

















National Cancer Audit Collaborating Centre (NATCAN)

Quality Improvement Event

27th March 2024



NATCAN Quality Improvement Event 27.03.24

Act 2

14.25 - 14.50	Designing hospital level/alliance level QI interventions – Sudha Sundar (Clinical Lead, Ovarian audit) & Doug West (Clinical Lead, Lung audit)
15.10 - 15.30	The role of positive outliers in driving performance – Tom Cowling (Senior Methodologist, Kidney & Prostate audits) & Jo Dodkins (Clinical Fellow, Prostate audit)
15.30 - 15.50	Panel Discussion Chair: Noel Clarke (Clinical Lead, Prostate audit) Panel members: Sudha Sundar, Doug West, Richard Simcock (Chief Medical Officer, Macmillan Cancer Support), David Cromwell (Director of the CEU)
15.50 - 15.55	Patient perspective & reflections on the event – Frank Burroughs, (PPI Forum Chair, NHL audit)
15.55 - 16.00	Closing address - Peter Johnson
16.00 - 17.00	Drinks & Networking







Improving ovarian cancer outcomes: Quality Improvement work arising from Ovarian cancer feasibility pilot audit data

Prof Sudha Sundar

Professor of Gynaecological Oncology

Immediate Past President of the British Gynaecological Cancer Society

Sandwell and West Birmingham Hospitals NHS trust

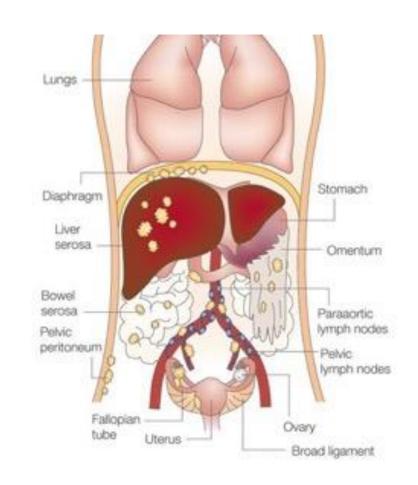
National Ovarian cancer audit lead







- Current CRUK data 45% five year survival, 35% 10 year survival.
- Survival highly stage dependent, majority diagnosed at advanced stage
- Surgery and chemotherapy are gold standard at first line
- No macroscopic residual disease and sensitivity to platinum are key predictors of survival
- Maximum effort cytoreduction surgery extensive surgery, including upper abdominal surgery to achieve complete cytoreduction endorsed by international specialist societies.





CMO report 'Health of the 51%

- 2014 recommendation variation in surgery rates and complexity of surgery for Ovarian cancer
- National audit needed
- No funding!









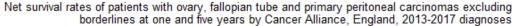


Ovarian cancer feasibility audit pilot

- Chair Andy Nordin
- National Cancer registration and analysis service
- British Gynaecological cancer society – Sudha Sundar
- Target Ovarian cancer
- Ovarian cancer action



Ovarian cancer feasibility audit pilot - The postcode lottery in Ovarian cancer (2019-2022)





OC survival for the 19 Cancer Alliances:

- •one year net survival between 62.9% and 75.2%
- •five-year net survival between 28.6% and 49.6%





Treatment variation by Cancer Alliance: FIGO Stage 2-4 & unknown stage summary data

Jan 2016 to Dec 2018 inclusive

treatment modalities: excluding FIGO Stage 1	n = 13889
no surgery or chemotherapy	3637 (26.2%)
surgery followed by chemotherapy	2994 (21.6%)
chemotherapy followed by surgery	3071 (22.1%)
chemotherapy but no surgery	3172 (22.8%)
surgery but no chemotherapy	1015 (7.3%)

excluding FIGO Stage 1 cases, 26.2% of women did not receive any anticancer treatment (ie no chemotherapy or surgery)

Analysis of surgery vs no surgery



	Model 1* (n=13,889)		Model 2* (n=13,889)		Model 3* (n=13,889)	
Variables	Estimate	p-value	Estimate	p-value	Estimate	p-value
Cohort average (intercept)	51.0	0.000	51.0	0.000	51.0	0.000
Cheshire and Merseyside	-0.7	0.731	0.6	0.683	1.0	0.495
East Midlands	-7.7	0.000	-5.6	0.000	-5.6	0.000
East of England	1.4	0.225	0.5	0.568	0.0	0.993
Greater Manchester	0.2	0.906	-4.7	0.004	-3.6	0.031
Humber, Coast and Vale	5.2	0.033	3.8	0.044	3.9	0.038
Kent and Medway	0.9	0.701	1.2	0.533	0.7	0.714
Lancashire and South Cumbria	2.8	0.243	1.0	0.613	1.5	0.434
North Central and North East London	9.8	0.000	1.1	0.544	2.8	0.108
North East and Cumbria	4.8	0.005	2.3	0.086	3.2	0.017
North West and South West London	10.7	0.000	7.4	0.000	7.9	0.000
Peninsula	-5.8	0.004	2.3	0.134	1.9	0.211
Somerset, Wiltshire, Avon, Gloucestershire	6.0	0.000	5.9	0.000	4.8	0.000
South East London	13.5	0.000	5.8	0.007	7.0	0.001
South Yorkshire, Bassetlaw, North Derbyshire and Hardwick	-16.1	0.000	-14.5	0.000	-13.8	0.000
Surrey and Sussex	4.2	0.009	7.1	0.000	5.9	0.000
Thames Valley	4.3	0.033	4.5	0.007	3.2	0.054
Wessex	-12.2	0.000	-6.2	0.000	-7.2	0.000
West Midlands	-6.2	0.000	-4.8	0.000	-4.2	0.000
West Yorkshire and Harrogate	0.8	0.676	-0.9	0.562	-0.6	0.694

