Royal College of Physicians | National Lung Cancer Audit

National Lung Cancer Audit (NLCA) Organisational Audit 2017: Help notes

This document provides an outline of the aims and the timeline for the organisational audit, as well as specific guidance to help you answer the survey questions.

1. Introduction

The data from this audit will guide policy and recommendations on the minimum requirements that make a safe and effective lung cancer service. Participation in this audit will allow you to highlight areas of good practice and identify issues with access to resources and staffing that may have an impact on local patient outcomes.

The first NLCA organisational audit was performed in 2014 and demonstrated significant variation in service provision and workload of lung cancer specialists. The following recommendations were made:

1. Maximum of 30 patients discussed per MDT meeting.
2. Diagnostic and non-cancer cases discussed at a separate MDT meeting.
3. Lung CNS's workload should not exceed 80 new cases per whole time equivalent per year.
4. All lung cancer MDTs should have access to all diagnostic tests and prompt thoracic radiology and pathology input.
5. All treatment modalities, including VAT lobectomy and stereotactic radiotherapy, should be available to all patients.
6. All trusts should participate in the next round of the national lung cancer organisational audit.

2. Aims

Building on the previous audit, the NLCA's 2017 organisational audit aims to:

1. Provide information for benchmarking best practice nationally
2. Highlight differences in the provision of lung cancer diagnostic services, treatment modalities and lung cancer specialists.
3. To measure the extent to which the recommendations made in 2014 have been met
4. To investigate the relationship with clinical outcomes

3. The 2017 audit tool

The organisational audit data will be collected via an online survey made available by the NLCA team during the data collection period.

4. Survey completion period: 5-30 June 2017

Sites that have registered must complete and submit the survey by the 30 June deadline. A checking week will take place between 3 July - 7 July and we may contact sites during this time for clarification on the data provided. After this time it will not be possible to change any answers

5. Auditors

The survey should be completed by a member of the lung cancer team that has access to the relevant information. This would usually be a clinical manager or a senior member of the clinical team. **The information provided should reflect the organisation of the service in June 2017**. In order to ensure consistency of results the person/s completing the survey must have access to this Help Booklet. Each site will have a designated lead clinician who will have overall responsibility with the audit department for the data quality from their trust/healthboard.

6. Data analysis and reporting

Data analysis will be carried out in July by the NLCA team and the department of epidemiology at the University of Nottingham. The data from the survey will be linked to 2015 NLCA clinical data. A report will be sent to all participating trusts by the end of 2017.

7. For further information/queries

Please send queries to the NLCA team at NLCA@rcplondon.ac.uk. If you would like to speak directly to a member of the team, please email the NLCA team and we will arrange a suitable time to call you back.

8. Guidance on completing the survey

BASIC INFORMATION

Question No	Data Item	Data Definition	Audit Help Notes
1	Please enter the name of your Trust/Health board	**Hospital**: An organisation providing secondary healthcare services in England/Wales. A hospital trust may be made up of one or several hospitals within a region. **If you are in England**: we will be asking about services that relate to your specific trust **If you are in Wales**: we will be asking about services that relate to your specific hospital	This data may be prefilled but remains editable should you need to amend it. In this question we are asking about your acute hospital/s that gets referred directly patients with a suspicion of lung cancer.
2	Please enter your trust/health board code		This data may be prefilled but remains editable should you need to amend it. Your 3 digit organisation code is as listed in the NLCA annual report.
3	Please provide us with the following details about the **lung cancer lead**	**Lung cancer lead**: The professional in your hospital taking overall responsibility for the services provided to lung cancer patients. This person will have overall responsibility with the audit department for the data quality from your hospital. This person will 'sign off' the responses to this audit.	We need this in case we need to check/clarify your answers.

