

Audit and Quality Improvement Committee

The publication of individual surgeon level outcomes has dominated the work of the audit and quality improvement committee over the last year, in tandem with the launch of the National Vascular Registry (NVR). Both have posed significant challenges to the committee and the members of the Society. Last year, some were subjected to gross misinterpretation of data by local and national media, despite press briefings by the Council of the Vascular Society and the Royal College of Surgeons of England. Concerns about misinterpretation of individualized outcomes data have been expressed on behalf of the Society to the Health Quality Improvement Partnership (HQIP) and NHS England, who dictate this process. We have also repeatedly recommended that individualized outcomes should be interpreted alongside unit level data. However, a further round of surgeon level data has been mandated by HQIP during 2014 and we can assume this will continue on a yearly basis. The latest round of reports will show that we continue to make dramatic improvements to our carotid and aneurysm services, with a continued decline in perioperative mortality for aneurysm surgery, and decline in time from symptom to surgery for symptomatic patients with carotid disease without increasing perioperative stroke risk. Members should be proud of these achievements on the back of years of commitment to quality improvement.

The prime objective of the NVR, from the perspective of HQIP, is to monitor the quality of care for patients who undergo vascular surgery in NHS hospitals. It is very different in terms of ambition and design to the NVD, which we all became accustomed to. Funding for the NVR comes entirely from HQIP through the Clinical Effectiveness Unit (CEU) at the RCS England. The NVR forms part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NCAPOP is a closely linked set of centrally-funded national clinical audits that collect data on compliance with evidence based standards, and provide local trusts with benchmarked reports on the compliance and performance. The data are therefore no longer controlled by the Society, though we work closely with HQIP who are the data controllers, through an NVR Project Board. This includes representation from the British Society of Interventional Radiology and patient groups.

We are grateful to the members of the Society for feedback this year relating to the NVR, which had led to substantial changes to the datasets. We will continue to make changes where appropriate based on feedback and discussions within the Project Board. The NVR will form an essential element of the quality improvement initiatives undertaken by the Society, building on the success of the NVD and the AAA QIP. It should be noted that it is not funded to capture information on all activity undertaken by vascular surgeons, including low risk interventions such as varicose veins, or rare procedures.

We have worked very closely with the CEU and HQIP to make this year's outcomes publication fair, transparent and less open to misinterpretation. Surgeon level activity and mortality data will be published alongside Unit level outcomes, with levels of data ascertainment in the Registry and length of stay. The data will be presented in a different manner to last year, on the VS QIP website. It should be noted however that data will also be published by HQIP on the NHS Choices website.

HQIP have made it clear that each year more information will be required. We as a Society have to be prepared for the publication of more, rather than less, outcome data. So, it is

essential that we all record our activity and outcomes from lower limb interventions. As a preliminary to this, we will be producing a Unit level report on data ascertainment towards the end of 2014. We are also trying to establish funding for a lower limb QIP. In particular, this will aim at improving outcomes for patients undergoing lower limb amputation, the subject of a recent NCEPOD report.

The Council is very aware of the difficulties encountered by members of the Society and the challenges faced with public scrutiny of our outcomes. We will continue to work closely with members to optimize data capture, ensure robust data analysis and risk adjustment, and prevent mis-interpretation by the media and the public.

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