

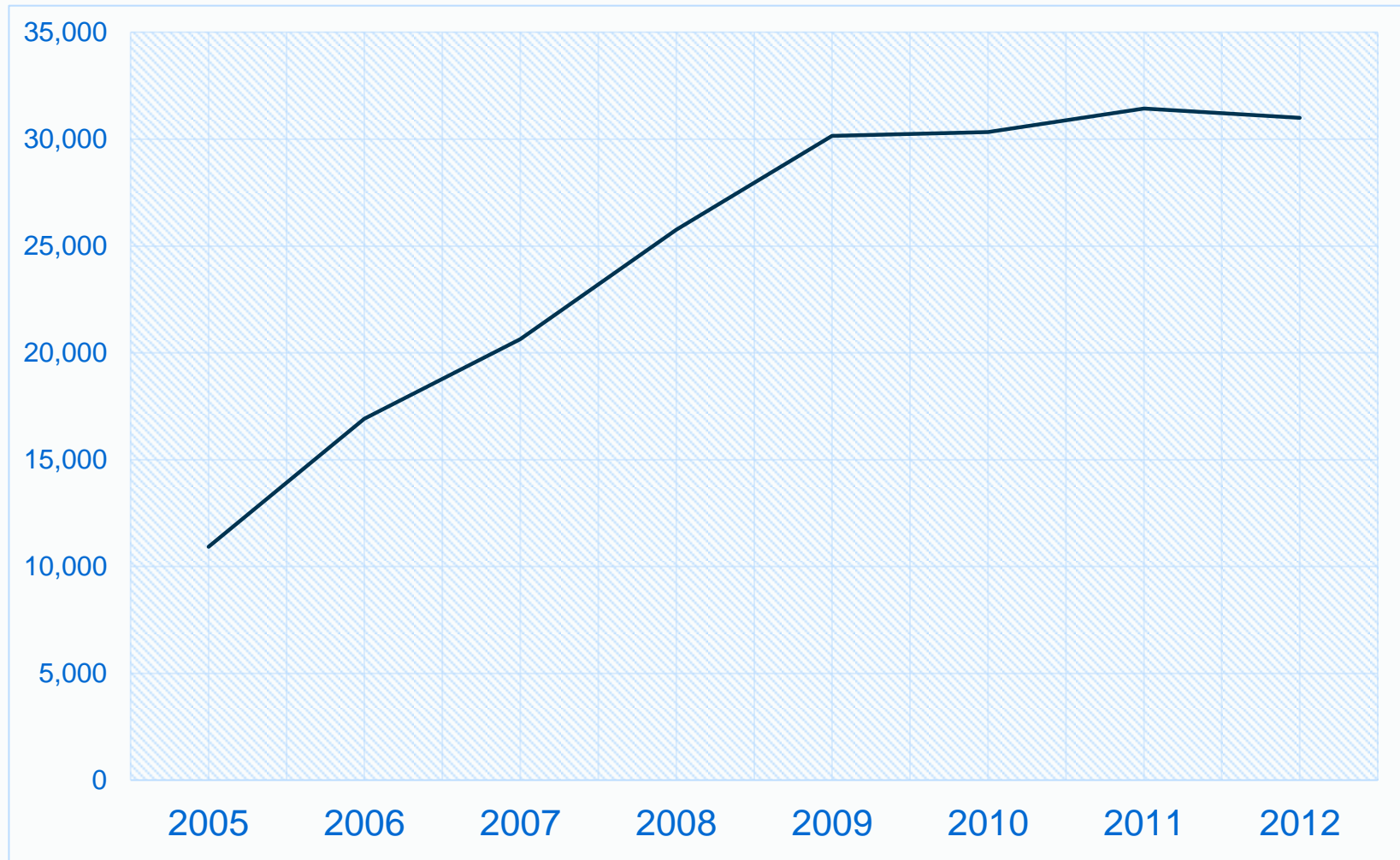
National Lung Cancer Audit Update

Dr Ian Woolhouse

