

The National Lung Cancer Audit



#### **National Lung Cancer Audit (NLCA)**

**An Update** 

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#### **Structure**



- Sponsored by the Healthcare Quality Improvement Partnership (HQIP)
- Run by the NHS Information Centre (The IC) in partnership with the Royal College of Physicians (RCP)
- Steering provided by Clinical reference group membership include representatives from most professional groups involved in lung cancer care
- Has full ECC approval.

#### **Background**



- 112 data fields (under review)
- Database piloted in 2003
- Phased rollout throughout 2004
- First full report 2005
- Annual reports produced every year (most recent 2009 (2008 data)
- Quarterly updates provided to Networks for dissemination to users
- Comprehensive package of on-line reports, and data downloads available to users with a NLCA login
- Over 105,000 individual patient records stored (England)
- Local action plan tool produced to assist in service improvement



#### Coverage (by date first seen)

- 2005 Initially England only via LUCADA database
- 2006 Welsh data (from CANISC) analysed separately alongside English data. Case mix adjustment piloted
- 2007 Welsh data fully integrated, Scottish data analysed separately. Casemix adjusted data published
- 2008 Welsh data fully integrated, Scottish data analysed separately. Casemix adjusted data published. Analysed annual report data will be made available to trusts in excel format
- 2009 Possibility of fully integration Scottish data being investigated(? Inclusion of northern Ireland and Channel Islands)

### **Participation**

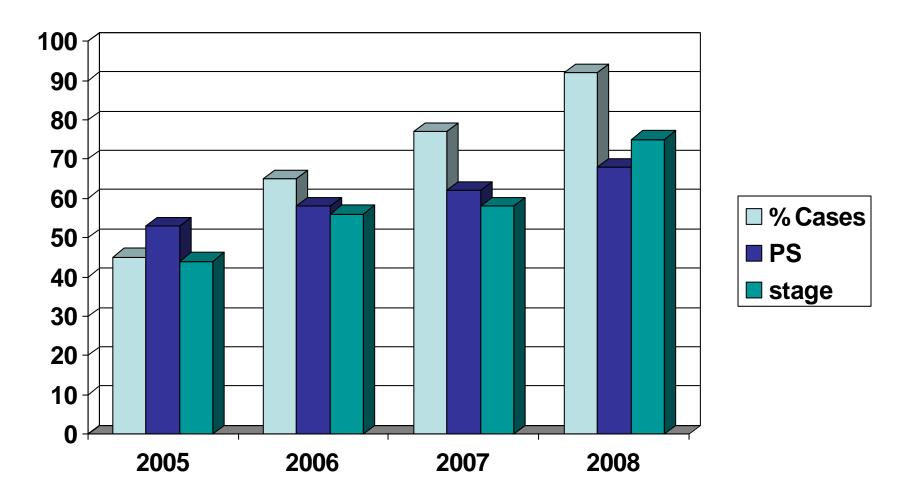


- Every eligible organisation in England, Wales and Scotland has participated in the audit.
- In 2008 only 3 English Trusts and 2 remote Scottish health boards did not participate

 Approximately 94% of cases presenting to secondary care included in the 2008 cohort

#### **Improvement in Data Quality**





#### Data Quality 2008 (E&W)



Data Field	Data completeness (percent)
MDT	92.1
Stage and PS	59.0
Treatment	82.0
Seen Nurse Specialist	57.3
CT field	85.2
Bronchoscopy	71.2





Measure	Result (percent) (n)		Trust IQ ranges (percent)
Discussed at MDT	89.0	(n=27,815)	84.3 – 97.8
Histological diagnosis	72.2	(n=27,815)	66.6 – 82.1
Seen by nurse specialist	51.3	(n=27,815)	6.7 – 80.3
Having active treatment	54.0	(n=27,815)	43.9 – 61.6
CT before bronchoscopy.	76.0	(n=27,815)	64.5 – 87.0
Surgery (all NSCLC)	10.7	(n=23,366)	5.9 – 13.6
Radiotherapy	25.3	(n=27,815)	13.8 – 33.0
Small cell receiving chemo	62.2	(n=2,909)	45.2 – 74.9
Stage IIIB/IV PS 0/1 NSCLC receiving chemo	47.9	(n=3,985)	35.0 – 62.5

## Recommendations from the audit – Basics



- All trusts should participate in the audit
- Data should be sent on all patients diagnosed with lung cancer or mesothelioma
- All relevant data fields should be completed for each patient
- Actual data completeness should exceed 80% for key fields (95% for MDT)





- 95 % of cases discussed at MDT meeting
- 75 % Histological confirmation rate
- 80% of patients seen by LCNS
- 80% of patients have LCNS present at diagnosis





- if surgical resection rate is <11%</li>
- If anti cancer treatment rate is <54%</li>
- Chemotherapy for NSCLC is <62%</li>
- Chemo rates for NSCLC stage IIIB/ IV PS0/1 <48%</li>
- CT prior to bronchoscopy is <90%</li>





 Key data including case-mix adjusted data available in excel format (planned spring 2010)

Upgrade to UICC 7



# Find out more 0845 300 6016 www.ic.nhs.uk