

WHAT'S IN THE HOSPITAL GUIDE 2013?

JUNE 2013

'A coordinated collection of accurate information about the performance of organisations must be available to providers, commissioners, regulators and the public, in as near real time as possible.'

ROBERT FRANCIS QC · *Mid Staffordshire NHS Foundation Trust Public Inquiry*, February 2013



Dr Foster provides health systems, organisations and clinicians with the information to benchmark the quality of care and the cost of care provided.

This document marks the start of the process for the Hospital Guide 2013. What we set out here is an overview of the metrics we are planning to include and the timetable going forward. We are developing these metrics in partnership with the Dr Foster Unit at Imperial College London and with the help of clinicians; inevitably some will change and may be discarded as this research phase continues. We will continue to keep you informed about this process.

Dr Foster publishes the Hospital Guide because we believe that comparative information about standards and costs of care are essential to improving healthcare and making it affordable for all and that sharing data is essential to interpreting it correctly. We believe that comparative information must be based on open methodologies and

data sources so that results are open to scrutiny. This is why we always share results of analysis in full and publish all methodologies. We welcome the messages from Robert Francis about the better use of data and the investigation by Sir Bruce Keogh into NHS trusts with high mortality rates. Both of these were prompted, in part, by information published in the Hospital Guide.

This document has early information about the 2013 Guide. Your Dr Foster Regional Business Director will be in touch in the autumn to arrange a meeting to feed back your results. In the meantime the Dr Foster team is always happy to meet with organisations to talk about the Hospital Guide and the data we publish, either at trust or regional or network level. Please contact us on hospitalguide@drfoster.co.uk to take up this offer.

Provisional indicators for 2013

Please note that we are listing here examples of indicators being considered for the Dr Foster Hospital Guide 2013. Methodologies and specifications are currently being refined and tested by the Dr Foster Unit at Imperial College London and with clinicians and NHS trusts. The final metrics, data and methodologies will be shared with trusts in the autumn. Please refer to the timeline on the next page for more information. Usually, significance will be determined using 99.8% control limits and the data period will be April 2012 to March 2013. Indicators mainly apply to NHS acute (non-specialist) trusts but we will let other providers of services know if we intend to include them in any metric.

MEASURING MORTALITY & INTERROGATING THE HSMR

This year we are placing a big focus on measuring mortality. We are concerned that some organisations are losing focus on this due to financial pressures – a theme of the Mid Staffordshire Public Inquiry. We will be including our four usual measures of mortality:

- HSMR (including a three-year version and a model based on 100% of deaths)
- SHMI (using 99.8% control limits to determine significance)
- Deaths after Surgery
- Deaths in low-risk conditions

However we will also be scrutinising some of the constituent parts of the HSMR including for example:

- Palliative Care Coding Rate
- Case mix Index
- Doctors per bed
- SMRs for AMI, Pneumonia, Stroke, Heart Failure and Broken Hips
- Mortality rates at weekends

SITE LEVEL INFORMATION

We are intending to publish a number of indicators at hospital level (NHS site) in addition to NHS Trust level. This is likely to include the HSMR, some of the underlying standardised mortality ratios and associated indicators. This is for a number of reasons, including:

- Feedback from NHS trusts, especially those from integrated community trusts, that community beds skew the figures and a hospital level figure would present more accurate information for their population.
- The ongoing problem for NHS Trusts who include a hospice on site and have these figures included in their HSMR.
- The increasing complexity of mergers and NHS Trusts owning multiple sites.
- The information will make better sense to patients and the public seeking information about their local services.

Our analyst team are currently determining the list of the sites we will deem 'acute' and include in our population and we will communicate this with you imminently regarding this. We welcome feedback on this as we want to make sure that only appropriate sites are included in this analysis.

COMMISSIONING INDICATORS

This year we are interested in presenting a number of indicators at population or Clinical Commissioning Group level. This will examine some of the challenges facing new commissioning organisations and look at how hospitals need to adapt to meet quality and cost challenges.

Indicators for consideration include:

- Volumes for vascular surgery
- Breast reconstruction following mastectomy
- PCI for AMI
- Selected elective procedures
- Avoidable admissions
- Ineffective procedure rates
- High Impact users

