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Disclosing clinical performance on the internet

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Summary

1. Clinical governance
2. Publishing performance data
 - Disclosure of surgical performance in England – a case study
3. Explaining clinical governance, disclosure & professionalism
 - . Changing professionalism
 - . Governmentality



Clinical Governance

- Elastic - multifaceted - range of meanings
 - Quality – monitoring – accountability – safeguarding standards
- Involves changing the way the medical profession is made accountable
- Self regulation no longer sufficient
- World wide development
- Proliferation of special purpose institutions
 - Regulatory pluralism



Clinical Governance in UK (1)

Bureaucracy

- Governing performance by imposing rules/procedures – in contrast to professional autonomy
- Establishing clinical guidelines and patient pathways
- National Service Frameworks –
e.g. specific services for: children/mentally ill/older people
people with CHD, diabetes etc

(Harrison and Smith (2003))



Clinical Governance in the UK (2)

Surveillance

- Inspecting/Monitoring/Evaluating Performance
- Health Care Commission (now Care Quality Commission)
 - inspects/reports performance of hospital/primary care trusts
 - rolling programme of reviews
 - checks compliance with clinical guidelines
 - investigates allegations of poor service
- Encouragement for clinicians to undertake own surveillance
(Harrison and Smith 2003)



Professional performance

- Traditionally, professional resistance to:
 - External accountability
 - Systematising work
 - Managerial control
- Professional autonomy deflects challenges
- Minimalist strategy results:
 - Notion of equality of competence (stifling overt criticism)
 - Only peer review permissible
 - Custodial approach – professionals don't pass on performance data to managers
- New frontiers of control?
 - From internal to external, implicit to explicit
- Performance = test of professional power



Professional performance is about power

	Traditional	Increasingly
Who sets standards of acceptable performance	Individual doctors	Medical profession
Who monitors standards?	Medical peers	External agents (e.g. Care Quality Commission)
Who takes remedial action if required?	Local medical peers	External agents



The disclosure of surgical performance

- An example of clinical governance
- Aims of disclosure of surgical performance to:
 1. Enhance transparency of professional activities
 2. Identify 'poorly' performing individuals or organisations
 3. Improve performance
 4. Aid user decision-making (as part of 'choice' policies)
 5. Secure accountability for public spending



Disclosing surgical performance - historical background

- Surgeons used to assess their performance through a combination of professional “ideals”, peer review and maintaining their own journals of performance.
- **1977** - The metric auditing of surgical performance was initiated in the United Kingdom - used hospital administrative data.
- **1994** the case mix and the severity of the patients' condition were taken into account.
- Even so, auditing of performance remained internal to the profession (Exworthy, 1998)



International experience



- **Sweden:** National quality registries, mainly since 2000



- **Australia:** Public hospital reports announced 2008



- **Germany:** Hospital reports, since 2005



- **USA:** Report scorecards. Eg. New York from `89



Recent history of attempts to publish surgical outcome data in England

2002	Health Secretary promises to publish hospital death rates for individual cardiac surgeons by 2004. Deadline missed.
2006	Guardian newspaper uses Freedom of Information Act to gain and publish results – data variable and sometimes raw.
2007	Healthcare Commission requires all hospitals doing heart surgery to publish risk adjusted data on death rates for individual surgeons ■ 17 units provide data on individual surgeons – 13 units only provide aggregate data – 3 fail to provide any data by deadline
2008	Healthcare Commission (CQC) website publishes results for units ■ Rate of survival said to be well above expected range – overall survival 96.6% - expected range 93.7% to 94.5%
2010	2010 Coalition government ■ “We will publish detailed data about the performance of healthcare providers online, so everyone will know who is providing a good service and who is falling behind.” http://programmeforgovernment.hmg.gov.uk/nhs/ ■ DH “Transparency in outcomes - a framework for the NHS” (19 July 2010) http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117583

Comparison – organisation

Trust results - Windows Internet Explorer

http://www.nhs.uk/NHSEngland/Hospitalmortalityrates/Pages/Data.aspx

File Edit View Favorites Tools Help

Google nhs choices Search

Trust results

Home | Accessibility | Sitemap | About | Contact | Mobile

Log in or create an account | Go to HealthSpace

NHS choices Your health, your choices

Site search GP Hospital Dentist Other services

Enter a search term Go

Medical advice Find services Health A-Z Live Well Carers Direct


News Tools Video Blogs Links Patient choice

Hospital mortality rates

Overview Trust results

> Trust results

Hospital Standardised Mortality Ratio (HSMR) results for NHS trusts



A-Z of NHS acute trusts' results

- [NHS acute trusts: A-C](#)
- [NHS acute trusts: D-F](#)
- [NHS acute trusts: G-I](#)
- [NHS acute trusts: J-L](#)
- [NHS acute trusts: M-O](#)
- [NHS acute trusts: P-R](#)
- [NHS acute trusts: S-U](#)
- [NHS acute trusts: V-Z](#)

NHS acute trusts: A-C
A

Key

A trust shown as 'lower than expected' has had fewer deaths than expected, given the type of cases it has treated.

