



Royal College
of Physicians

National Lung
Cancer Audit

National Lung Cancer Audit annual report 2016 (for the audit period 2015)

Executive summary January 2017



The NCLA is delivered in partnership with:



Public Health
England

Welsh Lung Cancer
Special Advisory Group



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Executive summary

This report summarises the key findings from the 12th annual National Lung Cancer Audit (NLCA) for patients diagnosed with lung cancer in England, Wales, Guernsey and Scotland in 2015. The purpose of the audit is to review the quality of lung cancer care, to highlight areas for improvement and to reduce variation in practice.

The NLCA has been collecting data since 2005 and has become an exemplar of national cancer audit; it currently forms part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) commissioned by the Healthcare Quality Improvement Partnership (HQIP). NLCA data have been widely disseminated through abstracts at national and international meetings and in peer-reviewed publications. The data have also been used to underpin National Institute for Health and Care Excellence (NICE) guidelines, to inform research protocols and to guide national service developments. Most importantly, local data have been used as a driver for local service improvement projects.

In 2014, the contract for the NLCA was awarded to the Royal College of Physicians (RCP) and is delivered in partnership with a number of key stakeholders. The University of Nottingham provides the analysis for England and Wales. Clinical leadership is provided by lung cancer experts recruited through the Clinical Effectiveness and Evaluation Unit at the RCP.

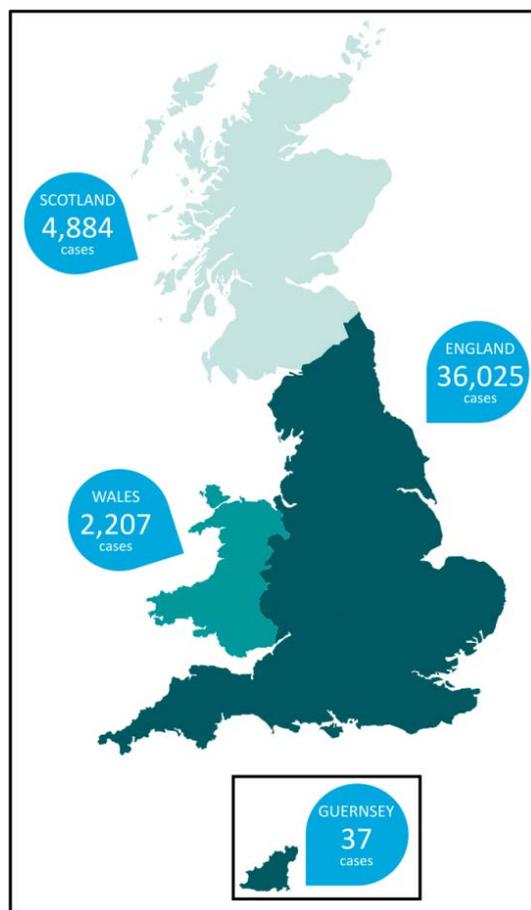


Figure 1: Number of patient records submitted to the NLCA – England, Wales, Scotland and Guernsey

The report covers patients with a diagnosis of cancer that has been classified with code C34 of the 10th edition of the World Health Organization International Classification of Disease (ICD-10). Mesothelioma has not been included nationally in this report, because a mesothelioma-specific report for England published in December 2016 (www.rcplondon.ac.uk/meso2016) was independently funded by Mesothelioma UK.

For the first time in England, the audit uses data collected and processed by the National Cancer Registration and Analysis Service (NCRAS). This replaces the previous bespoke dataset submitted by trusts through a web portal called LUCADA (Lung Cancer Audit Dataset). Alongside lung cancer multidisciplinary teams (MDTs) submitting data using the Cancer Outcomes and Services Dataset (COSD) to the NCRAS, the final dataset includes other registry and national datasets submitted by trusts, including pathology reports, Hospital Episode Statistics (HES), the National Radiotherapy Dataset (RTDS), the Systemic Anti-Cancer Therapy (SACT) dataset and death certificates. This linkage of many datasets provides the most comprehensive picture of lung cancer care to date.

The audit has always reported groups of patients based on the ‘place first seen’ in secondary care because, in the vast majority of cases, it represents the location of the MDT that coordinates the investigation and treatment of the individual patient. However, as care becomes more complex, more patients move between different organisations for their investigations and treatment. For English data, the NLCA has developed an algorithm for allocation of the patient to a single trust and data on the algorithm distribution of cases in this report are available online. For the full 2016 report, visit www.rcplondon.ac.uk/nlca2016.