Summary

- Variation in survival
- Variation in treatment
- Rates of combined standard of care treatment low for Stages 2-4 51%

- stressing differences in the time coverage & cohort definitions, cross-referencing treatment variation & survival analyses suggests Cancer Alliances less likely to undertake surgery had generally lower than average five - year survival
- future work should focus on understanding reasons for variation in treatment between areas, impact on outcomes, and the steps to reduce treatment & outcome inequalities



How do we increase rates of high-quality pan abdominal gynaecancer surgery to achieve max cytoreduction?

- Public sector NHS few incentives to improve quality of care for trusts or teams
- Many disincentives long operating/limited theatre and ITU resource/ skill availability to deliver
- Outcomes by centre not visible in public domain
- Unable to influence commissioning...

 Pros – a very committed specialist society with active multidisciplinary membership



Actions in Response to OCAFP

- Deliver research to change NICE guidance on surgery
- Focus on improving training
- Focus on governance and system safety
- Agree metrics for community and embed this in SST training bottom-up approach
- Support QI efforts led by cancer charities



Research - Does a maximal cytoreduction surgery approach improve cancer survival? Does it make Quality of life worse for patients?





RESEARCH ARTICLE 🗈 Open Access 🕲 📵

Quality of life from cytoreductive surgery in advanced ovarian cancer: Investigating the association between disease burden and surgical complexity in the international, prospective, SOCQER-2 cohort study

Sudha Sundar . Carole Cummins, Satyam Kumar, Joanna Long, Vivek Arora, Janos Balega, Tim Broadhead, Tim Duncan, Richard Edmondson, Christina Fotopoulou ... See all authors >

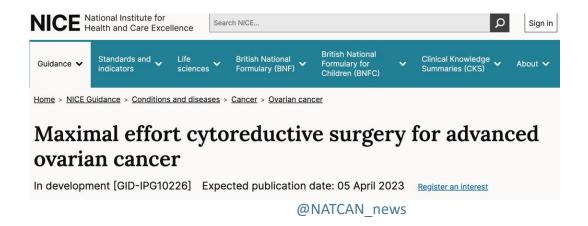
Open Access Article

Investigating the Impact of Ultra-Radical Surgery on Survival in Advanced Ovarian Cancer Using Population-Based Data in a Multicentre UK Study

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by (2) Carole Cummins 1, (2) Satyam Kumar 2, (2) Joanna Long 1, (2) Janos Balega 3, (2) Tim Broadhead 4, (2) Timothy Duncan 5, (2) Richard J. Edmondson 6, (2) Christina Fotopoulou 7, (2) Rosalind M. Glasspool 8, (2) Desiree Kolomainen 9, (2) Simon Leeson 10, (3) Ranjit Manchanda 11, (3), (2) Jo Morrison 12, (3), (2) Raj Naik 13, (3), (2) John A. Tidy 14, (2) Nick Wood 15 and (2) Sudha Sundar 3,16,*
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In summary, maximal effort cytoreduction surgery

- does not result in worse QoL AND
- is associated with significantly better survival in women with advanced stage ovarian cancer (20% reduction in chance of death)



NICE Guidelines for ovarian cancer surgery

Birmingham research influences new National Institute for Clinical Excellence (NICE) guidance on maximal cytoreduction surgery for ovarian cancer.



Ovarian cancer is the 6th most common cancer in females in the UK



Patients treated at centres practicing maximal cytoreduction surgery have a 20% reduction in chance of death



Six month increased overall survival rate compared to less extensive surgery



Same quality of life after 12 months as less extensive surgery

Birmingham experts recommendation for maximal cytoreductive surgery for patients with advanced ovarian cancers increases survival and preserve quality of life.



Maximal Effort Cytoreduction

- Offered at Cancer Centres
- Highly skilled teams.
- Degree of surgery variable. Major cytoreductive surgery is 'four quadrant surgery'.
- Complications WILL happen (1-3% mortality associated with EOC CRS).
- Often our surgical and anaesthetic colleagues have a different perspective on gynaecology and surgical skill.



Improving training



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Professionals +

Member Search Pu

This BGCS supported fellowship provides a unique opportunity for the successful candidate to improve skills in peritoneal surgery, colorectal and upper abdominal surgery, perioperative management of complex surgical patients, and setting up and running a peritoneal surgical centre. By the end of the fellowship, the successful candidate is expected to acquire the holistic approach to patients with peritoneal carcinomatosis and to be able to translate this into the management of patients with advanced ovarian cancer. This fellowship carries an opportunity to contribute towards several modules of the gynaecological oncology subspecialty curriculum.

The interviews are held once a year with the aim to fill the next year's posts in advance. For further information, please contact Mr Tom Cecil at Basingstoke and North Hampshire Hospitals NHS Trust (tom.cecil@nhs.net) or Mr Janos Balega on behalf of the BGCS (janos.balega@nhs.net).

