RCS
ADVANCING SURGICAL STANDARDS

Feedback on Offer 2

The Royal College of Surgeons is very supportive of the transparency agenda and is keen to work with HQIP and NHS England to further this cause. In putting together our feedback, we consulted with presidents and audit leads from the Surgical Specialty Associations.

Feedback on the first publication of data

- **Data Quality and Audit Participation**

The use of National Clinical Audit data rather than Hospital Episode Statistics was welcomed both as a way of providing clinically relevant outcomes data as well as using data collected by clinicians. In general terms it is clear that this initiative has improved audit compliance and data submission rates considerably. We know from the cardiac surgeon's experience that data accuracy improves with open publication – there is no greater incentive for a surgeon to engage with data collection and validation processes.

However, data quality and compliance with audit could be further enhanced if Trusts and employers could provide more support to clinicians; both through providing time in job plans for data collection and validation and through the provision of adequate infrastructure at Trust level to support audit participation, data collection and validation.

- **Timescale**

The extremely tight timeframes imposed were a significant obstacle and were a challenge for the College and the Associations due to the time involved in getting all parties together to work on the initiative. One of the main points of contention, and one that the profession might have better overcome had there been more time, was that of assuring surgeons that the data to be published would be of high quality. This would have assured colleagues (and indeed patients) that the data was an accurate portrayal of their practice. The short timescales prevented us from doing this. The College was pleased we could negotiate an extended timeline for three of the audits, two of which have reported that this extra time enabled the audit to improve data quality. If further audits are to be added to the "Offer 2" programme, the College would strongly recommend a longer lead time, particularly if audits were not originally designed to collect data assigned to individual clinicians, as was the case with a number of the audits in the "Offer 2" programme.

- **Statistical Support**

HQIP appointed an analytical unit to provide statistical support for risk adjustment of data for one of the audits. The arrangement in some cases did not provide the required support. There is clearly an on-going need for defined support around the development of risk adjustment methodologies and more general statistical support; ideally this support needs to reside within the profession (eg. at the College) and be funded.

- **Confusion around consent and indemnity arrangements**

Potential issues around the need for individual surgeons to consent to have their data published were raised by the College and Associations at the outset. Whilst acknowledging that publication of outcomes at this scale and pace was very much "a first", much more could have been done to ensure individual audits were aware of the issues so that they could prepare adequately to obtain members' consent.

In addition, despite early promises of full indemnity for Associations to publish results for surgeons who had failed to respond to requests for consent (if not an outlier), in the last few days prior to publication this indemnity was effectively withdrawn; the advice provided by HQIP to Associations evidently suggested that that any action in relation to publication of data for this group of surgeons would be "unlikely to succeed". This led to a lack of clarity, and therefore confidence, in the advice given by HQIP which left some Associations concerned about the potential for legal challenge in this, and other areas.

The threat of "naming and shaming" those who did not provide consent was unhelpful and unnecessary when we consider that over 98% of surgeons gave consent.

- **Communications**

There is a need for clear communication between all parties involved to ensure such an ambitious project is continued successfully.

Communication with NHS organisations needs to be significantly improved upon. The stakeholder event on 19 June was useful in terms of speaking to NHS leaders and those that have been part of the initiative but it came rather late in the day and was perhaps not targeted at the trust departments who were required to undertake the bulk of the work (eg. Trust audit departments). The College received a number of reports of Trust audit departments being entirely unaware of the requirements for publication and therefore unable to support surgeons at the local level with data validation.

Feedback for future development of the initiative

- **Clinical leadership**

This College is extremely keen that momentum is maintained for this initiative. We are in a position to provide clinical leadership as well as policy and communications support to NHS England and HQIP. It is clear that publication of data in this manner needs to remain professionally led and we would like to work with all parties to ensure this.

At a national level the College would like to see greater involvement from the profession, working together with HQIP and NHS England to ensure clinical expertise is driving the initiative. We believe a clinically led strategy group that oversees the initiative would address many of issues we identified as well as supporting future development. This group could also improve engagement with NHS organisations to ensure that they are brought in at an early stage.

- **Future data coverage and collection**

In the future any publication of surgeon-level outcome data needs to better reflect the total activity of the surgeon. The first phase of publication covered 3,500 surgeons but in many cases was only a fraction of their practice. Also the focus on mortality was irrelevant for most of the audits covered in the initiative. Any future publication needs to look beyond this to other measures such as length of stay and readmissions rates, as well as the inclusion of Patient Reported Outcome Measures (PROMs), which are more meaningful for patients and surgeons alike. We believe there is a wider need for a discussion with the profession about the longer term strategy around data collection for the next decade.

- **Funding**

Future funding of the initiative needs to be addressed particularly as some of the audits selected for publication were not part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), and were funded by individual associations. While we recognise that some financial support was provided to individual audits for specific activities related to 'Offer 2', and indeed to the College in order to support the development of patient facing information, there does need to be a review of audit funding arrangements for audits and registries outside of the NCAPOP programme if the initiative is to be extended.

This is an important factor for HQIP and NHS England to consider in the future, specifically:

- Whether the Association- funded audits which recently published consultant level data will be brought into the NCAPOP programme and thus funded centrally
- How and when the Offer 2 initiative will be rolled out to other audits
- Support for the initial ten Offer 2 audits to meet any future imposed standards of data presentation
- National clinical audits and registries will be a key facet of the NHS' drive to greater openness and transparency. There needs to be consideration given not only to increased funding as described above, but also to the mechanism by which new audit projects are prioritised. We are for example aware through our commissioning guidance work that the need for national registries or audits exists in many areas such as hernia, bile duct injuries and haemorrhoids.

- **Improving audit participation**

As stated, the College is very supportive of national clinical audits and encourages fellow and members to participate in all audits relevant to their practice. Mandatory participation in national clinical audits forms an important part of the standards for surgical revalidation set by the College and Associations. In order to achieve this, surgeons and their teams require greater support at trust level in terms of data collection, validation and reporting. As well as ensuring sufficient contractual obligations are in place on employers to participate in audits, NHS England must make clear these obligations are sufficiently robust and communicated clearly to Trusts.

- **Publication of data and timing**

NHS England need to consider how and where the information is best presented for the public and professionals to enable access to the data. The College would like greater involvement in helping to

define a consistent and standard format and host the information relevant to surgery. The future timing of publication must also be considered if this initiative is to be continued. The College understands that many audits have communicated their preference to publish individual consultant level data at the same time as publication of full audit reports. This would appear to make the most efficient use of resources and the College would support this view.

- **Patient Information**

As part of the current initiative the College developed supporting information for the public that helped to make the data more accessible. With over 60,000 hits a month on our patient pages we have the ability to engage the public and specifically surgical patients about the information they want, and in a way that will communicate how publication of consultant level data can provide this assurance.

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