

Project Evaluation for CWP in NWS

ACE Lung Pathway projects: summary document

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	TOPIC	COMMENT
	Lung Pathway	<ul style="list-style-type: none"> This project was supported from the ACE project fund to provide IT and system analysis support for the teams utilising the system.
1	Project aim	<p>It has been recognised across Greater Manchester and Cheshire (GMC) that there has been considerable variation in pathways for lung cancer patients, which has had considerable impact on patient outcomes and experience.</p> <p>What did we do:</p> <ul style="list-style-type: none"> Developed a clinical web portal (CWP) which uses web-forms into which clinicians input data on newly diagnosed lung cancer patients in real-time. This resulted in a robust, prospective data-set which is used to produce up-to-date clinical outcomes. This commenced data collection and new process began in the North-West Sector Lung MDT (Wigan, Bolton & Salford) in June 2015
2	Results	<p>What did the data from the CWP show:</p> <ul style="list-style-type: none"> First data was produced in a meeting in November 2015 which highlighted Q2 cancer performance data and other clinical outcome data for the 3 Trusts in the North West sector 2015. A subsequent data set was produced by the CWP team in June 2016 and cancer performance data in Q1 2016, was used as a comparison. Data shows inconsistencies in achieving the 62 day target and one Trust (B) was identified as underperforming against the sector in 2015. The data produced was an evidence based data set which highlighted the need for cancer performance to change within the sector at specific Trusts. The performance and trajectory of improvement was measured and evaluated through the Manchester Cancer lung pathway board. Other important parameters that were measured within the CWP data was the percentage of patients seen by respiratory physician and percentage of CT performed prior to first outpatient appointment. Data was presented below.

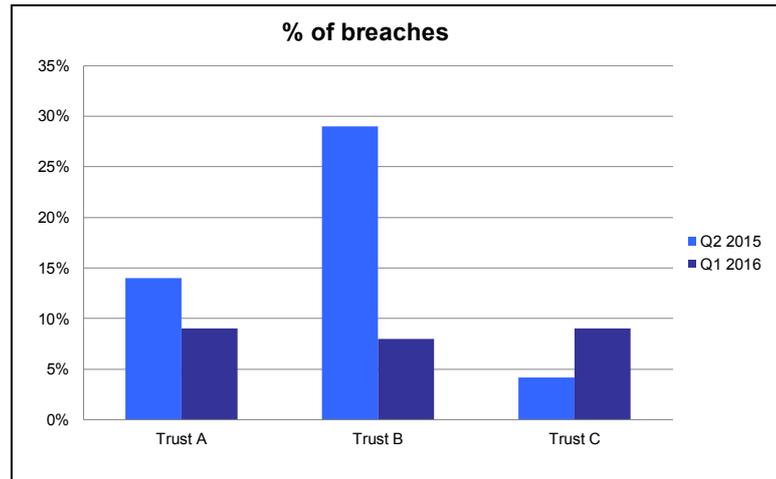


Table 1: 62 day cancer performance breach data.

What action was taken as a result of the presentation of the CWP data-cancer performance:

- Trust B did a full evaluation of the cancer pathways noting that in January 2015 30% of patients were seen within 7 days. The Trust carried out considerable work with the clinical teams (particularly respiratory services) and cancer management and external providers to improve performance. In March and April 2016 Trust B had achieved 100% of patients referred with suspected lung cancer seen for their first attendance within 7 days.
- As a result on the data produced by the CWP, Trust B has continued to strive to improve services further. The Trust bid for the development of the 'find out faster' standard in July 2016 with an improve patient experience, provide crucial thinking time for patients regarding treatment options, and ultimately support the delivery of timely and appropriate treatment.
- When the 2016 data was produced it showed a clear improvement in cancer performance for both Trust A and Trust B. Trust C did see a rise in % of breach patients, however this was due to new systems being put in place to monitor cancer performance which highlighted more breaches, this has now been rectified by June 2016

Percentage of patients receiving CT scanning prior to first OPD and percentage of patients seen by respiratory physician.