2024

Five candidates from training centres in the UK applied and interviewed for the Basingstoke fellowship to improve their training in cytoreductive surgeries. All five candidates submitted outstanding applications and interviewed well. Congratulations to all the five trainees who were granted with 3month fellowships at the Peritoneal Malignancy Centre in Basingstoke. The next round of interviews will be held in April 2024, notification will be sent to all trainees when the post is advertised.

- BGCS Basingstoke fellowships since 2022
- RCOG curriculum changed designated colorectal consultant supervisor for training



Governance - major Gynaecological Cytoreduction - models of

GYNAE SURGICAL SPECIALITIES

Maximal effort cytoreduction can be delivered in different ways.

Aim and ethos of the surgery should be the same – to achieve complete cytoreduction

- Largely independent.
- 2. Mostly independent.
- 3. Joint care.
- 4. Dependent



A Framework for Governance



Background





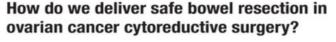


Governance models to support patient safety when undergoing maximal effort cytoreductive surgery for advanced ovarian/fallopian tube/primary peritoneal cancer - A joint statement of ACPGBI, ASGBI, AUGIS and BGCS

From 2022, return to theatre for gynaeoncology patients Included in NELA

Commentary





licholas J Wood, 1 Stephen Dobbs, 2 Gill Tierney, 3 Charles Maxwell-Armstrong, 4 Sudha S Sundar 0 5

Colorectal Dis 2022;24 6-7





Evidence based, community agreed, data driven QPI for ovarian cancer

- Compliance is RCOG requirement for subspecialty training
- Changing patterns of care in the Midlands supraregional MDT, Operational delivery networks to harmonise care

Open Access Guidelines

British Gynaecological Cancer Society Recommendations for Evidence Based, Population Data Derived Quality Performance Indicators for Ovarian Cancer

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by Sudha Sundar 1,* \( \sim \oldsymbol{0}\), Andy Nordin 2,3, \( \oldsymbol{Q}\) Jo Morrison 4 \( \oldsymbol{0}\), Nick Wood 5,

Sadaf Ghaem-Maghami 6 \( \oldsymbol{0}\), \( \oldsymbol{Q}\) Jo Nieto 7, \( \oldsymbol{Q}\) Andrew Phillips 8, \( \oldsymbol{Q}\) John Butler 9, \( \oldsymbol{Q}\) Kevin Burton 10,

Rob Gornall 11, \( \oldsymbol{Q}\) Stephen Dobbs 12, \( \oldsymbol{Q}\) Rosalind Glasspool 13, \( \oldsymbol{Q}\) Richard Peevor 14,

Jonathan Ledermann 15, \( \oldsymbol{Q}\) lain McNeish 6 \( \oldsymbol{0}\), \( \oldsymbol{Q}\) Nithya Ratnavelu 16, \( \oldsymbol{Q}\) Tim Duncan 7 \( \oldsymbol{0}\),

Jonathan Frost 17 \( \oldsymbol{0}\), \( \oldsymbol{Q}\) Kenneth Lim 18, \( \oldsymbol{Q}\) Agnieszka Michael 19, \( + \oldsymbol{S}\) Show full author list
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Sundar et al, Cancers 2022 https://www.mdpi.com/20 72-6694/15/2/337





Aberdeen Royal Infirmary NHS Grampian

Improving access to surgery, reducing inequalities by unifying gynae-oncology care across Scotland

Find out more >

Bath and Bristol.

Royal United Hospital Bath & University Hospitals Bristol & Weston NHS Foundation Trust.

Reducing inequalities due to age, frailty, poor physical and mental health.

Find out more >



Belfast City Hospital

Improving access to treatment for older and frail patients.

Find out more >

Birmingham and Cambridge.

University of Birmingham and University of Cambridge

Ensuring all patients can access molecular testing for personalised treatment of ovarian cancer.

Find out more >



Gateshead Health NHS Foundation Trust

Introducing a new pathway for faster diagnosis and better treatment to reduce inequalities in care.

Find out more



dation University of Manchester

Creating a shared decision making tool to reduce treatment inequality across the UK.

Find out more >

Wales.



Wales: Cardiff, Swansea and Bangor

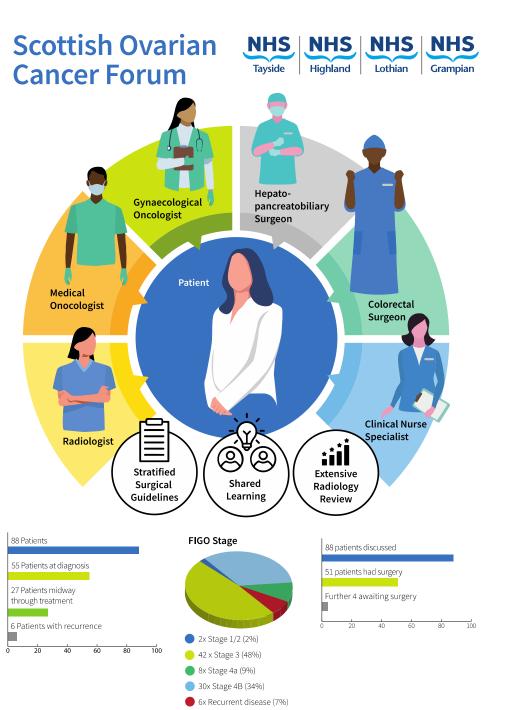
Introducing prehabilitation for all patients with advanced ovarian cancer across Wales.

