

## Quality Pathways Providing First Class Care

### SHEPTON MALLET NHS TREATMENT CENTRE OUTCOMES REPORT – 2008/09



## **OUTCOMES REPORT**

**April 2008 – March 2009**

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## **Executive Summary**

### **Hospital Activity**

Shepton Mallet NHS Treatment Centre (SMTC) has undertaken around 9,000 procedures in this review period (bringing the total since opening in July 2005 to over 33,700).

These can be sub-divided as follows:

- Joint replacements of the hip and knee (1,400)
- General orthopaedics(2,500)
- General surgery(1,200)
- Ophthalmology(2,500)
- Endoscopy (1,400)

This, the fourth annual outcomes report, sets out the results of the continued achievements of this flagship unit. SMTC serves the public well by providing NHS treatment capacity in key, high-volume treatment pathways. This reduces waits by augmenting the services available in traditional hospitals and introduces an element of competition into the referring health economies.

The annual outcomes report is set out in an unambiguous and transparent style so that those who purchase health care on behalf of patients can evaluate the unit's quality and cost-effective contributions to the NHS.

### **The Patient Experience**

Feedback continues to give very high levels of patient satisfaction. In particular:

- 99.8% of patients surveyed would "recommend us to a friend".
- The facility scored 9.9 out of 10 for cleanliness in the independent patient experience survey.
- The average wait from GP referral to surgery was 6.4 weeks (which included the outpatient appointment and diagnostics).
- SMTC continues to score very highly in the Patient Experience survey which enables comparison across both private and NHS facilities.

### **Clinical Quality**

The unit is proud of the way in which a culture of clinical quality has become embedded throughout the organisation which has become associated with high staff morale and an enthusiasm for innovative care. Key points are:

- Good outcomes and minimal complication rates continue to be achieved.
- A range of outcome measures is collected at both individual and team level which demonstrate excellent performance. We review these against threshold indicators we use for our own monitoring.
- There continues to be no hospital acquired MRSA Bacteraemia at the facility; there have been no reportable cases since the facility opened in 2005 to 31<sup>st</sup> March 2009. The rate of hospital acquired C-difficile is 0.02% in the review period with 2 cases being reported during the year, these are the first hospital acquired cases since opening.

## **Service Provision**

Parallel to the drive for quality care at the point of delivery is a similar drive to enhance the whole patient pathway. Accordingly, clinical services have been extended so that SMTC now also:

- Offers a pain clinic service and
- Provides orthopaedic outpatient and theatre services to Dorset patients locally at clinics in Weymouth and Blandford.

In addition:

- SMTC continues to achieve a 4 day average Length of Stay for patients having total joint replacements (compared with an NHS average of 6.7 days), and
- SMTC continues to provide the vast majority of procedures as day-cases (over 95% for all cases except joint replacements).

## Who We Are And How We Work

The Government started the Independent Sector Treatment Sector Programme (ISTC) in 2002, in line with its commitments in *The NHS Plan*. The ISTC programme lets contracts to independent sector providers to build and run healthcare facilities primarily for NHS patients. Shepton Mallet NHS Treatment Centre (SMTC) was one of the "first wave" projects established under the ISTC programme.

The SMTC contract was awarded on 18<sup>th</sup> August 2004 to UK Specialist Hospitals. UKSH is a UK based company and is owned by a consortium of UK and US institutional investors – see [www.uk-sh.co.uk](http://www.uk-sh.co.uk) for full details on its ownership and management team. SMTC is UKSH's first UK hospital.

SMTC is a 4,000 square metre surgical hospital. It was built in record time (a 42 week build and 6 weeks commissioning programme). It achieved registration by the Health Care Commission at its first attempt and opened its doors to patients on 18<sup>th</sup> July 2005.