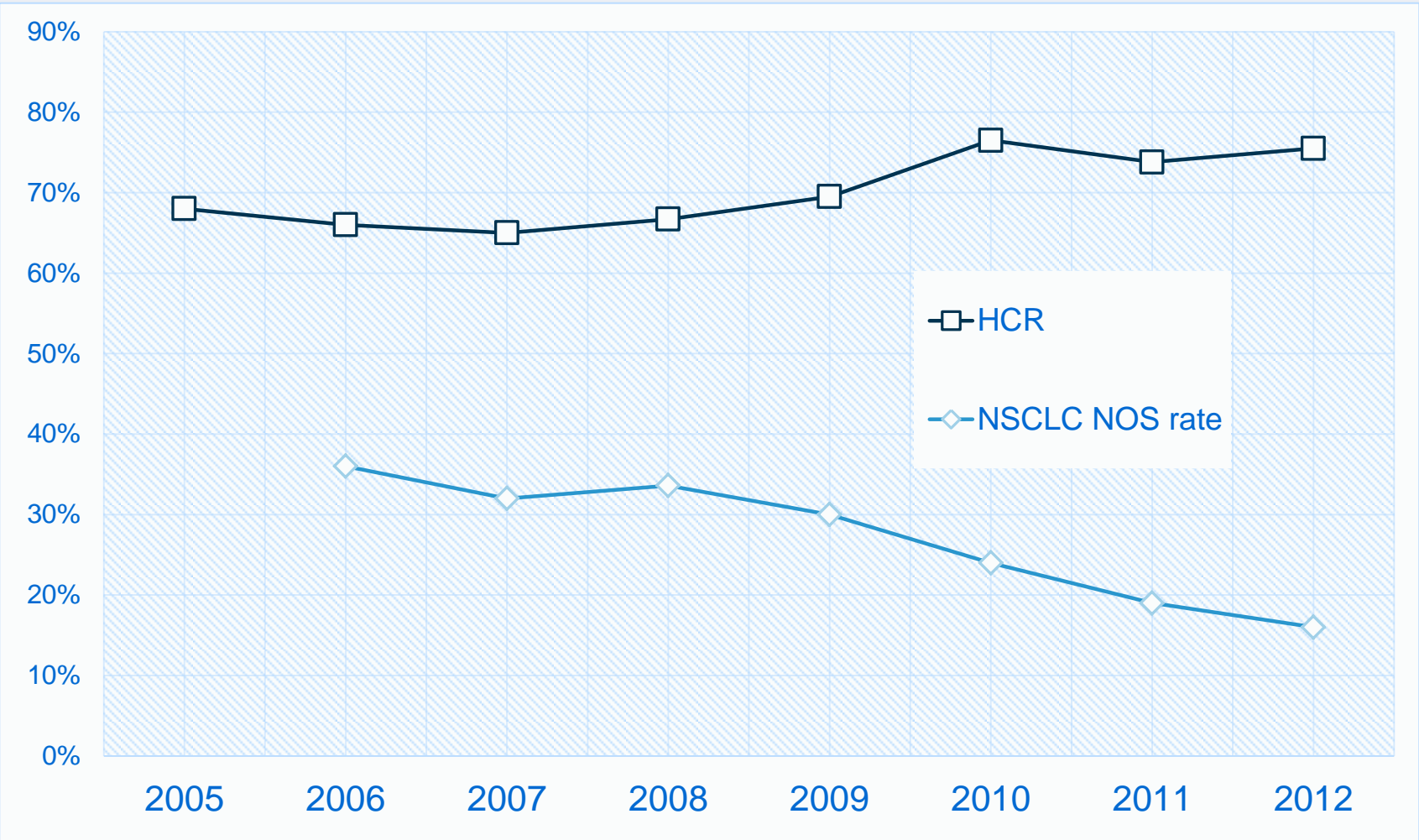
Co-clinical lead NLCA

Associate Director Royal College of Physicians