Find out more >

Led by Ovarian cancer action – BGCS support

https://ovarian.org.uk/our-research/improve-uk/

- Funded from Tampon tax fund grant 1 million.
- Trusts invited to bid for 100 K each
- Project delivery tightly managed
- Projects selected after competitive peer review process
- Awards through the UK
- 3 prehabilitation
- 1 Ethnicity genetic testing
- 1 systems approach for ovarian cancer surgery
- 1 Data project
- 1 advanced multidisciplinary team input to support surgery







All Wales Ovarian Cancer Prehabilitation Programme

Personalised, multi-modal prehabilitation for patients with advanced ovarian cancer

58

Patients Recruited

Recruiting

Sites Across

Recruitment Opened February 2022 Closed Recruitment

December 2022

Locations Cardiff, Swansea, Bangor



- o To develop an evidence based framework of prehabilitation across Wales
- o To offer comprehensive assessment of all eligible patients and develop a personalised prehabilitation
- o To determine patients acceptability of such a program
- o To assess the impact implementation of a program like this has on patient outcomes
- o Generate data to help better understand resource requirement for implementation of prehabilitation into standard of care

Interventions

Patient Pathway

- Dietitian
 - Protein supplements and advice
- Occupational Therapist Relaxation and mindfulness sessions
- Physiotherapist Personalised guided exercise sessions
- Geriatrician Medical optimisation
- Prehab Nurse Baseline assessments and

Appointment emotional wellbeing,

Identified

physical activity made.

Progress Prehab Intro Assessment Assessments in nutrition, Adjust interventions as required

Chemotherapy or

Treatment Begins

Final Assessmen

Treatment

Finishes

smoking intervention Results

Required Emotional **75**

Required Smoking

Intervention 54.4

Required Nutritional

Required Medical Intervention









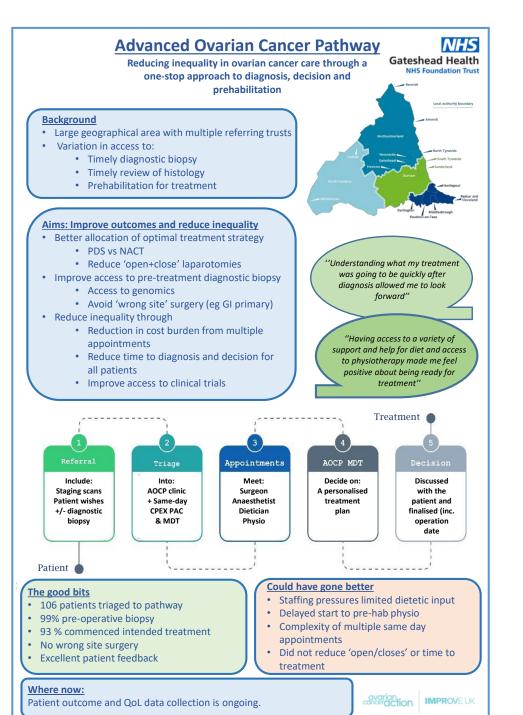








@NATCAN news





@NATCAN news

The Demonstration of Improvement for Molecular **Ovarian Cancer Testing (DEMO)**



DEMO aimed to improve the proportion of eligible women diagnosed with ovarian cancer successfully tested for relevant somatic and germline mutations in Birmingham and Cambridge

Baseline Survey for Genetic Testing in Patients with Ovarian Cancer







Uptake rate of genetic tests if offered

Majority of patients understood the implications of the test

Feedback highlights difficulties in understanding results





reassurance family research support in guiltprecision protective properties worry shock in borited inherited

11 patient volunteers to co-produce DEMO

DEMO group is diverse

Feedback from patients indicates common associations with testing

Service evaluation and improvement of mainstreamed genetic testing



Variations in ethnicity recording and implementation rates in different hospitals



4x lower test rates between different hospitals



DEMO activity increased MDT discussion of BRCA testing by 26%



Multimedia multilingual information







Animations co-produced in multiple languages to explain tests and results









The West Midland:







National Cancer Audit

Collaborating Centre





Summary

- Acting on results needs a multipronged approach
- bottom-up approaches work very well
- Many more miles to go!!!
- Priority now is to demonstrate results by cancer centre unit
- Identify characteristics of highly performing centres

















National Ovarian Cancer Audit (NOCA)



Quality improvement interventions to increase evidence-based care

Doug West

Consultant Thoracic Surgeon University Hospitals Bristol & Weston

Deputy clinical lead National Lung Cancer Audit

Thoracic surgery clinical lead, National Clinical Improvement Programme (NCIP)

Former cardiothoracic national clinical lead GIRFT

national quality improvement programmes in lung cancer surgery

nice lung cancer guidelines 2019

nice quality standards lung cancer 2019

National optimal lung cancer pathway

getting it right first time (GIRFT)

- lung cancer
- cardiothoracic surgery

national clinical improvement programme

Context

Has lung cancer surgery been improving?

