

# Table Work

- Key metrics in commissioning cancer services
- Proposals for Clinical Lines of Enquiry

# Clinical Lines of Enquiry Colorectal Cancer Services

- “Key aspects that reflect the clinical quality of local colorectal cancer services”
- “Or the data collection that will inform these aspects”

# Colorectal: national audits

1. The national audit of bowel cancer NBOCAP
2. 30-day post-operative mortality following major resection for colorectal cancer
  - All trusts were sent their 30-day risk adjusted post operative mortality Feb 2011
    - Data were shown in relation to the overall post operative mortality so that outliers could recognise their position
    - The national guidelines suggest that post operative mortality should be less than 20% for emergency surgery and less than 7% for elective surgery
  - Mechanisms should have been in place locally to discuss all such deaths at an individual level
  - And mechanisms to understand why the mortality was high and what could be done about it

# Colorectal audits suggested for cancer peer review

- Compliance with the RCPATH minimum data set for the surgical resections
- Proportion of newly diagnosed colorectal cancers being appropriately radiologically staged
  - CT
  - MR pelvis for rectal Ca
- Audits not currently done but suggested should be available to the cancer review team
  - Audit of returns to theatre within 30 days
    - Good proxy for surgical or post operative problems
  - Re-admission dates within 30 days
  - Proportion of patients in which major resections were carried out: NBOCAO audit suggested 60 % average
    - Outliers may occur because of more polypectomies or more patients with too advanced disease at presentation
  - Duration of stay in hospital

# What should we do for skin cancer?

- NMSC
- Melanoma