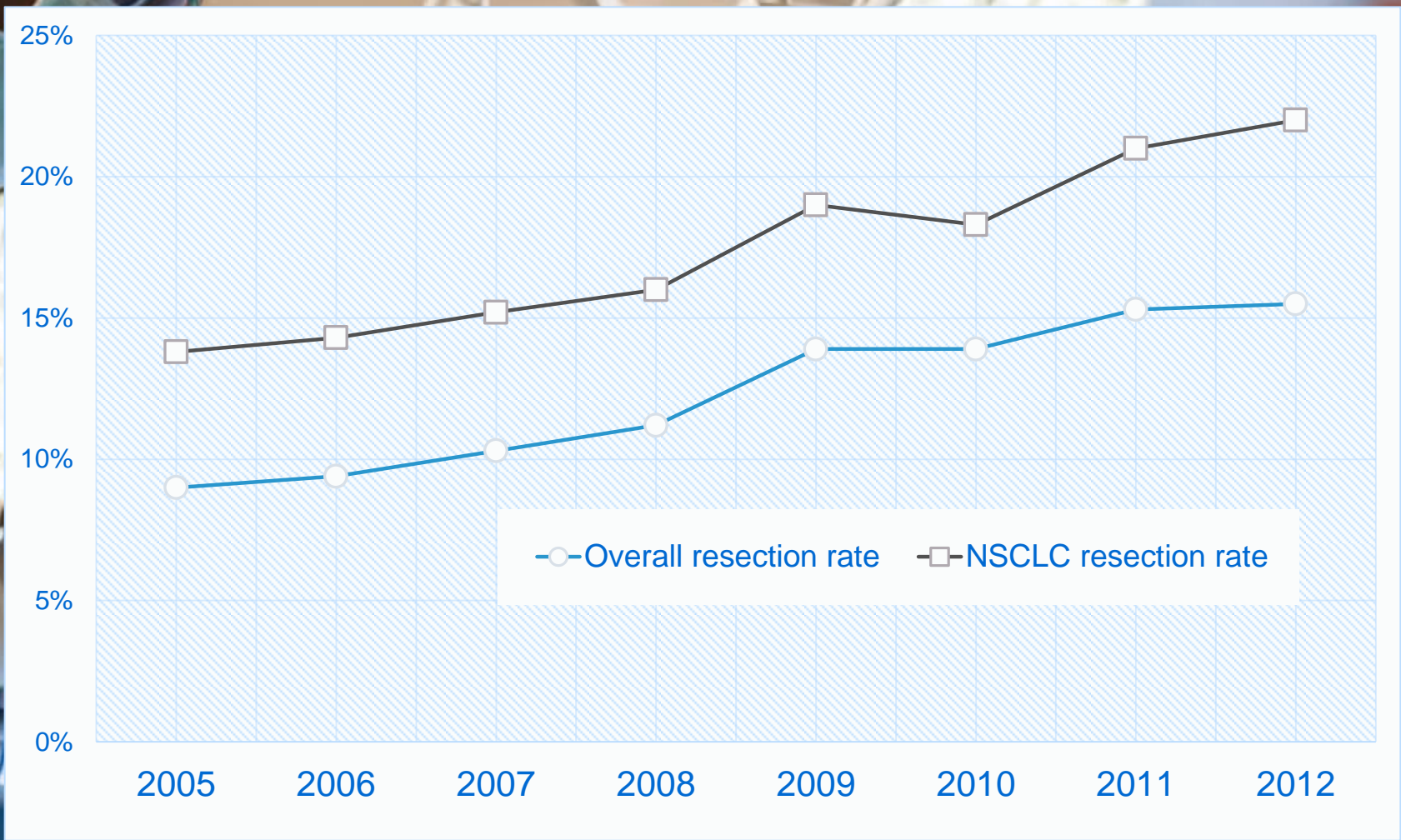
Number of cases



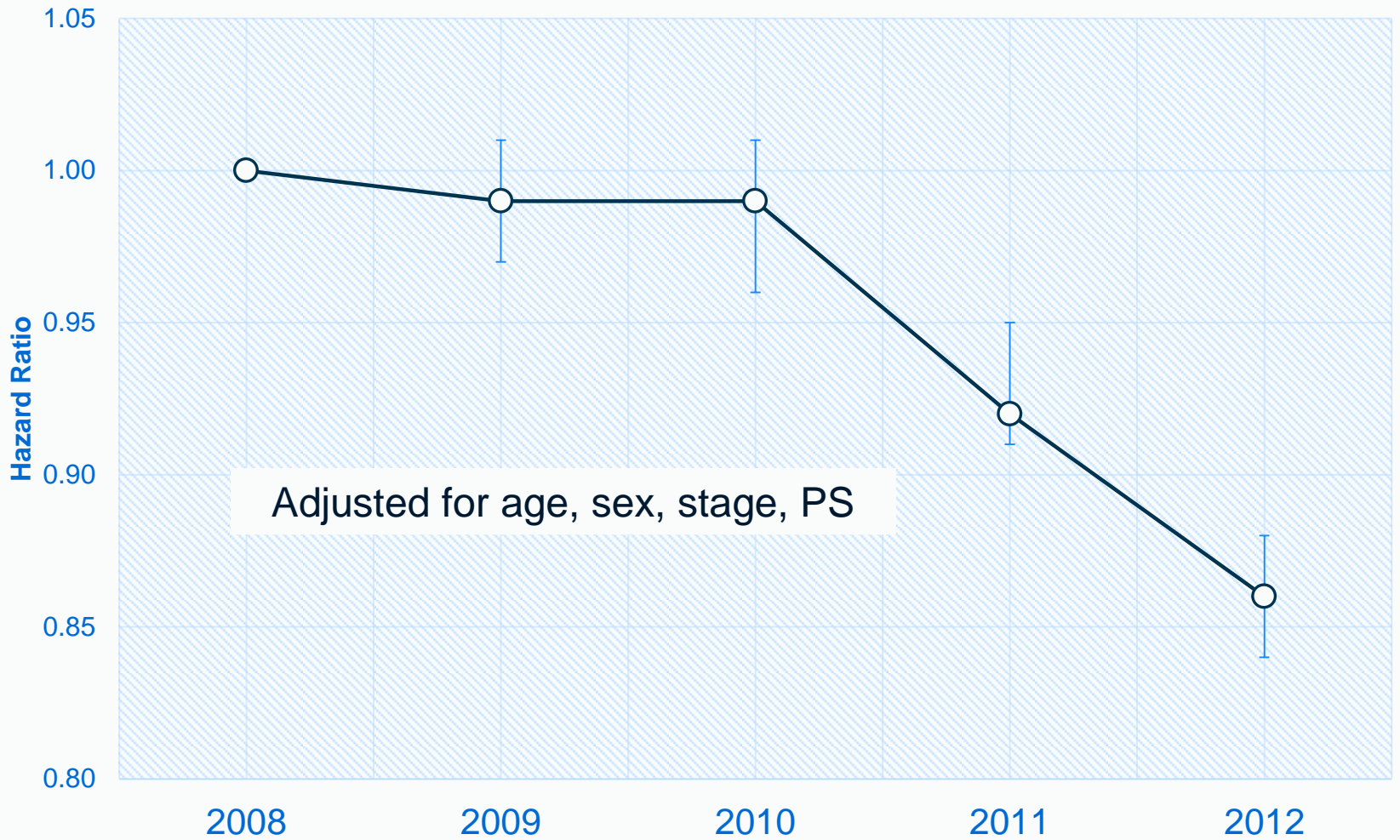
Focus on Patient Pathway