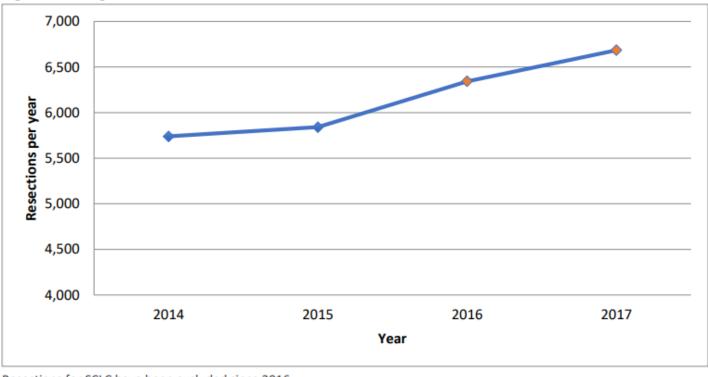


Fig 1 Total lung cancer resections 2014–2017

Resections for SCLC have been excluded since 2016.

More lung cancer operations with better results

tween trusts than in ne previous audit periods, and no negative outlier units were identified.

The majority of lung cancer surgery is performed using minimal access approaches, mostly video-assisted thoracic surgery (VATS).

Resection rate in fit patients with early-stage disease has been reported this year. This may be a better measure of surgical quality, as most of these patients should be operable.

(46 in 2016). Unit activity has

year (203 in 2016).

risen to a median of 235 cases/

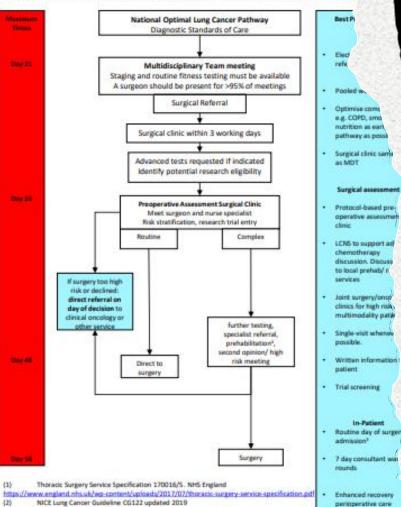
The number of lung cancer operations performed has risen by 5.4% between 2016 and 2017 to 6,684. Survival at 30 days and at 1 year remains high despite an crease in activity (98.1% and

70/ reconstituded



Timed Treatment Pathway 1: Thoracic Surgery

This pathway was developed by members of the CEG for Lung Cancer and Mesothelio Thoracic Surgery section of the Society of Cardiothoracic Surgeons. It was led by D West and



- - https://www.nice.org.uk/guidance/ng122
- Cardiothoracic Surgery GRFT Programme National Specialty Report 2018 David Richens
- https://gettingitrightfirstlime.co.uk/wp-content/uploads/2018/04/GIRFT-Cardiothoracic-Report-1.pdf
- Preoperative exercise training for patients with non-small cell lung cancer
- Cavalheri V, Granger C Cochrane Database Syst Rev. 2017 Jun 7;6: CD012020

Definition of routine and advanced fitness testing

Routine fitness testing includes spirometry, transfer factor, and transfloracic echocardiography, and six-minute walk testing when indicated. Tests beyond these, for example cardiopulmonary exercise testing, split function tests or cardiology investigations including perfusion scanning or angiography are defined as "advanced" for the purpose of the pathway

Pathways and QI: the national optimal lung cancer pathway

- Timed 28-day diagnostic pathway
- Bundled
- Faster diagnosis standard (FDS) compliant

Getting it right first time

National QI initiatives



"Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change."

GIRFT and implementing QI

Data packs and deep dive visits

- Clinician discussions
- Local implementation plans
- Long cycle time 36 months

Regional and trust implementation

- ICS
- NHS regional teams
- Trust GIRFT leads

Guidance and pathways

- GIRFT academy
- Guidelines
- Pathways

Model Hospital

- Gateway metrics
- Top decile performance

GIRFT deep dives

Data based discussions

Everyone in the room

Explore national themes

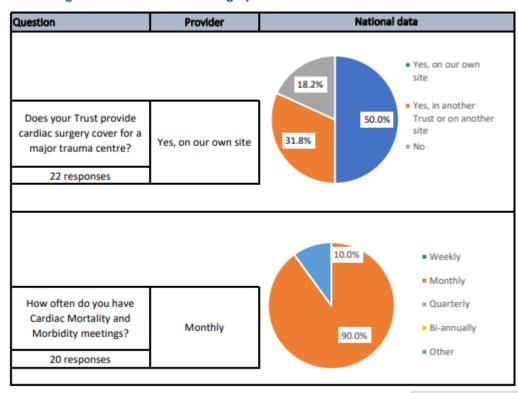
Highlight areas of good or top decile performance, and areas for improvement