All Consultant medical staff are on the UK Specialist Register. Because SMTC, as with other ISTCs, have been barred contractually from employing doctors who recently have worked in the NHS (so called 'additionality' restrictions), they come mainly from elsewhere in the EU, the US and from other regions. The Consultants are experienced doctors with proven track records in their own countries. Selection is by a competitive and rigorous process with close monitoring following appointment. UKSH recruited doctors who wanted to live in the UK permanently rather than have rotas of "flying doctors". Nursing staff are a mix from the UK private sector and other parts of the world. All staff are required to undertake CPD and have the time for it programmed into their annual contract of employment.

SMTC is a modern, purpose built surgical hospital. It has 4 Operating Theatres, 1 endoscopy room, an on-site sterilisation department, 34 In Patient beds (IP) (mostly double rooms with en-suites), 8 Out Patient (OP) rooms, a Radiology Department (MRI, Ultrasound and x-ray), extensive "point of care" pathology testing, blood bank, as well as a kitchen and cafe.

Many of the patients coming through SMTC are elderly with co-morbidities, so their care is personalised to account for these problems. Essentially, the patient population is similar to that of a district NHS hospital. It regularly treats patients with stable chronic conditions (e.g. diabetes, severe obesity).

Because of its setting and clinical mission, SMTC does however, not undertake unplanned surgery. Also, any patients with unstable co-morbidities discovered at the time of pre-admission are referred on for appropriate management at other facilities. Similarly, because there is no post-operative critical care unit, any patients expected to need this degree of post-operative support would be re-routed to an acute district general or specialist hospital.

## Activity

Since opening SMTC has striven to ensure it achieves its contract volumes.

In undertaking this, SMTC has achieved the following:

- A focus on delivering value to the local health economy which includes adding additional services where requested and offering low waiting times to surgery for patients.
- A 4<sup>1</sup> day Length Of Stay (LOS) for primary hip and primary knee replacements. This is based on 1367 cases, 714 hips and 653 knees. A 4 day LOS is a significant national achievement. The NHS average is 6.7 days (HES data 2007/8 – HRGs: H04, H80, H81).
- 95% of all procedures (excluding hip and knee replacements) have been undertaken as day cases. This is much higher than national NHS rates for these procedures (see [www.hesonline.nhs.uk](http://www.hesonline.nhs.uk)).
- An average wait for treatment of around 3 weeks for an outpatient appointment and 3.4 weeks for the procedure, as measured from the date of referral. This is well within the new NHS target of 18 weeks for Referral to Treatment (RTT).

34 joints are regularly achieved as part of an overall casemix delivery of some 200 to 250 procedures per week.

## Service Delivery and Innovation

As a new organisation and facility, SMTC has provided an opportunity to develop a new service delivery model. The philosophy has been to bring together the best-practice elements from the UK, the US and other countries and build a service around patient pathways, personalised to their care. This model, designed from the basic principles of what patients need and what is important to them preceded the Department of Health's White Paper '*Our Health, our Care, our Say*' in January 2006 and the more recent (June 2008) policy paper '*High Quality Care for All: NHS Next Stage Review*'. The aspirations of SMTC and these two documents are however perfectly aligned with the result that SMTC is ahead of many organisations in moving towards the government's intentions of a modern, flexible, health delivery service.

The ability to design the service delivery model afresh has enabled the development of complete and coherent care pathways. SMTC has taken great care to run a safe, high quality service. Treatment programmes are agreed within a clinical governance framework and delivered by consultant staff, who also maintain an out of hours on-call rota. In addition, there is always a resident medical officer on-duty in the hospital who works under direction and is able to handle basic, generic medical problems.

The key elements of the service model are:

- Patients are referred from primary care or from NHS "waiting lists" according to a pre-agreed referral process and set of criteria. Patients are contacted by the SMTC bookings team who offer them a choice of dates and times for their outpatient assessment.

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<sup>1</sup> Average length of stay April 2008 to March 2009 for Knees = 4.09 and Hips = 4.04 days.