Focus on Patient Pathway



Focus on Surgical Resection

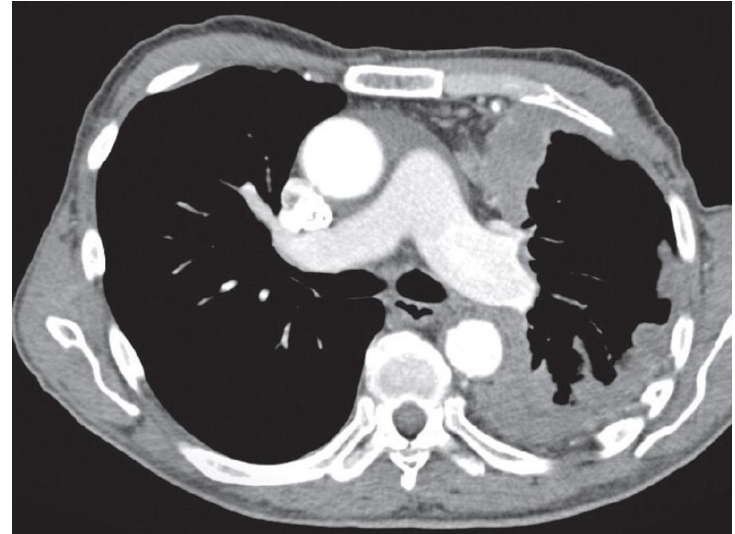


