

Information to Improve Quality of Care

Dr Mick Peake
Lead Clinician
NCIN

Core Objective #4:

Exploiting information to drive improvements in standards of cancer care and clinical outcomes

NCIN core objectives



- Promoting efficient and effective data collection throughout the cancer journey
- Providing a common national repository for cancer datasets
- Producing expert analyses, based on robust methodologies, to monitor patterns of cancer care
- Exploiting information to drive improvements in standards of cancer care and clinical outcomes
- Enabling use of cancer information to support audit and research programmes

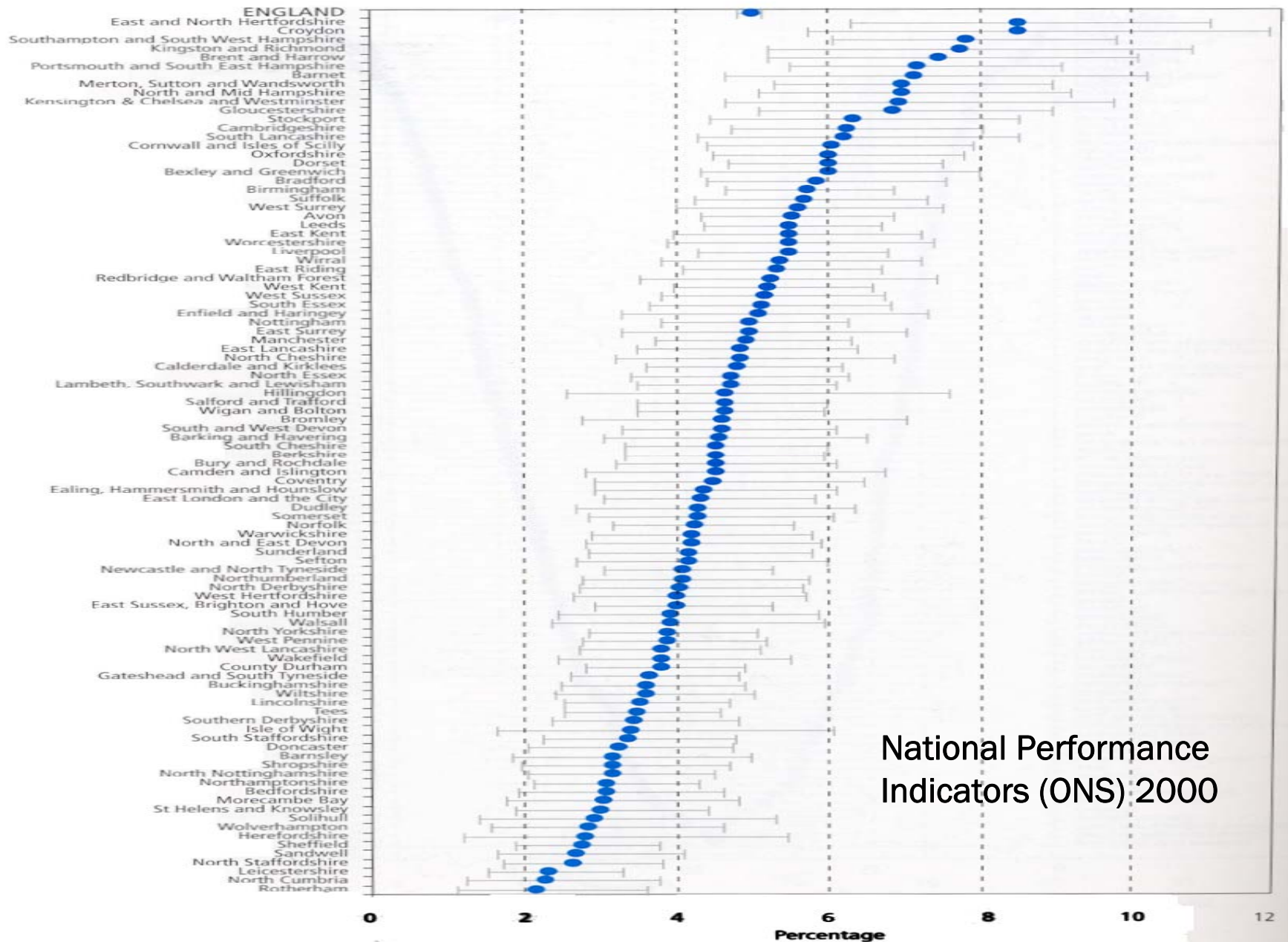
