

AGENDA MANAGEMENT SHEET

Name of Committee **Health Overview And Scrutiny Committee**

Date of Committee **23 May 2007**

Report Title **George Eliot Hospital**

Summary A copy of the George Eliot Hospital response to
Doctor Foster Hospital Guide is attached.

***For further information
please contact:*** Phil Maull
Senior Committee
Administrator
Tel: 01926 412834
philmaull@warwickshire.gov.uk

George Eliot response to Doctor Foster Hospital Guide

The George Eliot Hospital NHS Trust has acknowledged the information released today by Dr Foster relating to the year 2005/06 and previous years. However, working with Dr Foster, an in-depth analysis of data over the last 12 months has shown that the high mortality rate has been caused by deficiencies in the hospital's recording of information regarding a patient's diagnosis and is not reflective of the quality of patient care.

Dr Peter Handslip, the Trust's Medical Director explained:

"We are committed to delivering a high quality and safe service and have undertaken a thorough review of the Trust's mortality data. This has resulted in a dramatic improvement in the Trust's standardised mortality rate since August 2006. Unfortunately, these improvements are not captured in the information released today, but should have a significant effect on our figures in next year's Hospital Guide.

The Trust's hospital standardised mortality rate (HSMR) has reduced from 9.5% for the period August - December 2005, down to 8.3% for the period August - December 2006. Similarly, the mortality relative risk rating* has reduced from 143.3% (Aug-Dec 05) to 115.2% (Aug-Dec 06).

"Although for many illnesses the Trust's mortality rate is 'normal', there are a number of conditions for which the mortality rate has been unusually high. These particular areas then adversely affect the Trust's overall rating."

Investigations by the Trust have shown that the high mortality rate has been caused by insufficient detail about a patient's associated medical conditions being recorded on return forms, resulting in coding inaccuracies. Patients can be reassured this inaccurate recording has not impacted on the quality of patient care.

Dr Handslip continued:

"Doctors and administrative staff are involved in recording information regarding a patient's diagnosis and any existing illnesses. If the existing illness or additional diagnosis is omitted, it can have a profound affect on the mortality rating, which is exactly what has happened. Systems are now in place to ensure that every aspect of a patient's care is recorded on the appropriate forms, which in turn has helped to significantly reduce the Trust's mortality rate in just a few months."

The Trust now holds regular meetings dedicated to the monitoring of mortality. The meetings, along with the Dr Foster information system, have helped to identify the need to improve the recording of information about a patient's condition. For example, when a patient's reason for admission is recorded, without detailing their existing and underlying illness or disease, this can result in distorted mortality figures.

Quality of life indicators and appropriate end-of-life care

The Trust would expect its mortality rate to be higher than some NHS hospitals given the variation across the country in respect of quality of life indicators, such as disease prevalence and deprivation. For example, North Warwickshire, Nuneaton and Bedworth have high rates of coronary heart disease and obstructive pulmonary disease. These, coupled with an ageing population (particularly in rural parts of North Warwickshire), may also contribute to the Trust's mortality rates.

The Trust is also looking into the most appropriate setting for end-of-life care and recognises the limited alternatives to hospital based palliative care currently available locally. There is evidence to suggest that some members of the local community see the Trust as the most appropriate place for their end their life care and this is regarded by the Trust as a great compliment:

"If someone dies in hospital it does not necessarily mean they have received poor care or treatment. It may simply mean they have received their last stages of care in a hospital setting, in the absence of alternative local facilities. This is something the Trust is working with other healthcare partners to explore over the coming months to ensure patients receive the right care in the right place at the right time."

CT scans

The Dr Foster data which indicates the Trust had long waits for CT scans is now out of date.

Since April 2005 waiting times for a routine CT scan have fallen from 62 weeks (310 working days) to a current maximum of 53 working days and 10 working days for an urgent CT scan.

- ENDS -

Editors' notes

DH response:

"While we welcome Dr Foster's contribution to assessing improvements in the health service, we are unconvinced that the Hospital Standardised Mortality Ratio (HSMR) can be used to compare radically different hospitals.

"The standardisation methodology Dr Foster uses is only appropriate for comparing hospitals that treat similar patients with similar conditions.

It is impossible to condense into one number the entire performance of a hospital in a way comparable with every other hospital in the country.

"There are often special circumstances that explain apparently poor performing hospitals. Terminal care wards, for example, have a large number of extremely sick patients and they would expect a higher mortality rate.

The information used by Dr Foster (Hospital Episode Statistics) does not take into account these special circumstances

"We would advise against patients using these figures to make decisions about the relative safety of hospitals."

§ The Trust's hospital standardised mortality rate has reduced since August 2006, primarily due to improved recording of information regarding a patient's existing illnesses.

§ The Trust's hospital standardised mortality rate (HSMR) for the year April 2005 – March 06 was 9.48%.

§ From April 2006 – December 2006 (latest available data), the HSMR was 9%

§ The reduction is shown comparatively over the time period August-December for the last three years:

o August-December 2004 – HSMR 8.9%

o August-December 2005 – HSMR 9.5%

o August-December 2006 – HSMR 8.3%

According to national benchmarks, the Trust's expected HSMR would be 7.3%

The reduction can also be seen by comparing the mortality relative risk for the time period August-December 2004-2006:

o August-December 2004 – 125.9%

o August-December 2005 – 143.3%

o August-December 2006 – 115.2%

§ Relative risk explained:

Dr Foster determines the relative risk of a patient's death based on a number of factors concerning the patient's condition. This data is taken from the central returns submitted by the Trust. Dr Foster compares the data with other death data received from Trusts across the country. On this basis they are able to apply a weighting to the individual patient and determine if they had a high risk of dying based on their main condition and any additional secondary conditions recorded.

§ The secondary conditions are often the reason that a patient died although they may not be the primary reason that the patient is in hospital. If this data is not recorded sufficiently, this can result in the miscalculation by Dr Foster of the relative risk associated with the procedure carried out. If the Trust does not record these additional data, then Dr foster applies the lower weighting to the patient's death. As a

result it appears that the mortality is greater than would normally be expected for that specific procedure, when the reality is that actually it wasn't.

§ What was discovered within George Eliot is that the data being recorded on the official returns sent back to the Department of Health, were not very detailed and as a result the secondary conditions were not being reported sufficiently. For example, details of the patients Long term conditions such as cancer and diabetes were not always reported, as they were not the reason the patient was in hospital (although they contributed to the patients' death).