Focus on Survival

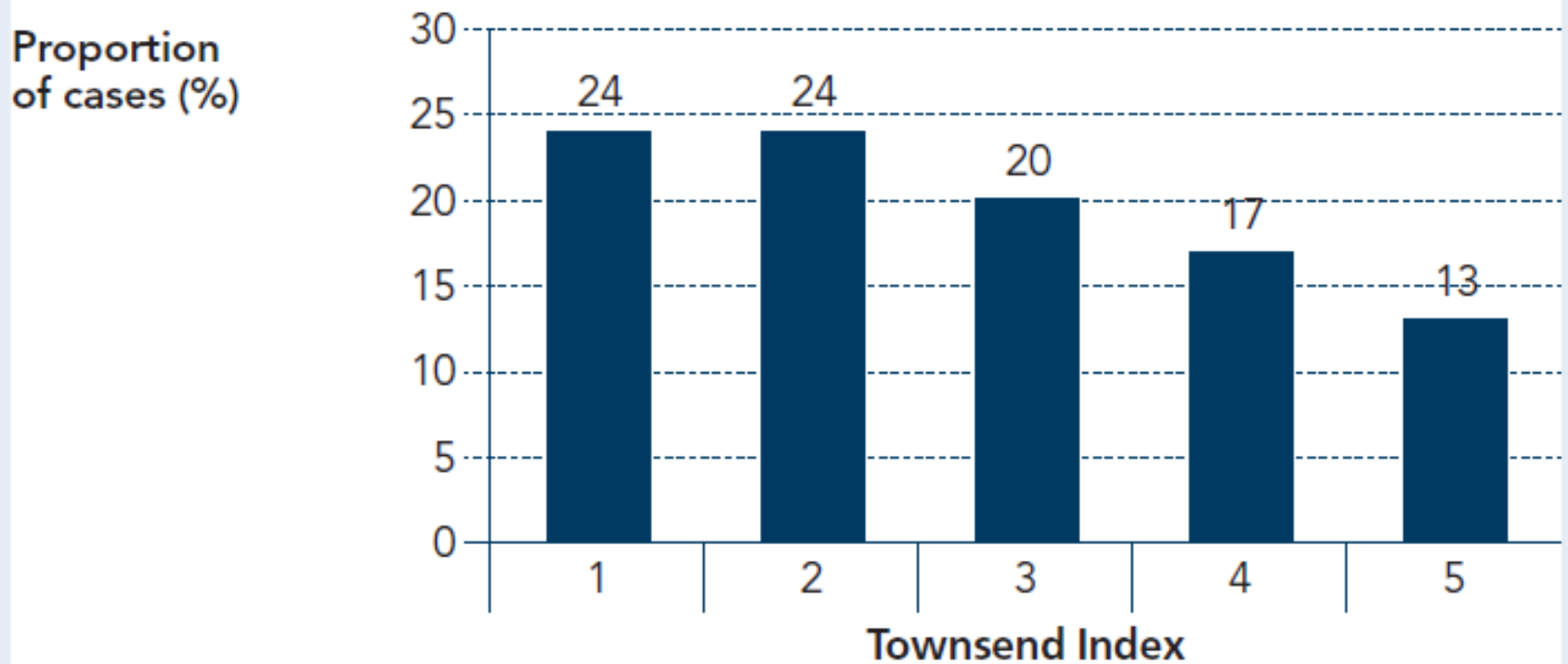
National Lung Cancer Audit Report 2014 Mesothelioma

