National Bowel Cancer Audit

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New NBOCA Design

- Scope of the Audit

- Data sources

- Reporting

- Schedule of work

Scope of the Audit

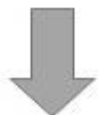**Wider**:   Patients not getting surgery

Earlier: How and where diagnosed

Later: Longer-term outcomes, treatment, end-of-life
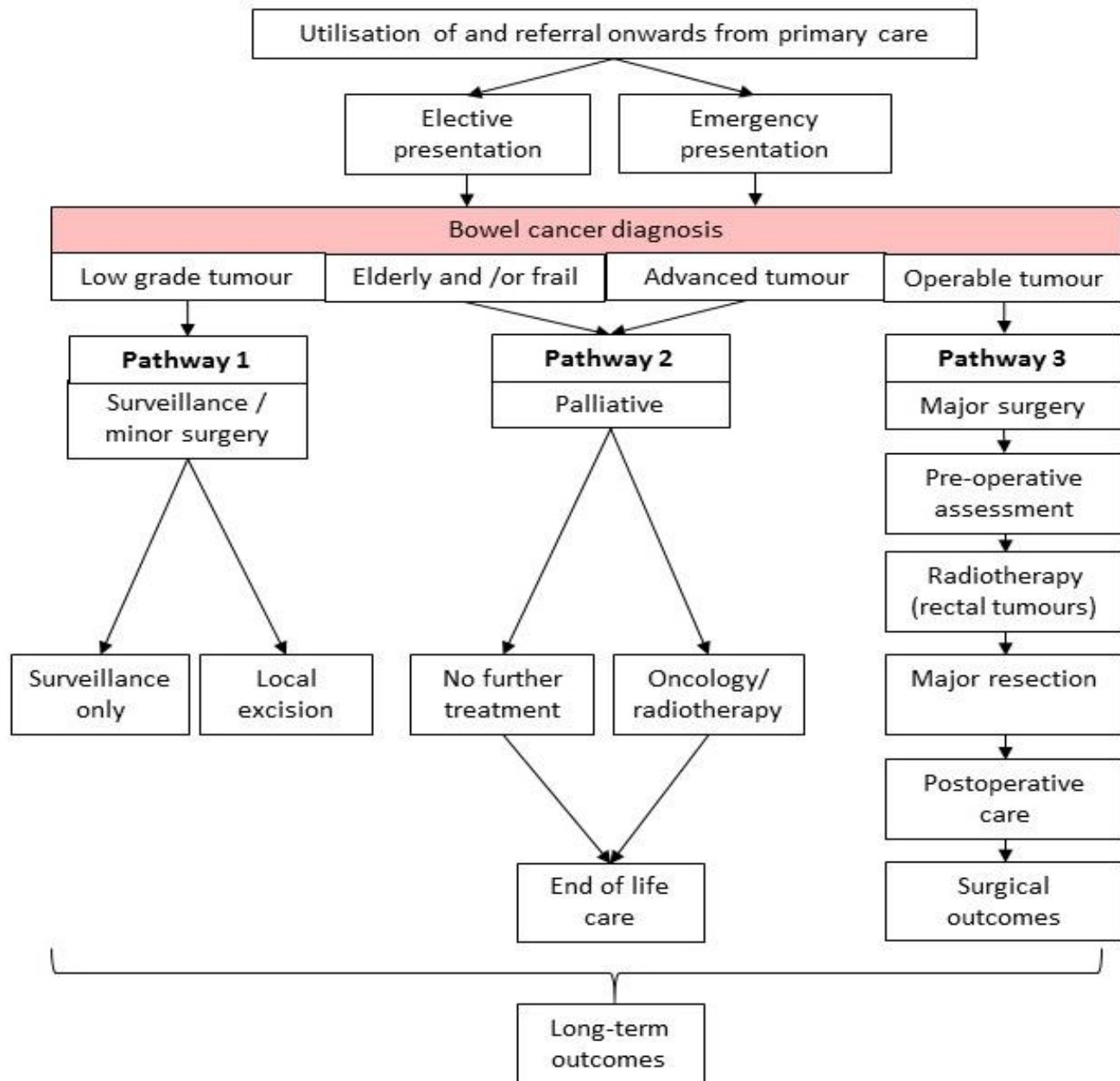
STAGE OF PATHWAY	PATIENT PATHWAY

