



The Scottish
Government

CEL 06 (2012)

March 2012

Dear Colleague

National Cancer Quality Programme

Background

1. NHSScotland aims to deliver the highest quality of healthcare services to people in Scotland. The Quality Strategy, with its overarching ambitions of safe, effective and person centred care further strengthened the commitment made in Better Cancer Care (2008) to “develop a work programme which will define how we will take forward the six quality indicators for cancer services”.
2. The Scottish Cancer Taskforce has established a National Cancer Quality Steering Group with responsibility for:
 - the development and implementation of small sets of tumour specific and generic national quality performance indicators (QPIs)
 - overseeing the implementation of the national governance framework that underpins the reporting of performance against national QPIs and
 - ensuring sustainability of this work programme.

Aim

3. The overarching aim of the cancer quality work programme is to ensure that activity at NHS Board level is focussed on those areas that are most important in terms of improving survival and patient experience whilst reducing variance and ensuring safe, effective and person centred cancer care.

Purpose

4. The purpose of this Chief Executives Letter (CEL) is:
 - to provide a detailed background and rationale for the work programme in terms of quality assurance and quality improvement (Annex A)
 - to detail the national, regional and NHS Board roles and responsibilities in relation to governance and scrutiny of the programme (Annex B and C)
 - to alert NHS Boards that the first two sets of tumour specific QPIs for renal and breast cancer, accompanying datasets and measurability criteria have been published to enable data collection to commence for patients diagnosed from 1st January 2012.

Addresses

For action

Chief Executives
Nurse Directors
Medical Directors

For information

Chief Operating Officers
Regional Cancer Network
Managers
Regional Cancer Clinical
Leads
Scottish Cancer Taskforce
National Cancer Quality
Steering Group
NHS Board Governance
Leads

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- to advise NHS Boards that all future cancer QPIs will be published on the Healthcare Improvement Scotland website
- to inform NHS Boards that the accompanying datasets and measurability criteria for QPIs will be published on the Information Services Division website.

National Cancer Quality Performance Indicators

5. National cancer QPIs are proxy measures of quality care. Small sets (approximately 10-15 per cancer type) of tumour specific outcome focussed indicators are being developed. These will be underpinned by core generic QPIs which will be applicable to all types of cancer. All QPIs will be based on the current evidence base. The QPIs will drive continuous quality improvement in cancer care and fit within the Quality Measurement Framework as level 3 indicators.

6. The QPIs will ensure more targeted clinical audit data collection, analysis and reporting by aligning NHS Board, regional and national processes and reducing the number of data items collected for any one cancer. It is envisaged that this reduction of data collection requirements in established audits will assist NHS Boards to meet the requirement to audit those cancers not currently reported and also specified generic QPIs.

7. The QPIs will be kept under regular review. It is anticipated they will be more responsive to changes in clinical practice and emerging evidence than previous NHS QIS standards.

Existing NHS Quality Improvement Scotland Standards

8. NHS Quality Improvement Scotland (QIS) standards currently exist for breast, colorectal, lung and ovarian cancers and management of core cancer services. These will be reviewed in light of QPI development to remove duplication and appropriate service frameworks developed to underpin service provision. This work will be initiated and taken forward by Healthcare Improvement Scotland in 2012/13.

Conclusion

9. Key to the success of this cancer quality improvement programme is a systematic and sustainable approach to implementation, performance assessment and continuous improvement of national cancer QPIs across NHSScotland.

10. Through realigning existing resource to support more targeted and focussed clinical audit, and building on the established audit processes and governance frameworks, the national QPI programme optimises the use of existing national, regional and local resources and skills to deliver a more robust and sustainable mechanism for quality improvement, thus maximising benefits for patients.

Actions:

11. NHS Boards are asked to:
- note that reporting performance against QPIs is a mandatory requirement of the national cancer quality programme
 - collect and submit validated data for analysis and reporting in line with the programme set out in Annex C
 - ensure that relevant resource is aligned to this work

- support the ongoing development and use of a single unified IT system, such as eCase, a nationally hosted electronic cancer support environment, to facilitate data collection, analysis and reporting
- work with their regional cancer networks to develop actions plans to address variance or share good practice
- approve submission of regional annual reports to ISD for collation of comparative national reports every three years
- note these national reports will be published and in the public domain by ISD as part of a rolling programme of reporting as set out in Annex B
- note the governance, scrutiny and escalation procedures as set out in Annexes B and C
- ensure that the national cancer quality work is embedded within established NHS Board governance arrangements.