Report for the period 2008–2012

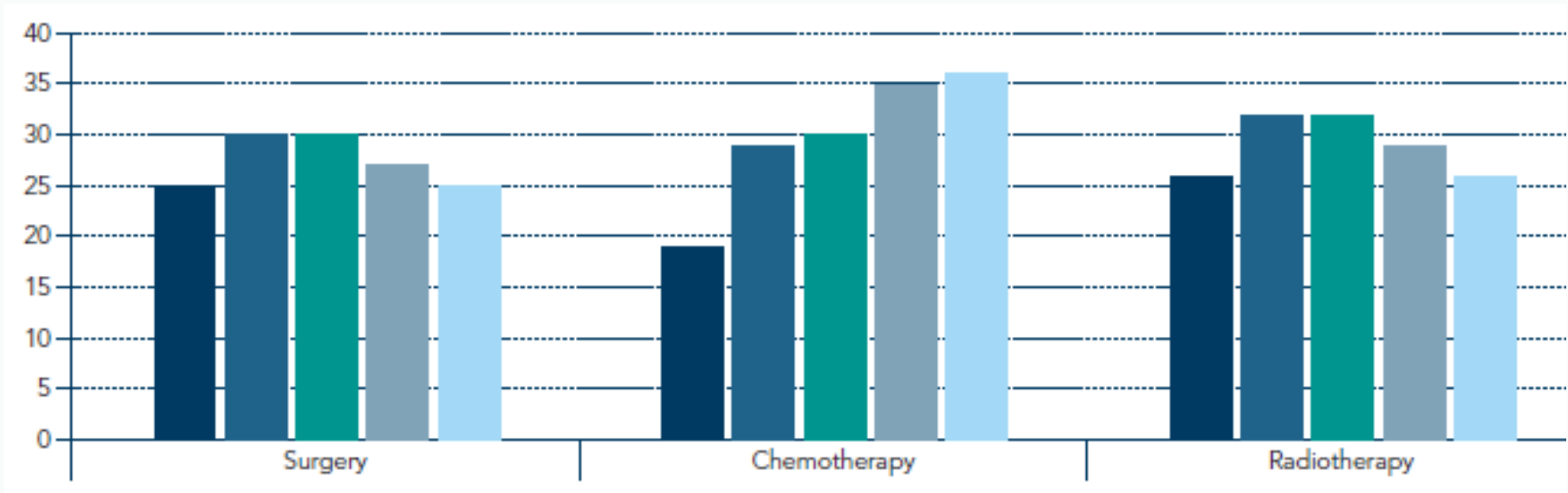
<http://www.hscic.gov.uk/lung>



