

DAHNO the catalyst to change Changing 21st century practice in Head and Neck Cancer

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On behalf DAHNO Project Team

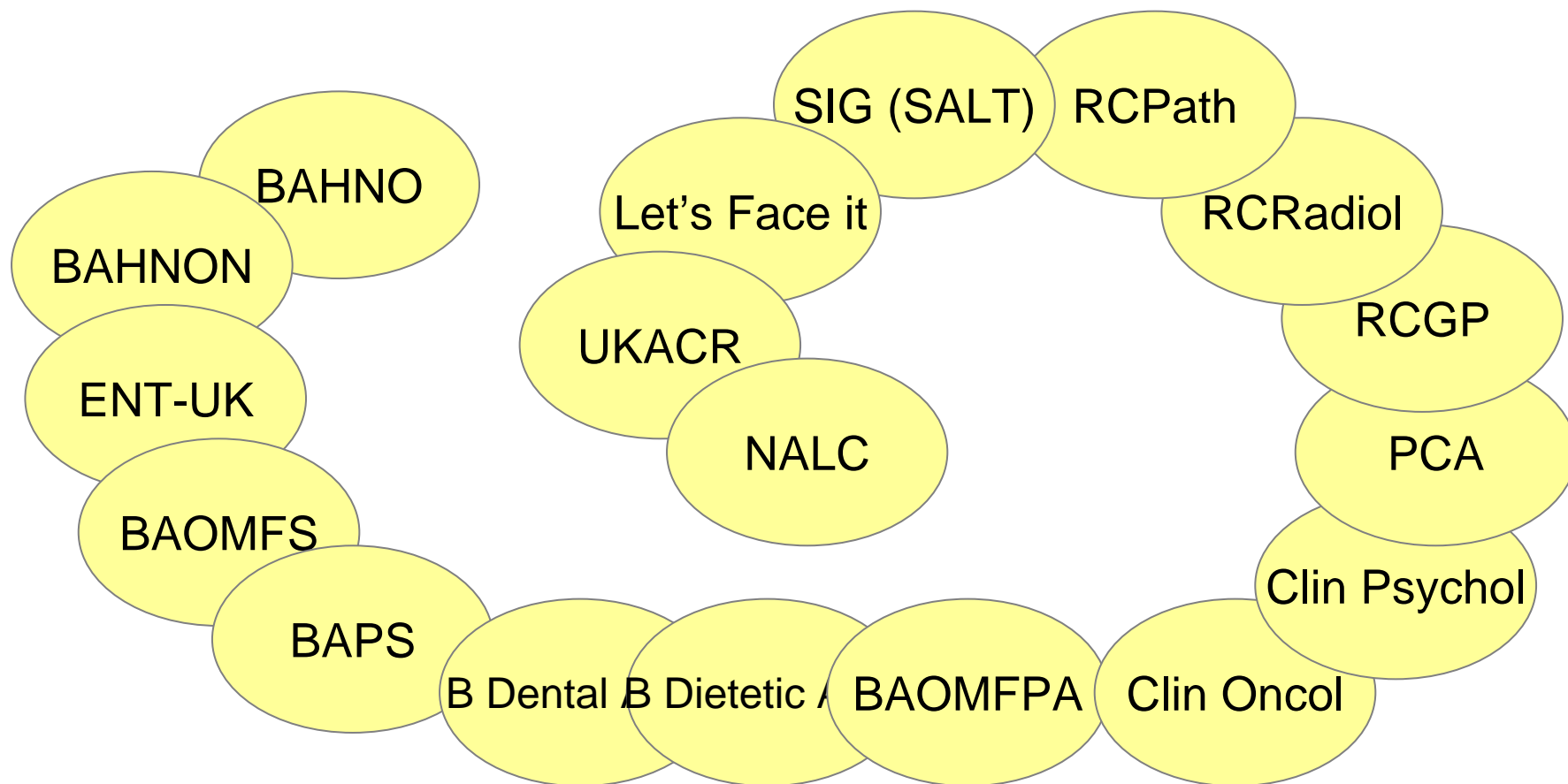
NCASP Cancer Audit Portfolio

- 5 current audits:-
 - lung (LUCADA)
 - **head and neck (DAHNO)**
 - bowel
 - mastectomy and breast reconstruction
 - oesophago-gastric

What is DAHNO?

