

National Oesophago-Gastric Cancer Audit

Quality Improvement Plan

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Introduction

The National Oesophago-Gastric Cancer Audit (NOGCA) was established to evaluate the quality of care received by patients diagnosed with oesophago-gastric (OG) cancer or high grade dysplasia of the oesophagus, and identify where OG cancer services in England and Wales can improve the care delivered to patients.

The Audit is designed to evaluate the pathway of care from diagnosis to the end of a patient's primary treatments. Its specific objectives are to examine:

1. The quality and timeliness of the diagnosis and clinical (pre-treatment) staging process
2. Whether decisions about planned curative or palliative treatments are supported by the necessary clinical data (staging, patient fitness, etc)
3. The appropriate use of curative modalities including combinations of surgery, chemotherapy and radiotherapy
4. The use of oncological and endoscopic/radiological palliative treatments
5. Outcomes of care for patients on curative and palliative care pathways.

Each year, the Audit produces a number of outputs aimed at stimulating quality improvement (QI). Foremost among these is the Annual Report that contains a series of recommendations for NHS OG cancer units and other stakeholders. The most recent NOGCA report can be found on the audit's website: www.nogca.org.uk

The National Oesophago-Gastric Cancer Audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies: www.hqip.org.uk

Improvement goals

Recommendations on the delivery of high-quality care by OG cancer services have been published by NICE in its guideline on the management of oesophageal and gastric cancerⁱ and by professional medical associationsⁱⁱ. Service development is also informed by the strategies published by NHS Englandⁱⁱⁱ and NHS Wales^{iv}.

Recent NOGCA Annual Reports have revealed various improvements in the quality of care delivered to patients with OG cancer, including significant improvements in patients' survival after curative surgery over the last 10 years.

Areas of concern highlighted in the most recent Annual Report include:

- Variation in audit participation and data quality across NHS organisations.
- Variation in the use of PET-CT for staging oesophageal cancer among patients with planned curative treatment.
- Long waiting times through care pathways after referral and diagnosis to the start of treatment.
- Whilst the use of enhanced recovery after surgery (ERAS) protocols following surgery for OG cancer is increasing, there is regional variation in the adoption of these protocols.

- Regional variation in surgical pathology indicators, specifically positive resection margin rates and number of lymph nodes examined.
- Inconsistent approaches to the use of systemic therapy regimens (doublet or triplet regimens) especially in older patients with advanced OG cancer.
- Regional variation in the use of evidence-based regimens for palliative radiotherapy and use of modified regimens.

National improvement goals and targets

Audit participation

1. Increase the proportion of NHS organisations that achieve $\geq 85\%$ case ascertainment for OG cancer
2. Increase the proportion of NHS organisations that submit clinical stage data for $\geq 80\%$ of patients

Diagnosis and clinical staging

3. Reduce regional variation in the rates of emergency diagnosis of OG cancer
4. Among patients with a curative treatment plan for oesophageal cancer, increase the proportion who have a PET-CT scan for clinical staging

Time to treatment

5. Increase the proportion of NHS organisations at which 75% of patients have a wait from urgent GP referral to initial treatment that is less than 62 days

Surgical management

6. Increase the use of enhanced recovery after surgery (ERAS) protocols among patients undergoing curative surgery for OG cancer
7. Increase the proportion of patients who have the recommended minimum number of lymph nodes examined
8. Increase the proportion of patients who have negative surgical resection margins

Oncological management

9. Reduce regional variation in the use of evidence-based regimens for palliative chemotherapy and radiotherapy

These goals provide set of high-level objectives. Alongside these, the NOGCA will continue to highlight, and make recommendations on, issues that are identified during the audit cycles.