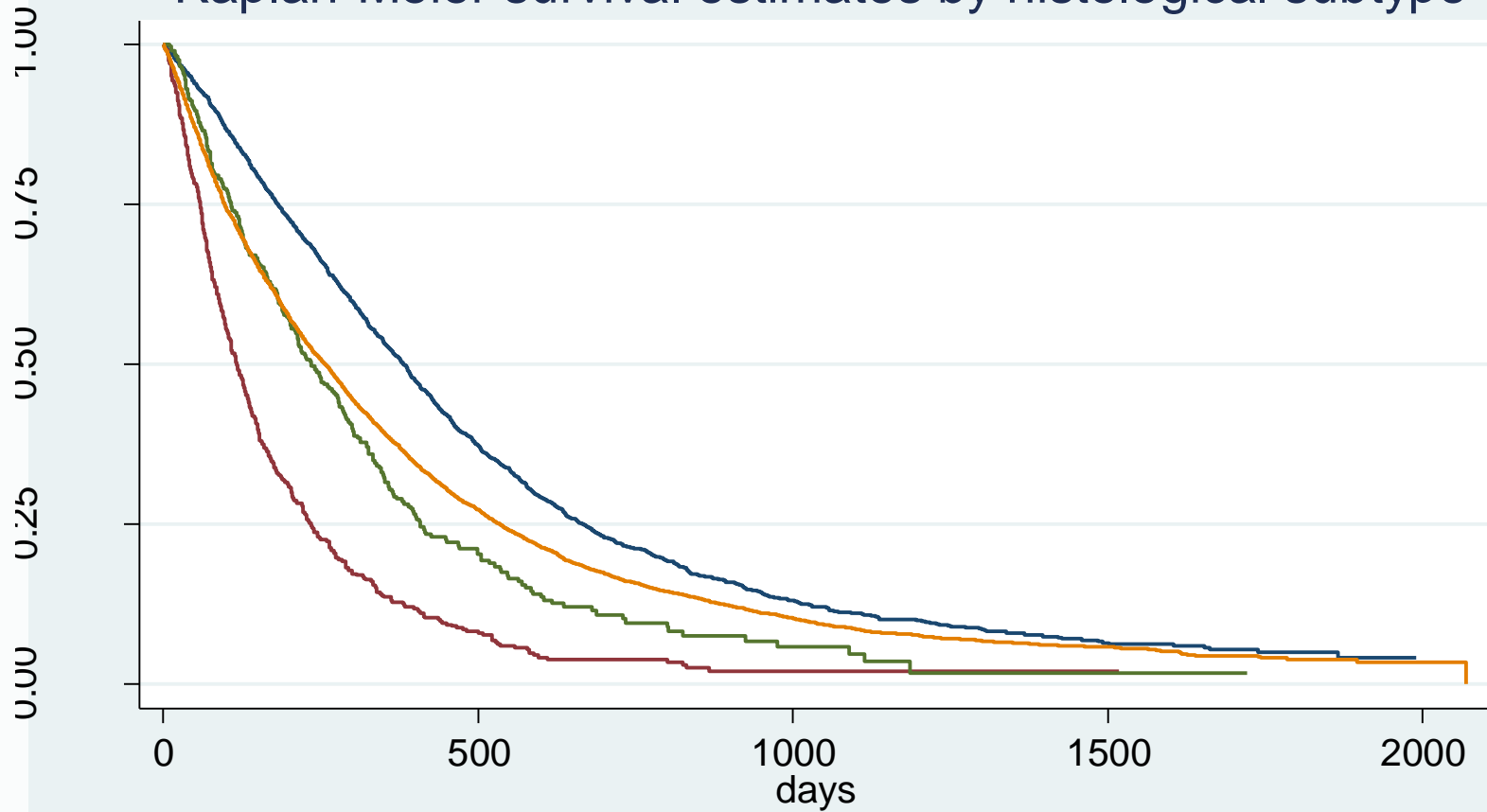
Distribution of Townsend Index in Mesothelioma cases



