



National Cancer Action Team
Part of the National Cancer Programme

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 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

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 <i>National Mastectomy and Breast Reconstruction Audit 2nd Report</i> (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

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Evidence Guide: Breast Clinical Lines of Enquiry

1. Rationale

In 2008 the NHS 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 review clinically relevant and to sustain the continued support and involvement of clinical staff in even therefore identified 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 diagnosis and treatment interventions, subsequent guidance issued by NICE, to support the use of sites of Improving Outcomes, 5. Strategy for Cancer and help in way with the commissioning function of cancer services.

2. Clinical Indicators

NB: Please note that the indicators for 2011 - 2012 remain the same as those for the previous year pending the availability of the 2010 - 2011 pilot for Breast Clinical Lines of Enquiry.

Consistent with the Site Specific Clinical Reference Group (SSCRG) Chair members of the NCRG, National Cancer Intelligence Network (NCIN) and NCRP resulted in the development of indicators relating to the following areas:

Nationally available data

- Percentage of women offered access to immediate reconstruction surgery by 2011 or by referral onto another team and rate of uptake
- Rate of reoperation in Breast Conserving Surgery (BCS)
- Each surgeon managing at least 20 mastectomies per year
- Average length of stay for breast cancer with any surgical procedure
- The entry, time, and the pain scored rates

Local data

- Proportion of women treated for NED prior to commencement of drug treatment (if undergoing neoadjuvant surgery and waiting adjustment or non-adjusted chemotherapy)
- Availability of screening and potential impact on mortality
- Availability of Digital mammography

3. Data

Information relating to the data will be completed by NHS trusts through existing monitoring systems, with national data provided where available and relevant to discussion by the National Cancer National Analysis Team (NCCNAT), the National Cancer Intelligence Network (NCIN) and Cancer Register. The National data has been refreshed where available. Although the indicators for 2011 - 2012 remain the same as those for the previous year pending the

availability of the 2010 - 2011 pilot for Breast Clinical Lines of Enquiry, teams should make commenting on their current data in relation to 2010 - 2011 for each of the national and local indicators.

4. Clinical Lines of Enquiry

A briefing sheet on the relevance of these baseline indicators will be available both to the Local National Cancer Peer Review teams and to SGRs and RSGs. This will describe the discussion 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 act as a guide for those teams completing self assessment reports.

As part of self assessment, SGRs and RSGs should include a commentary on the clinical indicators in their Annual Report, and in the self assessment report under the Key Theme 'Clinical self-assessment'. A commentary on the clinical lines of enquiry will also be included in the Peer Review reports.

Where national data is available there will be provided to both the review teams and the teams being reviewed in a table discussion against the clinical indicators. If local data is required to enable discussion against the clinical indicators this may be identified where relevant, in an appendix in the Key Evidence Document section ('Clinical evidence/indicators') on the Cancer Quality Improvement Network System www.cquins.nhs.uk (CQINS).

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National Cancer Peer Review Programme Breast Clinical Lines of Enquiry Briefing Paper for National Cancer Peer Review 2011-2012



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?