Figure 1: NOGCA QI Programme: goals and drivers

Patient pathway	QI objective	Relevant metrics	Local activities
Audit participation	Increase the proportion of NHS organisations that achieve ≥85% case ascertainment	% case ascertainment rate	Regularly review MDT lists against submissions to NOGCA to ensure all eligible patients have been included
	Increase the proportion of NHS organisations that submit clinical stage data for ≥80% of patients	% patients with complete clinical stage data	Examine performance using local figures in NOGCA annual reports
			Review data collection practices for NOGCA and develop plans to improve if required
			Monitor submissions and data quality using NOGCA quarterly reports and CAP online reports
Diagnosis and clinical staging	Reduce regional variation in the rates of emergency diagnosis of OG cancer	% patients diagnosed with OG cancer after an emergency admission (adjusted)	Examine performance using local figures in NOGCA annual reports
			Review local referral pathways and investigate opportunities for improving earlier detection
	Among patients with a curative treatment plan for oesophageal cancer, increase the proportion who have a PET-CT scan for clinical staging	% patients with oesophageal cancer and a plan for curative treatment who have a record of PET-CT scan for staging	Review data on staging investigations submitted to NOGCA
			Monitor use of PET-CT and data quality using NOGCA quarterly reports and CAP online reports
Time to treatment	Increase the proportion of NHS organisations at which at least 75% of patients have a wait from urgent GP referral to initial treatment that is less than 62 days	<ul style="list-style-type: none"> Median time and interquartile range (IQR) from urgent GP referral to start of curative treatment Median time and IQR from urgent GP referral to start of non-curative treatment % patients who start treatment with 62 days of urgent referral 	Benchmark waiting times using local figures in NOGCA annual reports
			Use national monthly waiting time reports to monitor waiting times
Surgical management	Increase the use of enhanced recovery after surgery (ERAS) protocols among patients undergoing curative surgery for OG cancer	% surgical patients on an ERAS pathway	Review surgical pathways and consider how an ERAS approach may be adopted more widely
			Examine performance using local figures in NOGCA annual reports
	Increase the proportion of patients who have the recommended minimum number of lymph nodes examined	% patients with 15+ lymph nodes examined	Review the way surgical specimens are prepared for histological assessment and work towards standardised approaches where necessary
	Increase the proportion of patients who have negative surgical resection margins	% patients with negative surgical resection margins	Review surgical practice and develop plans to improve if required
Oncological management	Reduce regional variation in the use of evidence-based regimens for palliative chemotherapy and radiotherapy	<ul style="list-style-type: none"> Among all patients who are prescribed palliative chemotherapy, % who receive a triplet regimen % patients who are prescribed evidence-based palliative radiotherapy regimens 	Examine performance using local figures in NOGCA annual reports
			Review use of non-evidence based regimens for palliative chemotherapy and radiotherapy, and reasons for low use of these regimens if required
			Ensure accurate data on chemotherapy / radiotherapy are submitted to National Cancer Registration and Analysis Service

Improvement methods

This section focuses on the activities that NOGCA undertakes to support organisations at the national, regional and local levels to undertake quality improvement.

The Audit undertakes work:

- On methodological development, to ensure that performance indicators used by the Audit are clinically relevant and methodologically robust. We also undertake work to strengthen our analytical approaches (to handling missing and erroneous data, data linkage errors, differences in case mix), and to detect units with outlying performance.
- To better understand the determinants of variation in the treatment of patients with OG cancer and the outcomes they experience.

This work strengthens the confidence that stakeholders have in the Audit's outputs and thereby enhances the Audit's potential to stimulate benchmarking and QI.

a. National / Regional levels

The NOGCA undertakes various activities that directly support national stakeholders and regional NHS organisations to tackle system-wide aspects related to the delivery of quality OG cancer services. These include:

Stakeholder	NOGCA activity
<i>NATIONAL LEVEL</i>	
NHS England / Welsh Cancer Network	Identify issues and make recommendations, on the organisation and delivery of OG cancer services which might involve large-scale investment, national leadership or service reorganisation.
Care Quality Commission	Provide CQC with information to support local inspections of NHS trusts and highlighting areas of concern identified after an organisation is flagged as a potential outlier on an NOGCA indicator.
Professional societies	Identify issues and make recommendations regarding the delivery of OG cancer services that fall within the remit of the professional associations.
<i>REGIONAL LEVEL</i>	
Cancer Networks / Alliances / Vanguard	Support the monitoring role of Welsh Cancer Networks and the English Cancer Alliances / Vanguard by publishing results for their region/area.