- The CWP data gave an invaluable insight into how many patients had a CT scan prior to the first 2 Week wait clinic as an indicator of well managed Cancer pathways.
- The data produced in November 2015 highlighted one Trust (B) underperformed against the sector and also the percentage of patients seen by a respiratory Physician.

- This measure was another indicator of robust cancer pathway management, to minimise delays in the pathway.

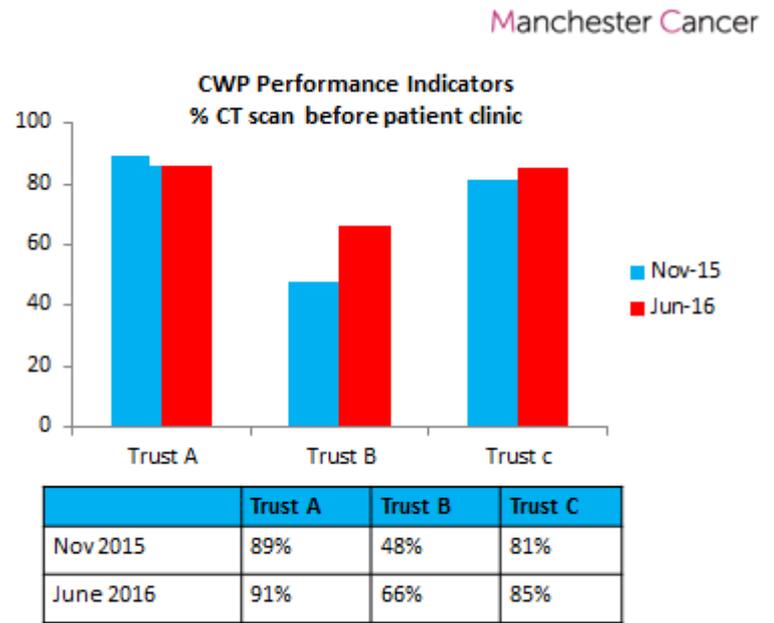


Table 2: % of patients receiving a CT scan prior to first OPD

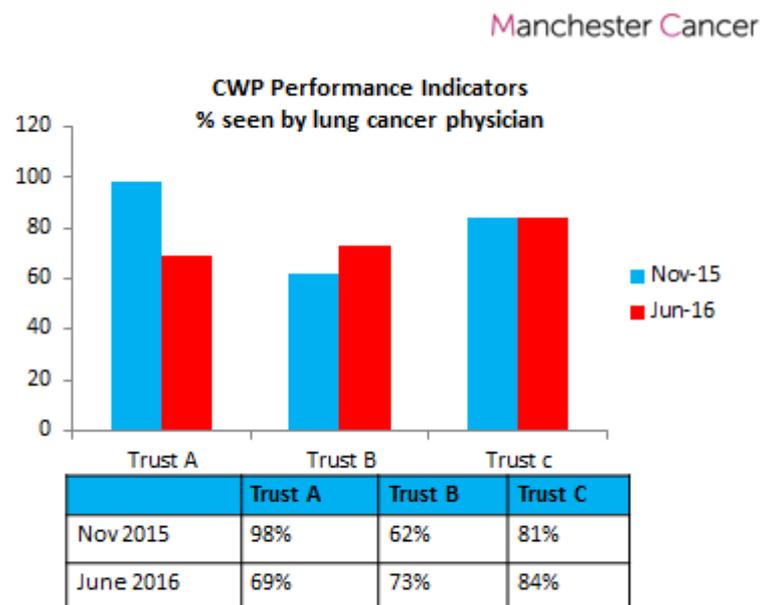


Table 3: % of patients seen by lung cancer physician

What did the Trusts do as a result of this information:

- As with the Cancer waiting times Trust B has showed a marked improvement in performance since the first data set was produced in November 2015, in line with a review of the radiology pathways and ensuring job planning review allowed for respiratory physicians to be present at first appointment, which is crucial for patients in the decision making regarding treatment options and MDT referral.
- Trust A and C were able to refer to the data produced as a KPI against the continued improvement in cancer performance. Trust A saw a drop in performance which has be reported back following the data produced to analysis the reason for this.

