

SOCIETY OF CARDIOTHORACIC SURGEONS
OF GREAT BRITAIN AND IRELAND

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Annual Business Meeting 2008

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

A. MEETINGS

MEETING	DATE	MINUTES
Thoracic Surgical Forum, Manchester	2/2/08	

B. MATTERS OF INFORMATION:

For the year 2005-6 of the 41 Units active in thoracic surgery Returns were received from 40, the single exception being Derriford Hospital in Plymouth. This Register was published in the summer of 2007. For the year of activity 2006-7, at the time of writing this report returns are still unavailable from 14 Units (Aberdeen, Bart's/London, Belfast, Cardiff, Cork, Glasgow Hairmyers, Guy's and StThomas', Hammersmith, Hull, Newcastle, Oxford, Papworth, Southampton, and St Mary's). On the positive side eleven Units are now able to send details on activity in the manner of the SCTS dataset. This will allow for a comparison of patient related factors in analysis between units (e.g. age, pulmonary reserve) rather than activity alone.

This month has seen the electronic publication of a report on national activity on data taken from the Register since its inception for the period 1980-2005. A 3-year Unit-specific activity was included for the period 2002-2005. The report has highlighted some interesting changes in thoracic surgical practice over the last 25 years, as well as variations in recent activity between Units throughout the country. I am optimistic that a hard copy of the report, published by Dendrite will be available to members at the Annual Meeting.

C. MATTERS FOR CONSIDERATION:

I am still concerned that thoracic surgical data collection is sporadic within Units and validation is very variable. Although there has been some valid 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.

Although the SCTS has agreed a dataset for collection, only a minority of Units have the infrastructure to collect the much more complex data required for an in-depth analysis of activity. Until more Units are able to contribute in this way I do not believe that making changes to the dataset would be helpful at this time.

Richard D. Page
Chair, Working Group on Thoracic Surgical Audit
3rd February, 2008