A trust shown as 'higher than expected' has had more deaths than expected, given the type of cases it has treated.

Useful links

- [NHS Choices links](#)
- [Find hospitals](#)
- [Compare hospitals](#)
- [Hospital services](#)
- [About hospital indicators](#)

Downloads

- [Table of trusts' results \(PDF\)](#)
- [HSMR methodology \(PDF\)](#)
- [HSMR methodology: appendix B \(xls\)](#)

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Comparison – specialties

St George's Healthcare Trust - Mortality Rates - Windows Internet Explorer

http://www.stgeorges.nhs.uk/mortalitygraphs.asp

File Edit View Favorites Tools Help

Google st george's hosp Search

St George's Healthcare Trust - Mortality Rates

Accessibility | Search: Go

St George's Healthcare **NHS**
NHS Trust

Home

About us

How to find us

Patient information

GP information

Careers and vacancies

Mortality rates

Our services

Equality and diversity

Hospital charity

News and media

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Mortality at St George's

Introduction | Background | Methods | Feedback
<< Back

Individual graphs and commentaries

Please select from the list of specialties and accompanying commentaries

-- Select a specialty --

- Abdominal Aortic Aneurysms
- General Medicine
- Geriatric Medicine
- Oncology
- Infectious Diseases
- Renal
- Haematology
- All of Medicine
- General Surgery
- Orthopaedics
- Fractured neck of femur
- Urology
- Ear Nose and Throat
- Plastic Surgery
- Vascular
- Remainder of surgical specialties
- Babies born in hospital
- Children
- Women and Children
- Cardiac Medicine
- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Neurology
- Stroke
- General Intensive Care Unit
- All of Surgery
- Whole Hospital

-- Select a specialty --

Individual graphs and commentaries

Individual mortality data and commentaries across St George's.

Latest News

20 July 2009
St George's becomes major trauma centre..

20 July 2009
Go ahead for specialist stroke unit at St George's..

13 July 2009
A fire at Mayday Hospital in Croydon saw two neighbouring hospitals come to the rescue to offer treatment and support..

8 July 2009
St George's to create 'World Class Service Culture'..

23 June 2009
Men in south west London to benefit from new screening programme..

Last modified Mon, Jul 27 2009

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Done

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Comparison: individual (i)

Cardiac surgeons at KCH London

Department of Cardiothoracic Surgery, King's College Hospital London - Profile - Heart Surgery - Windows Internet Explorer

http://heartsurgery.cqc.org.uk/Unit.aspx?ID=RJ128&OT=2

Department of Cardiothoracic Surgery, King's College ...

Surgeons performing heart bypass (CABG) operations in this unit (where data are available click on their name to see their survival rates)

Name	Total number of operations for the 3 years ending March 2009	Practice Profile (the proportion of operations performed by each surgeon)					
		Heart Bypass			Valve Repair or Replacement		Other Operations
		Alone	with aortic valve replaced	with mitral valve repaired or replaced	aortic valve	mitral valve	
DESHPANDE R	228						
Mr LCH John	438						
Ahmed EL-Gamel	479						
Mr O Wendler *	603						
Mr JB Desai	514						

*This surgeon did not operate at this unit for the complete three years and the operations shown here do not include those performed at other surgical units

See rates of survival in other heart operations at the Department of Cardiothoracic Surgery, King's College Hospital London

- [Aortic valve replacement operations](#)
- [All cardiac surgery](#)



Comparison: individual (ii)

Mr JB Desai, KCH London

Mr JB Desai - Profile - Heart Surgery in Great Britain - Windows Internet Explorer

http://heartsurgery.cqc.org.uk/Surgeon.aspx?ID=GMC1348240&UnitID=RJ128&Unit=Department+of+Cardiothoracic+Surg cqc heart surgery

Mr JB Desai - Profile - Heart Surgery in Great Britain

Rates of survival after selected types of heart operation

How you can use this information

Patients who are going to have certain heart surgery may find it useful to look up rates of survival for surgeons or units they are considering and discuss this information with their GP or their surgeon.