Yours sincerely

Ms Jill Vickerman
Director Health and Healthcare Improvement

Dr Aileen Keel
Deputy Chief Medical Officer/Chair SCT

Annex A

National Cancer Quality Programme

1.0 Background

This annex details the national cancer quality improvement programme and the roles and responsibilities of NHS Boards, Regional Cancer Networks and other organisations within this.

National cancer QPIs are being developed to drive continuous quality improvement in cancer care. Small sets (approximately 10-15 per cancer type) of cancer specific outcome focussed, evidence based, indicators are being developed, underpinned by core generic QPIs that are applicable to all, irrespective of cancer type.

This will ensure that activity is focussed on those areas that are most important in terms of improving survival and patient experience whilst reducing variance and ensuring the most effective and efficient delivery of care. This includes, for example, QPIs relating to volume/outcome, which may require future service reconfiguration of specialist low volume surgical services, and full implementation of short stay breast surgery models, which will support reduced lengths of stay.

From the outset this programme of work has been fully aligned to the Quality strategy and to work ongoing in relation to Detect Cancer Early, Cancer Access and Better Together, thereby ensuring duplication is avoided and optimal use is made of the available resource. The national cancer quality improvement programme will see the development of QPIs for all main cancer types.

2.0 Status of Programme

2.1 Development

An ambitious work programme has been set. By March 2012 QPIs and accompanying datasets and measurability criteria, for renal, breast and prostate cancers will have been developed, with indicators for a further 6 tumour types under development. The time compressed approach utilised for development has retained strong clinical buy-in to the process and through demonstrating timely delivery has stimulated enthusiasm and interest from other cancer groups to expedite the process further where possible.

Work to develop a small set of generic QPIs is also underway. These QPIs will form part of a national library from which a rolling programme of analysis and reporting will be specified. To date inter-professional communication QPIs have been created and a group convened to develop a small set of patient experience indicators. It is envisaged that further generic QPIs will be developed, for example, chemotherapy which will be aligned to the updated CEL on safe administration of chemotherapy due to be issued in 2012.

2.2 Implementation

Ahead of finalising and implementing each set of QPIs a high level impact assessment on service provision and the feasibility of data collection will be undertaken. For some QPIs changes in data collection methodology will be required that will necessitate further review of current audit systems and processes at a local NHS Board level. Through redesign of

current processes, a more efficient use of established data collection resources and adopting a single unified IT system (such as eCase, a nationally hosted electronic cancer support environment) it is envisaged that data capture, analysis and reporting, for a greater number of cancers will be accommodated within current resource. Local NHS Board audit staff and ISD staff have been involved with the QPI development process from the outset to ensure a smooth transition to the new measures.

3.0 Quality Assurance and Continuous Quality Improvement

The ultimate aim of the programme is to develop a framework and foster a culture of continuous quality improvement, whereby real time data is reviewed regularly at an individual MDT/unit level and findings actioned to deliver continual improvements in the quality of cancer care. This will be underpinned and supported by a programme of regional and national comparative reporting and review.

NHS Boards will be required to report against QPIs as part of a mandatory, publicly reported, programme at a national level. A rolling programme of reporting is planned, with 3 national tumour specific reports published annually. National reports will include comparative reporting of performance against QPIs at Board/Multidisciplinary Team level across NHS Scotland, trend analysis and survival. This approach will help overcome existing issues relating to the reporting of small volumes in any one year.

In the intervening years tumour specific QPIs will be monitored on an annual basis through established Regional Cancer Network and local governance processes, with analysed data submitted to ISD every three years for inclusion in subsequent national reports. This approach will ensure that timely action is taken in response to any issues that may be identified through comparative reporting and systematic review.

The methodology for assessing performance against generic QPIs will differ. Consideration is currently being given to how this is best achieved through systematic sampling or targeted sprint audits. This element of the programme is still in the early stages of development, however a rolling programme of reporting of generic QPIs will be developed, whereby it is likely a small number of generic indicators will be measured, and reported nationally, each year.

4.0 Governance and Scrutiny

A national and regional governance framework to assure the quality of cancer services in NHSScotland has been developed; key roles and responsibilities within this are set out below. Appendices 2 and 3 provide an overview of these governance arrangements diagrammatically. The importance of ensuring robust local governance processes are in place is recognised and it is essential that NHS Boards ensure that cancer clinical audit is fully embedded within established processes.

4.1 National – Scottish Cancer Taskforce, Healthcare Improvement Scotland and Information Services Division

- Scottish Cancer Taskforce
 - Accountable for overall national cancer quality programme and overseeing the quality of cancer care across NHS Scotland.
 - Advising Scottish Government Health and Social Care Directorate (SGHSCD) if escalation required.