MULTI-DISAPLINARY MEETINGS

Question No	Data Item	Data Definition	Audit Help Notes
4	Do you have separate diagnostic and treatment MDT meetings?	**MDT**: 'multidisciplinary team'-a group of healthcare professionals working in a coordinated manner for patient care. **Diagnostic MDT Meeting**: Meeting where the patients' diagnostic work up is planned. Non cancer cases may be discussed at this meeting. Typically attended by a MDT co-ordinator, chest physician and thoracic radiologist. **Treatment MDT Meeting**: Meeting where the patients' management is discussed. Only patients with a suspicion of lung cancer are discussed at this meeting. Must have the following core members in attendance throughout the meeting: MDT co-ordinator, lung cancer physician, thoracic radiologist, thoracic pathologist, lung cancer clinical nurse specialist, lung cancer medical oncologist (chemotherapy), lung cancer clinical oncologist (radiotherapy) and a thoracic surgeon.	Please select 'Yes' or 'No'. If you do not have the specified core member representation throughout your MDT meeting- please comment on this at the end of the survey in the 'additional comments' section. From now onwards the 'Treatment MDT' will be referred to as the 'Full MDT'.
5	How often are your full MDT meetings?	Full MDT= Treatment MDT	Please select from drop down box.
6	On average, how many patients are discussed at your full MDT meeting/s per week?	The number should reflect the average number of cases per week discussed at your full MDT in June 2017.	Please select one appropriate option.

		If you have more than one full MDT per week-please state the average number of patients discussed in a week during these meetings.	
7	What is the time allocated for your full MDT meeting/s?	We are asking for the time that is allocated for all core members to be in attendance at the meeting. If you have more than one MDT per week please state the total time allocated in a week.	Please select the appropriate option.

SERVICE PROVISION

Question No	Data Item	Data Definition	Audit Help Notes
8	Please provide us with the following information relating to staff who are involved in the management of lung cancer patients at your Trust. It is very important that accurate information is submitted, therefore please verify the number (of whole time equivalents) with the appropriate departments. (a) Lung cancer clinical nurse specialist (b) Lung cancer physician (c) Lung cancer medical oncologist (chemotherapy) (d) Lung cancer clinical oncologist (radiotherapy) (e) Thoracic surgeon (f) Thoracic radiologist	This question refers to staff directly involved in the management of lung cancer patients at your hospital in June 2017. **Whole time equivalent (WTE)**: An WTE of 1.0 means that the person is equivalent to a full-time worker, while an WTE of 0.5 signals that the worker is half-time or half of their full time work is dedicated to lung cancer/thoracic work. For example a medical oncologist may work full time but has 3 sessions dedicated to lung cancer per week. Assuming a 10 session week-the number quoted should be 0.3. **Lung cancer clinical nurse specialist**:	Please verify the number (of whole time equivalents) with the appropriate departments. Enter a number 0- 9999. WTE can be up to 4 decimal points, e.g. 0.1 If there is not a professional in that role-please enter '0'. If entering '0', kindly provide us with some more information in the additional comments section at the end of the survey. For example if '0' is entered in answer to 8b

	(g) Research Nurse	A nurse specialising in the care of people diagnosed with lung cancer (and mesothelioma). **Lung cancer physician**: A consultant physician with specialist skills in diagnosing and managing lung cancer (>50% of their job plan should be dedicated to lung cancer work which may include clinics, bronchoscopies, MDT's and administration time) **Lung cancer medical oncologist**: Oncologist with specialist skills in providing chemotherapy to lung cancer patients. **Lung cancer clinical oncologist**: Oncologist with specialist skills in providing radiotherapy and chemotherapy to lung cancer patients. **Thoracic surgeon**: A consultant thoracic surgeon who has performed at least one lung cancer resection in the last 12 months. **Thoracic radiologist:** A consultant radiologist with specialist skills in thoracic imaging. **Research nurse**: A registered nurse who is involved with the delivery of lung cancer clinical trials and studies.	(lung cancer physician): Is this because the professional in post has a job plan does not have >50% dedicated to lung cancer work?

