



Peer Review & Clinical Lines of Enquiry - Breast

Breast SSCRG Workshop May 2011

Peer Review Preliminary Results 2010 - 2011

Measure	Topic	IV Overall Percentage	Peer Review Overall Percentage	Immediate Risks	Serious Concerns
08-1A-2b	Network – Breast	94%	58%	3	8
08-1C-1b	NSSG - Breast	99%	72 %	3	8
08-2B	Breast MDT	87%	76%	13	48

Reducing the Burden of Peer Review on the NHS

- Amnesty in 2011 Breast teams performing at 85% or above and without IR or SC will not be required to SA in 2011
 - Applies to 52 Breast MDTs (34%)
- 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
 - Only 4 Breast teams to be subject to full Peer Review visit in 2011 - 2012



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

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



Breast

Metric	Data
Percentage of women offered access to immediate reconstruction surgery by MDT or by referral onto another team and rate of uptake	The National Mastectomy and Breast Reconstruction Audit 2 nd Report (2009) and current local data
Ratio of mastectomy to Breast Conserving Surgery (BCS)	NATCANSAT
Each surgeon managing at least 30 new cases per year	NATCANSAT
Average length of stay for breast cancer with any surgical procedure	NATCANSAT
The one-, two- and five-year survival rates	NCIN e-atlas / Registry



Breast (continued)

Metric	Data
Proportion of women tested for HER2 prior to commencement of drug treatment (if undergoing resectional surgery and receiving adjuvant or neo-adjuvant chemotherapy)	Local data
Availability of Screening and estimated impact on workload	Local data
Availability of Digital mammography	Local data

Resources for Clinical Lines of Enquiry www.cquins.nhs.uk

National Cancer Action Team Part of the National Cancer Programme



Pyldence Guide: Breast Clinical Lines of Enguiry

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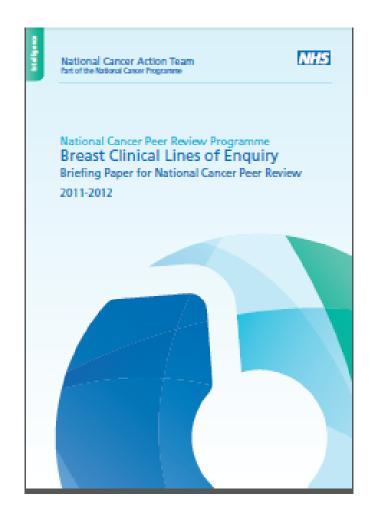
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Preliminary feedback Breast CLEs (1)

- The focus of discussion moved from structure and process to more clinically relevant issues
- Highlighted issues with completeness of data collection, the process for clinical validation and whether outcomes are regularly reviewed and acted upon by the MDT
- Driven the impetus for clinical teams to work with the Trusts to address the infrastructures to support data collection

Preliminary feedback Breast CLEs (2)

- Provided incentive and information for NSSGs to address variations within the Networks
- Prompted NSSGs to reflect on their one, two and five year survival rates, and has led to work being undertaken with primary care and public health to improve awareness

Quotes from Reports (1)

'The NSSG had used the CLE information in an appropriate way to analyse their practice across the Network and to investigate the reasons for apparent disparities'

Quotes from Reports (2)

'Information submitted in relation to clinical lines of enquiry has been reviewed by the NSSG and used to support service development e.g. implementation of the 23 hour breast surgery model, which will contribute to a reduced length of stay for patients.'



Quotes from Reports (4)

'The surgical team felt that at least 75% of breast patients were discharged within 23 hours, however the national data showed an average length of stay of 4 days which may indicate recent changes in practice or problems with data capture and accuracy. The MDT may wish to review this to ensure it understands this discrepancy and ensures that national information accurately reflects practice in the Trust.'

Formal Evaluation Process

- Questionnaire to be circulated to
 - MDT/NSSG Team Member
 - Trust Cancer Management Team
 - Network Cancer Management Team
- Circulated mid-May and returned mid-June
- Analysis to be included in National Cancer Peer Review Report, and discussed at Breast SSCRG
- Opportunity to modify CLEs for 2012 2013, dovetail to work of NCIN



Evaluation Questions

- Do the clinical lines of enquiry add value to the cancer peer review process?
- Were the clinical lines of enquiry useful to the MDT/Network in stimulating reflection on clinical outcomes and data collection?
- Were any changes in practice or data collection introduced as a result of this process?

Evaluation Questions

- Do you agree that the metrics reflect the key clinical priorities within your disease type?
- If not, which could have been replaced and by what
- Are there any other comments you wish to make?