c. Local level

The NOGCA supports local NHS cancer services in the provision of quality care to OG cancer patients in the following ways:

Feedback activity	Description
Annual Report	State of the Nation report that enables NHS organisations to benchmark themselves against clinical guideline recommendations and the performance of their peers.
Local Action Plan template	Template that allows NHS organisations to document how they will respond to the Annual Report recommendations.
Slide sets summarising Annual Report results	A slide set that allows NHS organisations to insert their own figures and present their results at local staff meetings.
Organisational Data Viewer	Presents results for individual NHS organisations using information from the Annual Report data tables that allows the user to compare the results of selected providers.
Composite indicator	Summarises the performance of OG cancer specialist centres across a range of indicators published in the Annual Report.
Interactive online result pages	Webpages that present organisational level information on the performance of the provider for different aspects of the care pathway.
Quarterly reports	A report that describes patterns of care on a quarterly basis over a three year period.
Data downloads	Organisations can download their submitted data from the Audit IT system for their own internal analysis.
Short reports	These enable a detailed evaluation of a specific topic in more depth than is possible within the Annual Report.

Improvement tools

The NOGCA website includes links to the quality improvement pages on the Royal College of Surgeons website, and other web-based materials and QI tools. These include:

- Introduction to quality improvement published by the Health Foundation
- Help of how to put clinical guidance into practice published by NICE
- Guides to service improvement published by NHS Improvement
- Descriptions of QI tools produced by the Institute for Healthcare Improvement that covers
 - Cause and Effect Diagram, Driver Diagrams
 - Run Charts and Control Charts
 - Plan-Do-Study-Act process to improvement
- Links to other providers' QI resources, such as HQIP and East London Foundation Trust
- QI case studies on OG cancer.

Improvement activities

The NOGCA will seek to develop closer links with Cancer Alliances and Vanguards and work with them on how to:

- Support local OG cancer services to develop local improvement plans

- Share examples of good practice
- Develop the methods of feedback used by NOGCA.

Patient and public involvement

Patient representatives will be regularly consulted on the design of the audit and the communication of its results. Members of relevant patient organisations sit on an Audit Patient Panel, and also act as patient representatives on the Clinical Reference Group to advise on audit priorities, the content and presentation of the Annual report. They provide:

- Advice on the design / function of its website to ensure that patients and the public can easily search for a NHS provider / surgeon and see their results,
- Contribute to the design / content of the NOGCA report for public and patients
- Disseminate and publicise NOGCA and its outputs via their organisations.

Dissemination of results and communications

NOGCA communicates regularly with stakeholders, providers, patients and the public in several ways, including:

- Regular distribution of newsletters
- Contribution of items for newsletters created by medical associations, patient associations
- Presentation of audit results at national conferences
- Publication of articles in medical journals and other media.

Evaluation

The Audit will review the impact of its quality improvement plan during the bi-annual meetings of the Audit's Clinical Reference Group. Results of this evaluation will also be reported to the Audit's Project Board.

ⁱ National Institute for Health and Care Excellence. Oesophago-gastric cancer: assessment and management in adults (NICE guideline NG83). 2017. www.nice.org.uk/guidance/ng83.

ⁱⁱ Allum WH, Blazeby JM, Griffin SM, Cunningham D, et al. Guidelines for the management of oesophageal and gastric cancer. Gut. 2011; 60(11): 1449-72

ⁱⁱⁱ NHS England. Cancer Strategy Implementation Plan. <https://www.england.nhs.uk/cancer/strategy/>

^{iv} NHS Wales. 1000 lives. <http://www.1000livesplus.wales.nhs.uk/home>