- Healthcare Improvement Scotland
 - Proportionate scrutiny of performance.
 - Support performance improvement.
 - Quality assurance: ensure robust action plans are in place and being progressed via regions/NHS Boards to address any issues identified.
- Information Services Division (ISD)
 - Publish national comparative report on tumour specific QPIs and survival for 3 tumour types per annum and specified generic QPIs as part of the rolling programme of reporting.

4.2 Regional – Regional Cancer Networks

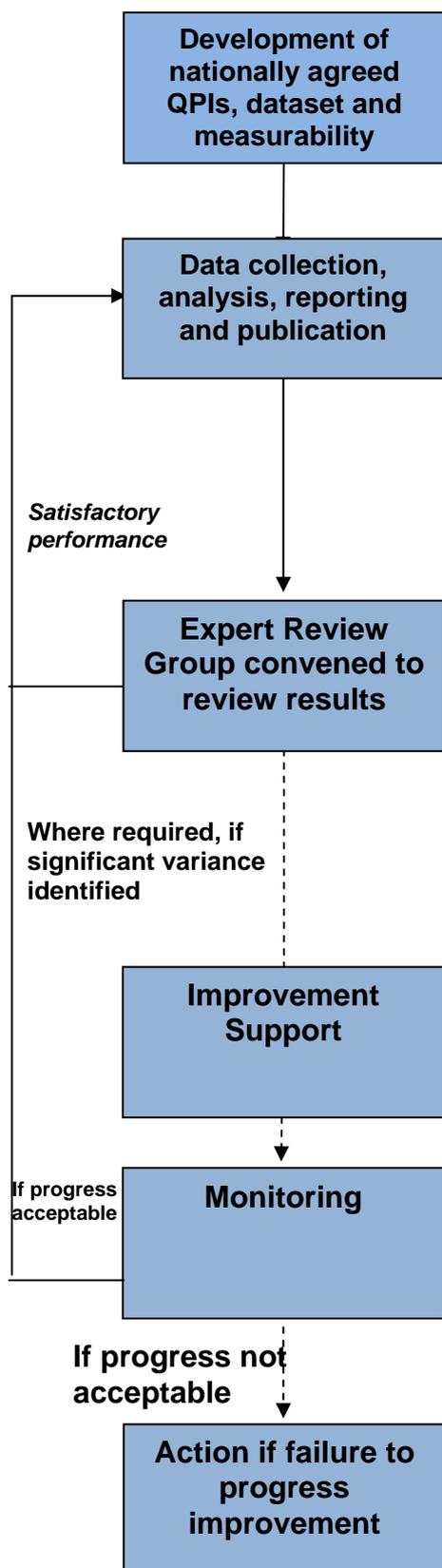
- Annual regional comparative analysis and reporting against tumour specific QPIs.
- Support national comparative reporting of specified generic QPIs.
- Identify and share good practice.
- In conjunction with constituent NHS Boards identify regional and local actions required to develop an action plan to address regional issues identified.
- Review and monitor progress against agreed actions.
- Provide assurance to NHS Board CEOs and Scottish Cancer Taskforce that any issues identified have been escalated and actioned appropriately through local governance structures.

4.3 Local – NHS Boards

- Collect and submit data for regional comparative analysis and reporting in line with agreed measurability and reporting schedule (generic and tumour specific QPIs).
- Utilise local governance structures to review performance, develop local action plans and monitor delivery.
- Demonstrate continual improvements in quality of care through on-going review, analysis and feedback of clinical audit data at an individual MDT or unit level.

Annex B – Three Yearly National Governance Process and Improvement Framework for Cancer Care

This process is underpinned by the annual regional reporting and governance framework (see annex C).



1. National QPI Development Stage

- QPIs developed by QPI development groups, which include representation from Regional Cancer Networks, Healthcare Improvement Scotland, ISD, patient representatives and the Cancer Coalition.

2. Data Analysis Stage:

- NHS Boards and RCAGs* collect data and analyse on yearly basis using nationally agreed measurability criteria and produce action plans to address areas of variance, see section 2.
- Submit yearly reports to ISD for collation and publication every 3 years.
- National comparative report approved by NHS Boards and RCAGs.
- ISD produce comparative, publicly available, national report consisting of trend analysis of 3 years data and survival analysis.

3. Expert Review Group Stage (for 3 tumour types per year):

- Expert group, hosted by Healthcare Improvement Scotland, review comparative national results.
- Write to RCAGs highlighting areas of good practice and variances.
- Where required NHS Boards requested to submit improvement plans for any outstanding unresolved issues with timescales for improvement to expert group.
- Improvement plans ratified by expert group and Scottish Cancer Taskforce.

