

England publishes first tables of hospital performance

Pat Anderson, *London*

The Department of Health has published "league tables" for England allowing health professionals and their patients to scrutinise hospitals' performance for the first time since the NHS was established.

Two reports published last week compared the performance of hospitals against a set of six clinical indicators (see below) and how each health authority was performing in areas such as health improvement, and care outcomes (see below). The reports were compiled over two years by using the 11 million patient episode records collected annually in England.

The report on clinical indicators showed wide variations in

death rates. For example, for 1997-8 the number of deaths within 30 days of surgery per 100 000 emergency admissions in very large acute hospitals varied, from 1233 at Heatherwood and Wexham Park Hospitals to 5384 at North Manchester Healthcare.

The secretary of state for health, Frank Dobson, said: "We hope [the indicators] will be useful to people working in the NHS, such as GPs, to identify places doing really well and to help identify places which should be improving their performance." He cautioned that there would often be good reasons—such as poor health linked to poverty in the areas that hos-

pitals served—behind apparently poor performance, and patients should not "shop around and travel for better treatment."

Doctors and health managers welcomed the reports but warned that the quality of data used was sometimes poor. The chairman of the joint consultants' committee, Mr James Johnson, said: "Clinical indicators are a good first attempt at giving patients some information about clinical care using existing data."

Stephen Thornton, chief executive of the NHS Confederation, agreed that better data were needed, with tighter confidence intervals. And he commented: "This is the beginning of an unstoppable process of greater openness in the NHS."

Quality and Performance in the NHS: Clinical Indicators and *Quality and Performance in the NHS: High Level Performance Indicators* are available free from



NHS CONFEDERATION

Stephen Thornton of the NHS Confederation wants more data

Prolog, PO Box 777, London SE1 6XH, or fax 01623 724524, or at www.doh.gov.uk/indicat/indicat.htm □

Clinical indicators

- Deaths in hospital within 30 days of surgery
- Deaths in hospital within 30 days of emergency admission with a hip fracture for patients aged 65 and over
- Deaths in hospital within 30 days of emergency admission with a heart attack for patients aged 50 and over
- Rates of emergency readmission to hospital within 28 days of discharge
- Rates of discharge to usual residence within 56 days of emergency admission with a stroke, for patients aged 50 and over
- Rates of discharge to usual residence within 28 days of emergency admission with a hip fracture for patients over 65 years old

Examples of performance indicators

- Deaths from all causes, ages 15-64, 1995-7
- Size of inpatient waiting list per 1000 head of population
- Inappropriately used surgery 1997-8
- Patients with operation cancelled for non-medical reasons
- Five year survival rates for breast and cervical cancer

US research funding depends on lobbying, not need

Scott Gottlieb, *New York*

The first systematic comparison of the US National Institutes of Health spending on research shows that some diseases backed by strong political lobbies, particularly AIDS and breast cancer, may be receiving a disproportionately large share of federal research money in relation to their toll on public health.

Researchers compared levels of funding for 29 diseases as predicted by total health burden with the actual funds allocated in 1996 by the National Institutes of Health. They found that four diseases with strong political lobbies—AIDS, breast cancer, diabetes mellitus, and dementia—received more money

according to a composite measure of disease burden than diseases with less vocal advocates (*New England Journal of Medicine* 1999;340:1881-7).

The researchers used disability adjusted life years (DALYs) to express the global burden of a disease. One DALY is defined as one year of healthy life that has been lost because of disability or death. The study's lead author, Cary Gross, a Robert Wood Johnson clinical scholar at the Johns Hopkins School of Medicine in Baltimore, said that he was interested in DALYs

because previous funding relationships had shown that both death and disability had an impact on how research money was allocated.

AIDS received \$1.4bn (£8.7m) in grant money, with the disease estimated to lead to the loss of 1.27 million DALYs, a breakdown of about \$1114 per DALY. Breast cancer received \$381.9m for 1.42 million DALYs, or \$269 per DALY. By comparison, depression, stroke, perinatal conditions, and emphysema were judged to be underfunded (\$17 to \$27 per DALY). □