

National Cancer Action Team
Part of the National Cancer Programme

Peer Review & Clinical Lines of Enquiry – Urology

Urology SSCRG Workshop
July 2011

Peer Review Preliminary Results

Comparison 2009 – 2010 and 2010 - 2011

	09-10 overall national percentage	10 – 11 overall national percentage
Urology Network Board	64%	87%
Urology NSSG	71%	81%
Urology Local	76%	87%
Urology Specialist	71%	87%
Testicular	78%	69%
Penile	65%	73%

Peer Review Preliminary Results 2010 - 2011

Measure	Topic	IV Overall Percentage	PR Overall Percentage	Combined Overall Percentage	Number of teams with IRs	Number of teams with SCs
08-1A-2g	Network Board	93%	68%	87%	2 (7% of teams)	8 (29% of teams)
08-1C-1g -	NSSG	91%	44%	81%	2 (7% of teams)	8 (29% of teams)

Peer Review Preliminary Results

Immediate Risks & Serious Concerns

Measure	Topic	IV Overall Percentage	PR Overall Percentage	Combined Overall Percentage	Number of teams with IRs	Number of teams with SCs
08-2G-1	Urology Local	88%	76%	87%	9 (10% of teams)	36 (39% of teams)
08-2G-2	Urology Specialist	89%	69%	87%	9 (18% of teams)	20 (41% of teams)
08-2G-3	Testicular	88%	65%	69%	3 (23% of teams)	6 (46% of teams)
08-2G-4	Penile	76%	68%	73%	0	1 (11% of teams)

Peer Review Preliminary Results

Immediate Risks & Serious Concerns

- Preliminary Key themes – Immediate Risks
 - Lack of progress in centralisation
 - Low surgical numbers per surgeon
 - Delays in patient pathway

Development of Clinical Lines of Enquiry

- 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
- Working Group currently considering future development of CLEs

Principles of Clinical Lines of Enquiry

- The data should be 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 underway
 - CLEs developed in Upper GI, Gynaecology, Colorectal and Head & Neck for implementation 2011 – 2012 reviews
 - New CLEs to be developed for Sarcoma, Brain and CNS, Skin and Urology

Example of CLEs - Upper GI

Metric		Data
Centre Workload:	Number of new cases treated and recorded in National Audits	3 rd National Oesophago-Gastric Cancer Audit (NOGCA) Pancreatic teams: Local data
Cancer Services:	The number of cases with confirmed histology	Thames Cancer Registry
	The proportion of patients in whom stage of disease is recorded	Local data
Treatment:	The percentage of patients having a surgical resection	NATCANSAT and Local data on work load
	The morbidity and mortality following surgery	3 rd National Oesophago-Gastric Cancer Audit (NOGCA) Pancreatic teams: Local data

Example of CLEs - Upper GI (continued)

Metric		Data
Treatment (continued):	The percentage of patients having palliative interventions	NATCANSAT supplemented by local data on caseload
	Postoperative length of stay	Local data (robust data to be developed in conjunction with NATCANSAT for further years)
Survival:	The rates of survival from diagnosis and with or without intervention	Registry: one-, two- and five- year relative survival by cancer network for oesophageal, stomach and pancreatic cancer.

Example of Resources for Clinical Lines of Enquiry

www.cquins.nhs.uk

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Evidence Guide: Head and Neck 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

Both national and local indicators have been developed for head and neck and are outlined below.

The National indicators chosen are taken from the National Head and Neck Cancer Audit. Discussions with the Site Specific Clinical Reference Group (SSCRG) Chair, members of the SSCRG, National Cancer Intelligence Network (NCIN) and NCPR have resulted in the development of the following indicators:

- Percentage of new cases of head and neck cancer discussed at MDT*
- Percentage of new cases of head and neck cancer discussed at MDT* where recorded T, N, M staging category is evident
- Percentage of cases of head and neck cancer* where the interval from biopsy to reporting is less than 10 days
- Percentage of new cases of head and neck cancer* where confirmed seen by a clinical nurse specialist prior to the commencement of treatment
- Percentage of new cases of head and neck cancer* confirmed as having any pre-operative/pre-treatment (includes radio and chemo-therapy) dietetic assessment

The local indicators examine sub-populations of patients or areas where the national submission requires minimal local collation of information, which can be then reviewed by the MDT and actions developed accordingly.

- Percentage of cases undergoing laryngectomy who are offered choice of primary surgical voice restoration by a speech and language therapist prior to laryngectomy being undertaken
- Percentage of cases of head and neck cancer* confirmed as having any pre-operative/pre-treatment dental assessment
- Percentage of cases of head and neck cancer* that have undergone surgery where resective pathology is discussed in the MDT
- relates to cancers of the larynx, oral cavity, oropharynx, nasopharynx, hypopharynx and major salivary glands.

3. Data

The National indicators chosen are taken from the National Head and Neck Cancer Audit which will facilitate the use of the DAHNO database as the source of data. Data for patients with a date of

diagnosis to 31st October 2009 was published by the Information Centre, as the 5th National Comparative Head and Neck Cancer Audit report in 2010. Data for patients with a date of diagnosis to 31st October 2010 will be published on-line by the Information Centre in May/June 2010. All reports are available via their website: www.ic.nhs.uk.

4. Clinical Lines of Enquiry

A briefing sheet on the relevance of these headline indicators will be available both to the Zenal 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 Head and Neck Clinical Lines of Enquiry Briefing Paper for National Cancer Peer Review



Urology Clinical Lines of Enquiry

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