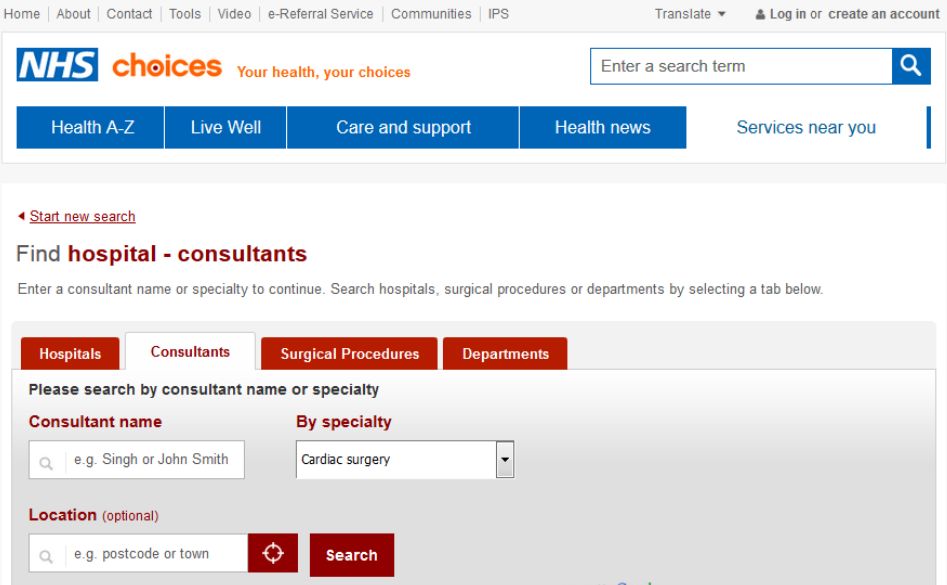
The activity and mortality data for the adult cardiac surgery audit for the 2011-2014 data was published on myNHS and the SCTS professional society website on 16th September. The refresh of the data marks a significant development for this specialties national audit which we feel is of benefit for the wider clinical audit programme.

The Secretary of State talks about *intelligent transparency* and the COP programme aims to place information in the public domain that is of interest and importance to patients. Activity and mortality obviously have a place in the transparency agenda, but feedback from patients also suggest that they are interested in softer issues such as the experience of care, and data on the surgeon's training and ongoing continuing professional development. Something as simple as a photograph of the surgeon can be reassuring. SCTS has responded to this by including a professional profile on the website to go alongside the harder activity, casemix and outcomes data. This allows a much richer information offering to patients, and one which we believe is being well-received.

SCTS have worked with Lightmedia, their website developer to design the profile template, which gives the ability to upload pdf documents and give an external link to additional websites (such as a personal page on a hospital or university page). The professional society has asked all surgeons to complete the template, but at the time of going live the take-up was around 50% of surgeons. HQIP would praise the leadership of the professional society for this development, and would hope that more and more surgeons would populate their profiles in time. We also believe that this sets a new standard for transparency and would encourage other audits to consider similar methodologies.

New look on NHS Choices

In line with the annual refresh of specialty data for cardiac surgery, urology and vascular surgery, September 2015 sees NHS Choices launch improvements to their consultant outcome publication. The navigation from the consultant search page has been simplified for users to refine search criteria with three clear options of name, location and specialty.



The screenshot shows the NHS Choices website interface for finding hospital consultants. At the top, there is a navigation bar with links for Home, About, Contact, Tools, Video, e-Referral Service, Communities, and IPS. A search bar is present with the text "Enter a search term" and a magnifying glass icon. Below the navigation bar, there are several tabs: "Health A-Z", "Live Well", "Care and support", "Health news", and "Services near you". The main content area is titled "Find hospital - consultants" and includes a sub-header "Find hospital - consultants" and a prompt "Enter a consultant name or specialty to continue. Search hospitals, surgical procedures or departments by selecting a tab below." There are four tabs: "Hospitals", "Consultants", "Surgical Procedures", and "Departments". The "Consultants" tab is selected. Below the tabs, there is a section titled "Please search by consultant name or specialty" with two input fields: "Consultant name" (with a search icon and the text "e.g. Singh or John Smith") and "By specialty" (with a dropdown menu showing "Cardiac surgery"). There is also a "Location (optional)" field with a search icon and the text "e.g. postcode or town", and a "Search" button. The page is powered by Google.

Once a search is executed the user is presented with a list of consultants' business cards which meet the criteria. The business cards host key information about each consultant in an easy to digest at-a-glance manner. An icon appears on the cards which provide visual representation of each consultant's gender – adding a soft touch to the design.


The screenshot shows the NHS Choices website interface. At the top, there is a search bar with the text "Enter a search term" and a magnifying glass icon. Below the search bar are navigation tabs: "Health A-Z", "Live Well", "Care and support", "Health news", and "Services near you". The main content area is titled "Consultants offering services in Cardiac surgery". Below the title are options to "Edit your search" or "start new search", and a status bar indicating "Showing results 1-10 of 237 | Results per page 10 | Update". Two consultant profiles are displayed:

- Qamar Abid**: Male, GMC membership number: 4383789. Specialises in: Cardiac surgery, Cardiothoracic surgery, Lung cancer services. Locations: City General Hospital, Royal Stoke University Hospital. Performance data available.
- Haitham Abunasra**: Male, GMC membership number: 4106663. Specialises in: Cardiac surgery, Cardiothoracic surgery. Locations: Glenfield Hospital, Manchester Royal Infirmary. Performance data available.

Each consultant's business card is a gateway to a profile where the real magic happens. Choices have developed a profile page which hosts enhanced information about a consultant and their performance. The data on the profile page is grouped by specialty, with performance data published in the user friendly presentation format synonymous with Choices. In addition, location information about which hospitals the trust offers the specialty services is presented on the consultant's profile.

NHS choices Your health, your choices

Health A-Z | Live Well | Care and support | Health news | Services near you

Qamar Abid Male 
 GMC membership number: 4383789

Specialises in:
[Cardiac surgery](#)
[Cardiothoracic surgery](#)
[Lung cancer services](#)

Cardiac surgery

In hospital survival rate ⁱ **OK** With a value of 99.04%
[View source information](#)

Volume of operations ⁱ 442 operations
[View source information](#)

About this data
 The data was collated by [The data was collected by hospitals across England and analysed by NICOR](#)

Compare with other consultants

Locations

[Royal Stoke University Hospital](#)
 Newcastle Road, Stoke-on-Trent, Staffordshire, ST4 6QG
[View Cardiac surgery data](#)

Navigating to useful links from the profile has been made easier from the consultant’s profile. Users can still view the comparative list of consultants easily from the profile with a clearly displayed ‘compare with other consultants button’ for each specialty. Other useful links can take you to the hospital’s specialty page or to a comparative page to view specialty data available for the hospital.

Overall, Choices new presentation is an enhancement on the 2014 publication and offers users a more personalised approach to viewing information about their consultant. Useful links to hospitals and performance data give users uncompromised access at their fingertips.

HQIP COP points of support

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