

SOCIETY OF CARDIOTHORACIC SURGEONS
OF GREAT BRITAIN AND IRELAND

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Annual Business Meeting 2007

REPORT FROM THE CHAIRMAN OF THE WORKING GROUP ON
THORACIC SURGICAL AUDIT

A. MEETINGS

MEETING	DATE	MINUTES
Thoracic Surgical Forum, Dublin	27/1/07	

B. MATTERS OF INFORMATION:

Thoracic surgical returns for the years 2002-3, 2003-4 and 2004-5 were received from 36 surgical Units (40 Units carrying out thoracic surgery in total during this period). This data has been compiled to produce the most recent Thoracic Surgical Register which has been distributed to members. It is available on the SCTS website. Further analysis is ongoing; Unit-specific activity for this 3-year period along with national data from the Register's inception in 1980 will be published at some stage in 2007 as a Thoracic Surgical Section in the next "Blue Book".

For the year 2005-6 41 Units were active in thoracic surgery. At the time of writing this report returns are still unavailable from 11 Units (Cork, Glasgow Hairmyers, Glasgow Royal, Hammersmith, Hull, Kings, Newcastle, Norwich, Oxford, Plymouth and St Georges). This unavailability will delay publication of the next Register. On the positive side nine Units have sent returns in the manner of the SCTS dataset for 2005-6. This will allow for a comparison of patient related factors in analysis between units (e.g. age, pulmonary reserve) rather than activity alone.

C. MATTERS FOR CONSIDERATION:

There remains much to do in order to ensure that the SCTS Thoracic Surgical Audit project reaches the standard and sophistication of cardiac surgical audit. Data collection is sporadic within Units and validation is very variable. Although there has been some criticism of the new version of the register as being too simplistic, the obvious difficulty experienced by many Units in getting their returns to me makes me reluctant to make the register more complicated at present. The absence of risk stratification enables only raw mortality to be presented.

Although the SCTS has agreed a dataset for collection, at present only a minority of Units appear to have the infrastructure to collect the much more complex data required for an in-depth analysis of activity.

**Richard D. Page
Chair, Working Group on Thoracic Surgical Audit
22nd February, 2007**