

What's in the Hospital Guide 2010?

“There is no doubt the Dr Foster Hospital Guide 2009 succeeded in its core aim of putting performance data and analysis at the centre of the debate about health service quality.”

Health Service Journal,
February 2010

Dr Foster's mission is to harness the power of information to improve services and people's wellbeing. The Hospital Guide is the centrepiece of our not-for-profit programme: an independent, authoritative guide to the NHS that showcases good practice and highlights the variations in care that exist in hospitals.

The inaugural Hospital Guide, published in January 2001, was the first time that mortality ratios had been published across a health economy. This guide prompted much debate and discussion, placing the measurement of quality of services firmly at the forefront of the public debate about the NHS.

The seven successive Hospital Guides have continued promoting this agenda. Last year we focused on patient safety and stimulated improvements in this key area. Since publication, reporting to the National Patient Safety Agency has been made compulsory, MRSA screening protocols have been tightened, and the Department of Health has convened a working party to agree the optimal way of calculating standardised mortality ratios.

Improving communication with hospitals

Our senior managers have spent the past six months visiting a number of trusts, listening to your feedback. One thing we have heard loud and clear is that we need to continue to strengthen our communication processes.

This year, Dr Foster has started a wider consultation process, writing to all trusts at the start of the year for comments on the guide. A series of meetings have been held around the country with hospital chief executives. The single most frequent message has been a plea to have earlier sight of what to expect in the guide.

Here we are setting out, as much as possible, the content of the 2010 Hospital Guide five months before publication. As you will appreciate, we don't yet have all the information and we aren't yet able

to answer the two key questions on your mind: what indicators are you including, and how does my organisation perform? We will not be able to tell you this definitively until September when the final data is ready.

What we do set out here, however, is an overview of the metrics we are planning to include and the timetable going forward. We are developing these metrics in partnership with the Dr Foster Unit at Imperial College London; inevitably some will change and may be discarded as this research phase continues. We will continue to keep you informed about this process.

The component which attracted most attention in the 2009 Hospital Guide was the patient safety index. Dr Foster is committed to the use of aggregate measures to inform patients and measure hospitals. Since last year, in consultation with NHS trusts, we have begun to develop a much larger and broader index using much more data. We expect to publish this in the 2011 Hospital Guide. In 2010 we will be updating the patient safety index from last year, to see which trusts have improved, at the same time as carrying out this research.

Provisional indicators for 2010

Please note that we are listing here examples of indicators being considered for the Dr Foster Hospital Guide 2010. Methodologies and specifications are currently being refined and tested by the Dr Foster Unit at Imperial College London. The final metrics, data and methodologies will be shared with trusts in the autumn. Please refer to the timeline on the next page for more information. Unless stated

otherwise, significance will be determined using 99.8% control limits and the data period will be April 2009 to March 2010. Indicators only apply to NHS acute (non-specialist) trusts except where explicitly stated.

Hospital Standardised Mortality Ratios (HSMRs)

Our current intention is to publish HSMRs using the usual definition by Imperial College and Dr Foster. We are contributing to the Department of Health's working group and will continue working alongside colleagues to refine the HSMR. We will also add the NHS-endorsed HSMR to our management information tools.

The methodology and toolkit for HSMRs can be found at: www.drfoosterintelligence.co.uk/news/publications/HSMRmethodology.asp

New indicators

Dr Foster will be sharing a number of new indicators with trusts for comment prior to publication, and will give trusts clearer advance warning of what to look out for. The editorial process means that the final decisions about which indicators to include are not made until close to the publication date. However, areas that are being looked at include:

Patient safety

- Venous thromboembolisms (VTEs).
- Selected adverse events as defined by the Agency for Healthcare Research and Quality (AHRQ, www.ahrq.gov).
- Failure to rescue (ie failure to prevent a clinically important deterioration, such as death or permanent disability).
- Mortality in conditions amenable to healthcare.

Clinical effectiveness

- Patient metrics in stroke, urology, acute myocardial infarction (AMI) and paediatrics.

Trusts of the year

As with previous Hospital Guides, Dr Foster will be identifying the best performing small, medium, large and foundation trusts, and will be naming one of these our overall trust of the year.

Again the algorithm for this is not yet defined, but we will take into account their performance against the indicators detailed above.

