



Data improvement work for the National Lung Cancer Audit

Lessons learnt

Background

The National Lung Cancer Audit (NLCA) has recently published its 2016 annual report on the care provided for patients who received a lung cancer diagnosis in 2015. For the first time in England, the audit used data that were collected and processed by the National Cancer Registration and Analysis Services (NCRAS). Alongside the Cancer Outcomes and Services Dataset (COSD), the NCRAS uses many other data sources to identify lung cancer patients. The new process identified 6,000 additional cases compared with previous audit reports that used the Lung Cancer Audit Data Set (LUCADA) data submitted by trusts.

Trust concerns about the 2016 annual report

- Some patients were on the trust's cancer management system but were allocated to another trust.
- Some patients were not on the trust's cancer management system but were allocated to the trust.
- The patient allocation affected the quality conformance targets (for example performance status, cancer nurse specialist (CNS) present at diagnosis and multidisciplinary team (MDT) discussion indicator).

Why did these concerns arise?

- 1 Incorrect and incomplete submissions of data on 'place first seen' have caused difficulties when allocating patients to the correct trust. Due to the complex pathways of patients who are moving between different organisations for their investigations and treatment, there are many data sources for the same patients from different trusts. The NLCA has developed an algorithm to allocate patients to a single trust. However, incorrect and incomplete data submissions meant that some cases were allocated to the incorrect trusts.
- 2 Additional cases were found and allocated to trusts. The NCRAS uses many data sources to identify lung cancer patients, such as the COSD, Patient Administration System (PAS) feeds, pathology reports, Hospital Episode Statistics (HES), the Systemic Anti-Cancer Therapy (SACT) dataset, the National Radiotherapy Dataset (RTDS), radiological remote access and death certificates.
- 3 The NCRAS uses international guidance for registration. While the registry's 'date of diagnosis' has complex guidelines, the COSD uses a simpler definition. This has caused some patients to be distributed into other audit years. Please note that patients will not have been missed out of the audit, but they will instead be represented in next year's report (the 2017 report for 2016 patients).
- 4 For a very small number of cases, they were registered as being a lung cancer case due to the evidence that was provided by trusts (PAS coding of C34 and imaging diagnosis), but



they were then subsequently (after investigation by the trust) found to be incorrect and recorded as cases of another diagnosis such as 'Unknown primary'.

What improvement processes can be implemented?

- 1 Give the NCRAS remote access to the trusts' cancer management systems.** Please contact your local data liaison manager to arrange this.
 - Gaining remote access will enable the NCRAS team to understand the outcomes of the MDTs and why the cancer or non-cancer diagnosis has been made.
 - If a diagnosis has been changed from an invasive cancer to another tumour type or a non-cancer diagnosis, this should be identified to the NCRAS because *the NCRAS does not receive the non-cancer information.*

- 2 Conduct monthly validation with PAS coding.** This will resolve two issues:
 - identifying lung cancer patients who had an admission but who were not seen by the lung team or discussed at the MDT
 - identifying patients who have incorrectly been coded as having lung cancer (please note that, for these cases, trusts must inform their local NCRAS office directly).

Note: For cases that are 'inpatient' only, please ensure that the COSD is completed – these patients are likely to be emergency admissions with late stage lung cancer who go straight onto an end-of-life care pathway.

- 3 Cross-check palliative care treatment patients.** Identify any lung cancer patients who are receiving palliative care treatment (a first or subsequent treatment). This process will:
 - identify patients who go straight onto an end-of-life care pathway and who may therefore bypass the lung cancer team
 - identify additional cancer waiting time (CWT) subsequent treatment that may be missed from the cancer management system.

Note: Ensure that the COSD is completed.

- 4 Validate non-CWT suspected cancers.** Run validation reports in the cancer management system in order to check cases that remain suspected cancer.

Note: If a patient is not a CWT target patient and is entered onto the cancer management system (for example MDT) and no diagnosis is entered, this case will not get reported to the NCRAS. For Somerset Cancer Register users, there is a report that can be used for this – it is called a 'suspected cancers' report.

- 5 Conduct validation checks.** Prior to submitting the COSD data, ensure that the 'Trust first seen' and 'Date first seen' entries are both complete and correct. This can be done as part of existing local clinical validation of submissions.
- 6 Generate a report from the radiological system** to highlight suspected lung cancer cases. Most radiology systems are unable to code cancer cases. However, some trusts have developed a coding system that identifies 'suspected/suspicious cancer' alerts within the text of the report. This has been achieved by added the following coding to the end of the text report: CCCC or XXXX.



- 7 Cross-check pathology reports for all confirmed cancers.** Generate a monthly report that identifies the confirmed cancers (excisions and biopsies) and cross-validate those cases against the cases on the cancer management system.

- 8 Important note** – if there is a change to the diagnosis from cancer to no cancer, alert your local NCRAS office directly because this information will not be submitted to them in the monthly COSD submission.

Who is your local data liaison contact?

When you send patient identifiable information to your local NCRAS office, please ensure that you send the data from an 'nhs.net' email address to an 'nhs.net' email address, and that you follow the necessary information governance (IG) guidance. Contacts for the NCRAS offices are listed below.

Northern and Yorkshire	Laura Prenton	dmp.nycris@nhs.net
East Midlands and North West	Emily Griffiths	phe.cosd-batch@nhs.net
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