- Patients are sent a health care questionnaire in advance of attending their outpatient appointment which determines the level of pre-assessment they receive. Patients are given individual timed slots for their outpatient appointment and the average waiting time is 5 minutes to see the consultant.
- Patients attend on the day of surgery in individually timed slots i.e. one hour before their procedure, rather than in "batches". Virtually all patients planned as daycase are discharged on the day of surgery. Hip, Knee, Shoulder arthroscopic procedures and laparoscopic cholecystectomy procedures are all planned as inpatients. Once discharged patients are telephoned within the first week to check their status and are followed up in outpatient visits, depending on clinician orders.

Examples of clinical innovations in the service model are:

- All Cataract patients have been routinely given topical anaesthesia (ie eye drops) rather than peribulbar injections or General Anaesthesia. This eliminates the risk associated with periocular needle injections and has permitted operating without stopping blood thinning agents.
- Hip and Knee Joint Replacements have been undertaken with spinal anaesthesia. This has promoted faster recovery.
- Patients are provided with high levels of individualised programmes of physiotherapy, available 7 days a week, in order to achieve patients' mobility goals and a 4 day Length of Stay.
- Most general orthopaedics (e.g. hands and feet cases) have been performed under regional or local anaesthesia.

SMTC has been careful to introduce these new treatment plans after careful option appraisal and risk analysis so that they are safe and patients can be assured of a high quality service. SMTC will continue to deliver innovation, based on evidence of effectiveness and benefit to patients.

## **Patient Satisfaction**

SMTC has put in place the UKSH patient satisfaction programme with the aim of ensuring a high quality patient experience. This programme encompasses staff selection, staff training as well as regular feedback to staff on the patient satisfaction results, partly to motivate but also to ensure any weaknesses are addressed.

The service delivery is designed to support this programme:

- Good travel directions with easy and ample car parking,
- One-stop outpatient visits (ie all diagnostics taken on the same day),
- Timed visits so patients do not wait for outpatient visits, diagnostics or surgery once they enter the facility,
- On-site kitchen preparing healthy cuisine with fresh ingredients,
- Double rooms with en-suite facilities.

All surgical patients are provided with a patient satisfaction questionnaire which they can return in the post subsequent to their treatment. The response rate is approximately 54%.

Patients reply to 10 questions according to a scale of 1 (bad) to 5 (excellent). SMTC measures satisfaction as including all responses graded 4 and 5. Responses between April and March (4,738) indicate the following:

<b>Question</b>	<b>% Satisfied</b>
Q1-How long did you wait after you had chosen to come to the Treatment Centre?	88.2
Q2-Were our booking staff helpful and efficient?	97.8
Q3-Was it easy for you to get to and park at the Treatment Centre?	83.7
Q4-How long did you have to wait before you were seen at Out Patients?	88.6
Q5-Did the Out Patient staff meet your expectations?	95.3
Q6-How long did you wait on the day of surgery?	87.1
Q7-Did the surgical staff meet all your expectations?	97.8
Q8 – Did you experience any problem post discharge?	98.2
Q9-Did the ward staff (nurses, physios) meet your expectations?	95.4
Q10-Did the catering meet your expectations?	84.7
Q11-Was the Treatment Centre welcoming and clean?	99.7
<b>Would you recommend the Treatment Centre to a friend?</b>	<b>(Yes)99.8</b>

The overall ratings are high in all areas. Of particular note is that 99.8% of patients would “recommend SMTC to a friend”. This is a question also used by other healthcare organisations enabling comparisons to be made between providers.

In addition to this SMTC participates in the independent Patient Experience Survey which enables comparison across the NHS and ISTC sectors. Results from the programme started to be returned during the year in discussion, but the key outcomes are:

Results of Patient Experience Survey, Quarters 1 to 3.