NCIN core objectives



- Promoting efficient and effective data collection throughout the cancer journey
- Providing a common national repository for cancer datasets
- Producing expert analyses, based on robust methodologies, to monitor patterns of cancer care
- **Exploiting information to drive improvements in standards of cancer care and clinical outcomes**
- Enabling use of cancer information to support audit and research programmes

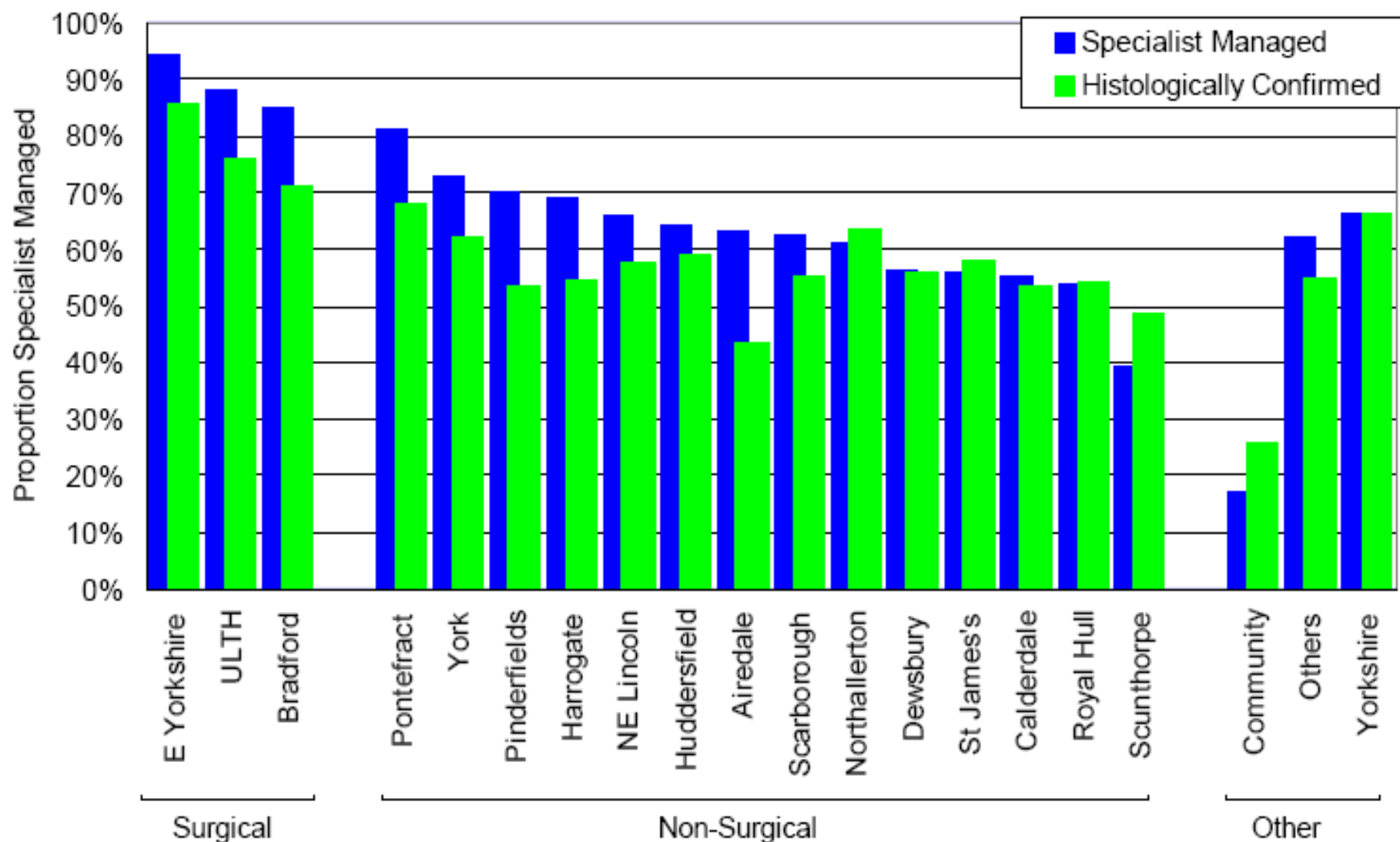
6ix – LUNG CANCER SURVIVAL

Five year relative survival rates of persons aged 15–99 who were diagnosed with lung cancer during the periods 1991–1993

