



choices

Safety from a Patient's Perspective

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Preparing



Patients Require

Detail

Understanding

Guidance

Convenience

NHS Choices delivers

Comparative Service Information

Conditions
Treatments
Medicines

Guides

Mobile, TV,
Web, Intermediaries

Benefit to NHS

Appropriate Referral

Better Preparation

Better Self Management

Better Reach

Alerting

Traditional



| Customer Complaint Form | |
|--|--|
| Date of visit: | |
| Date received: | |
| What happened to cause you to be dissatisfied? | |
| | |
| | |
| | |
| How can we make this right? | |
| | |
| | |
| | |
| Name: | |
| Address: | |
| City, State & ZIP: | |
| Phone: | |
| Fax: | |

Complaint Form



Telephone



Paper Survey

February 2010

Digital Services



Kiosks



Web Comment



Bedside Feedback



Mobile
Text & Voice
Comments



Digital TV



Hand held survey devices

Comparing

the guardian

Huge disparity in NHS death rates revealed

Exclusive Patients less likely to die in bigger hospitals, investigation shows

Sarah Boseley
Gozde Zorlu
Rob Evans

Doctors in the NHS do not know how well they are performing and whether they are more likely than their colleagues to kill or cure their patients, because of a widespread failure to collect the information, a Guardian investigation reveals.

The results of a major exercise looking at one particular procedure - vascular surgery - show a massive variation in death rates among patients admitted for planned operations and reveal that some hospitals have unacceptably high mortality.

It demonstrates the case for the closure

● Death rates in planned vascular surgery for abdominal aortic aneurysm (AAA - to prevent a burst artery) vary from under 2% in some hospitals to at least 10% in 10 of them. More than 5,000 of the operations are carried out each year - most of them planned admissions in which the patient decides where to go for surgery.

● Patients are less likely to die in the bigger, busier hospital units where surgical teams are more skilled because they do more of the operations. The results strongly suggest that smaller units should close. This presents a major challenge to the health secretary, Andrew Lansley, who has stopped all hospital reorganisation.

The most worrying death rates were at