



National Cancer Action Team
Part of the National Cancer Programme

Colorectal SSCRG Workshop 2012

Preliminary Colorectal NCPR 2011 – 2012: Colorectal MDTs

Stage	Compliance	Number of teams	Comment	IRs	SCs
SA only	90%	87	26 with SA amnesty	0	14
IV only	87%	7	3 x EV Red 2 x EV Amber 2xEV Green	0	3
PR	74%	70	4 not yet published	19	41

Preliminary Colorectal NCPR 2011 – 2012: Stand alone Liver MDTs

Stage	Compliance	Number of teams	Comment	IRs	SCs
SA only	87%	5	1 with SA amnesty	0	0

- Further data on Colorectal NSSGs and Colorectal Locality groups to be in NCPR National Report

Immediate Risks and Serious Concerns: Colorectal MDT

- Pathways for anal patients outside agreed IOG configuration
- Capacity and attendance for medical & clinical oncology; histopathology; radiology and CNS
- Surgeons carrying out less than 20 resections with curative intent

Immediate Risks and Serious Concerns: Colorectal MDT (contd.)

- Arrangements for emergency colorectal surgery
- Not all patients offered laparoscopic surgery
- Diagnostic pathways (Endoscopy, MRI) not compliant with national or clinical guidelines
- Data collection and recording resulting in lack of robust outcomes data for service improvement

Clinical Lines of Enquiry (CLE): Colorectal 2011 – 2012

Metric	Data
The proportion of newly registered colorectal cancers being submitted to the national audit of bowel cancer (NBOCAP)	National Bowel Cancer Audit (NBOCAP) 2009
The 30-day post-operative mortality following major resection for colorectal cancer	Comment on data sent to Trusts re risk-adjusted 30-day post-operative mortality following major resections for colorectal cancer in February 2011 (published data when available)
Compliance within each Trust of the Royal College of Pathologists Minimum Data Set for surgical resections	Local data

CLEs: Colorectal 2011 – 2012

Metric	Data
Proportion of newly diagnosed colorectal cancers being radiologically staged with CT scanning (and, in the case of rectal cancer, with MR imaging of the pelvis)	National Bowel Cancer Audit (NBOCAP) 2009
Surgical Treatment: returns to theatre within 30 days	Local data
Surgical Treatment: re-admission rates within 30 days	NATCANSAT
Surgical Treatment: proportion of newly diagnosed cases not undergoing a surgical excision	NATCANSAT supplemented by local data on caseload
Enhanced Recovery	Local data and NATCANSAT

Preliminary feedback: Clinical Lines of Enquiry (CLE) 2011 - 2012

- First year of CLEs
- Captured in key theme 'Clinical outcomes/indicators'
- Wide variation in robustness of data collection
- Dependent on resources
- Move towards real time capture at MDT & introduction of electronic systems

Preliminary feedback: Clinical Lines of Enquiry (CLE) 2011 - 2012

- Prompted discussion of discrepancies in national submission
- Some MDTs good understanding of clinical indicators and outcomes
- Others insufficient discussion to objectively understand and develop services

Preliminary feedback: Clinical Lines of Enquiry (CLE) 2011 - 2012

- CLEs highlighted
 - Lack of local data on returns to theatre within 30 days
 - Success of enhanced recovery programme and lower lengths of stay
 - Prompted introduction of discussions on postoperative deaths; readmission rates; practice of MRI and CT scanning
 - Challenges of pathology reporting
 - Need for clinical validation of data

Clinical Lines of Enquiry for 2012 - 2013

For 2012 – 2013 Clinical Lines of Enquiry

- Colorectal Service Profile as entry point for dialogue;
 - Where an MDT is doing well
 - Where there are areas for improvement
- Additional Colorectal metric
 - Proportion of newly diagnosed colorectal cancers being radiologically staged with CT scanning (and, in the case of rectal cancer, with MR imaging of the pelvis)

National Cancer Peer Review Programme

Report 2010/2011

An overview of the findings from the
2010/2011 National Cancer Peer Review of
Cancer Services in England

