THE TIMES

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pressdata

Surgeon data flawed

Publishing the data of thousands of surgeons in England on the My NHS website is unlikely to pick up those whose performance may be causing deaths, scientists at the University of Edinburgh found. A review of the death rates for six common procedures in the journal *BMJ Open*, found that surgeons deemed "acceptable" may have too many patients dying needlessly. Surgeons with above-average death rates are not identified as each doctor does not perform enough procedures.

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Higher death rate surgeons 'unidentified'

SURGEONS with high death rates are not being identified by the NHS, experts warn.

Researchers at Edinburgh University found they are not performing enough procedures to produce reliable data.

Report author Ewen Harrison, of the department of clinical surgery, said: 'Surgeons with increased mortality rates are unlikely to be detected. Publishing mortality rates is a step towards transparency in medical care but offers little help in identifying poor performance.'

Other outcomes, such as patient recovery, may be a better way to judge ability, researchers say.

The study, published in the journal BMJ Open and funded by the Medical Research Council, looked at death rates for inpatients and at 30 and 90 days post-surgery in the UK for six common procedures – including hip replacement – between 2010 and 2014.

Each hip replacement surgeon would need to carry out 500 operations every year for one failing medic to be detected – but they perform only 48 to 75 a year.

The researchers called for more focus on tracking recovery and measuring patient satisfaction.

Jason Leitch, NHS Scotland's national clinical director, said surgical mortality fell 'by 24 per cent in the last three years'.


Just one super-rich tax dodger nailed in past seven years

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REGULATION

League table for surgeons would fail health check

By Paul Gallagher
HEALTH CORRESPONDENT

Poorly performing surgeons with above average death rates are unlikely to be spotted even if their results are published, because their caseloads vary so much, according to the first analysis of its kind.

Even those surgeons whose performance is deemed "acceptable" in league tables may actually have too many patients dying needlessly, according to the review by researchers at the University of Edinburgh, published in the journal *BMJ Open*.

They looked at outcomes from three common high-risk procedures (bowel surgery, gullet surgery, and planned aortic aneurysm repair) and three common low-risk procedures (hip replacement, weight-loss surgery, and thyroid removal) done in England between 2010 and 2014. They focused on how well data from the caseloads would be able to detect a surgeon whose patient death rate was between two and five times higher than the national average.

500
Number of hip replacements a surgeon would need to do to allow his performance to be properly judged

They found that the data fails to identify those surgeons because each individual surgeon does not perform enough procedures. For example, each hip replacement surgeon would need to do 500 a year if just one failing surgeon was to be detected. They currently perform about 48 to 75 a year.

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Surgical death data is 'little help' in identifying poor surgeons

● Many do not do enough operations for poor efforts to be spotted says report

@EdinburghUni

By **LIZZY BUCHAN**
Health Correspondent

Death rates for individual surgeons are not a reliable measure of their performance, according to Scottish experts.

New analysis found that surgeons performing low-risk operations, such as hip replacements, would need to treat more than 500 patients a year before a red flag would be raised about high death rates.

Surgical mortality has fallen by 24 per cent in Scotland over the past three years.

English NHS leaders started publishing surgical mortality rates in 2013 to drive up standards and improve transparency, while Scottish surgeons contribute their figures to UK-wide audits.

Critics said examining individual death rates was not a fair snapshot of performance as it fails to consider other health problems or how risky the surgery is. Creating surgical "league tables" could make surgeons afraid to take on more risky procedures, said lead author Ewen Harrison.

Mr Harrison, clinical senior lecturer at Edinburgh University, said: "Publishing surgeon's mortality rates is a step towards transparency in medical care, but it offers little help in identifying poor performance.

"Surgery is performed by teams. It doesn't make sense to look at just one surgeon."

The team examined outcomes of six common surgeries between 2010 and 2014, including tumour removal for colon cancer patients and hip replacement surgery, according to the study in the BMJ Open journal.

Mr Harrison, a liver transplant surgeon in Lothian, said: "The death rate from a hip replacement is around one in 200, which is in line with what we would expect.

"The trouble is having death rates that low means that unless an individual surgeon is doing many, many hip replacements, then they may never have any deaths."

Surgery to remove a thyroid – a gland in the neck which controls growth – is so low-risk that a pattern may not emerge over a surgeon's entire career, Mr Harrison said.

He called for greater focus on patient recovery and patient satisfaction after surgery to measure performance.

Professor Derek Alderson, vice-president of the Royal College of Surgeons, said: "Individual surgeons' mortality rates are published in the interests of transparency, however they cannot be relied on as an indicator of how well a surgeon is performing."

National clinical director Jason Leitch said there were no plans to measure individual consultant mortality data in the Scottish NHS.

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