<b>Category</b>	<b>Performance</b>
How do patients rate their overall care	Scored 9.3 out of 10
Are patients treated with respect and dignity	Scored 9.9 out of 10
Do patients feel involved in decisions about their care and treatment	Scored 9.2 out of 10
How clean is the hospital	Scored 9.9 out of 10
Do patients share accommodation only with people of the same sex	Scored 10.0 out of 10

Data Source: [www.nhs.uk](http://www.nhs.uk) (Healthcare Commission)

## Clinical Outcomes

SMTC aims to provide a high quality clinical service. To achieve this it relies on high quality staff, implementing evidence-based protocols, using the latest equipment and techniques. SMTC underpins this with a robust clinical governance process and has recently appointed a Clinical Governance Board of outstanding UK and US clinical leaders to oversee quality and outcome measures. This ensures there is systematic collection of clinical data as well as regular reviews of processes and adverse events with the aim of reducing clinical risk.

During the audit period of this report, the SMTC's attention was drawn to a potentially consequential adverse clinical outcome in a patient who had been treated in the unit in 2007. The incident was reviewed in detail by an expert panel which concluded that there was no evidence to support sub-standard practice. A public statement concerning the events is given in Appendix 1. Despite there being no case to answer, the unit has, nevertheless, done everything it can to learn from the incident.

All efforts have been made to collect comprehensive data during the period of this review. Patients, SMTC staff, GPs and local acute hospitals have been encouraged to inform SMTC and refer patients back to SMTC where any problem has arisen. SMTC's policy is to deal with all complications when it is able to do so safely. All patients are given the SMTC 24 hour "help line" telephone number and encouraged to ring if they have any queries or problems. All patients are given a survey on discharge, providing an opportunity to capture data on any subsequent complications.

The overall complication results for all services provided in the SMTC (1 April 2008 – 31 March 2009) from around 9,000 procedures are set out below.

Measure	Number	%
Unplanned return to theatre	11	0.12
Transfer of patient to another provider for IP care	17	0.19
Deep Vein Thromboses	12	0.14
Pulmonary Embolism (PE)	4	0.05
Hospital Acquired Infection (MRSA)	0	0.00
Hospital Acquired Infection (C-Diff)	2	0.02
Post Discharge Wound Infection Needing Treatment	3	0.03
Mortality	0	0.00

SMTC has achieved a 0.0% MRSA Bacteraemia and 0.006% C-Difficile rate for people admitted to the Treatment Centre since it opened in 2005 to 31<sup>st</sup> March 2009.

These high level measures provide an indication of the service overall. However, such clinical measures only make sense when looked at in terms of the specialties and the procedures being provided. Attached is therefore a section each on (a) total joint replacements (b) general orthopaedics (c) general surgery/ endoscopy and (d) ophthalmology

SMTC and district general hospitals (DGHs) mostly see the same type of patients ie ASA scores 1-3 (stable) but DGHs also see a small number of patients with more severe co-morbidities. This and the variability in data collection from organisation to organisation, make direct comparisons difficult. The problem of outcome comparator measures is discussed in Appendix 2 to this report. With that caveat in mind, SMTC's results (both above and in subsequent pages)

nevertheless indicate an excellent, safe clinical service that is exceeding expected pathway clinical norms.

## Total Joint Replacements

### Surgeons

The Orthopaedic Team is led by Mr Per Sandquist, one of the leading joint replacement surgeons in Sweden. The team also included Mr Frederik Ammitzboell (Denmark), Mr Hakan Sporrang (Sweden) and Mr Laszlo Solyom (Hungary).

The anaesthetic team led by Dr Robert Rapcan (Medical Director), included Nils Askelof, Jerzy Minecki, Gabor Vereczkey, Per Skold and Hans Soderlind.