- Data for head and neck oncology
- National comparative audit in head and neck cancer in England and Wales
- Evolved as a partnership between BAHNO (British Association of Head and Neck Oncologists) and Information Centre (previously NHSIA) from 2003
- Phase 1 focus:-
“Delivery of appropriate primary treatment (including adjuvant therapy) in management of head and neck cancer affecting the larynx and oral cavity by a multi-professional team, and delivery of care to agreed standards”
- More than just a data base- it's a multi-professional approach to evaluating the standard of care we currently have and providing a catalyst to where we would like it to always be

Head and Neck Clinical Reference Group



Achievements of DAHNO 1

■ Patient benefit

- Active involvement of patient groups in working of project
- 3 annual reports with summary report in public domain
- Each trust receiving a focused feedback report to stimulate change to key leaders
- Action planning tool to assist local response
- Improvement in rate of discussion at MDT
- Improvement in recording of T and N staging prior to treatment decision

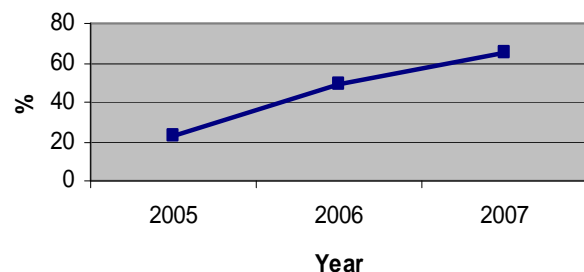
Achievements of DAHNO 2

Professional

- The facilitation of standards with BAHNO
- Feedback to stimulate local change
- Viable expert team approach to converting data to information “setting the focus of the annual report”
- Improvement in rate of discussion at MDT
- Significant improvement in recording of T and N staging prior to treatment decision

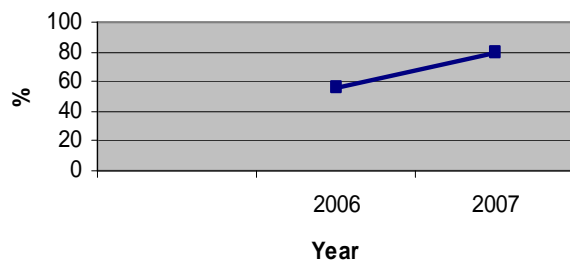
DAHNO 3RD ANNUAL REPORT

8.3.1 % Patients submitted against national estimate



■ **CASE
ASCERTAINMENT**
67% of estimate overall

8.3.4 % Cases with T&N Staging Recorded



■ **DATA QUALITY**
Significant improvement

■ **CASES WITH T&N
RECORDED**
Up to 80%

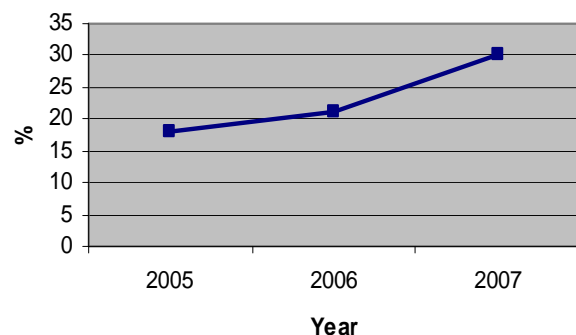
Achievements of DAHNO 3

Professional

- Introduction of routine use of comorbidity calculation in the process of treatment consideration (ACE-27)
- Professional buy in across a variety of organisations/bodies
- Reproducible sound accepted methodology and standardisation
- Unified data set

DAHNO 3RD ANNUAL REPORT

8.4.4 % Cases submitted with Co-morbidity Recorded



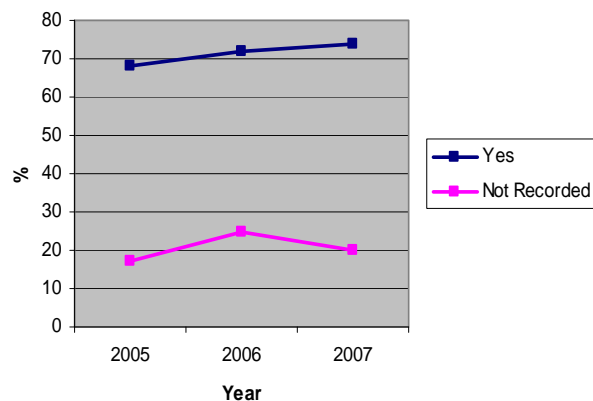
■ Comorbidity

Steady rise

■ Performance status

45% of registrations

8.5.6 % Cases Discussed at MDT



■ Cases discussed at MDT

74% discussed

6% not discussed

20% not recorded

Reporting at Trust and Network level to promote change in third annual report:-

TRUST

- Participation
- Number new larynx and oral cavity cancer primaries
- Percentage of those cases submitted with T and N category recorded
- Interval from biopsy to reporting
- Percentage of cases discussed at MDT
- Interval from diagnosis to MDT
- Interval from diagnosis to first definitive treatment (radiotherapy and surgery).

NETWORK

- Estimate number of cases
- Ratio of high to low stage disease
- Pre treatment and post resective pathology recorded
- Proportion of registrations (larynx/oral cavity) by quintile of deprivation

What are other NCASP Cancer audits publishing by named trust?