What it can't tell you

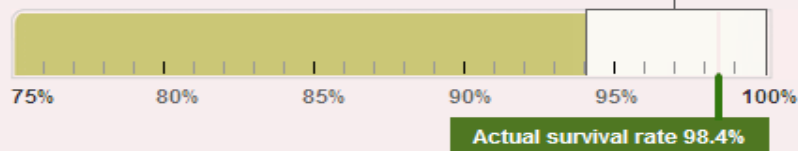
Your own chances of surviving a heart operation.

Coronary artery bypass graft operations

Operations for 3 years ending March 2009: 251 operations performed

 Survival rate as expected by UK standards

Percentage range of patients expected to survive taking into account patients' risk factors



Statistics calculated from patients being treated for the first time.

Factors such as ill health, increased age and lifestyle can affect a patient's chance of surviving a major operation. When we calculate the expected rates of survival we take these risk factors into account. [Find out more about how expected rates of survival are calculated](#).

All cardiac surgery

Operations for 3 years ending March 2009: 514 operations performed

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Managing medical performance: a multi-level analysis

■ **Micro-level:**

- Inter-professional relations
- Socialisation of surgeons

■ **Meso-level:**

- Use of data by managers
- Impact on organisational culture

■ **Macro-level:**

- Impact of / on regulatory regime of performance disclosure





The Study

- One year study (2008 – 2009)
- **Aim:** “To explore how the use and publication of performance data impacts on Professional and Managerial relations at micro, meso and macro levels



Methodology

- **Observations of cardiac surgeons:**
 - M&M meetings: who spoke and what was discussed
 - Shadowing surgeons: how they managed their own and team's performance
- **Interviews with cardiac surgeons:**
 - to explore views of performance measurement/its management
 - to explore impact of disclosure on the internet



Sample

Case Study: NHS hospital in the South East of England

- 9 interviews
 - 3 consultant cardiac surgeons
 - 3 trainees cardiac surgeons
 - 1 cardiac theatre nurse
 - 1 Data Manager
 - 1 Hospital Chief Executive
- 3 Surgeons shadowed in theatre and in staff meetings
- 8 Mortality and Morbidity meetings attended

External to the hospital

- 8 interviews
 - 3 cardiac surgeons (2 from the SCTS, 1 from DH)
 - 2 PCT Commissioners of acute services
 - 1 member of the General Medical Council
 - 2 members of the Care Quality Commission
- Cardiothoracic Surgical Conference attended and observed



Analysis

Framework approach:

- a. Familiarisation
- b. Thematic identification
- c. Indexing
- d. Charting
- e. Interpretation

Spencer and Ritchie (1994)



Key issues

1. Is *clinical autonomy* seen by individual surgeons as being threatened?
2. Is there evidence of *resistance* or gaming by surgeons?
3. Are *managers* using performance data to limit professional autonomy?
4. Are the *surgical elite* embracing disclosure and if so what are the consequences?



1. Is Clinical autonomy seen as being threatened?

- Differences between surgeons about the consequences of disclosure
- Senior surgeons more critical
- Trainees generally accepting



Critical surgeons and autonomy (a)

“But basically when I signed up to being a consultant it was the buck would stop with me, yeah know. That was the deal, in heart surgery certainly... In some respects many of us would not be keen that the buck would be stopping somewhere else because we have the autonomy to make a lot of decisions and things.”

David, Consultant Surgeon



Critical surgeons and autonomy (b)

“...I think it has become an industry and I think there are more people involved in monitoring cardiac surgical performance than there are people doing it.. I think it has got seriously out of control.. Of course the worry is that it stifles risk taking.”

John, Consultant Surgeon

“Performance data should be about long term quality: that is what should be measured not mortality. Mortality rates are really for the bad apples... Surgeons are also all different, with different skills – how can we all be measured the same?”

Charles, Consultant Surgeon



Trainee surgeons and autonomy

“I don’t have a particular strong feeling as such, but I do very much agree with a point that performance needs to be monitored, because without monitoring of performance ... then you don’t really have an accurate idea as to where you’re going, whether you’re going through a difficult period, a bad patch. And I think it’s a way of quality improvement as well, so you can always strive to aim higher and become better at what you do ... So it is quite a good thing to have a monitoring of performance.”

Ian – Trainee Surgeon



2. Is there evidence of resistance & gaming by surgeons?

- Some senior surgeons acknowledge that colleagues may seek to minimise the negative impact of high risk patients on their performance data
- Some claim they refuse to ‘play the game’
- Apparent actions of seniors may restrict trainees’ chances of operating on high risk patients



Is there evidence of resistance & gaming by surgeons? (a)

"There is probably situations where I have a private conversation with individuals and they will say I had two deaths in the past three months and I'm not going to take on anything risky for the next six months."

