

From: Jones, Prof D.R. Code A

Sent: 22 May 2003 12:09

To: Baker, Prof R.

Subject: RE: Gosport

Richard:

I've now done some revised analyses - possibly not all of those needed, but enough to send to you for discussion (I'm mostly around today after 1300, and tomorrow before 1100 or after lunch, if you want to discuss by phone).

I've done revised analyses for 1998, 1999, and 2000 (though I've now forgotten exactly why I/we chose these years for the initial analyses) comparing rates for DrB each in periods except those for which there was a gap of at least 14 days between successive events certified by DrB with rates for the 7 other partners in those same 14+ day periods, all restricted to place = GWMH (though not explicitly by ward therein). The results are a little clearer than the initial ones, with some evidence of an apparent excess for DrB, incidence ratios (and 95% cis) being:

1998 1.67 (0.88-3.59)

1999 3.78 (1.91-8.52)

2000 1.25 (0.49- 4.11)

and overall 1998-2000 2.24 (1.47-3.55)

We need to consider likely biases, as well as width of confidence intervals. You'll recall that the 14 day interval is less likely to suffer from end-estimate biases than shorter intervals. These are unlikely to be large, and very unlikely indeed to exceed 15% (2 end days in 14 days). They could go in either direction (ie increasing or decreasing the true estimate). I can think of 2 other possible biases likely to lead to underestimation of the risk ratios above (ie ratios could be farther from 1 than calculated above) viz 1: DrB's events are ascribed to the remainder of the year apart from the 14+ day gaps, but as there may well be shorter holiday gaps as well, this will lead to under estimation of DrB's rates; 2: Could some adverse effects of DrB's practice possibly be reflected in events which actually occurred during her absences? If so, this would inflate the other partners' rate, and reduce the ratio. Of course, regarding 14+ day gaps in DrB's events as evidence of her absence on hols is speculative; if they were genuine non-hols gaps the analysis will have OVERestimated DrB's rates, by anything up to 30%. Very crudely, therefore, any estimate of excess less than about 50% (30+15!) is open to doubt ie only the 1999 figure is reasonably robust in my view.

Hope this is clear and helpful. I'll write it up a bit more formally if appropriate, of course.

David J

> -----Original Message-----

> From: Baker, Prof R. Code A

> Sent: 15 May 2003 09:43

> To: Jones, Prof D.R.

> Subject: RE: Gosport

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> David

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> I agree on the RAE focus - wasn't sure whether patient

> safety would be good thing to get into from the RAE point

> of view - perhaps it could be; also, does it build on the

> outcomes work, or is it a distraction. These are the

> questions that must be answered before we would take on

> work from the NPSA. Will get more details.

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> Richard Baker

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> **Code A**

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> -----Original Message-----

> From: Jones, Prof D.R. **Code A**

> Sent: 15 May 2003 09:40

> To: Baker, Prof R.

> Subject: RE: Gosport

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> Yes, 22 MAY! NPSA are advertising for a statistician, but

> they aren't paying enough... I'd be willing to do a small

> amount of consultancy on this, but I've got plenty of RAE

> -related work to do, from which i should avoid being

> diverted too much, I think (unless I'm destined for a

> teaching-only post, of course)

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> DRJ

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> > -----Original Message-----

> > From: Baker, Prof R. [mailto:**Code A**]

> > Sent: 15 May 2003 09:35

> > To: Jones, Prof D.R.

> > Subject: RE: Gosport

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> > Hope next Thursday is 22 May, not June!

> >

> > Will try to get the report to you as soon as possible.

> >

> > Have just had a call from the National Patient Safety

> > Agency - they ask if I would be interested in (I think)

> > doing a report on their data. Would this sort of work be

> > of interest to you or one of your team? I am not sure of

> > the details, but will pass on more information as I get

> > it. (They are also looking for lecturer/senior lecturer

> > locum statistics support over the summer, in case anyone

> > comes to mind).

> >

> > Richard Baker

> >

> > **Code A**

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> > -----Original Message-----  
> > From: Jones, Prof D.R. [mailto: ] Code A  
> > Sent: 15 May 2003 09:18  
> > To: Baker, Prof R.  
> > Subject: RE: Gosport

> > Richard:

> > Yes, sorry not to have got back to you about the revised  
> > hols analyses. The reason is that I haven't looked at it  
> > yet, and my diary is very full until next Thursday (22  
> > June). I will look at it before then if I can, but this  
> > seems unlikely. I could more easily look at a draft  
> > report on a train journey between now and then if you wish.

> > Is any of this any help?

> > David J

> > > -----Original Message-----  
> > > From: Baker, Prof R. [mailto: ] Code A  
> > > Sent: 14 May 2003 15:24  
> > > To: David Jones (E-mail)  
> > > Subject: Gosport

> > > David

> > > This is an update on a few things. The report on records  
> > > went to the CMO - he has replied requesting a  
> meeting, to  
> > > discuss the full report that I said I was planning to  
> > > submit as soon as possible.

> > > I have spoken to Peter about the HES data - he undertook  
> > > to battle with the Dept of Health people who are dealing  
> > > with this, but it may be necessary to submit a report to  
> > > the CMO minus an HES analysis - with the plan of  
> sending a  
> > > supplementary report as soon afterwards as possible.

> > > Have you had time to undertake the revised 'holidays'  
> > > analysis? It would be good to incorporate this into the  
> > > report. I am updating the analysis of deaths rates in  
> > > practices, and will probably request your review of this  
> > > in due course. Am also preparing a draft of the  
> report for  
> > > discussion.

> > > Richard Baker

> > >  
> > > **Code A**  
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