About this Release

The medical profile has been produced in collaboration with Healthcare Improvement Scotland as part of a wider process aimed at encouraging improvements in clinical care by making best use of existing Scotland-wide data sources. The medical profile comprises of a suite of clinical indicators about the medical care provided by an NHS board and its hospitals. It is a tool designed to be interpreted and used locally by those providing patient care in order to stimulate reflection on clinical services; to help them understand where services are working well and to identify opportunities for improving patient care.

This release puts the statistical data included in the medical profile and made available to NHS Boards on 15th March 2012, into the public domain.

Integral to the process is an ongoing dialogue with each NHS Board, facilitated by Healthcare Improvement Scotland, about how they are interpreting and using the data locally. A clinically led group will periodically convene to consider, and provide feedback on, each NHS board’s response/action plan/update. In parallel with these interactions with individual NHS boards, the key Scotland-wide trends in the profile will be considered in conjunction with the Royal Colleges and relevant clinical specialty groups.

This is the first release of a medical profile; it is based on a methodology developed for the surgical profiles project of which three cycles have been completed since 2006.

Key Points

- There are 52 clinical indicators within the Medical profile, across 7 specialty chapters.
- Indicators are predominantly presented in control charts (funnel plots) and NHS Boards are asked to respond to ‘outlier’ observations.

Scotland level trends for the five year period to June 2011 are available for:

- Acute Medicine
  - Crude 30-day mortality for patients aged under 75 and admitted to a medical specialty has been relatively stable between 2006 and 2011, however the trend for those patients aged 75 and over has shown a small decrease over the same time period.
• Coronary Heart Disease
  o In general across the topic areas, there has been a small increase in readmission rates however average length of stay and mortality has fallen.
  o Crude 30-day mortality following emergency admission for myocardial infarction has fallen from 190 to 116 deaths per 1,000 patients between 2006 and 2011.

• Respiratory Medicine
  o In general there has been little change over time in the indicators for Asthma, COPD and Pneumonia.

• Gastrointestinal Medicine
  o Average length of stay, readmissions and mortality for Upper GI Bleeding and Alcoholic Liver Disease have been relatively stable.
  o Mortality and readmission rates for the three endoscopic procedures have all shown marked decreases.
  o Crude 30-day mortality following upper endoscopy has fallen from 25 to 14 deaths per 1,000 patients between 2006 and 2011.
  o Emergency readmissions following a Colonoscopy or Flexible Sigmoidoscopy has fallen from 7 to 4 readmissions per 1,000 procedures between 2006 and 2011.

**Background**

The medical profile presents 52 clinical indicators across the following topic areas:

- Acute Medicine (4 indicators)
- Emergency Medicine (7 indicators)
- Coronary Heart Disease (8 indicators)
- Respiratory Medicine (9 indicators)
- Gastrointestinal Medicine (11 indicators)
- Venous Thromboembolism and Pulmonary Embolism (2 indicators)
- Palliative Care (3 indicators)
- Renal Medicine (8 indicators)

The underlying data has been drawn from a number of sources including:

- Routine inpatient and outpatient administrative hospital returns (SMR00/01)
- National Records for Scotland – Death Registrations
- The A&E Data Mart
- The Scottish Renal Registry (SRR)
- The Quality & Outcomes Framework (QOF)
Larger NHS Boards may have a greater number of outliers to review simply due to the higher number of hospitals within their board areas and 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 alone 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.

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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.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website www.isdscotland.org/About-ISD/About-Our-Statistics/