

Impact of National Lung Cancer Audit - Feb 2020



National Lung Cancer Audit



NATIONAL

Evidence of national improvements in the quality and outcomes of care

Improved statistical reporting, additional **7,000** cases identified by the audit in 2016.

2019 PHE 2nd atlas of variation widely cites the NLCA associating the NLCA with improvements in lung cancer survival

39,205 new cases confirmed in 18(17)

More patients receiving early stage diagnosis
29% in 19(18) versus 26% in 16(15)
Fewer patients being diagnosed at late stage
49% in 19(18) 53% versus 16(15)

More patients are receiving surgery - 18.4% of NSCLC patients in 18(17) versus 16.8% in 16(15)

More patients are receiving chemotherapy - 71% of SCLC patients in 18(17) versus 69% in 16(15)

More patients are receiving SACT - 65% of NSCLC patients in 18(17) versus 62% in 17(16)

Geographical variance gradually reducing (IQR 2015 vs 2018):

- PCD: **68-77%** versus **62-76%**
- SACT: **56-64%** versus **53-66%**
- Surgery in NSCLC: **15-21%** versus **12-19%**

Data completeness continues to improve
PS recorded in 96% of patients 18(17)

SYSTEM

How the project supports policy development & management of the system

NHS England Specialist Commissioning Group considering specialist service commissioning for lung cancer, prompted by organisational audit
"Only 5% of MDTs have adequate staffing"

NICE Lung Cancer quality standards (4 new measures added in 2019 with NLCA on the consultation panel) and **NICE 2019 clinical guideline** underpinned by NLCA data

139 GIRFT site-visits underpinned by NLCA data

NHS Long term plan informed by NLCA data

CQC and Welsh government notified of NLCA identified outliers

2019 NICE Impact Report on Lung Cancer widely cites the NLCA:

- "Surgical resection has led to the improvement in 5-year survival"
- "Surgery rates in NSCLC have doubled to over 18% in 2017, exceeding the target of 17% set by the NLCA"
- "The quality of surgery has improved, leading to the lowest levels of peri-operative mortality reported internationally"

Public Health England currently developing of a *lung cancer specific* atlas of variation using NLCA data

International reach enquiries received from Australia and US, wanting to set up similar audits

LOCAL

How the project stimulates quality improvement

100% participation in the annual report.

Record levels of participation in other audits:

- 88% (2019) versus 57% (2014) organisational
- 54% (2019) versus 42% (2017) spotlight audit

Record number of publications in last 12 months - 5 audit reports published (Feb19-Jan20), 2 more to publish by Jun20 (plus 2 mesothelioma reports)

24 negative 'alarm-level' outliers identified Dec19 (16 for LCNS assessment measure)

228 MDT level benchmarked reports since Jan19

Quality improvement toolkit

Outlier support (action plans and signposting)

Increasing evidence from local services of improvements following on from outliers status and NLCA results

PUBLIC

How the project is used by the public and the demand for it

>3,000 downloads of NLCA reports available in the public domain and over **8,000 webpage visits** during 2019

> 21 academic journal and news articles cite NLCA data since January 2019

NLCA patient and carer booklet produced annually in collaboration with RCLCF

Over ~2000 twitter impressions, ~70 engagements, ~20 likes

5 conference abstracts accepted since January 2019 reaching over **4,000** national/international delegates

> 40 presentations at the BTOG 2020 annual conference in Dublin cited NLCA data

Glossary

NSCLC non-small cell lung cancer

SACT systemic anti cancer therapy

PCD pathological confirmation of disease

PS performance status

MDT multidisciplinary team

RCLCF Roy castle Lung Cancer Foundation

General notes

2019(18) formatting refers to the 2019 reporting period which analysed data for patients who were diagnosed between January and December 2018 (typical patients pathways lasting 6 months following diagnosis)

The audit has driven a focus on accurate caseload reporting and continues to identify around 500 cases (unidentified by MDTs) per year

Bath story to be published in the annual report 19(18)

NICE 2019 clinical guideline. Nearly all of the assumptions around prevalence and effectiveness in the cost utility analyses to drive recommendations use NLCA data.