Pre-diagnosis

Utilisation of and referral onwards from primary care

Elective presentation | Emergency presentation

Bowel cancer diagnosis

Low grade tumour | Elderly and /or frail | Advanced tumour | Operable tumour

Planning of patient care

Pathway 1
Surveillance / minor surgery

Pathway 2
Palliative

Pathway 3
Major surgery

Pre-operative assessment

Radiotherapy (rectal tumours)

Patient care

Surveillance only | Local excision

No further treatment | Oncology/ radiotherapy

Major resection

Postoperative care

Surgical outcomes

End of life care

Outcomes and further treatment

Long-term outcomes

Data sources

Around time of diagnosis and treatment

NBOCA
39 COSD
+4 extra Audit items

RTDS
Radiotherapy

SACT
Chemotherapy

NELA
Emergency laparotomy

ICNARC
Intensive care

COSD
Additional items

Follow-up

HES / PEDW
Admin. database of hospital admissions, A&E, outpatients

ONS
Date, cause, place of death

PROMs PREMs
Patient reported outcome, experience

Reporting

- At which **unit**? E.g. Networks, Trusts, CCGs etc

Publications

- Concise Annual Report

- 2+ detailed reports per year

- Individualised reports $\longrightarrow$ Journal articles Conferences presentations

Interactive feedback

- Interactive reporting within CAP system

- Move towards continuous reporting

Reporting

2015 Annual Report

- 10% of patients diagnosed by screening
- 1/3 of patients do not have major surgery
- Surgical mortality is improving across all urgencies:
    - 90-day mort after **emergency surgery:**
    - 17% in 2010   13% in 2014
- 1/5 of patients have an unplanned readmission within 90 days of surgery

Reporting

2015 Annual Report cont.

- Almost half of patients have their tumour removed by laparoscopic surgery
- Two year patient survival shows large geographical variation
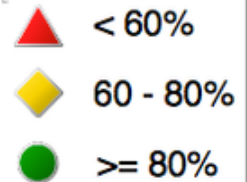- 83 per cent of patients have a stoma following a major operation to remove rectal cancer

Reporting

Individual Trusts reports

Key:
- 🔺 < 60%
- 🔶 60 - 80%
- 🟢 >= 80%

Trust: University College London Hospitals NHS Foundation Trust

Network: London Cancer

1. Data Quality

All Patients :	Trust		Network		National	
Trust denominator	117					
N patients in Audit	117		1,249		30,663	
Case ascertainment %	90	🟢	93	🟢	94	🟢
Data completeness of:						
Pre-treatment TNM %	90	🟢	87	🟢	84	🟢
Performance status %	100	🟢	97	🟢	68	🔶

Reporting

Individual Trusts reports

Patients having major resection:	Trust	Network	National
Trust denominator	80		
ASA grade 1 %	4	21	12
ASA grade 2 %	55	48	54
ASA grade 3 %	39	26	26
ASA grade 4+ %	3	3	3
ASA grade not recorded %	0	2	6
Data completeness of:			
7 Audit items for risk-adjustment %	75 🔶	78 🔶	80 🟢

Reporting

Individual Trusts reports

2. Management of all patients

All patients:	Trust	Network	National
Trust denominator	117		
Seen by Clinical Nurse Specialist %	100	95	93
Treatment pathway:			
Major resection %	64	61	63
No major resection: too little cancer %	4	3	4
No major resection: too much cancer or too frail %	26	18	15
No major resection: unknown/other reason %	6	18	17

Reporting

Individual Trusts reports

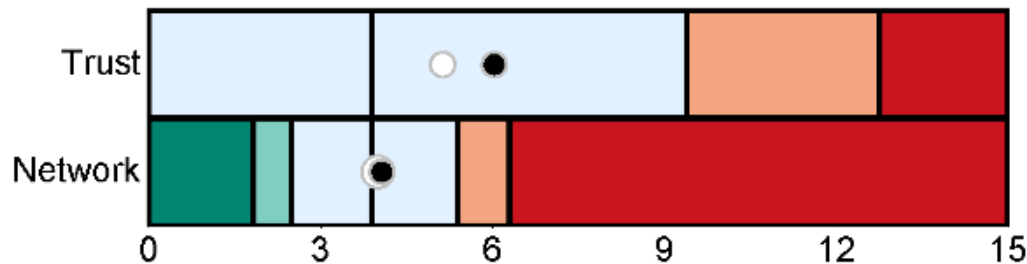### 3. Management of patients having major resection

