



The Scottish Information Commissioner writes..

When I took the decision in December of last year to require the Common Services Agency (CSA) to provide information on the mortality rates of all surgeons in 2000, for journalists working for the Sunday Times and the Scotsman, I made a point of distinguishing between what I called routinely gathered information and the information which is provided as part of the Scottish Audit of Surgical Mortality.

Under the Freedom of Information (Scotland) Act 2002 the journalists had requested the name of each surgeon, their speciality, the hospital in which they are based, the number of patients the surgeon has operated on and their mortality rates by year. Following my investigation I took the view that information gathered by hospitals as part of the patient administration systems and which were made available to the CSA through the SMR01 Form could fulfil this request. This routinely gathered information is also used to populate eSCRIPS. This process is quite different to that by which information is gathered for the purpose of surgical audit of mortality. I had the benefit of meeting with Professor Teasdale and with Professor Stonebridge in the course of the investigation and also to receive submissions from them setting out the nature and purpose of the Scottish Audit of Surgical Mortality. On the basis of this information I was able to conclude that the nature of the surgical audit process would be covered by an exemption under the Freedom of Information (Scotland) Act 2002 and would therefore be highly unlikely to be released in response to any request for such information. I made specific reference to this conclusion in my final decision.

One of the particular features of SASM which struck me, and gave strength to this view was the extent to which surgeons in Scotland voluntarily participate in the process of making submission on patients who have died, and also voluntarily peer review such information. With around 90% of consultants submitting information there

are clear and widespread benefits to individual performance and the patient care from the audit process. Consequently, if information was released which would be likely to substantially prejudice the audit then the consequences in terms of health care may be judged to be negative.

Concerns have been expressed as to how releasing the routinely gathered SMR01 derived data may be interpreted and used. In my decision I have shown that the drawing up of so called league tables would be inappropriate, but I have also drawn attention to the responsible manner in which newspapers have already reported on the surgical mortality of heart surgeons, even where this information has not been risk-adjusted.

The benefits may be limited at this stage but I would hope that after bringing the information into the public domain that further consideration would be given both to risk-adjusting certain data in Scotland and also looking at what assistance can be given to patients and to the public generally in interpreting information on surgical performance.

Kevin Dunion

Scottish Information Commissioner

Comments by Professor Sir Graham Teasdale, Chairman of the Board of SASM

All surgeons in Scotland will be aware of the decision in December 2005 by the Information Commissioner that the Common Services Agency should release information on mortality rates of named Scottish surgeons. This has just been complied with, and a vast amount of data placed upon the ISD website. The limitations of this information were clearly set out and have been re-emphasised by statements from the CMO, Dr Burns, the Royal Colleges, and other authoritative sources in Scottish surgery.

Whether or not the data are comprehensible and add usefully to the knowledge among the public, remains in doubt, along with concerns that the information is open to irresponsible and

inappropriate and selected presentation. What also remains to be seen is if this information has any impact upon clinical practice or the audit process. In making the decision, the Information Commissioner made a judgement that this would not necessarily be the case and indeed made a strong statement making clear that he sees the information connected within confidential clinical audit as very distinct, and unlikely to be in the public interest to release.

Mr Dunion has repeated his views in very clear, emphatic terms to a meeting of the Board of the Audit and has responded to a request to provide a statement to be sent directly to all participants through this issue of the newsletter.

SASM and Scottish Intensive Care Society

A collaboration is taking place between the Audit and the Scottish Intensive Care Society, initially starting in pilot sites in Edinburgh and Glasgow, but rolling out across Scotland over 2006. In the pilot sites surgeons will be sent additional Intensive Care Pro Formae which should be completed only if the patient had an episode of intensive care. Details of the proposal and a flow chart are available on the SASM website under the Current and Future Developments banner.

Individual Annual Reports

You will have received a letter from Professor Teasdale offering you the opportunity to receive an Individual Annual Report on the data from 2004. You may remember that a draft Individual Annual Report for Surgeons was circulated for comments in 2004 and 2005. The original plan was to produce individual reports based on 2003 data but concerns about the implications of the Freedom of Information Act on the reports persuaded the Board to suspend activity until the position was made

clear by the Freedom of Information Commissioner. This has now been done and the Board and Management Committee now feel confident in producing reports for both surgeons and anaesthetists. However, due to the passage of time it is felt more appropriate to produce reports based on 2004 data rather than data collected from 2003. The Management Committee welcomes comments on the format and layout of the Individual Report.

LATE RETURNS

One of the key strengths of the Scottish Audit of Surgical Mortality in comparison with other audits is the exceptionally high participation rate and high proportion of returns. This is referred to by the Freedom of Information Commissioner in his article above. When figures for the 2004 Annual Report were being collated in September 2005, it was clear that the returns for deaths in 2004 were relatively low at that stage. Professor Teasdale then wrote to all participants asking you to return outstanding forms.

This has had a good effect, so much so that the return rate included in the Annual Report published in December stood at 88%, which although high is still down on previous years. Returns on 2004 data have continued to trickle in, and although these are too late to be included in the Annual Report, these forms are subject to the same process of assessment and should be included in your Individual Annual Report, based on 2004 data, which should be with you later in the Spring of this year.

Late returns are an issue however as the data is not available for the Annual Report. Omission of this data may skew the Annual Report and give false impressions as to the areas of consideration and concern raised by the Audit. Thus the Audit will make strenuous attempts to encourage prompt returning of completed forms for deaths occurring in 2005, with every effort being made to process this information by September 2006 for inclusion in the Annual Report on 2005 data in December 2006. Your continuing co-operation and participation is essential in this process

FREQUENTLY ASKED QUESTIONS

Who should complete SASM forms?

The individual carrying out the surgery or anaesthetic should ideally complete the surgical and anaesthetic pro forma. If that person is not a consultant, it provides an excellent educational opportunity for the consultant and that individual to complete the form together. In present-day practice, however, trainees have often moved on to other departments by the time the forms are received by the responsible consultant. In that case, feedback can be sent to the trainee involved by completing the front sheet indicating that feedback can be sent to that person. This is seen as an essential part of training by Postgraduate Committees. Some forms have been received, completed by a trainee who was not present at the operation. This is less than ideal. In every circumstance, efforts should be made to allow the responsible consultant to see the completed form.

ALL CHANGE

As announced in the December Newsletter, the Glasgow office moved from the College at St Vincent Street to a new purpose-built office facility at the Cirrus building in Glasgow Airport Business Park early in December. The staff managed heroically in difficult circumstances as the first occupants of the second floor where they will be ultimately joined by other staff from ISD. Communications were particularly rocky for a period of time with no telephones and limited e-mail facilities and thanks to all of you for your tolerance if you tried to contact the office during that period. Telephones, computers and e-mails are now up and running and normal service has been resumed. The new address is **2nd Floor, Cirrus, Marchburn Drive, Abbotsinch, Paisley PA3 2SJ**. The telephone number is **0141 282 2280** and email addresses remain the same.

As you will have learnt from the December Newsletter, Wendy Ritchie, who "ran" the SASM office in Dundee, retired in January. As accommodation at that site was also under pressure, the decision has been taken to relocate all office activity to the new Glasgow offices. Meetings of the Board and Management Committee will continue to be held in the College in Glasgow and the Audit continues to be supported by all the Colleges in Scotland.