About this Release

The aim of the surgical profiles project is to encourage improvements in surgical care by making best use of existing Scotland-wide data sources. The surgical profile itself comprises of a suite of clinical indicators about the surgical care provided by an NHS Board and its hospitals (data are not presented for individual clinicians or patients). It is a tool designed to be interpreted and used locally, by those providing surgical care, in order to stimulate reflection on surgical services – and in doing so to identify opportunities for improving patient care. In collaboration with Healthcare Improvement Scotland, there is then a dialogue with each NHS Board about how it is interpreting and using its data locally.

The latest (third) version of the surgical profile was made available to NHS Boards on 29th March 2011. This release puts the statistical data included in the surgical profile into the public domain. Each NHS Board was asked to provide an initial response (including an action plan) to the profile, and alongside the data from each NHS Board’s profile is a letter providing feedback on their response.

It is important to note that the data in the profile cannot be used in isolation as a basis for making reliable judgements about the quality of clinical care. This is because there are various factors that might influence the data, only one of which is the quality of patient care. Attempting to make judgments on the basis of these data could lead to incorrect conclusions being drawn. It is appropriate, however, to ask service providers about their interpretation of their own data and how they are using this information.

Each NHS Board is to provide an update on the actions it is carrying out in response to the profile in January 2012. This interim release will be followed up with the publication, in March 2012, of a summary report about the third cycle of the surgical profiles project.

This is a collaborative project led by Healthcare Improvement Scotland and the Information Services Division, with support from NHS Boards, the Royal College of Surgeons of Edinburgh, the Royal College of Physicians & Surgeons of Glasgow, and a number of clinical specialty groups.

Key Points

- There are 93 clinical indicators within the Surgical Profile, arranged according to 8 surgical specialty groupings, showing hospital and health-board variations in mortality, volume of procedures performed, length of stay and readmissions.
- The analysis is coupled with a formal process of dialogue with each NHS Board about how they interpret and use the data locally.
- Each of the 15 NHS Boards have provided an initial response to their Surgical Profile.
- The Surgical Profile aims to stimulate reflection that may contribute towards improvements in patient care; NHS Boards are asked to respond to ‘outliers’ regardless of whether their rate is high or low.
• Larger NHS Boards may have a greater number of outliers to review simply due to the higher number of hospitals within their board areas; also some indicators are not applicable to smaller boards.

• In addition to board and hospital comparisons the surgical profile provides access to national trends in mortality and volume of procedures performed.

• The project team is working with a number of groups with national remits in order to try and better understand these data.

• Between 2005 and 2010 crude 30-day mortality has fallen from 0.41% to 0.23% following elective surgical admissions and from 4.11% to 2.11% following non-elective admissions.

Background
The surgical profile is predominantly intended as a tool to be used by NHS Boards and clinicians in order to stimulate reflective practice and guide quality improvement activity. In interpreting these data, it is recognised that local knowledge of the health care systems is needed. Members of the general public and the media might be interested to know about how NHS Scotland is using data to contribute to wider efforts to improve the quality and safety of health care – and this will be covered in a follow-up report about the project that will be published in March 2012.

The Surgical Profile presents 93 clinical indicators on the following topics:

• Surgical Mortality (All Specialties Combined) (4 Indicators)
• General Surgery (25 Indicators)
• Vascular Surgery (6 Indicators)
• Trauma and Orthopaedic Surgery (22 Indicators)
• Paediatric Surgery (6 Indicators)
• Urology (4 Indicators)
• Gynaecology (11 Indicators)
• Ear, Nose and Throat (15 Indicators)

The clinical indicators in the surgical profile are presented in graphs called control charts. A control chart is a simple way of presenting data that can help guide quality improvement activities, by flagging up areas where there appears to be marked variation and where further local investigation might be beneficial.

There are two types of control chart in the surgical profile. The first (sometimes called a funnel plot) allows comparisons to be made between different service providers, in this case NHS Boards or hospitals. It is on the basis of these charts, where the observed rate lies out with 3 standard deviations of the Scottish average, that the board will be asked to respond to a particular indicator. The second (sometimes called a longitudinal control chart) allows a service provider to monitor its own data over a period of time.

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Further Information
Further information can be found in the Quality Improvement website.

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland - and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government Health Department and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves. www.isdscotland.org/