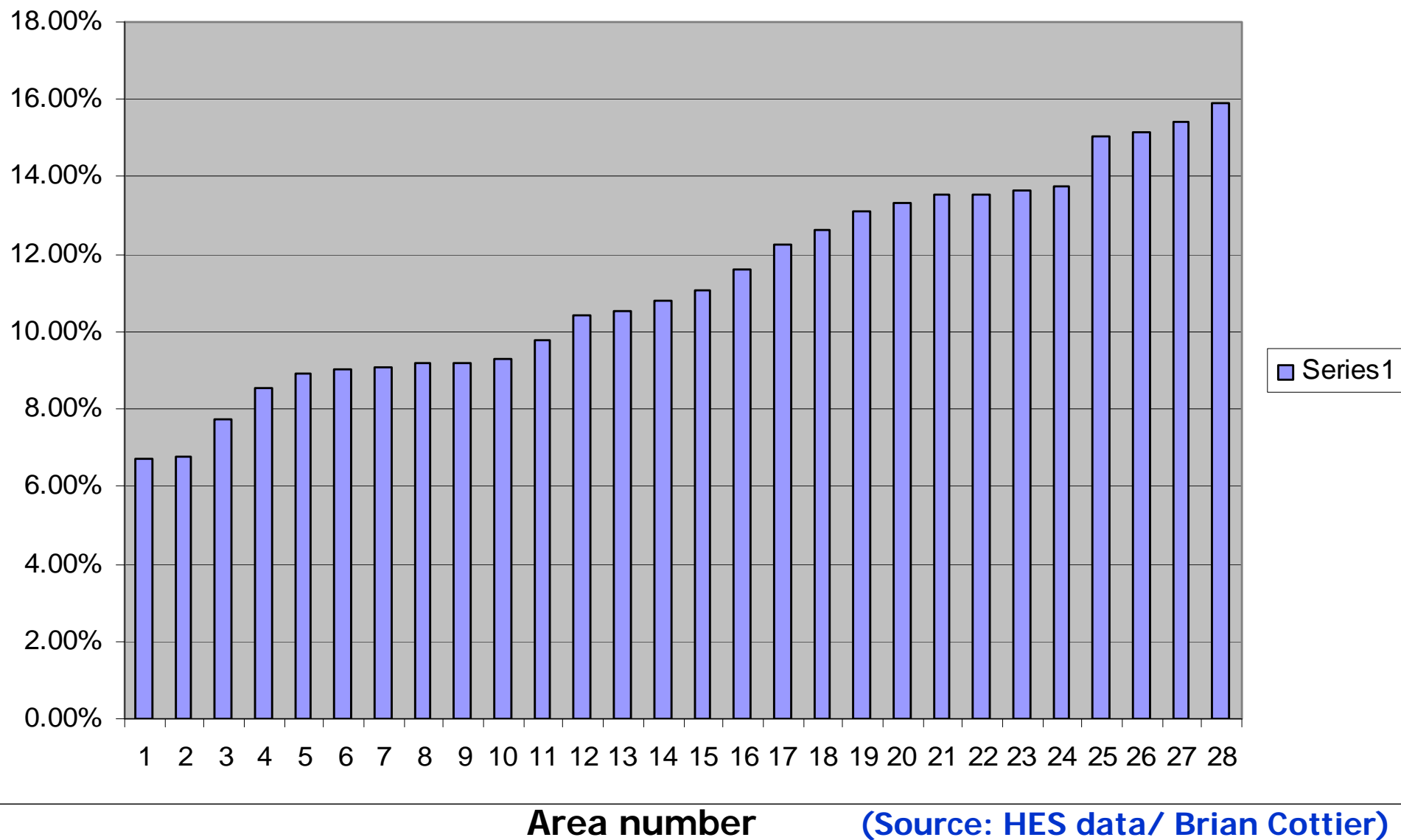


National Performance Indicators (ONS) 2000

▼ **Specialist Management and Histological Confirmation Rates by Trust** (1986-1994)