Data extract

All routine data analysis will be based on the Secondary Uses Service (SUS) extract which is processed and supplied to Dr Foster by the Dr Foster Unit at Imperial College London.

We will use the processed extract that will appear in the Dr Foster management information tools at the end of August 2010. This data will be extracted by the Dr Foster Unit earlier in the month of August. Generally, data submitted up to 25th July will be included, but trusts are urged to check local processes, as those who use intermediaries may find it takes

longer for the data to get from them to Connecting for Health and then to the Dr Foster Unit. Recalculated risk models and updated outcomes (such as 're-based HSMRs') including data from 2009/10 will also appear in the Dr Foster management information tools at this time.

Questionnaire

Each year, Dr Foster surveys all NHS acute trusts asking a number of questions relating to structure, process and outcomes. The data we collect is not available through routine data and/or not currently in the public domain. The collection will be approved by

Timeline 2010	
July	Questionnaire available for completion
July/August	Questionnaire completed by NHS trusts
	Dr Foster continues to develop and consult on Hospital Guide content
August	Questionnaire closes
	Questionnaire validation period
	Dr Foster finalises indicator methodologies
September	Dr Foster receives final data-set used for analysis
	Final analysis undertaken
	Further communication of content by Dr Foster to NHS trusts
	Dr Foster Regional Business Managers begin to share data with NHS trusts
	Hospital Guide content drafted
1st October	Final date by which Dr Foster will accept changes to questionnaire data
October	Dr Foster informs trusts who are listed in the Hospital Guide as an outlier
	Hospital Guide content finalised
November	Full Hospital Guide previewed to NHS trusts
	Hospital Guide content previewed to Department of Health, CQC, Monitor and SHAs
	Hospital Guide published by Dr Foster through a printed report, online, and through the media

The NHS Information Centre's Review of Central Returns (ROCR). Following your feedback, the survey has been cut down from last year.

Questionnaire live in early July

Username and password details will be sent to the contact nominated by your trust following a request for this information in January 2010. If you are unsure who this contact is, please call 0800 288 9808.

This contact will now be the single point for all Hospital Guide queries, from data clarifications to press release notifications. All important communications will also be copied to chief executives.

Why we publish data – a transparent NHS, a transparent Dr Foster

Dr Foster was set up to empower patients and improve transparency in healthcare. We believe that better use of data, in an open and transparent manner, can do a great deal to improve the quality of services.

We believe the same rules apply to us. That is why, out of all companies involved in benchmarking hospital performance in the UK, Dr Foster is the only one which:

- Publishes its methodologies in full.
- Publishes the high level results for key indicators such as mortality, readmissions and length of stay.

- Provides access to this data, free to the public.

This approach inevitably brings criticism, most frequently from those organisations who perform less well on Dr Foster measures. However, the criticism and debate engendered only serve to drive up the quality of what we do, and to improve understanding of the very important issues raised.

Dr Foster is often accused of acting in this way for commercial advantage. In response, we can only point out that none of our competitors have thought it in their interest to apply the same stringent rules of transparency to their own businesses.

Making ourselves accountable

The Dr Foster Ethics Committee is independent of Dr Foster and is chaired by Sir Donald Irvine, chairman of Picker Institute Europe and former president of the General Medical Council. Its role is to ensure that Dr Foster meets the standards set out in its code of conduct (published at www.drfooster.co.uk).

The Ethics Committee can adjudicate in any complaints or disputes that have not been resolved satisfactorily by Dr Foster. If you have a complaint about Dr Foster, please write to: The Secretary of the Ethics Committee, Dr Foster Ethics Committee Limited, 12 Smithfield Street, London EC1A 9LA.

About Dr Foster

Dr Foster aims to help bridge the gap between data and knowledge. We are a joint venture between The NHS Information Centre for health and social care and Dr Foster Holdings LLP, and provide a unique, innovative public service.

One of Dr Foster's key objectives is to promote the development of an information culture in the NHS by providing appropriate information and analysis to clinicians and managers in order to help them deliver the best quality healthcare. Dr Foster also promotes greater access to data across all public services and more intelligent use of data to understand variations in outcomes and availability of services.

The Dr Foster Unit at Imperial College London has developed pioneering methodologies that enable fast, accurate identification of potential problems in clinical performance – and areas of high achievement.

We hope that you find this communication useful and informative. If you have any feedback or other questions please email us at hg2010@drfooster.co.uk

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