

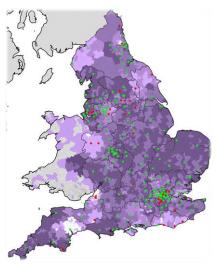


Ensuring variations in clinical practice are represented accurately in the new national cancer chemotherapy (SACT) programme

<u>Dr Ken Lloyd</u>, Sue Forsey and Mike Wallington



## SACT programme – two year implementation period



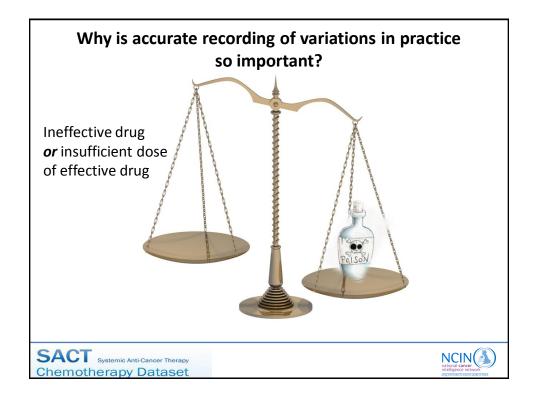
#### After first 12 months:

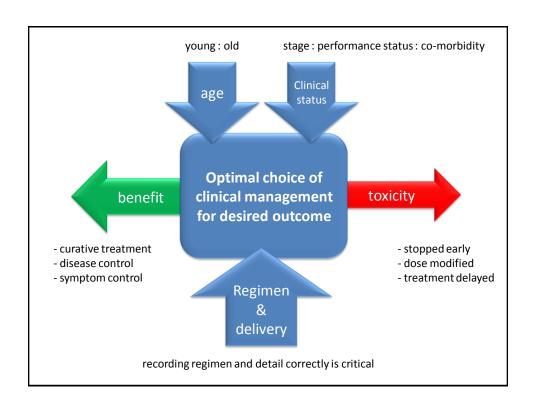
84% of trusts submitting data 101,000 patient records 185,000 regimens recorded

