Patients asked to judge quality of care they receive in hospital

Bryan Christie *Edinburgh*

Five thousand patients at one of Scotland's biggest hospital trusts are to be asked to judge the quality of the care that they have been given in what is said to be the most in depth project of its kind established in Great Britain.

The patients are being sent questionnaires which will allow them to provide a detailed picture of their experiences in hospital. The information will be used to develop improvement programmes to address problems identified by patients throughout the trust's 10 hospitals.

The aim of the initiative is to work with patients to design services that meet their needs; government policies have urged health trusts to examine their services from the perspective of patients and to improve patients' experiences of the NHS.

The Lothian University Hospitals Trust is collaborating with the Picker Institute in the programme. The institute, which is

affiliated with Harvard Medical School, was established in 1987 in the United States with the aim of making health care more humane for patients. It was set up by Harvey Picker, whose family is one of the biggest manufacturers of x ray equipment, after his wife suffered a series of bad experiences in the healthcare system when she developed cancer.

Dr Pat Straw, the trust's quality manager who is leading the project, said: "In many ways patients and their families are the people who know most about what does and doesn't work in health care. It is imperative that if we want to improve what we do for patients we ask them what happened during their journey through the NHS."

The project began last month when patients were asked to take part in a special "day in the life" of three of the trust's biggest hospitals. Two hundred patients and their fami-

lies shared their experiences with trained interviewers, and a number of patients were given cameras to make their own photographic record of the day.

The next phase in the project is having patients complete the questionnaire, which will be sent out this week. The results of the questionnaire will be available in November when discussions will begin about the improvements that are needed.

Professor Tom Delbanco, chairman of the Picker Institute, said: "It's surprising how we doctors have failed to take the opportunity to learn in a systematic way from those we serve. Perhaps we've been too arrogant to bother. It's amazing what we at the Picker Institute have been learning from patients and how [taking] simple steps in response can make an enormous difference for our patients." □

Patient Helen Renton photographed surgeon Charles Court-Brown assessing her leg wound in her record of her hospital day

Review clears Brompton surgeons

Gavin Yamey *BMJ*

A review of the surgical outcomes at the Royal Brompton Hospital has cleared the hospital over allegations of excessive mortality in children undergoing cardiac surgery.

The independent review of paediatric surgery, comprising paediatric consultant cardiologists Dr Stewart Hunter and Dr Michael Godman and consultant cardiac surgeon Mr James Monro, studied operative data from 1987 to 1999 and found that "the Brompton results are similar to, and in most cases better than, the results from the UK register."

The data, sent by an anonymous whistleblower to *Private Eye* magazine, were "incomprehensible, incomplete, and misleading." *Private Eye*, which did not publish the allegations, passed the data, in confidence, to Mark Taylor, chief

executive of the Brompton Hospital; the hospital immediately set up an inquiry. News of the inquiry was leaked to the *Sunday Times*, which carried a front page article about the allegations in June.

The review panel castigated the whistleblower for causing disruption and damage to the hospital while remaining "shrouded by the cloak of anonymity." The report says that the Brompton has a clear policy, published in 1998, which encourages those who work for the trust to recognise that they have a responsibility to raise genuine concerns about wrongdoing, malpractice, or public safety by speaking up. The document outlines the appropriate steps to be taken by the whistleblower.

But the "anonymous 'whistle-blower' on this occasion went through none of the recommended channels and their identity remains unknown at the present moment," the panel said.

The report found no evidence that children with Down's syndrome were discriminated against either at an institutional or individual level in a way that

may have impeded appropriate treatment. Decisions about surgery seemed to have been based on clinical findings alone. There was no evidence that medical staff had given misleading information when obtaining consent from parents before surgery.

The whistleblower had alleged that children with Down's syndrome had worse surgical outcomes than children without the syndrome. However, no significant difference was found between children with or without Down's syndrome who had had operations to correct atrioventricular septal defects between January 1987 and December 1998.

There had been higher mortality among a small group of patients with Down's syndrome who had undergone surgery recently. Of the four deaths that occurred among the 13 children with Down's syndrome, three were in patients who had coexisting conditions that increased the operative risk. This was felt to be "not representative of the general trend [over the past 10 years] of good results and continuing improvement."

Although the review panel cleared the hospital of having excess mortality, it did criticise the Brompton for poor methods of data collection and analysis. Data were never collected in a computerised database, nor were they reviewed regularly, it said.

The authors recommended that the Brompton Trust convene a further panel of paediatric health professionals to consider the concerns of the Downs Heart Group and the Downs Association. The hospital was advised to appoint liaison nurses to visit families at home before and after surgery to optimise communication.

The trust announced that this new panel will be chaired by Ruth Evans, who was previously director of the National Consumer Council.

Mr Taylor said: "I would like to take this opportunity to say to the families who have approached the panel that the hospital does understand their feelings of pain and grief." □

The full report appears on the Royal Brompton Hospital's website: www.rbh.nthames.nhs.uk.