### Approach

All patients are seen pre-operatively by the operating surgeon, by a nurse and by a physiotherapist, and are encouraged to attend an extra group education session. Patients are admitted on the day of surgery. The main prostheses used are *Depuy's PFC* knee, the *Oxford* uni-knee, *Zimmer* cemented hips and *Depuy's* Corail stem and Pinnacle cup (uncemented). During the period Average Length of Stay was 4.04 days for Primary Hip Replacement surgery and 4.09 days for Primary Knee Replacement procedures. All patients are reviewed at 6 weeks, 3 months and one year.

### Procedures

Primary Hip Replacements (un-cemented):  
Primary Hip Replacements (cemented):  
Primary Knee Replacements :

**Total** **1,367**

### Results

Measure	Total	%
Unplanned return to theatre	7	0.51
Transfer of Patient to another provider for IP Care (excludes rehab)	15	1.10
Unplanned re-admission within 29 days of discharge (**)	41	3.00
Unplanned revision surgery within 5 years	5	0.37
Mortality	0	0.00
Acute Myocardial Infarction	7	0.51
Pulmonary Embolism	4	0.29
Deep Vein Thrombosis	11	0.80
Cerebral Vascular Event	1	0.07
Hospital Acquired Infection (MRSA & C.Diff)	2	0.15
Deep Wound Infection needing treatment at SMTC	3	0.22
Dislocation % by hips only (n=714)	6	0.84

(\*\*) Re-admission reporting includes those to other providers where SMTC advised of re-admission

## General Orthopaedics

### Surgeons

The Orthopaedic Team included Mr Frederik Ammitzboell (Denmark), Mr Hakan Sporrang (Sweden) and Mr Piotr Kominiak (Poland).

### Approach

All patients are seen pre-operatively by the operating surgeon. Patients are usually seen by a nurse for pre-assessment for surgery. Patients are admitted on the day of surgery, with the expectation that all will be day cases. On discharge, patients are given contact information and encouraged to ring if they have any queries. All patients are telephoned the day after surgery. Most patients are called back for review in OPD at 4 weeks.

### Procedures

Arthroscopies :  
Foot procedures:  
Hand procedures:  
Shoulder procedures  
Other soft tissue / bone:

**Total** **2,583**

### Results

Measure	Total	%
Unplanned return to theatre	2	0.08
Conversion from daycase to overnight stay	9	0.35
Transfer of Patient to another provider for IP Care (excludes rehab)	0	0.00
Unplanned re-admission within 29 days of discharge (**)	4	0.15
Unplanned revision surgery within 5 years	11	0.43
Mortality	0	0.00
Acute Myocardial Infarction	0	0.00
Pulmonary Embolism	0	0.00
Deep Vein Thrombosis	1	0.04
Cerebral Vascular Event	0	0.00
Hospital Acquired Infection (MRSA & C.Diff)	0	0.00
Deep Wound Infection needing treatment at SMTC	0	0.00
Haematoma needing evacuation	0	0.00

(\*\*) Re-admission reporting includes those to other providers where SMTC advised of re-admission

## General Surgery

### Surgeons

The General Surgical Team includes: Mr Wojciech Czyz (Poland), Mr Wojciech Sliwinski (Poland) and Dr David Beckly (United Kingdom).

### Approach

Patients are seen at outpatients by the operating surgeon and usually by a nurse. Endoscopies and minor skin procedures are booked directly. All procedures are expected to be day cases except cholecystectomies, which may be day case or IP depending on the patient's recovery. Hernias are undertaken by mesh repair. All cholecystectomies are given ultrasound and Liver Function Tests to determine whether they are laparoscopic or open. Patients return to outpatients at 4 weeks, depending on clinician request.

