



# National Emergency Laparotomy Audit (NELA) Patient Information Leaflet

## What is an Emergency Laparotomy?

An emergency laparotomy is a major operation where the surgeon usually needs to cut open the abdomen (stomach area). It is called “emergency” because it must be done either immediately or very soon. It cannot wait until a later date. This type of operation might be carried out for several reasons including internal bleeding, perforation (a hole or tear), obstruction (a blockage) or infection. For many patients, an emergency laparotomy is the only treatment which could help them get better.

A decision to undertake surgery is always a serious one, and emergency laparotomy is often classified as “high-risk” because the chances of serious complications and problems arising following surgery are great. Sometimes when an emergency laparotomy is being considered, a decision is made not to perform the operation. This might be due to the person’s individual wishes. It could also be because the health conditions they have make the operation too risky, or because the underlying problem is too severe. In this situation the decision not to operate is called a NoLap decision. Less information is currently available about this group of patients compared to those who have an operation.

## What is NELA?

NELA stands for National Emergency Laparotomy Audit. The English and Welsh governments ask for NELA to be delivered each year. It is overseen by the Healthcare Quality Improvement Partnership as part of the National Clinical Audit Programme. Clinical audits are run by independent organisations to assess the quality of care in hospitals. They do this by looking at how hospitals treat patients and the outcomes they experience. NELA is a national clinical audit. It is being carried out in around 180 hospitals in England, Wales, and Northern Ireland. NELA looks at the quality of care received by patients undergoing emergency laparotomy. It also recently started collecting information on patients where a decision is made not to perform the operation (NoLap).

NELA started in 2012 and since then a number of improvements have been made to the care received by patients having an emergency laparotomy. For example:

- The number of deaths within 30 days of surgery have fallen from 11.8% of patients in the first year of the audit to 8.7% in the last report.
- Average stay in hospital after emergency laparotomy has decreased from 19.2 days in the first year of the audit to 15.1 days in the last report.
- Almost all patients now receive care provided by consultant level doctors and surgeons

## Why are we carrying out NELA?



We want to continue to improve the care for patients with an emergency surgical problem. To do this we collect important information on how well each hospital is providing emergency laparotomy care. We then give hospitals all the valuable information we have obtained. This can highlight areas of their service where they are doing well, and areas where they can improve. It also allows hospitals to compare their results with others around the country. All hospitals in England, Wales, and Northern Ireland that carry out emergency laparotomy operations are expected to participate in this audit.

### **What information is collected?**

The audit collects information about the care patients receive when having an emergency laparotomy. This includes things like the time of day you had the surgery, how long you may have waited for surgery, what the surgeon found during surgery, and what sort of ward you went to afterwards. For those patients who do not have the operation we collect information on how and why this decision was made. We also collect information on which healthcare professionals were involved in your care.

The audit also collects confidential information that includes your name, NHS number, date of birth, gender and postcode. The audit will not publish any information that could enable individual patients to be identified. All this information is collected so that we can compare and link our data with other national databases to capture as much information as possible, including death rates. The more data we have the easier it will be for us to understand where care needs to be improved. Please note that this confidential information is not collected for patients in Northern Ireland.

### **How does the audit protect my confidential patient information?**

The information that NELA collects is treated as confidential and is kept securely at all times. None of the reports that the audit produces contain information that could identify a patient.

The information is only available to the audit team in a 'pseudonymised' way. This means that patients can only be identified through a computer-generated sequence of numbers. Patient names and other similar personal information is only available to the Data Protection Controller for the audit and only used for linking to other national databases as explained above.

To prevent unauthorized access or disclosure of patient data, we have numerous physical, electronic, and managerial procedures to safeguard the information we collect.

### **What other benefits may arise from the use of my information?**

Occasionally, NELA is asked to support medical research to improve surgical care. Researchers must apply to access NELA data and they must ensure that appropriate safeguards are in place to protect the data. NELA will never share your personal confidential information like name, NHS number, or date of birth, with other researchers.

### **Why haven't I been asked for permission to use my information?**

Because some patients are very sick before and after they have an emergency laparotomy, it would be very hard to ask all patients for their consent to use their data. It is important that we get information from all patients, not just those that are well enough to give consent. That's how we can provide an accurate overview of quality.



As an additional safeguard for your information, NELA activities are reviewed by the Confidentiality Advisory Group, or CAG. This is an independent organisation who help protect the interests of patients in health and social care research and audits.

### **Can I ask for my data not to be collected through the National Data Opt-Out legislation?**

In 2018, the NHS decided that people should have the right to 'opt out' of having their data included in such audits. However, the National Emergency Laparotomy Audit is exempt from this. Losing even a small number of cases could provide the wrong picture about a hospital's performance. The national data opt-out is broad legislation that allows you to remove consent from having your data used for a variety of planning and research purposes. You can find out more here: <https://digital.nhs.uk/services/national-data-opt-out>

### **Are there other options for withdrawing my information from the audit?**

If you have a specific objection to having your data included in NELA, you can still withdraw your information from NELA. Send an email to [NELA@rcoa.ac.uk](mailto:NELA@rcoa.ac.uk) and put 'patient request to opt-out' in the subject line or call the NELA team on 0207 092 1580. We will then contact your hospital to request that they do not enter your details into the audit. If your data has already been collected, we may be able to delete it if it has not already been used in the data analysis.