LUNG

- Participation
- Data quality
- MDT discussion
- Histological confirmation rate
- Any anti cancer treatment – including treatment type
- Surgical resection rate
- Chemo rate for small cell

BOWEL

- Participation
- MDT discussion
- Specialist Nurse intervention
- Elective surgical patients receiving pre-op CT
- Pre op MRI Scanning
- Circumferential margin
- Pre-op radiotherapy
- Emergency Cases

INTERVAL FROM DIAGNOSIS TO FIRST DEFINITIVE TREATMENT IN LARYNX CANCER

Treatment	Trust	Treatment intent	Nos of cases	Min nos of days	Max nos of days	Median nos of days
RADIOTHERAPY	ALL	CURATIVE	225	14	107	46.5
	A	CURATIVE	21	16	107	36
	B	CURATIVE	22	27	68	46.5
	C	CURATIVE	18	31	77	53.5

Evolving benefits of DAHNO

- **For Patients** provide information to both patients and patient advocates to facilitate informed patient choice.
- **For National monitoring bodies** seeking assurance on quality of care delivered.
- **For Commissioners of Services** to be assured of the timeliness, quality and performance of local provision

Evolving benefits of DAHNO

- **For Clinicians and Clinical Teams** baseline measurement and comparators to promote improving clinical practice at a local level. Evidence gained to meet professional appraisal requirements.
- **For Clinicians and Clinical Teams** the evolution of a high quality clinical database to answer study questions
- **For Provider Organisations provides focus** to specific areas requiring improvement. Benchmarking local services against peer to drive up the quality of service provision.

Recommendations from 3rd Annual Report –via action planning tool

- **Ensure Networks reflect on where variation in access occurs from trust identifiable data and examine underpinning pathways**
- **Meet patient expectations that all care discussions are being made at a MDT, and head and neck cancer teams provide assurance of this**
- **Ensure tumour staging (TNM) is confirmed and accurately recorded prior to care planning and following surgical procedures. This will enable true stage comparison of outcomes.**

DAHNO PHASE 11 supported by webDAHNO – extending the scope for changing practice

Phase 11 – extending the scope for change from 1st November 2007

Extended anatomic areas

- Nasopharynx
- Oropharynx
- Hypopharynx
- Major Salivary Glands
- **Extended range of pathologies**

Multi-professional practice

- Clinical nurse specialist
- Dietetic
- Speech and language
 - Swallowing
 - Surgical Voice Restoration
- **4th report will include casemix adjustment**

File

Edit

Email

Community

Services

Safety

Window

Keyword

Sign Off

Help

Read

24

Write

IM

People

Safety

Settings

Music

Money

For Parents

AOL Guide

Remind Me

Friends

Radio

Expressions

Pictures

Texting

Shop@AOL

Customise

Quick Start

Go

Search

Favourites

Print

https://websrv02.ncasp.org.uk/005/trainingdahno.nsf/OGCreatePatientPreLoader1?OpenForm&doc=0D6DCB0F5ADAD5E680257433004

Go

Search

Favourites

Print

https://websrv02.ncasp.org.uk/005/trainingdahno.nsf/OGCreatePatientPreLoader1...

Help

Care Spell already entered for this patient

Care Spell already entered for this patient (click on the Care Spell record listed below, in order to edit it):
(02/01/2008 - 03. GP referral)

Details for: Harry Pie (5556667778)

hospital:

AT

Create/Edit Sub-Records

View Data Issues

Audit Demographics

Non-Audit Demographics

Patient Demographic

edit

Mortality

Care Spell

Clinical Status Assessment

Other Procedure

Clinical Trial

Imaging

Diagnosis Summary

Care Plan

Diagnostic Procedure

Diagnostic Pathology

Nutritional Support

Nursing

Other Procedure

Brachytherapy

Teletherapy

Chemotherapy

Surgery

Specialist Palliative Care

Swallowing / SVR

Complication Non-Specific

Complication Radiotherapy

Complication Chemotherapy

Complication Surgery

Close

Click on a box above to create a sub-record for this patient...

Next

its

Search

Window (2)

Allowing Pop-Ups (0)

WigRi...s Vault

start

AOL 9.0

Microsoft PowerPoint ...

EN

Norton

22:49

FOR HEALTH AND SOCIAL CARE

Finding more about DAHNO and its methodologies

- WebDAHNO
- Can get relevant supporting documents and contacts at :-
 - www.ic.nhs.uk
 - Select link NCASP
 - Then Select cancer

Acknowledge

- Valuable continuing partnership with NCASP, IC and UKACR
- Contribution expert panels
- Data management and access group
- Head and Neck Clinical Reference Group
- Cancer Registries in analysis support
- All individuals, trusts and Networks who contributed so far