Patients having major resection:	Trust	Network	National
Trust denominator	80		
Distant metastases %	15	10	10
Urgent or emergency surgery %	14	22	16
Median number of lymph nodes excised	19	17	17
Laparoscopic surgery attempted %	40	64	57
Length of stay > 5 days %	87	76	69

Reporting

Individual Trusts reports

4. Outcomes of patients having major resection
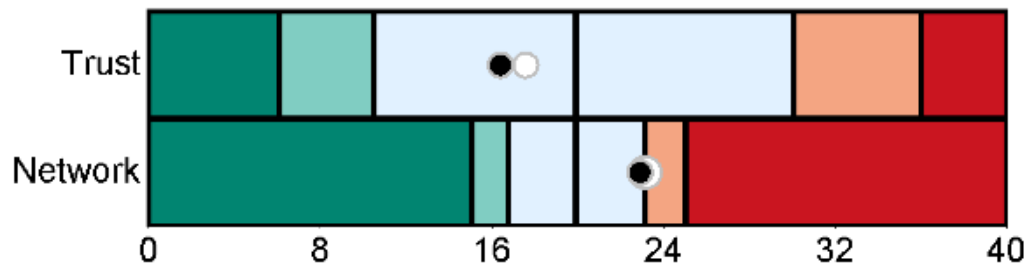
Reporting

Individual Trusts reports

4. Outcomes of patients having major resection
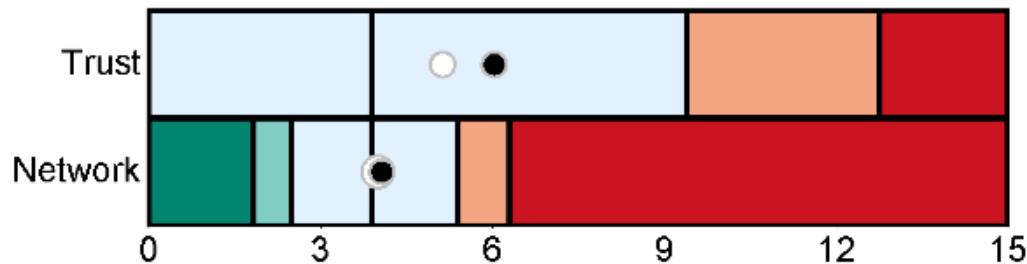
90-day mortality %

90-day unplanned readmission %

Key:
- > 99.8% limit
- > 95% limit
- within limits
- < 95% limit
- < 99.8% limit
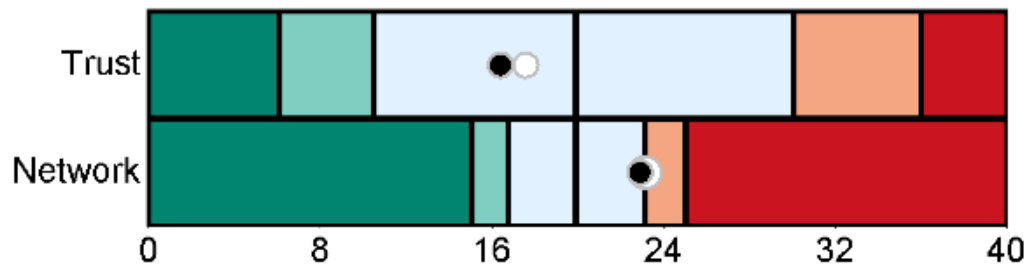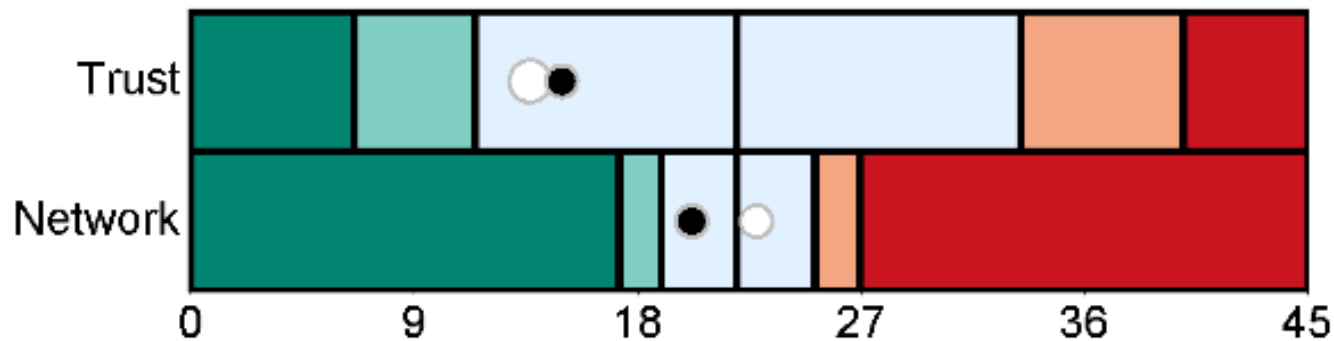- Observed
- Adjusted

