



THE SCOTTISH OFFICE

NHS  
MEL(1994)82

National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

**CLINICAL OUTCOME INDICATORS**

**Summary**

1. Health Boards were invited, in MEL(1992)87, to include in contracts for 1993/94, and subsequently, the clinical outcome indicators recommended by the Clinical Outcomes Working Group of CRAG, and to take certain other action in relation to the management of clinical information. The results for 5 of the specific indicators recommended were published, at Health Board level, in June 1993 along with MEL(1993)93. The attached report updates these 5 indicators which are now presented for each NHS Trust providing services in the relevant specialties. To these have been added 12 further indicators including 7 in public health medicine and 3 in psychiatry.

**Action**

Variations between hospitals

2. No direct inferences can be drawn about the quality of clinical care in different hospitals or health board areas on the basis of the information provided. This is because these clinical outcome indicators do not provide directly comparable information either about the efficacy of treatment for a particular condition in different hospitals or about the effectiveness of services provided for the inhabitants of different health board areas. Variations in clinical outcome may be due to the relative quality and completeness of the data supplied by hospitals and health boards to ISD for the Scottish Morbidity Record (SMR), local case mix, geographic variations in disease, socio-economic and other factors. The indicators are being published now with the specific aim of stimulating local discussion about the possible reasons for any apparent variation so that this may be investigated and appropriate action taken; for example by setting in train a clinical audit to identify the likely cause of the disparity.

7 December 1994

**Addressees:**

For action:

General Managers and  
Directors of Public  
Health, Health Boards

GP Fundholders

Chief Executives, or  
Chief Executives  
designate of NHS  
Trusts and Medical  
Directors

Unit General Managers  
and Medical Directors

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### Quality of data and related activity

3. The first of the Working Group's original recommendations in 1992 to be included in contracts for 1993-1994 was that a structured review should be carried out of the quality of the data supplied to ISD. Health Boards are asked to review the position and to request the results of this review of data quality in the hospitals in their area. Boards are asked to report back to ISD on the outcome of this review by 30 September 1995. Boards are also asked to initiate local discussions about the use of outcome measures in general and about issues arising from the specific indicators included in the report and to report back to CRAG on progress by the same date. These discussions should involve Directors of Public Health, local Trusts and other hospital units, professional clinical staff, general practitioners, professional advisory and clinical audit committees, and other relevant local interests, including patient representatives.
4. Finally Boards and GP fundholders are asked to make known to CRAG any outcome indicators in use or under development locally, so that they may be considered by the Clinical Outcomes Working Group for possible wider use.

### **Use of outcome indicators**

5. Specific attention is drawn to the care with which these indicators must be interpreted in the light of all local circumstances. They should not be used as the basis for inappropriate or premature conclusions about which health boards or which hospitals provide the best health care.

*Robert Kendall*

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Chief Medical Officer

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NHS in Scotland