3 Next steps and other new findings

Next steps resulting from findings produced by the CWP data set:

- A full analysis will be carried out now on the “refer to surgery” rate at MDT. Differing rates of referral from 18% in Trust C to 31% at Trust A. The number of patients referred for surgery is considerably higher than those who subsequently went onto have surgery, suggesting that too many patients embark on a surgical pathway only to be referred back for non-surgical management (leading to delays in pathways).
- A full analysis of reasons why, and impact on delays in first definitive treatment will need to be carried out.
- This will be the next part of the pathway review now instigated by the MC lung pathway board.

Bolton	Salford	Wigan	Total	
				Further investigations
15%	15%	8%	12%	Further investigations or review and MDT discussion required
11%	15%	3%	9%	Further investigations or review required but referral to go ahead
1%	1%	1%	1%	Interval scan with further MDT discussion
3%	3%	5%	4%	Interval scan and refer back to MDT if necessary
1%	3%		1%	Referred to another MDT or specialty
				Treatment planned
24%	18%	31%	24%	Surgery (central)
15%	17%	13%	15%	External beam radiotherapy
3%	2%	5%	3%	Concurrent chemoradiotherapy
23%	11%	20%	19%	Chemotherapy
				Chemotherapy with biological therapy
1%	4%	2%	2%	SABR
				Intraluminal brachytherapy
				Biological therapy alone
1%	1%	2%	1%	Surveillance
16%	21%	14%	17%	Best supportive care
				No further oncological care
2%	1%	1%	1%	Discharge from pulmonary oncology care
				Other
6%	9%	7%	7%	Other
100%	100%	100%	100%	

Table 5: raw data on MDT outcome forms from June 2016 by Trust.

- Other areas to review are supportive care pathways and treatment option pathways (chemotherapy)

5	Our biggest challenge along the way	<p>The CWP project has had a number of very key measurable outcomes, however there has been a few operational difficulties and risks to the project:</p> <ul style="list-style-type: none"> • Robust reporting structures: currently the MC lung pathway board have requested monthly/ quarterly reports from the clinical outcomes team at the Christie. These reports have yet to be consistently produced due to the infrastructure within the clinical systems team and dedicated IT support for this project has not always been guaranteed. • There have been some inconsistencies in the data collected and regular challenge is put in to ensure the most accurate data is report by the clinical systems team. • There is currently no robust training in place for the clinical teams at the Trusts involved in the pilot, so training and support for new team members is inconsistent. • There is some double data entry at the Trusts involved and all patients need to be registered on the Christie system. • The risk to this system is it transferability to other centres and disease groups and has the system been set up without the appropriate rigor? to ensure long term use of the system will be deemed viable. • The clinical teams at the Trusts using the CWP for lung have invested considerable time to complete the forms and data required. If we do not have a robust reporting structure in place this may affect the credibility of the project and its long term roll out plan. • Funding the project long term will require considerable investment from the clinical systems team to ensure its longevity.
6	User involvement view point	<p>We have a number of patients affected by cancer on the MC lung pathway board. They patients are kept informed of progress and are delighted that the data produced has improved cancer waiting times and diagnostic timelines. This work will be reviewed by a new support group set in due to a reconfiguration of the MC lung pathway board in October 2016.</p>
7	Conclusion	<p>The CWP project is a considerable key development in the lung cancer pathway board for Manchester Cancer and key to this has been the engagement of the clinical teams. Despite the investment required from the clinical teams in the roll out of the CWP forms and data collection, they have all been engaged to deliver and support this new system.</p> <p>The data produced so far (although not always consistently delivered by the clinical outcomes team) has led to tangible improvements in Cancer pathways and patient experience.</p> <p>The long term value of the project will only be realised if there is continued investment and a rigorous reporting structure in place with consistent data produced.</p>
8	Our advice for others	<p>The CWP system is a viable and valuable way to measure performance, variation and inconsistent in clinical practice to led to change. Other Lung</p>

		services would benefit for a throughout evaluation to assess if this system would be viable against current systems such as the summerset system.
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