In England, the new system of data collection has identified 6,000 additional cases of lung cancer in 2015, an increase of 20% from historical LUCADA records. Trusts have noted the extra cases identified in their results and some have raised concerns regarding the differences between their COSD submissions and the

final results. To help identify the additional cases found from the use of additional datasets, NCRAS is releasing patient-level data back to trusts where requested. In-depth reviews at a number of trusts generally found that the additional cases had either been missed in the COSD feed owing to IT issues, or were not referred to the lung cancer MDT. As the new system beds down, the NLCA expects to see ongoing improvement in data quality.

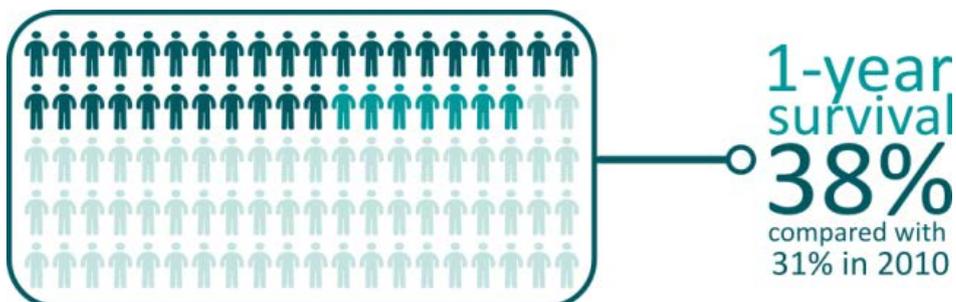
In Wales, data are collected through the Cancer Network Information System Cymru (CANISC) and a pseudo-anonymised extract of patient-level data is submitted to the NLCA. The results for Wales demonstrate high levels of completeness, with the percentages of patients discussed at MDT, and with their performance status and stage recorded at 98% or greater.

The report also includes data from Guernsey and Scotland, which are independently funded. Data for Guernsey are collected and submitted to the NLCA analysis team.

Key findings

In our last annual report (patients diagnosed in 2014), we made recommendations that lung cancer services should set out to achieve, covering data quality, process of care and treatment. We report below the overall national (England, Wales, Guernsey) performance against these measures. Scotland does not provide individual patient data and therefore is not included in this overall measurement.

- This report covers patients with lung cancer first diagnosed in 2015, and includes 36,025 patients in England, 2,207 in Wales, 37 in Guernsey and 4,884 in Scotland.
- Measures of survival show encouraging improvements, with 1-year survival measured at 38% for this cohort, compared with 31% for the 2010 audit.
- Pathological confirmation rates have risen to 72% overall (although falling short of the target of 75%), and it is very pleasing that the proportion of lung cancers that are not precisely pathologically subtyped has fallen further to 11%.
- Inclusion of other sources of data (HES, SACT and RTDS) has revealed more treatments, such that anticancer treatment was given to 60% of patients overall, meeting the previous target of 60%.
- The proportion of patients undergoing surgery has risen, reaching 16.8% in patients with non-small-cell lung cancer (NSCLC).
- There has been a significant rise to 64% in the proportion of patients with NSCLC (advanced stage and performance status 0–1) who receive chemotherapy.
- There remains wide and unacceptable variation in standards of care between organisations.



'It is very encouraging ... to note the improvement in pathological subtyping of lung cancer, the use of chemotherapy and surgery in non-small-cell lung cancer and, probably most importantly, the improvement in 1-year survival. However, there is still much work to do to ensure that all lung cancer patients receive a standard of care that is equal to the best in the country, and we implore all lung cancer units to critically review their results and work with our quality improvement team to achieve this.'

Dr Ian Woolhouse, senior clinical lead, National Lung Cancer Audit

Glossary

Anticancer treatment – treatments that have an effect on the tumour itself, not just on symptoms. In lung cancer patients, these are most often surgery, chemotherapy, radiotherapy or a combination

Pathological confirmation – a diagnosis of cancer based on pathological examination of a tissue or fluid, as opposed to a diagnosis based on clinical assessment or non-pathological investigation (eg CT scan)

Performance status – a systematic method of recording the ability of an individual to undertake the tasks of normal daily life compared with that of a healthy person

The Royal College of Physicians

The Royal College of Physicians (RCP) plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing more than 32,000 fellows and members worldwide, we advise and work with government, patients, allied healthcare professionals and the public to improve health and healthcare.

The Clinical Effectiveness and Evaluation Unit (CEEU) of the RCP delivers projects that aim to improve healthcare in line with the best evidence for clinical practice: guideline development, national comparative clinical audit, the measurement of clinical and patient outcomes, and change management. All of our work is carried out in collaboration with relevant specialist societies, patient groups and NHS bodies.

Healthcare Quality Improvement Partnership

The National Lung Cancer Audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit (NCA) Programme. HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP holds the contract to manage and develop the NCA Programme, comprising more than 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual audits, also funded by the Health Department of the Scottish Government, DHSSPS Northern Ireland and the Channel Islands.

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