DIAGNOSTIC AND STAGING SERVICES

Question No	Data Item	Data Definition	Audit Help Notes
9	Please provide the following information relating to diagnostic and staging modalities available to your lung cancer patients. a. EBUS b. Local anaesthetic thoracoscopy c. Video assisted thoracoscopy d. PET e. Cardiopulmonary exercise testing f. EGFR mutation testing g. ALK mutation testing h. PDL1 testing	This question refers to services available to your lung cancer patients at your trust in June 2017.	Please select from the following options from the drop down list: **On site**: This service is provided for your lung cancer patients at your trust/healthboard. **Off site**: Access to this service is provided for your lung cancer patients via an established referral pathway to another trust/healthboard. **Not available**: There is not a provision for access to this service for your lung cancer patients at your trust/healthboard or via an established referral pathway.

LUNG CANCER TREATMENT

Question No	Data Item	Data Definition	Audit Help Notes
10	Please provide us with the following information relating to treatment modalities available to your lung cancer patients. a. Biological therapy e.g. TKIs b. Immunotherapy e.g. PDL1 inhibitor c. Stereotacic radiotherapy d. Thoracic surgery e. VAT lobectomy f. Pulmonary rehabilitation g. Smoking cessation	This question refers to treatments available to your lung cancer patients at your trust in June 2017. **Biological therapy:** Therapies targeting specific cell mutations. E.g. Tyrosine kinase inhibitors. **Stereotactic radiotherapy:** External radiation that precisely delivers a high irradiation dose to a target. **VAT lobectomy (Video assisted thoracoscopy) lobectomy:** Removal of a lobe of the lung via a VAT procedure. **Immunotherapy**: treatment inhibiting PDL1 pathway	Please select from the following options from the drop down list: **On site**: This treatment is provided for your lung cancer patients at your trust/healthboard. **Off site**: Access to this treatment is provided for your lung cancer patients via an established referral pathway to another trust/healthboard. **Not available**: There is not a provision for access to this treatment for your lung cancer patients at your trust/healthboard or via an established referral pathway.

FOR TRUSTS PROVDING THORACIC SURGERY ON SITE

Question No	Data Item	Data Definition	Audit Help Notes
11	How many WTE thoracic surgeons do you have?	This question refers to services available to your lung cancer patients at your trust in June 2017. We are asking how many thoracic surgery theatre sessions there are at your trust. **Whole time equivalent (WTE)**: An WTE of 1.0 means that the person is equivalent to a full-time worker, while an WTE of 0.5 signals that the worker is half-time or half of their full time work is dedicated to thoracic work. **Thoracic surgeon**: A consultant thoracic surgeon who has performed at least one lung cancer resection in the last 12 months. **Surgical theatre session**: A scheduled period of operating theatre time allocated to a consultant thoracic surgeon. 1 session is half a day. **Thoracic high dependency bed**: A level 2 bed staffed with a minimum of one nurse to two patients. The bed is specifically allocated to cardiothoracic patients.	Please verify the number (of whole time equivalents) with the with your theatre co-ordinator to clarify local arrangements. Enter a number 0-9999. If entering '0' kindly provide us with some more information in the additional comments section at the end of the survey.
12	How many thoracic surgery theatre sessions are there per week?		
13	How many thoracic high dependency beds do you have?		

DO YOU HAVE ANYTHING ELSE YOU WOULD LIKE TO ADD?

Question No	Data Item	Data Definition	Audit Help Notes
14	Please use this space to provide any additional comments you may have?		Please use this space to make any additional comments or to clarify your answers further. We would specifically like to know: 1. Staff members involved in the completion of this survey 2. Was the survey answers discussed at the MDT meeting? 3. Are there any vacancies in posts for members of your MDT? 4. Are all the core MDT members present throughout the full MDT meeting? If not- please provide details. 5. What research activity is there at your trust?