4. Improvement Support Stage:

- Where required Healthcare Improvement Scotland provide expertise on improvement methodologies and support.

5. Monitoring Stage:

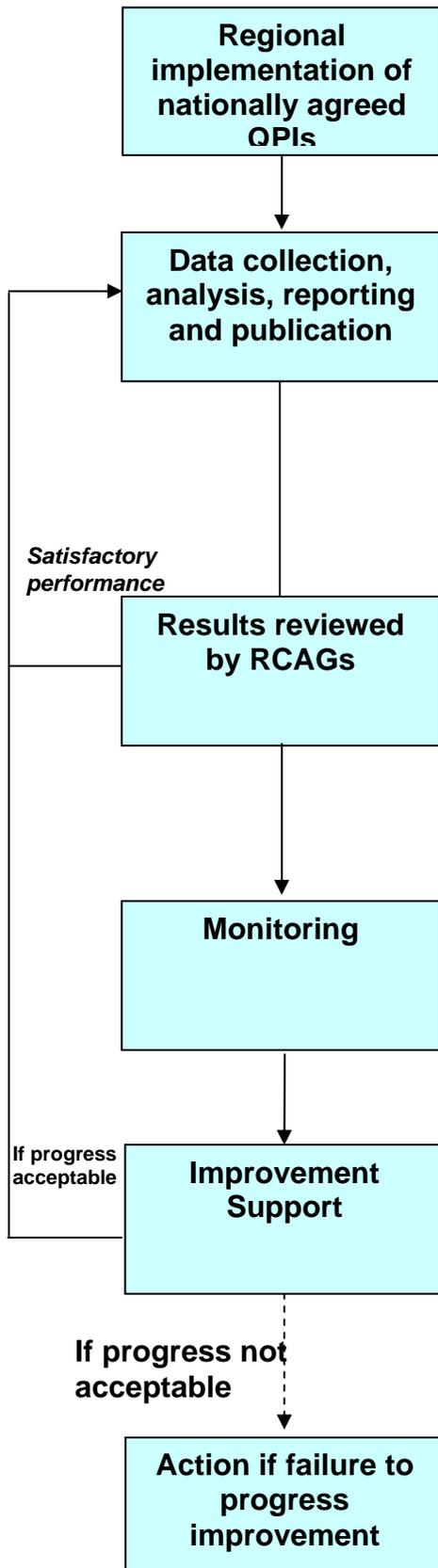
- RCAGs work with Boards to progress outstanding actions, monitor improvement plans and submit progress report to Healthcare Improvement Scotland.
- Healthcare Improvement Scotland report to Scottish Cancer Taskforce as to whether progress is acceptable.

6. Escalation Stage:

- If progress not acceptable, Healthcare Improvement Scotland will visit the service concerned and work with the RCAG and Board to address issues.
- Report submitted to SCT and escalation with a proposal to take forward to Scottish Government Health and Social Care Directorate.

*In the South and East of Scotland Cancer Network (SCAN) the Regional Cancer Planning Group is the equivalent group to RCAG.

Annex C - Regional Annual Governance Process and Improvement Framework



1. Regional QPI Implementation Stage:

- National cancer QPIs and associated national minimum core dataset and measurability specifications, developed by QPI development groups.
- Regional implementation of nationally agreed dataset to enable reporting of QPIs.

2. Data Analysis Stage:

- NHS Boards collect data and data is analysed on a yearly basis using nationally agreed measurability criteria at local/ regional level.
- Data/results validated by Boards and annual regional comparative report produced by Regional Networks.
- Areas of best practice and variance across the region highlighted.
- Yearly regional reports submitted to ISD for collation and presentation in national report every 3 years.

3. Regional Performance Review Stage:

- RCAGs* review regional comparative report.
- Regional or local NHS Board action plans to address areas of variance developed.
- Appropriate leads identified to progress each action.
- Action plans ratified by RCAGs.

4. Monitoring Stage:

- Where required, NHS Boards monitor progress with action plans and submit progress reports to RCAGs.
- RCAGs review and monitor regional improvement.

5. Improvement Support Stage:

- Where required Healthcare Improvement Scotland maybe requested to provide expertise to NHS Boards/RCAGs on improvement methodologies and support.

6. Escalation Stage:

- If progress not acceptable, RCAGs will escalate any issues to relevant Board Chief Executives. If progress remains unacceptable RCAGs will escalate any relevant issues to Healthcare Improvement Scotland.

*In the South and East of Scotland Cancer Network (SCAN) the Regional Cancer Planning Group is the equivalent group to RCAG.