National Cancer Action Team

Part of the National Cancer Programme

Peer Review & Clinical Lines of Enquiry - Colorectal

Colorectal SSCRG Workshop

May 2011

Peer Review Preliminary Results 2010 - 2011

Measure	Topic	IV Overall Percentage	Number of teams G EV (% of total)	Number of teams A EV (% of total)	Number of teams R EV (% of total)
10-1A-2d	Network Board	**93%**	63%	18%	19%
10-1C-1d	NSSG	**86%**	63%	26%	11%
10-1D-1d	Colorectal Locality	**91%**	86%	7%	7%
10-2D-1	Colorectal MDT	**88%**	46%	31%	23%
10-2D-2	Liver Resection	**87%**	80%	20%	0%

Reducing the Burden of Peer Review on the NHS

- **Amnesty in 2011 -** Colorectal teams performing at 85% or above and without IR or SC will not be required to SA in 2011
  - **Applies to 51 Colorectal MDTs (31%)**

- **Targeted Peer Review Visits –** Visits will only be undertaken where a team/service:
  - Falls into the risk criteria
  - Where there is considered to be an opportunity for significant learning
  - As part of a small stratified random sample to assure public confidence in SA and IV

Development of Clinical Indicators CLE

- Increasing focus on addressing key clinical issues and clinical outcomes
- Clinical indicators developed in conjunction with SSCRGs
- Developmental, intended to improve data collection and outcomes

Development of Clinical Lines of Enquiry

- Conclusions from clinical discussions with review teams will be supportive in
  - Highlighting significant progress and/or good clinical practice
  - Identifying challenges faced in providing a clinically effective service
  - Identifying areas where a team/service may require support/development to maximise its clinical effectiveness

Principles of Clinical Lines of Enquiry

- The data should available nationally or readily available locally. Not intended to require further audit in themselves
- Metrics which can be used as a lever for change and for reflection on clinical practice and outcomes
- They may be lines of enquiry around clinical practice, or around collection of data items, rather than enquiry focused on the data itself
- May cover key stages along the patient pathway, including diagnosis, treatment and follow up
- There should be some consensus on national benchmarking data which can be used to inform the discussions

Progress to Date

- Progress to date
  - Pilot with Lung and Breast complete – feedback positive, formal evaluation to commence
  - CLEs developed in Upper GI, Gynaecology, Colorectal and Head & Neck for implementation 2011 – 2012 reviews
  - New measures to be developed for Sarcoma, Brain and CNS, Skin and Urology

Colorectal Indicators for Clinical Lines of Enquiry

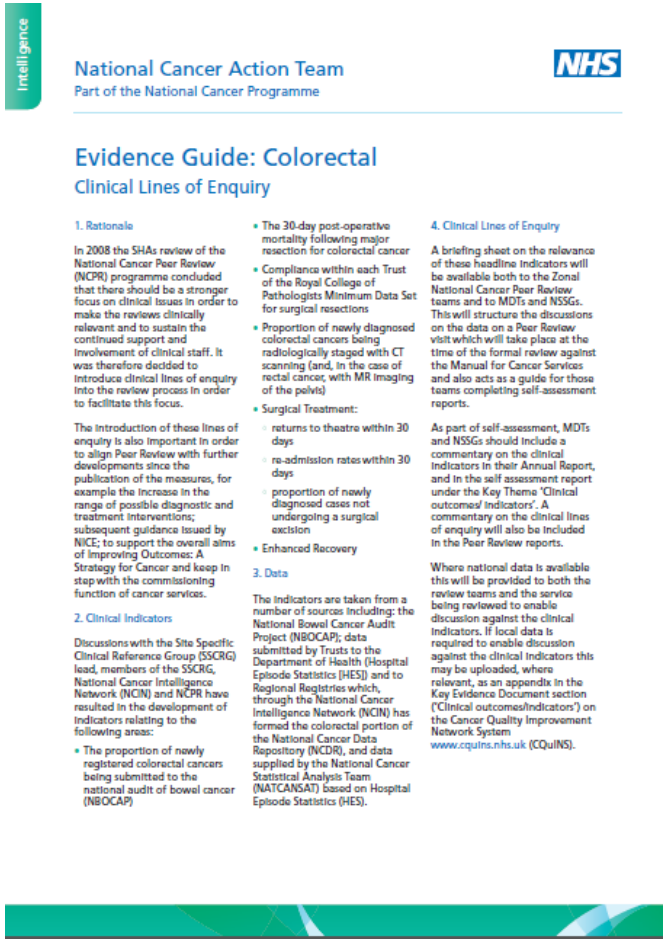
Metric	Data
The proportion of newly registered colorectal cancers being submitted to the national audit of bowel cancer (NBOCAP)	National Bowel Cancer Audit (NBOCAP) 2009
The 30-day post-operative mortality following major resection for colorectal cancer	Comment on data sent to Trusts re risk-adjusted 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

Colorectal Indicators for Clinical Lines of Enquiry (continued)

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

Resources for Clinical Lines of Enquiry

www.cquins.nhs.uk



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Evidence Guide: Colorectal
Clinical Lines of Enquiry

1. Rationale

In 2008 the SHAs review of the National Cancer Peer Review (NCPR) programme concluded that there should be a stronger focus on clinical issues in order to make the reviews clinically relevant and to sustain the continued support and involvement of clinical staff. It was therefore decided to introduce clinical lines of enquiry into the review process in order to facilitate this focus.