Reporting

Individual Trusts reports

2-year mortality %:

Patients diagnosed 1 Apr 2011 - 31 Mar 2012

Reporting

Individual Trusts reports

5. Rectal cancer patients

Patients having major resection:	Trust	Network	National
Trust Denominator	19		
Neoadjuvant therapy %	53	50	39
Circumferential resection margin: Positive %	5	7	5
Circumferential resection margin: Missing %	5	32	26
APER rate %	11	26	26

18-month stoma rate %:

Patients having surgery 1 Apr 2010 - 31 Mar 2013
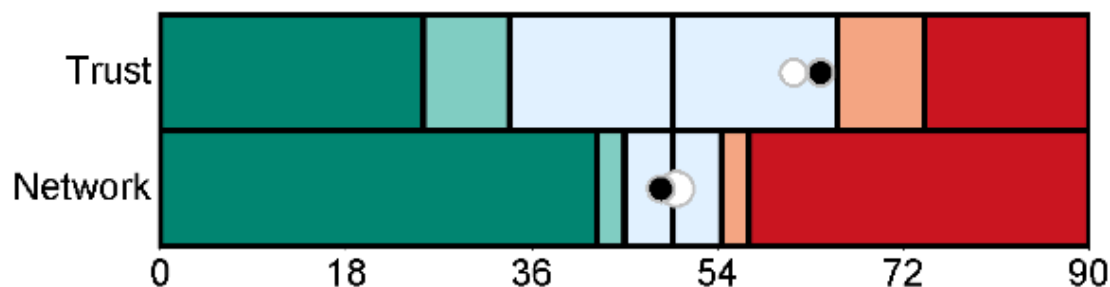
Schedule of work

Every year

- Annual report

- Consultant Outcome Publication

Schedule of work

Year 1 development

- Patient pathways
- Stage at diagnosis
- RTDS linkage
- PROMs feasibility
- Organisational audit
- Surgical indicators

Reporting

- Interactive data quality reports
- Individualised reports (PDFs)
- Organisational report
- PROMs report
- 2+ detailed reports
  - Length of stay
  - Liver metastases

Schedule of work

Year 2 development

- NELA linkage
- SACT linkage
- ICNARC linkage
- PREMs feasibility
- Cancer-specific mortality
- Surgical outcomes
- Continuous monitoring

Reporting

- Further development of interactive reports
- PREMs report
- 2+ detailed reports

e.g. Radiotherapy, Cancer-specific mortality, return-to-theatre

Schedule of work

Year 3 development

- Surveillance using HES
- End of life care e.g. Place of death, hospital admissions

Reporting

- Pilot continuous monitoring
- Lessons learned document
- 2+ detailed reports

e.g. Surveillance, end of life care, CPEX testing, chemotherapy

Achieved so far

Reporting

- Annual report published   **Dec 2015**

- Two short reports   **May 2016**

- Consultant Outcome Publication   **Nov 2015**

- Organisational Survey collected   **Jan 2016**

- Individual Trust PDFs   **Dec 2015**

- PowerPoint templates for MDTs   **Dec 2015**

- Online reporting within CAP system   **Early 2015**

Achieved so far

Broadening scope

- *Widening* scope:

    - too much cancer short report

    - reporting by patient pathways

- *Earlier* in pathway:

    - referral source and stage at diagnosis

- *Later* in pathway:

    - PROMs feasibility study – *in progress*

    - cancer-specific mortality – *data imminent*

    - recurrent cancers being collected

Upcoming deadlines

- **Initial adjusted mortality to Trusts Early June**

- **Final data submission**   **Late June**

- **Annual report**   **November**

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Thank you