Mesothelioma treatment 2008-2012



Kaplan-Meier survival estimates by histological subtype



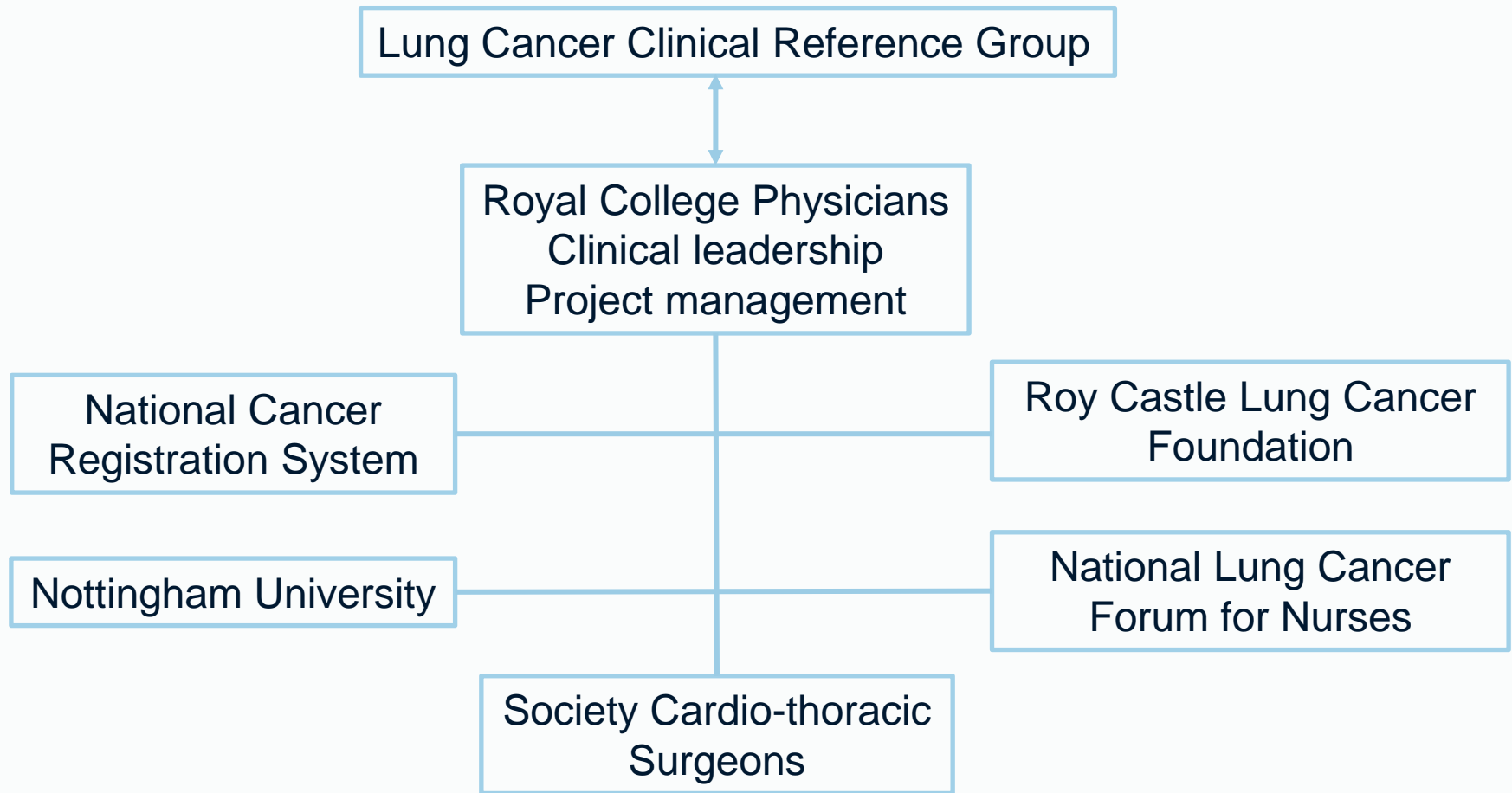
NLCA organisational audit 2014

- 73% response rate
 - Full results at BTS Winter Meeting
 - Patients discussed per MDT meeting = 26 (5-88)
 - 29% separate diagnostic meeting
 - On site specialist availability variable
 - Some trusts no access to VAT lobectomy/SABR
 - Lung MDT lead contact list
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NLCA - the future

- Current contract expires 31 Dec 2014
 - HQIP tendering process on-going
 - 3 to 5 year contract
 - Align to NICE quality standards
 - Reduce burden of data collection
 - PROM/PREM feasibility study
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Royal College of Physicians proposal



Key proposed changes

- Near real time data submission via COSD
 - Quarterly electronic reporting
 - New indicators e.g. EGFR
 - Higher standards e.g. 90% seen by CNS
 - Spotlight audits for poorly performing trusts
 - Feasibility of routine PREM/PROM collection
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Timelines

- HQIP to award contract mid Dec 2014
 - Likely to be gap in reporting 2014
 - Focus on COSD completeness 2015
 - Pilot “spotlight” audits 2015-17
 - Repeat organisational audit 2016
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Summary

- Outstanding NLCA data quality
 - Improved diagnostic pathways & treatment rates
 - Modest increase short term survival
 - Go further on reducing variation
 - New look NLCA 2015
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Questions?