

## **FSSA position paper on surgeon outcome data**

Addendum (following correspondence with the Society for Cardiothoracic Surgery in Great Britain and Ireland)

The FSSA have agreed the following additions to their previously agreed statement on this topic.

- National clinical audits should be implementing clear minimum data standards and these should be consistent across all specialties. There is concern that some specialty clinical audits may focus on a small component of activity and practice whereas the high quality of the cardiac and other specialties' data facilitates greater scrutiny which other audits potentially escape by publishing only a select fraction of their outcomes.
- We have concerns about highlighting positive individual outliers because we do not feel that this helps patient choice, is potentially misleading and has the potential for negative impact on team working. We support highlighting positive unit outliers for the potential to improve national patient care.
- It should be an absolute right of the individual consultant surgeon, if identified as a negative individual outlier to be able to produce an explanation and place a response on NHS Choices and/or with a clear flag to the specialty association website. There must be more practical help suggested for medical directors to be included within a document such as inviting external reviews, checking/validating data and reviewing team performance within trusts. We are concerned that it appears to be proposed that it will be the responsibility of HQIP to report negative outliers to the regulator GMC. We believe HQIP to be responsible for quality improvement rather than regulation. The reporting of individual consultant surgeons to the GMC is the role of medical directors. We strongly feel that alarm level (not alert) outlying individuals should only be identified to the GMC if an independent review has confirmed the findings to be the cause of concern in terms of clinical competence or professional conduct of that individual.
- With regards to the CQC and appropriate regulatory action being taken regarding outlying data: the FSSA would request clear guidance as to the specialty association's role in the management of outliers and where their responsibilities lie. We accept that CQC have to ultimately take decisions over what action is necessary but we believe that specialty associations should automatically be involved in the investigation process of outliers and potentially with the medical royal colleges. We accept that the specialty associations have to have satisfactory processes in place for this involvement.
- We feel that the continued reporting of mortality instead of survival is unhelpful and feel that the latter will make much better news stories for the NHS in the future. Most patients select healthcare within their geographical region by hospital and as such feel that surgeons should be grouped by unit rather than alphabetically nationally. This would potentially allow the display of unit data in front of the individual surgeon and appropriately strengthen unit responsibility.