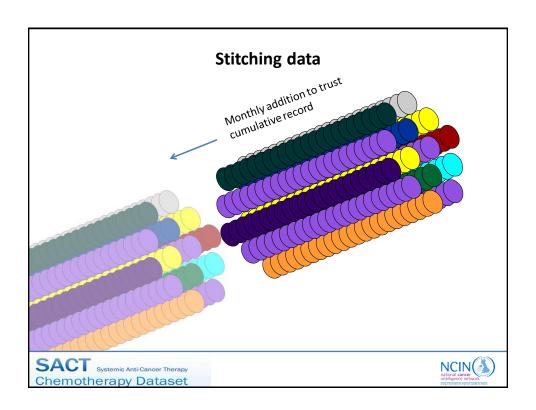


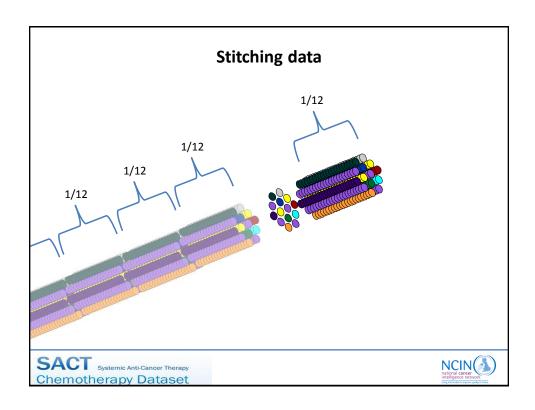


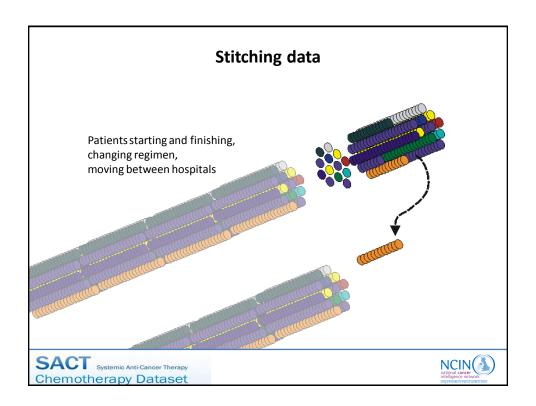












### SACT data and reporting quality assurance processes

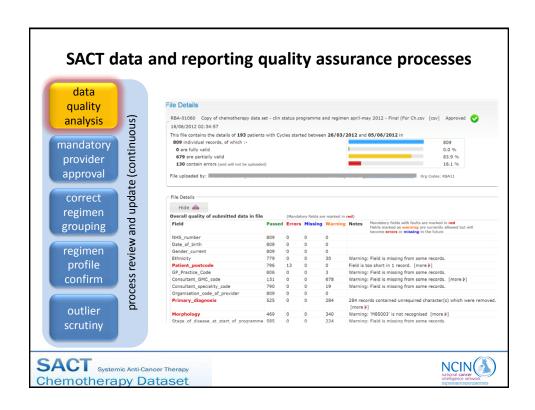


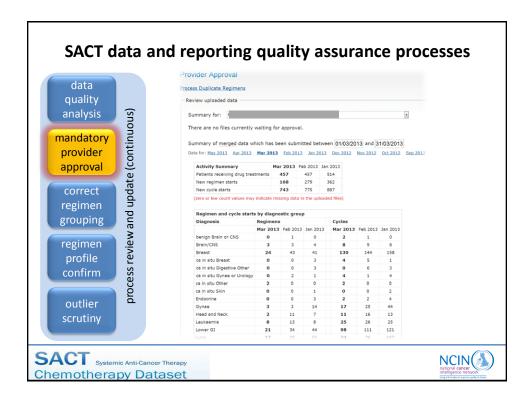
Chemotherapy data are complex and data relating to a single patient will typically extent over months or years

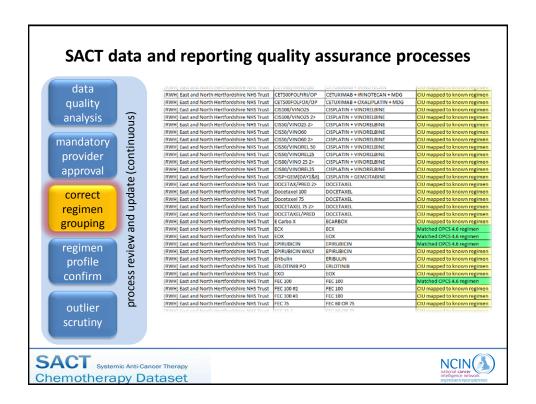
Multi-stage technical and clinical quality assurance processes are required to ensure that analyses and aggregated data are of high quality

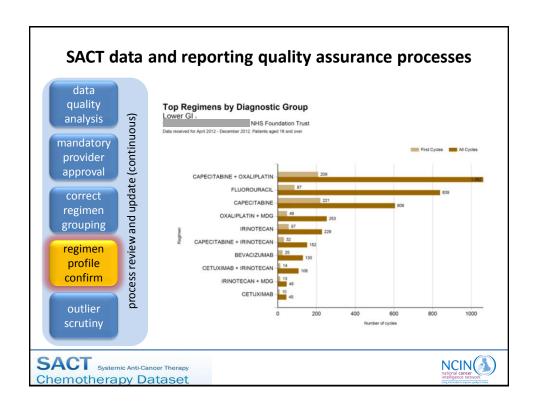


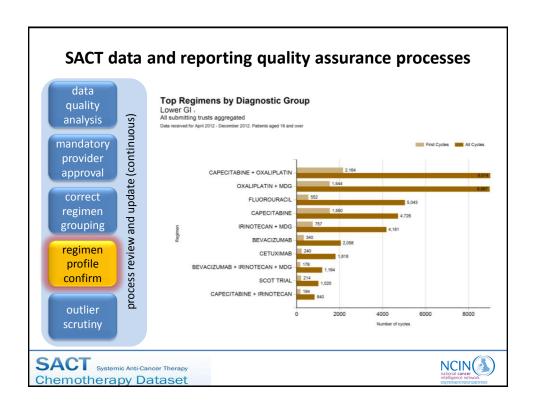












### SACT data and reporting quality assurance processes



- 1. Screen analyses for unusual patterns of activity
- 2. Re-analyse to confirm outlier finding
- 3. Seek expert opinion on current practice
- 4. Decide if this an issue that is:
  - a) In acceptable range but limited patient choice
  - b) Acceptable practice but worrying trend
  - c) Of potential clinical concern
- 5. If c, write formally to trust medical director and clinical cancer lead informing them of the finding and giving them 28 days to respond
- 6. In all cases continue to monitor and review practice





### SACT data and reporting quality assurance processes

data
quality
analysis

mandatory
provider
approval

correct
regimen
grouping

regimen
profile
confirm

outlier
scrutiny

"ensuring variations in clinical practice are represented accurately in the new national cancer chemotherapy (SACT) programme"



SACT Systemic Anti-Cancer Therapy Chemotherapy Dataset





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