Resection rates England (conf. NSCLC) 1995-2000



Essentials for change

- **Clinical engagement**
- **Credible data**
 - High level of data completeness
 - Case mix adjustment
 - Timely
- **Reporting**
 - Easy access to clear, 'bespoke' reports
 - 'Real time' – on line; Annual reports
 - Targeting reports: Clinicians; Trusts; SHAs ; PCTs etc
- **Dissemination in Peer-reviewed settings**
 - Publication, Conferences, Workshops, etc
- **Incorporating performance and outcome data into:**
 - Commissioning
 - Cancer Peer Review

Trust Identifiable Reporting and Case-mix Adjustment: NCASP Audits



- **“My outcomes are poor, but my patients are.....**
 - Older
 - Have more advanced stage disease
 - Frailer
 - Have more co-morbidity
 - Are more socially deprived”
- **Case-mix adjustment**
 - Multivariate logistic regression models
 - Gives an adjusted odds ratio/percentage
 - Likelihood of an outcome compared to a baseline trust

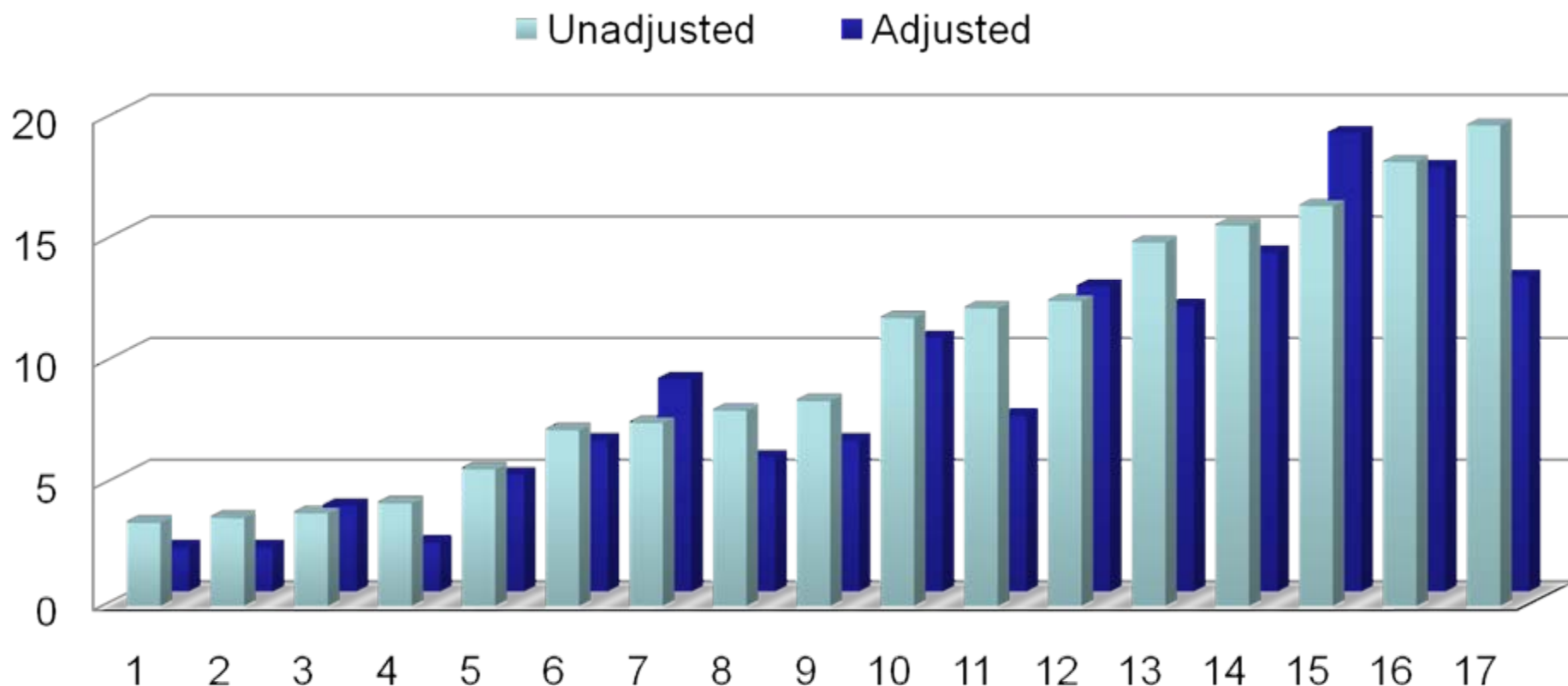


National Lung Cancer Audit: Data completeness

Variable	% complete 2005	% complete 2006
Treatment	65.8%	74.7%
Case mix variables		
Co-morbidity	46%	47%
Performance Status	53%	57%
Staging	47%	50%
All three factors	24%	29%



Unadjusted and Adjusted Results For Surgery By Trust with Confirmed NSCLC (>100 cases)

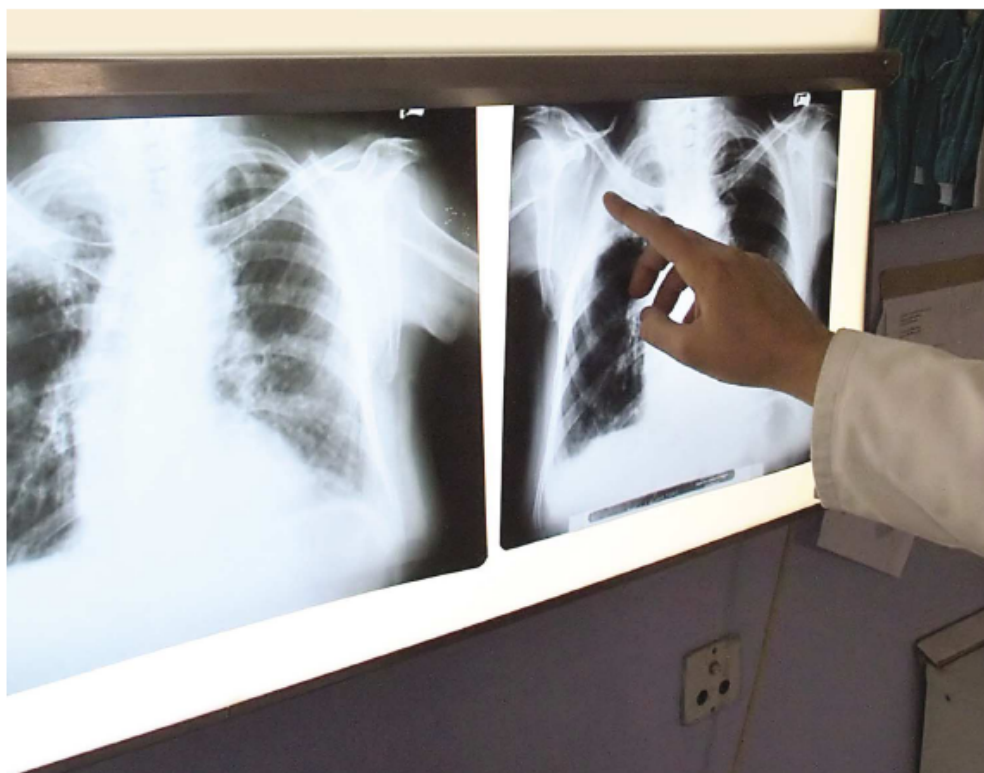


Feedback of results: Annual reports

National Lung Cancer Audit

Key findings about the quality of
care for people with Lung Cancer
in England and Wales

Report for the audit period 2006



Prepared in association with:



FOR HEALTH AND SOCIAL CARE

[Print Report](#)[Download](#)[Close this Window](#)