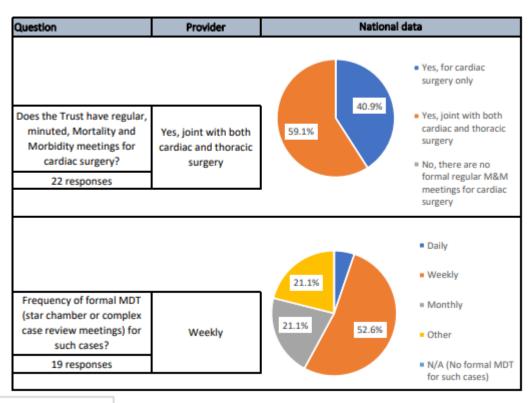
Self reflection

Can offer contacts for P2P support

National audit outputs and GIRFT: datapacks/deep dives

3.4 Management of cardiothoracic surgery services





Source: GIRFT Questionnaires 2020

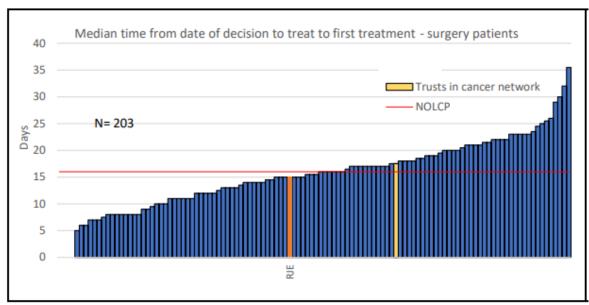
NLCA audit data and GIRFT

14 Thoracic Surgery - Lung Resections

	Val							
Source and Year	Provider	England		0- 10%	10- 25%	25- 75%	75- 90%	90- 100%
HES Jan 19 - Dec 19	345	425	11 of 28		not	applica	ble	
HES Jan 19 - Dec 19	6.4%	9.1%	5 of 28		•			
HES Jan 19 - Dec 19	34.5%	46.9%	3 of 28		•			
HES Jan 19 - Dec 19	9.2	6.5	28 of 28					•
HES Jan 19 - Dec 19	23.5%	12.3%	28 of 28					•
HES Jan 19 - Dec 19	28.5%	17.7%	24 of 28				•	
HES Jan 19 - Dec 19	75.9%	44.6%	21 of 28				•	
HES Jan 19 - Dec 19	3.4	2.6	17 of 28			*		
HES Jan 19 - Dec 19	26.0%	54.2%	9 of 28			*		
HES Jan 19 - Dec 19	1.5%	0.9%	25 of 28				•	
HES Jan 19 - Dec 19	20.7%	20.1%	18 of 28			*		
HES Jan 19 - Dec 19	9.0%	11.0%	7 of 28			•		
	HES Jan 19 - Dec 19	Source and Year Provider	HES Jan 19 - Dec 19 345 425 HES Jan 19 - Dec 19 6.4% 9.1% HES Jan 19 - Dec 19 34.5% 46.9% HES Jan 19 - Dec 19 9.2 6.5 HES Jan 19 - Dec 19 23.5% 12.3% HES Jan 19 - Dec 19 28.5% 17.7% HES Jan 19 - Dec 19 75.9% 44.6% HES Jan 19 - Dec 19 3.4 2.6 HES Jan 19 - Dec 19 26.0% 54.2% HES Jan 19 - Dec 19 1.5% 0.9% HES Jan 19 - Dec 19 20.7% 20.1% HES Jan 19 - Dec 19 9.0% 11.0%	Source and Year Provider England	Source and Year Provider England O-10%	Source and Year Provider England O-10% 10-25%	Source and Year Provider England O- 10% 25% 75%	Source and Year Provider England O- 10- 10- 25- 75- 90%

^{* 30} day surgery complications = stroke, renal failure or any OPCS described as "complication of surgery" = either in original spell, or readmission within 30 days

13.7 Date of decision to treat to First treatment - surgery



Note: analysis in left hand graphs excludes patients with negative timings or those greater than 3 mont N = number of patients

GIRFT programme- some reflections from the cardiothoracic deep dive cycle

Consultant-led weekend cover

Developing nurse and ANP roles

Routine DOSA for planned surgery

Digitalised pathways

Use virtual clinics when you can

Non-elective care / pathways

High risk review meetings

NCIP

Data led national QI initiative for individual clinicians, teams and responsible officers





Making the National Consultant Information Programme (NCIP) work for you

A guide for consultant surgeons, clinical leads, responsible officers and medical directors









Report of the Independent Inquiry into the Issues Raised by Paterson RECOMMENDATION 1:

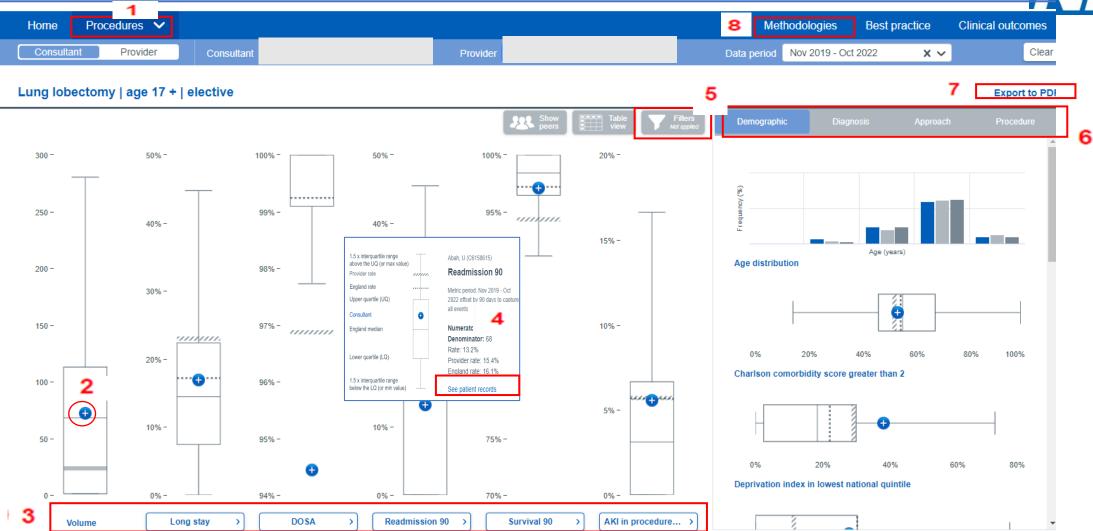
"We recommend that there should be a single repository of the whole practice of consultants across England, setting out their practising privileges and other critical consultant performance data, for example, how many times a consultant has performed a particular procedure and how recently. This should be accessible and understandable to the public. It should be mandated for use by managers and healthcare professionals in both the NHS and independent sector."





