Update on SCTS audit activities in general thoracic surgery
BORS meeting London
12th December 2014

Doug West
SCTS thoracic audit lead
SCTS thoracic audit: a decade of progress

- 2 national database reports
- National database funded and online
- Consultant outcomes publication
NHS England consultant outcomes publication project 2014
 HQIP Consultant Outcomes Publication in Thoracic Surgery

• SCTS / NLCA supported
• 2012 NLCA data
• Validated locally by SCTS audit leads
• 30 and 90 mortality after any lung resection for primary lung cancer
• MDT and surgeon unit-level results, not individual
Agreed outcomes for publication

• 2012 patients with lung cancer

• Surgical Unit
  – Total number of NSCLC resections
  – Individual surgeon numbers
  – 30 and 90-day mortality (Unit only, non-adjusted)

• Lung cancer MDT
  – Resection rate for histologically-proven and all NSCLC
  – Names of thoracic surgeons who are core members

Slide: Richard Page
COP via SCTS.org

UK Cardiothoracic Centres & Outcomes

Filter by Specific Procedure: Thoracic Surgery
Filter by Location: None

Search for a Surgeon
Surgeon's Name: [ ] Search

Aberdeen Royal Infirmary
Adult Cardiac Surgery, Thoracic Surgery
Scotland
Heart bypass (CABG) operations North of Scotland Cardiothoracic Surgery Unit, Aberdeen Royal Infirmary. About the unit. We provide adult cardiac and thoracic surgical services in the north of Scotland including Orkney and Shetland. Located at the Aberdeen Royal Infirmary Foresterhill site, the... Read more

Barts Health NHS Trust
Adult Cardiac Surgery, Thoracic Surgery
London
Department of Cardiothoracic Surgery, Barts Health NHS Trust. About the unit. Barts Health NHS Trust is one of the largest teaching hospital trusts in Britain serving over 2.5 million people. It is formed of 3 hospitals: The London Chest (founded in 1848, in Bethnal Green), St Bartholomew's... Read more

Bristol Royal Infirmary
Thoracic Surgery
South West
30 day mortality after lung cancer surgery
90 day mortality after lung cancer surgery
Activity by centre and MDT
Resection rates alongside outcomes
Resection rates alongside outcomes

Denominator known
COP: variations in practice
Numbers of procedures per Unit

Slide: Richard Page
Numbers of procedures per surgeon

Mean = 34
Median = 30

Slide: Richard Page
Numbers of procedures per surgeon

Mean = 34
Median = 30

4th quartile

Slide: Richard Page
Challenges for the COP

• Mortality a poor marker of quality in a low volume, low mortality specialty
• Only resection of primary lung cancer
• No risk adjustment
• No non-mortality outcomes
• No process-of-care data
We can’t assess thoracic surgeons on individual mortality

PUBLIC REPORTING OF SURGEON OUTCOMES: LOW NUMBERS OF PROCEDURES LEAD TO FALSE COMPLACENCY

Kate Walker PhD a, Dr Jenny Neuburger PhD a, Oliver Groene PhD a, David A Cromwell PhD a, Prof Jan van der Meulen PhD a

Summary

The English National Health Service published outcome information for individual surgeons for ten specialties in June, 2013. We looked at whether individual surgeons do sufficient numbers of procedures to be able to reliably identify those with poor performance. For some specialties, the number of procedures that a surgeon does each year is low and, as a result, the chance of identifying a surgeon with increased mortality rates is also low. Therefore, public reporting of individual surgeons’ outcomes could lead to false complacency. We recommend use of outcomes that are fairly frequent, considering the hospital as the unit of reporting when numbers are low, and avoiding interpretation of no evidence of poor performance as evidence of acceptable performance.
COP 2.0- is resection for primary lung cancer enough?

Lung cancer resection about a quarter of all non-endoscopy activity

Thoracic surgery excluding endoscopy- 2012 returns
COP 2.0- is resection for primary lung cancer enough?

In-hospital deaths after thoracic surgery by procedure excluding endoscopy- 2012 returns

Only 32% of deaths occur after resection of lung cancer (2012-3)
In patient mortality risk by procedure: 2012 returns
How can or should we assess quality?

- Mortality- 30 and 90 day
- Other outcomes- SCTS definitions
- Resection rates
- Lung cancer and some other work (?all)
- Unit level
- Process of care vs. outcomes
- “one number” vs. “dashboard” reporting
How can or should we assess quality?

- Mortality- 30 and 90 day
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- **Unit level**
- Process of care vs. outcomes
- “one number” vs. “dashboard” reporting
SCTS database
Cancer data in the wider NHS in England

• Bid to run NLCA provisionally approved
  – Ian Woolhouse (Birmingham) to lead
  – “targeted audits” e.g. for low resection rate MDTs

• COSD project

• Databases in chemotherapy, radiotherapy, imaging, care.data
What is a Section 251 application and why must we have one?

• Allows patient identifiable data (NHS numbers) to be held without individual consent

• Has not yet been done by Dendrite

• England only

• Linking to other databases impossible without it

• Clear public interest
Welcome to the SCTS database. This web-based portal allows clinical teams to upload data on individual patients and surgical procedures to the British and Irish database.
It is also possible to upload data from hospital databases direct to the database- please contact Dendrite for further details.

For further information or to provide feedback please email me at doug.west@bristol.ac.uk

Doug West
SCTS Thoracic Audit Lead

Enter the registry

Demonstration database only
Enter the live database

Login For registered users
Register For new users
FAQ Frequently asked questions
SCTS database 2012-14: method of upload

Two options

“upload my data” tool
Portal

2117 vs. 3683 cases at September 2014
Uploads to database: cases/month
April 2012-September 2014
Why are uploads falling?

- ?switch to annual upload (no evidence)
- CRG guidance not signed off
- Audit weariness- multiple projects
- Switch of focus / time to the COP
Future directions

- Unification of three audit projects
  - COP
  - Database
  - Returns
- Real time feedback
- Collaborate with ACTA
- Foster and encourage analysis of the database
- Integrate with NLCA / COSD / NHS England data
Timeline 2015

- Q4 '14: NLCA re-commissioned
- Q1 '15: Audit session @ SCTS/ACTA
- Q2 '15: COP 2.0 planning
- Q3 '15: 251 meeting Dendrite
- Q3 '15: 3rd database report
- End of GMC funding
Possible forward plan

- COSD
- Other NHS England data
- NLCA
- COP
- Database
- Returns
Funding

• GMC funding ‘till late 2015
• Possible extension for 12 months
• Need to explore funding after this
  – ?integrate with NLCA/HQIP
  – Independent funding- Health Foundation, charity etc.
Questions for SCTS

• How to embed use of the database
• How to serve patients in Scotland Ireland and Wales
• Funding post 2015
• Role of SCTS in oesophageal audit
• Phase out date for thoracic returns
With thanks to..

- Richard Page former Thoracic audit lead
- Joel Dunning, Carol Tan, Eric Lim- thoracic audit group
- SCTS thoracic subcommittee
- Ian Woolhouse, Mick Peake NLCA/NCIN
- David Baldwin Lung Cancer CRG