National Lung Cancer Audit

Feedback of results: On-line, 'real-time' reports

Total number of patients registered : 218

Title	Description		No. of patients	%	% (ALL ORGS)
12.2 Proportion of patients that have specific anti-tumour treatment	Proportion of patients that have specific anti-tumour treatment	None	75	34.4%	53.8%
		Treatment	143	65.6%	46.2%
12.3 Proportion of lung cancer patients in whom there is a histological and/or cytological diagnosis	Proportion of lung cancer patients in whom there is a histological and/or cytological diagnosis	Clinical	51	23.4%	23.1%
		Cytological/Histological	167	76.6%	68.7%
		Not known	0	0.0%	8.0%
12.4 Proportion of lung cancer patients who have been reviewed by an MDT	Proportion of lung cancer patients who have been reviewed by an MDT	MDT	211	96.8%	79.9%
		Missing	4	1.8%	10.2%
		No	3	1.4%	9.9%
12.5 Proportion of lung cancer patients who undergo surgical resection	Proportion of lung cancer patients who undergo surgical resection	No	186	85.3%	90.7%
		Yes	32	14.7%	9.3%

[Print Report](#)[Download](#)[Close this Window](#)

National Lung Cancer Audit

Feedback of results:

On-line, 'real-time' reports

Report : LUCADA DATA COMPLETENESS REPORT

Total number of patients registered

218

	No. Patients	%	% ALL_ORGS
Co-morbidity Completeness	201	92.2%	71.3%
Date first seen	218	100.0%	100.0%
Date of Diagnosis	218	100.0%	96.3%
Histological Completeness	215	98.6%	82.9%
MDT recorded	214	98.2%	92.3%
Performance Status Completeness	201	92.2%	70.4%
Pre-treatment Staging Completeness	210	96.3%	56.0%
Treatment recorded	212	97.2%	70.7%

Description: Percentage on each field completed

Report : Patients registered with small cell carcinoma that were likely to receive PCI but have not had this confirmed

Patients registered with small cell carcinoma that were likely to receive PCI

25

	No. Patients	%	% ALL_ORGS
Prophylactic cranial irradiation	7	28.0%	5.2%

Description: Patients registered with small cell carcinoma that were likely to receive PCI but have not had this confirmed



National Lung Cancer Audit

'Headline' indicators: means for 2005 -2007: England

Indicator	2005	2006	2007*
Number of useable cases	10,920	16,922	15,076
% of expected cases	40%	62%	NYA
% with tissue diagnosis	63.4%	63.3%	63.4%
% discussed at an MDT meeting	79%	84.5%	88.2%
% undergoing surgical resection	8.9%	9.3%	9.4%
% receiving active anti-cancer treatment	45.1%	49.3%	47.1%

NCASP Cancer Audits Local Action Plans

- **Based on ‘benchmarks’ derived from national audit**
- **Help Trusts / Networks Identify areas of poor performance**
- **Areas of poor performance are recorded against three key areas**
 - **Data Completeness**
 - **Process (e.g. MDT, histological rate)**
 - **Clinical Outcomes (e.g. treatment rates)**
- **Using the findings of national audit data LAPS can be used as the end of the audit cycle to focus on and target areas for improvement**

'Mandates' for change

- Cancer Peer Review
- Healthcare Commission 'Annual Health Check'
- Peer pressure
- Voluntary sector pressure
- Cancer Reform Strategy
- ?Commissioning
- ?Patient choice

NCIN Clinical Reference Groups



- Cancer site-specific Clinical Leads are currently being identified
- A series of site-specific Clinical Reference Groups will be established – taking into account existing audit and NCRI groups
- These groups will be asked to promote changes in clinical practice and service improvement where appropriate
- If you are interested in being involved, either as an individual or as a representative of an existing group please contact:
alison.stone@ncin.org.uk
or direct:
mick.peake@uhl-tr.nhs.uk

Conclusions

- Some outcome data have been available for a number of years
- Little evidence of impact on practice
- The NCIN must not become simply a data warehouse – it must have at its heart the aim of changing practice and improving service provision to improve:
 - Patient outcomes
 - Value for money
- This is a major opportunity to make real progress