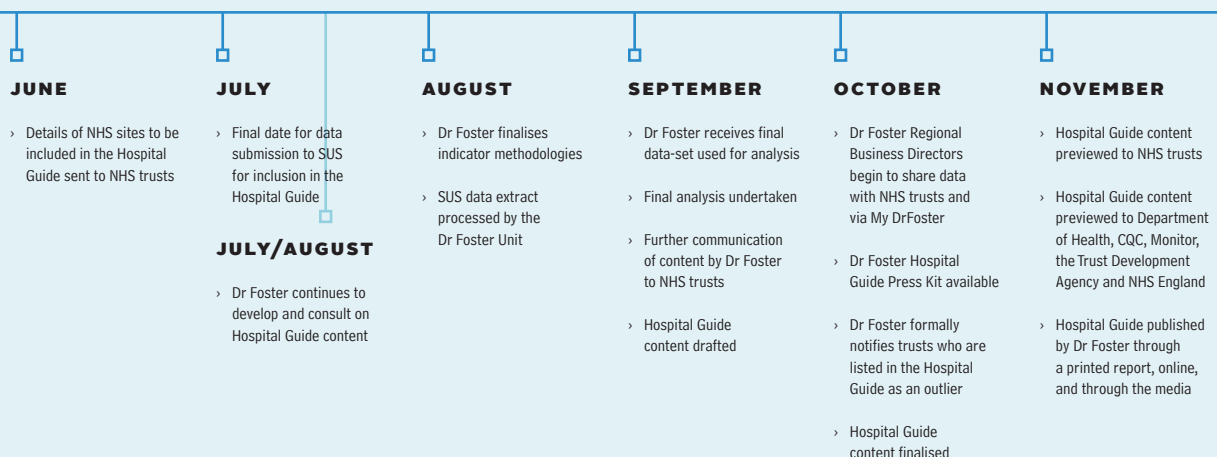
STROKE NETWORKS

We will also be revisiting previous research around outcomes for patients following a stroke and continuing to measure the effect of networks.

TRUSTS OF THE YEAR

As with previous Hospital Guides, Dr Foster will be identifying the best performing trust in each NHS region and naming one of these our overall trust of the year. Again the algorithm for this is not yet defined, but we will take into account their performance against the indicators detailed above.

Timeline 2013



THE DR FOSTER PROMISE

In 2011, following consultation with our customers we launched the Dr Foster Promise. This is our mandate for the way we will publish information about variation in healthcare. The 2013 Hospital Guide will adhere to these principles.

- We are committed to transparency. We believe publication of performance improves outcomes but will not publish new indicators to the press or wider

market until NHS trusts have had the opportunity to collaborate with us in their development.

- We are listening and responding to our customers and the market's feedback.

We will continue to work in collaboration with the NHS and healthcare professionals worldwide to develop and make available innovative and informative indicators that improve the quality and efficiency of healthcare.

DATA EXTRACT

All routine data analysis will be based on the Secondary Uses Service (SUS) extract which is processed and supplied to Dr Foster by the Dr Foster Unit at Imperial College London. We will use the processed extract that will appear in the Dr Foster management information tools in early September 2013. These data will be extracted by the Dr Foster Unit in early August 2013. Generally, data submitted up to 25th July 2013 will be included, but trusts are urged to check local processes, as those who use intermediaries may find it takes longer for the data to reach us. Recalculated risk models and updated outcomes (such as 're-based HSMRs') including data from 2012/13 will also appear in the Dr Foster management information tools at this time.

QUESTIONNAIRE

Dr Foster will not be compiling the Hospital Guide Questionnaire in 2013. We are currently undertaking an extensive review of the questionnaire and it's content and this means we have decided not to use the old questionnaire whilst this review takes place. We would like to hear from NHS trusts who would like to get involved in this review. We expect the questionnaire to return for the 2014 Hospital Guide.

PRESS KIT

The Hospital Guide press kit is intended to help organisations take ownership of their own PR by providing you with some helpful strategies for dealing with the Hospital Guide. It will give you a flavour of the types of indicators that will be addressed in 2013, the timeline for publication, where Dr Foster might publish, and some strategies for dealing with the publication of information about your CCG or services you commission.

MAKING OURSELVES ACCOUNTABLE

The Dr Foster Ethics Committee is independent of Dr Foster Intelligence and chaired by Andrew Vallance-Owen. Its role is to ensure that Dr Foster meets the standards set out in its code of conduct (published at www.drfooster.co.uk). The Ethics Committee can adjudicate in any complaints or disputes that have not been resolved satisfactorily by Dr Foster. If you have a complaint please write to:

The Secretary of the Ethics Committee, Dr Foster Ethics Committee Limited, 12 Smithfield Street, London EC1A 9LA

About Dr Foster

Dr Foster exists to help healthcare organisations improve their quality and efficiency through the use of data. We work with clinicians, healthcare managers and leading academic centres in England – including the Dr Foster Unit at Imperial College London – and internationally to develop performance metrics, and facilitate positive change through the use of meaningful, accessible and robust analytical insight.

We believe in the value of publishing information about healthcare performance and the contribution that transparency can make to improving care. We are committed to responsible sharing and have made a public promise to collaborate with hospitals. All our methodologies are published in full so everyone can review and understand our approach.

We hope that you find this communication useful and informative. If you have any feedback or other questions please contact us via hospitalguide@drfooster.co.uk.