NCIP portal data: 'consultant view'





- 1. Drop down list of all NCIP procedures
- **2.** Blue dot represents consultant user or provider against local/national benchmark
- **3.**Each procedure dashboard contains a volume metric plus up to a further 5 quality metrics specific to the procedure and specialty
- **4.** Hyperlink to drill down into patient records
- **5.** Filter the data by diagnosis, approach of procedure
- **6.** Contextual patient demographic metrics and data on case diagnosis, surgical approach and surgical procedure

- Hyperlink to generate PDF report summarising procedure dashboard
- **8.** Shows coding recipe and definition of quality metrics

Summary: increasing evidence-based care



more frequent reporting

e.g. NLCA quarterly reporting



NLCA outputs used by CQC and GIRFT



Model Hospital quarterly reporting



NCIP

Should drive local QI
Quarterly data



















The role of positive outliers in driving performance

Dr Joanna Dodkins, NPCA Clinical Fellow, NATCAN Assoc. Prof. Tom Cowling, NPCA & NKCA Senior Methodologist, NATCAN



Positive deviant

- 1. Systematically better than comparators on a given measure of performance
- 2. Same resources and constraints as those comparators
- 3. Different or uncommon practices that facilitate success



Process



Define the problem, constraints and desired outcomes



Determine the presence of positive deviants



Discover uncommon but successful practices



Design activities to support uptake of practices



Define the problem, constraints and desired outcomes



National Prostate Cancer Audit

- NPCA established over 10 years ago
- Methodological development of clinically relevant toxicity indicator in prostate radiotherapy
- Focus on mid-late toxicity
- Took 2- 3 years to develop with validation to compare practices of care

"Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (GI complication) up to 2 years following radical prostate radiotherapy"

Define the problem, constraints and desired outcomes



Performance indicator in prostate radiotherapy

- Use of Hospital Episode Statistics records (HES) linked to Cancer Registry, and Radiotherapy Dataset (RTDS) (data linkage)
- Based on assessment of frequency of pre-specified procedure and diagnostic codes for radiation toxicity
- A toxicity event requires evidence of both :
 - a diagnostic endoscopic procedure code (e.g., colonoscopy or sigmoidoscopy)
 - a diagnostic code consistent with radiation toxicity equivalent to grade 2 or worse according to the National Cancer Institute Common Toxicity Criteria for Adverse Events (CTCAE)

Define the problem, constraints and desired outcomes



Hospital level performance

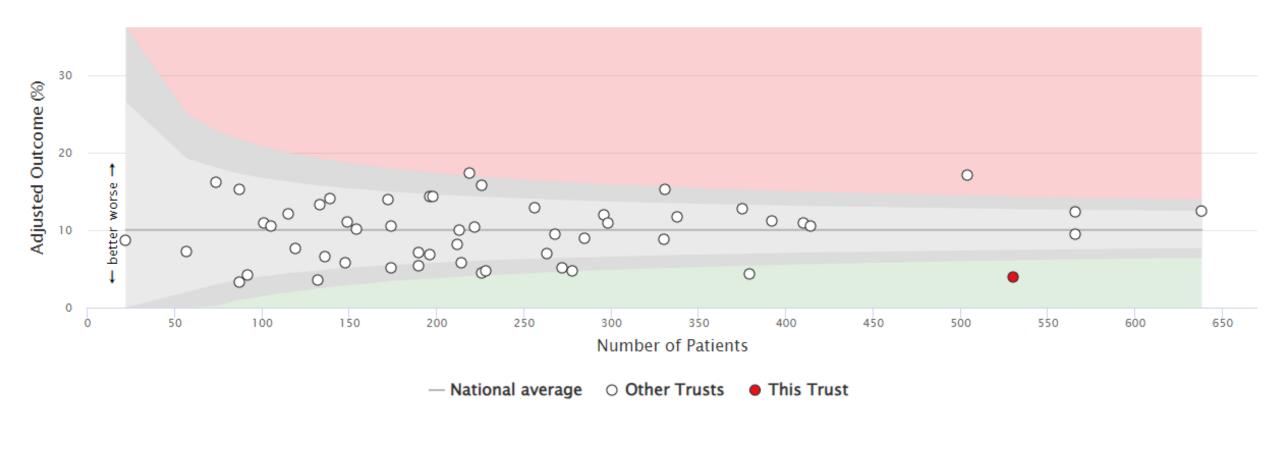
- Transparent mechanism for comparing the performance of providers
- 51 Radiotherapy centres
- Incidence of ≥G2 gastrointestinal complications up to 2 years post radiotherapy for prostate cancer
- Funnel plots produced to compare RT centres
 - Adjusted for age, stage, socioeconomic status and comorbidity
- Identifying outlier performance (alerts 3SDs from mean)
- https://www.npca.org.uk/provider-results/



