

Clarification on Mortality Rates at Queen Alexandra Hospital by Graham Sutton, Associate Medical Director, and vascular surgeon at Portsmouth Hospitals Trust.

Portsmouth Hospitals NHS Trust (PHT) mortality figures have never been raised as an issue of concern by local vascular surgeons (at Portsmouth and Southampton), our Commissioners, the Vascular Society, or any other auditing body. In fact at various meetings both the Professor of Surgery at Southampton and the Vascular Society audit lead have gone out of their way to stress that "there are no concerns about the outcomes from Vascular Surgery in Portsmouth".

The graph shown in the Southampton HOSC papers seems to have been taken out of context, and our analysis of national records suggest it is not accurate with SUHT figures being under represented and our own being inflated. The major difference highlighted is the outcome from surgery on ruptured abdominal aortic aneurysm. This is an uncommon condition leading to death in over 90% of patients affected, with emergency surgery being the only possibility for survival. The outcome is more dependant on case mix and case selection than the skill of the surgical team. The graph as we understand taken from a voluntary database that has no mechanism for cross checking for accuracy. There is no case mix adjustment for severity of co-morbidity.

We have carried out our own quick analysis using the same data source and between January 2010 to October 2011 (awaiting validation) Only 38 patients survived this condition in the whole of Portsmouth and Southampton (20 in Portsmouth and 18 in Southampton). The survival rate for operated cases was lower in Portsmouth but more patients were given that chance.

What is clear is that data and indicators should only be used from validated hospital mortality rates, and outcomes from PHT are held in high regard by Public Health Director's locally and those commissioning our services.

The Chairman [Portsmouth HOSP] is correct in his understanding that the graph does not take into account any co morbidities or case selection - would we operate more willingly at PHT to try and save the life of a patient than other hospitals? We cannot say from these figures. What we are sure of in Portsmouth is that we will make every effort to save a patient, which includes operating on those with a ruptured aneurysm - a condition that is recognised by clinicians and the vascular society to be statistically, and sadly, much more likely to lead to a patient's death than their chances of survival. The disease is however reducing in incidence and the advent of the national screening programme will make this rare and declining disease a problem of the past.