### Procedures

Hernia repair:  
 Peri-anal:  
 Cholecystectomies :  
 Minor GS (skin excisions) :  
 Endoscopies :  
 Other :

**Total 2,578**

### Results

Measure	Total	%
Unplanned return to theatre	2	0.08
Conversion from daycase to overnight stay	18	0.70
Transfer of Patient to another provider for IP Care (excludes rehab)	2	0.08
Unplanned re-admission within 29 days of discharge (**)	5	0.19
Unplanned revision surgery within 5 years	1	0.04
Mortality	0	0.00
Acute Myocardial Infarction	0	0.00
Pulmonary Embolism	0	0.00
Deep Vein Thrombosis	0	0.00
Cerebral Vascular Event	0	0.00
Hospital Acquired Infection (MRSA & C.Diff)	0	0.00
Deep Wound Infection needing treatment at SMTC	0	0.00
Haematoma needing evacuation	5	0.19
<b>Cholecystectomy : Lap or Open (n=119)</b>		
Duct Injury	0	0.00
Bile Leak	1	0.84
Retained Common Bile Duct Stones	1	0.84
Bowel Injury	1	0.84
<b>Endoscopy : Gastroscopy (n=830), Colonoscopy (n=548)</b>		
Significant Bleeds from Endoscopy	0	0.00
Perforation	1	0.07

(\*\*) Re-admission reporting includes those to other providers where SMTC advised of re-admission

# Ophthalmology

## Surgeons

The Ophthalmic team is led by Mr Melki (Harvard Medical School, USA) and Mr Moayed (Sweden).

## Approach

All Cataract patients are seen pre-operatively by the operating surgeon and ophthalmic nurse at a separate pre-operative assessment. Complete eye exams including fundoscopy are performed. Biometry is via optical coherence biometry (IOL Master) or via immersion ultrasonic measurement (in cases where the IOL Master measurements are unreliable). All patients are routinely brought back at 4 weeks for follow up.

## Procedures

Cataracts:  
Minor Ophthalmic:

**Total 2,303**

## Results (Cataracts)

Measure	Total	%	UK Nat. Audit	AAOPPP
Choroidal Expulsive Haemorrhage	0	0.00%	0.10%	0.00%
Corneal Oedema	9	0.39%		0.30%
Hyphaema	0	0.00%	0.09%	0.40%
Iris Damage from Phaco	0	0.00%	0.70%	0.70%
PC Rupture with Vitreous Loss	10	0.43%	2.68%	1.80%
Cystoid Macular Oedema	0	0.00%	0.60%	2.30%
Endophthalmitis	2	0.09%	0.03%	0.73%
Raised IOP	0	0.00%	0.28%	1.00%
Uveitis	0	0.00%	5.60%	3.10%
Wound Leak / Rupture	0	0.00%	0.25%	0.20%
TASS * (Toxic Anterior Segment Syndrome)	11	0.48%		

AAO : American Academy of Ophthalmology – Preferred Practice Patterns 2001  
UK Nat. Audit: UK National Audit study 1998

\* Note this is the first year that SMTC has reported on TASS. Since opening until 2008 there were 7 cases. The cumulative occurrence to the end of March 2009 is 0.2%

## **Appendix 1: Press release into the joint service investigation into the colonoscopy service at Shepton Mallet NHS Treatment Centre during the period from 4 October 2005 to 31 March 2008.**

### **COLONOSCOPY REVIEW FINDS NO EVIDENCE OF MISDIAGNOSIS**

A review into 1,828 colonoscopies performed on NHS patients referred to a Somerset Independent Treatment Centre between June 2005 and March 2008, has concluded that there was no evidence to support suggestions of misdiagnosis.

At the meeting of the Board of NHS Somerset today (22-4-09) NHS Somerset (aka Somerset Primary Care Trust) and the Shepton Mallet NHS Treatment Centre (SMTC) presented the report of the Joint Service Investigation into the review of colonoscopies to Board members and the public.

The review was subject to an independent clinical review by leading specialists accredited by the Joint Advisory Group on GI Endoscopy.

It was prompted after a local hospital consultant informed the Treatment Centre in March 2008 that a patient who had recently undergone a colonoscopy at the Treatment Centre had subsequently been diagnosed with bowel cancer.