Determine the presence of positive deviants



Variation in % >G2 toxicity within 2 years of RT

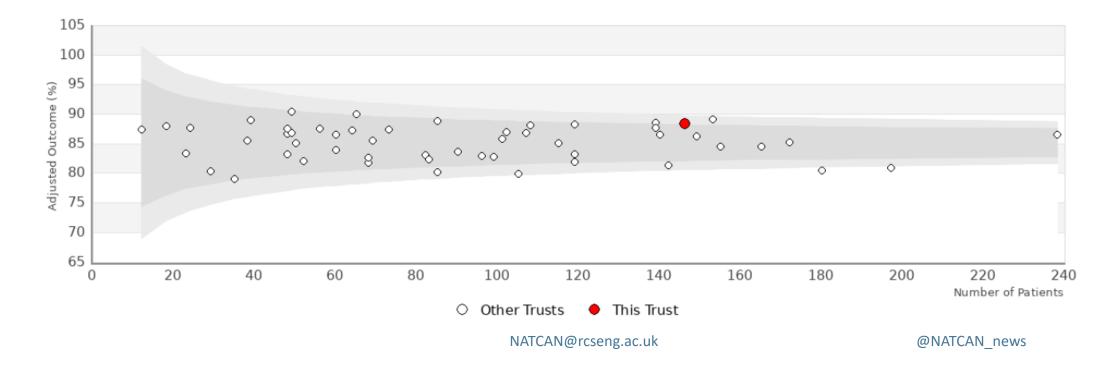




Determine the presence of positive deviants



- The identification of Clatterbridge as a positive outlier over successive years (GI indicator plus PROMs)
- Lowest GI toxicity rate (n = 530)
- Best Patient reported outcome (EPIC questionnaire) bowel function (n= 142)





Discover uncommon but successful practices



Process of benchmarking

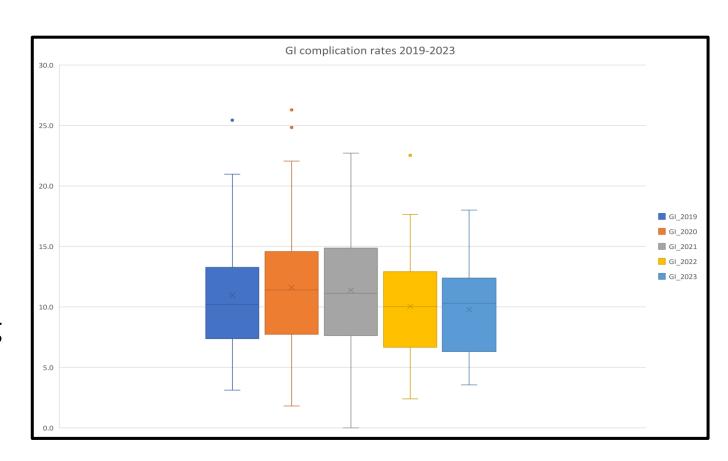
- Engagement with Clatterbridge to identify areas of quality improvement based on their processes of care
- Contacted Lead for Radiotherapy Isabel Syndikus
- Review of protocol identified several areas for improvement:
 - 1. Contouring
 - 2. Normal Tissue dose constraints
 - 3. Margins
 - 4. Image guided radiotherapy (IGRT)
 - 5. Peer review

Design activities to support uptake of practices



Examples of ongoing engagement

- Peer review weekly and buddying system for new consultants
- Audit of voluming and margins reduction in margins
- Regular Uro-oncology meetings to discuss developments
- Dosimetric constraints change
- Rectal protocols and bladder filling
- Fiducials
- MRI based RT planning





Design activities to support uptake of practices

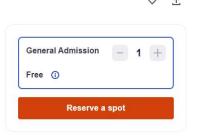


NPCA facilitating peer to peer QI networks

- The knowledge translation to other centres
- Negative outliers and others
- Facilitated by the NPCA QI workshops



The National Prostate Cancer Audit Quality Improvement Workshop 2024



▼ Ticket sales end soon
Thursday, 21 March

What is the impact of outcome reporting?



- Challenge to existing cultures and beliefs
- Not related to the acquisition of new technology
- Highlights need for attention to the whole RT care pathway
- Quality improvement workshop identified several cost-effective areas for improvement
- Benchmarking and peer to peer networks critical



NPCA process



Aim to reduce toxicity after prostate radiotherapy



Clatterbridge Cancer Centre may be a positive deviant



Key practices included prostate contouring



Engagement process started via national workshops







Discern

Discern effects via monitoring and evaluation

Disseminate

Disseminate successful interventions

1. Positive Deviance Initiative. *Basic Field Guide to the Positive Deviance Approach*. Boston, MA: Tufts University; 2010. **2.** Singhal A, Dura L. Positive deviance: a non-normative approach to health and risk messaging. *Oxford Res Encycloped Comm* 2017.



Cultures of high performance:

- A. Must
- B. Are likely to
- C. Are unlikely to
- D. Must not

involve measurement and investigation of high performance.

















Patient perspective & reflections on the event

Frank Burroughs, PPI Forum Chair, NNHLA





















Closing address

Peter Johnson, National Clinical Director for Cancer, NHSE



Thank you!