"I've never visited any of these websites and have no interest in visiting them and I will do what I think is best for the patient and if at some point my mortality is deemed to be unacceptable and then they put me out to grass I will go – it has had no impact on me at all."

John, Consultant Surgeon



Is there evidence of resistance & gaming by surgeons? (b)

“What I mean is that in terms of experience that we receive, we’re getting less compared to the consultants of old... This is partly because of the audit culture, the monitoring of performance at an individual level with the consultant’s name published in newspapers, so there’s an element I suppose of paranoia in that sense, with the consultants less likely to be so free giving the cases to the registrar”

Ian, Trainee Surgeon



3. Are managers using disclosed performance to limit autonomy?

- Hospital managers yet to use performance data to limit surgeon's autonomy
- Seniors informally monitor juniors but don't tell managers
- Performance measures not linked
- Respondents could see benefits to hospital of using evidence of low mortality rates to attract patients in a increasingly competitive market place



Are managers using disclosed performance to limit autonomy? (a)

"In terms of openness, accountability, generally confronting issues and bringing stuff out around performance generally, I think is to be welcomed... I'm really quite passionate about this now in terms of the longer I've been in the health service, the more I see people squirming about whether they're held to account. And actually, I've also been in the health service long enough to know."

"We've done mortality [performance measurement] in isolation and we've looked at rates of complaints or something, we've never quite brought the whole thing together to really use to improve what we we're doing"

Derek, Hospital chief executive



Are managers using disclosed performance to limit autonomy? (b)

“One of his (CEO’s) views about publishing was that we should publish it because in the world of Foundation Trusts and... extended choice, you know, to be that hospital which is open and honest about its mortality rates.. It gives the sense of `this is a hospital with nothing to hide’.”

Robert, Regulator



4. Are the surgical elite embracing disclosure?

- Acceptance of disclosure from elite leaders (Society for Cardio-thoracic Surgery - SCTS)
- Some internal dissent
- SCTS co-sponsored Heart Surgery website with Care Quality commission
- A number of former leaders of SCTS now in senior policy & regulatory positions



Are the surgical elite embracing disclosure? (a)

"I suppose with my President's hat on and wanting to drive forward the quality of care, I would argue people measure and we can improve it.

So we have to have some sort of measurement and far better that we do it and do it professionally and well, than have it imposed on us.

I suppose some people would feel it's being imposed on us but I don't think that's...I would reject that. I think we are still leading the way with it and we get other people to help us with it... I know there's a bit of resentment, certainly amongst our members, that we're scrutinising ourselves so closely and indeed, being scrutinised from outside."

President of Society for Cardiothoracic Surgery



Are the surgical elite embracing disclosure? (b)

“We’ve deliberately teamed up with the Health Care Commission (now Care Quality Commission) and, again, that caused a certain amount of unease amongst some folk in our society, this whole issue has been quite controversial and in some areas, some members have actually resigned from the Society.... they flag up as being inadequate surgeons and poor performers when it was a bit like a statistical problem rather than anybody’s performance.”

President of SCTS



Clinical governance, professionalism & disclosure

Candidate theories:

- Changing professionalism
- Governmentality



Changing Professionalism

1. Professional re-stratification

- new strata of doctor managers pro audit
- increasing divisions between rank and file, knowledge (research) and administrative elites

2. Re-professionalisation

- organisational values replacing professional values
e.g. accountability & audit over service & dedication
- if impetus for **change** comes **from within** medicine maintains greater autonomy.
- if impetus comes **from above** - the state – medicine loses autonomy



Governmentality

- Contemporary society disciplined and regulated without direct/oppressive intervention
- Professionals crucial in rendering society governable via monitoring etc
- Co-opted into 'audit' culture
- Clinicians active in own surveillance: control at a distance



Conclusion (a)

- Division of views among surgeons about whether disclosure a threat to clinical autonomy.
- Some talk of resistance/gaming
- Managers yet to use disclosure to limit autonomy
 - Custodial form of control still operates
- Surgical elite prefer to lead than have disclosure imposed



Conclusion (b)

- **Professional re-stratification reinforced**
 - divisions between seniors and juniors
 - internal divisions within the elite but leadership wins
 - divisions between elite leaders and senior rank and file
- **Re-professionalisation** in the face of governance
 - state co-opted elite or elite leading to maintain professional autonomy?
 - acceptance of organisational values among junior surgeons a sign of things to come? Control at a distance?



Conclusion (c)

- In terms of 'governmentality', disclosure process has affected surgeons unevenly
- Surgical elite has subjected others to managerialist agenda while benefiting themselves
- Some senior rank-and-file surgeons have attempted to resist by appealing to professional values