Dear Ms Payne

I write in response to the letter received from the CMO last month to give details on the approach to using the Atlas of Variation that is currently being taken by NHS Lanarkshire.

NHS Lanarkshire has embraced a strategic approach to utilising the Atlas of Variation. Under the leadership of the Medical Director and with support from Public Health NHS Lanarkshire is utilising the Atlas in the following ways:

The initial data entered onto the Atlas was for areas that had already been identified within the Board as areas for improvement and work was well established through our 'Virtual Intelligence Group' to help understand the drivers for the variation in practice. Some of this work has previously been presented at Realistic Medicine events nationally.

As new data is added to the Atlas, it is reviewed by our Realistic Medicine Core group, 3 of whom have had VBM training.

The Board has also raised awareness among clinicians by including a demonstration of the Atlas as part of a Discovery demonstration. The core RM team has also embedded this as part of the staff training events and will also offer a familiarisation session with clinicians as requested. The core team also plan to organise a "Masterclass" type session for clinicians who have expressed an interest for hands on training with use of the atlas.

- If the new data is not significantly different from the national average, its availability on the Atlas is communicated to the relevant services for comment with a response to the Core Group – this will then be shared with the Board's Clinical Effectiveness Group (for data analysis and triangulation) and with the Board's Realistic Healthcare Group (for sharing learning) – both of these fora are chaired by the Medical Director. For example hip replacement data was shared with the clinical lead and service manager who were aware of some variation over time
- Where any new data does show significant differences from the national average, the initial response is more structured;
    - If the variation is known and / or there is already ongoing improvement work, the core group will appraise themselves of that, offer any assistance required and request an update to both the Board's Clinical Effectiveness Group and with the Realistic Healthcare Group
    - If the variation is previously unrecognised, the core group will discuss with the Medical Director how best to progress the required analysis and any improvement plan – a report is then requested for both the Board's Clinical Effectiveness Group and the Realistic Healthcare Group

A good example of this is the recently available data on cholecystectomy. The Board was not aware of the relatively high incidence until this was published, perhaps in part due to the management of treatment time guarantees utilising both the Golden Jubilee National Hospital and at times the independent sector. The data was shared

with the general surgical leads who (as is often the case as an initial response) challenged the accuracy of the data as they had not realised the proportion of patients listed for elective procedures being managed in this way. There has also been a trend towards index admission surgery. As the data was reviewed in depth, it became clear that there was variance between the three acute hospitals for management of both elective and unscheduled cholecystectomy. The general surgical leads have been tasked with bringing together a report for the Realistic Healthcare Group that will articulate the current position and begin to develop a consistent patient pathway. It has already generated debate about what the correct incidence should be and therefore a literature review on effectiveness and complication rates has been added to that task, incorporating local data on complication rates, feedback from complaints etc.

Within NHS Lanarkshire, BADS data has been used for some time as both a Quality & Performance indicator through our existing processes across all specialties. Same Day Surgery rates are high at both University Hospitals Hairmyres and Wishaw, but less so at University Hospital Monklands where the stand-alone Day Surgery Unit has been shown to support a more risk averse approach as it is staffed and equipped differently from the main theatres. We have always been wary of saying that high Same Day Surgery rates releases resources as it is not always possible to close beds behind this activity change and the intensively staffed nature of good quality Day Surgery areas makes this at best cost neutral without that, but is a substantial quality improvement with fewer bed dependent cancellations.

I hope this covers the questions asked by the CMO, but if not I would be happy to clarify any areas.

Kind regards

Dr Jane Burns, Executive Medical Director, NHS Lanarkshire