The introduction of these lines of enquiry is also important in order to align Peer Review with further developments since the publication of the measures, for example the increase in the range of possible diagnostic and treatment interventions; subsequent guidance issued by NICE; to support the overall aims of Improving Outcomes: A Strategy for Cancer and keep in step with the commissioning function of cancer services.

2. Clinical Indicators

Discussions with the Site Specific Clinical Reference Group (SSCRG) lead, members of the SSCRG, National Cancer Intelligence Network (NCIN) and NCPR have resulted in the development of indicators relating to the following areas:

- The proportion of newly registered colorectal cancers being submitted to the national audit of bowel cancer (NBOCAP)
- The 30-day post-operative mortality following major resection for colorectal cancer
- Compliance within each Trust of the Royal College of Pathologists Minimum Data Set for surgical resections
- 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)
- Surgical Treatment:
  - returns to theatre within 30 days
  - re-admission rates within 30 days
  - proportion of newly diagnosed cases not undergoing a surgical excision
- Enhanced Recovery

3. Data

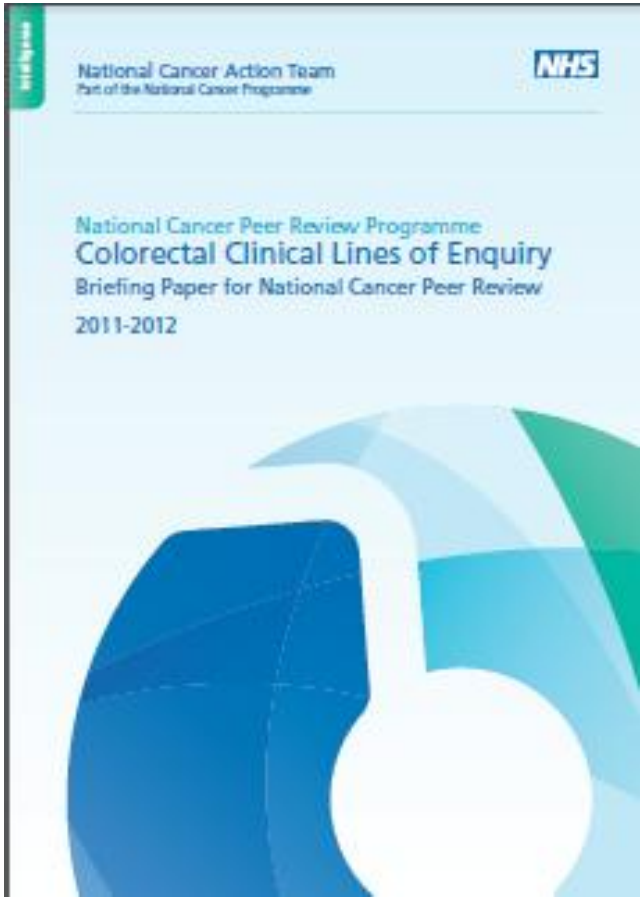
The indicators are taken from a number of sources including: the National Bowel Cancer Audit Project (NBOCAP); data submitted by Trusts to the Department of Health (Hospital Episode Statistics [HES]) and to Regional Registries which, through the National Cancer Intelligence Network (NCIN) has formed the colorectal portion of the National Cancer Data Repository (NCDR), and data supplied by the National Cancer Statistical Analysis Team (NATCANSAT) based on Hospital Episode Statistics (HES).

4. Clinical Lines of Enquiry

A briefing sheet on the relevance of these headline indicators will be available both to the Zonal National Cancer Peer Review teams and to MDTs and NSSGs. This will structure the discussions on the data on a Peer Review visit which will take place at the time of the formal review against the Manual for Cancer Services and also acts as a guide for those teams completing self-assessment reports.

As part of self-assessment, MDTs and NSSGs should include a commentary on the clinical indicators in their Annual Report, and in the self assessment report under the Key Theme 'Clinical outcomes/ indicators'. A commentary on the clinical lines of enquiry will also be included in the Peer Review reports.

Where national data is available this will be provided to both the review teams and the service being reviewed to enable discussion against the clinical indicators. If local data is required to enable discussion against the clinical indicators this may be uploaded, where relevant, as an appendix in the Key Evidence Document section ('Clinical outcomes/indicators') on the Cancer Quality Improvement Network System www.cquins.nhs.uk (CQuINS).



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National Cancer Peer Review Programme
Colorectal Clinical Lines of Enquiry
Briefing Paper for National Cancer Peer Review
2011-2012

Colorectal Microsites

- Based on HES data extracts
- National Cancer Statistical Analysis Team (NATCANSAT)
- NATCANAT Microsite data used in Clinical Lines of Enquiry
- Development of Standard Reports linking to Cancer Commissioning Toolkit (eg Length of Episode, Bed days, Major Resection procedures)