General Practitioners do not refer patients to SMTC for a colonoscopy if they suspect they have symptoms of bowel cancer. Such patients would be directly referred to a specialist gastroenterologist within one of the county's district hospitals. A routine colonoscopy may be advised where a patient has symptoms such as bleeding from the anus, pains in the lower abdomen, persistent diarrhoea or other symptoms thought to be arising from the colon.

SMTC is one of a small number of hospitals in the UK that video records all colonoscopies onto DVD as part of its clinical records. The availability of DVD recordings greatly enhanced the ability of the independent clinical reviewers to establish if any significant error or misdiagnosis had taken place and determining those patients who required further review.

Today's Joint Service Investigation Report identified some concern over completeness of views but states that in 1,731 cases there was no requirement for further investigative procedures, other than as part of routine follow up monitoring.

The report also concluded that, although it was not possible to establish when a small number of patients referred to SMTC for a colonoscopy might have gone on to develop cancer, there was no direct evidence identified from the recorded DVDs that would support an assertion of missed diagnosis by the SMTC surgeon, at the time he undertook the colonoscopies.

The Joint Service Investigation Report did identify a number of areas for improvement, including:

- Recruitment procedures of the Treatment Centre
- The care pathway for direct referral colonoscopies to the Treatment Centre
- Arrangements for clinical audit and supervision in colonoscopy
- Effective reporting and monitoring of serious untoward incidents

Commenting on the report, Dr Caroline Gamlin, Director of Public Health with NHS Somerset, said: "Today's Joint Service Investigation Report has been thorough and has found that there is no direct evidence to support any suggestion that patients referred to the Treatment Centre for colonoscopy were misdiagnosed. I would however, wish to apologise for any anxiety experienced by those patients initially notified of the review, but hope they would appreciate that as the organisation funding NHS treatment, whether at SMTC or any other hospital, we have a duty to satisfy ourselves that the standards or treatment provided are always safe and effective.

"I believe that patients can now feel assured that the measures taken ensure quality and that high standards of clinical outcome for colonoscopy patients referred to Shepton Mallet NHS Treatment Centre, are being delivered.

## **Appendix 2: A note on comparative clinical outcome data**

SMTC is committed to providing data which enable its performance in all its treatment streams to be compared with other organisations, national indices and contractual performance indicators.

Data for this purpose appears above in this report, but, as far as is known, there are no sufficiently similar databases in other hospitals in the UK with which direct comparisons can be made. Presented here publically in terms of team performance, the internally held data from which the results were calculated also allows individual clinician figures to be reviewed.

A trawl was undertaken through the NCHOD database (National Centre for Health Outcomes Development), the Information Centre database, the Royal Colleges and Specialist Society websites and conventional medical journal archives. Although there are many comparator studies reported which contain sound clinical practice data and advice on a particular study group, we could find none that was sufficiently sophisticated and powered to allow valid conclusions to be extracted from the low complication rates we are reporting.

An example of this is the Scottish Inter-Collegiate Guidelines Network (SIGN), on The Prophylaxis of Venous Thromboembolism<sup>2</sup>. Although a very thoroughly researched document with sound, derived, clinical guidelines, it is not possible to compare our treatment cohorts' outcomes with those given as examples in the reports meta-analysis. The best that can be said<sup>3</sup>, on the occurrence of symptomatic deep vein thrombosis, is that a combined orthopaedic and general surgical group treated with heparin would have an expected incidence of 1.6% whereas ours was 0.14%. Similarly, the SIGN incidence of symptomatic pulmonary embolus in orthopaedic patients ranged from 0.6% to 9.6% whereas ours was 0.29% in one group and zero in the other.

As the health quality agenda moves forward within the NHS, SMTC intends to play its full part in establishing quality indices that really do measure quality of the patient pathway.

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<sup>2</sup> SIGN publication Number 62, October 2002

<sup>3</sup> Data from table 3 of the report.