National Cancer Quality Performance Indicators: Overview of Development Process

December 2012
Table of Contents

1 PURPOSE......................................................................................................................................... 3
2 BACKGROUND...................................................................................................................................... 3
3 QPI DEVELOPMENT PROCESS........................................................................................................ 4
  3.1 PREPARATORY WORK.................................................................................................................... 4
  3.1.1 QPI Development Group........................................................................................................ 4
  3.1.2 Briefing Paper Development .................................................................................................. 4
  3.1.3 EQIA.......................................................................................................................................... 5
  3.2 QPI DEVELOPMENT GROUP LAUNCH MEETING.................................................................... 5
  3.3 SCOPING...................................................................................................................................... 5
  3.4 QPI DEVELOPMENT .................................................................................................................... 5
  3.5 ENGAGEMENT............................................................................................................................ 5
  3.6 FINALISATION AND RATIFICATION......................................................................................... 5
  3.6.1 Implementation Plan .............................................................................................................. 5
  3.7 PUBLICATION.......................................................................................................................... 6

APPENDIX - QPI DEVELOPMENT SCHEDULE AS OF NOVEMBER 2012................................. 7
1 Purpose

This document provides healthcare staff and policymakers an overview of the methodology used by the National Cancer Quality Steering Group to develop national cancer quality performance indicators (QPIs).

2 Background

Under the auspices of the Scottish Cancer Taskforce (SCT), the National Cancer Quality Steering Group (NCQSG) has commenced a programme of work to develop clinical quality performance indicators for all main cancer types. These indicators will be used to drive quality improvement in cancer care across the NHS in Scotland. Development of QPIs forms a pivotal element of the national cancer quality programme, as detailed in figure 1. A QPI is defined as an actual or proxy measure of quality care.

![Figure 1: Overview of the Cancer Quality Framework](image)

- Key purposes
  - Improvement against national priorities
  - National and International benchmarking
  - Regional continuous quality improvement
  - Enable benchmarking
  - Interim analysis at a local level to enable regular scrutiny at unit / MDT / clinician level
  - Continual local improvement
- Activity / Product
  - Nationally agreed QPIs
  - National comparative trend and survival analysis
  - 3 Yearly National Report per tumour type
  - Proportionate scrutiny of performance
  - Regional analysis and reporting of performance against QPIs
  - Annual Regional Comparative Reporting
  - Performance review and monitoring of actions
  - Collect and submit data for regional analysis
  - Review of local provision and agreement of improvement plans using local governance structures

Adapted from: Department of Health (2008) ‘High Care Quality for All, Measuring for Quality Improvement: The Approach’

The QPI development process was designed to ensure that indicators are developed in an open, transparent, evidence-based and timely way. The creation and implementation of a robust, coherent development process is considered crucial to the success of the national cancer QPI development programme.

The process outlined in this document involves the Scottish Cancer Taskforce, National Cancer Quality Steering Group, Project Managers for the National Cancer QPI Development Project, Healthcare Improvement Scotland, ISD, Cancer Coalition, tumour-specific QPI Development Groups, and Regional Cancer Networks.

The chair of NCQSG is the clinical lead of this process and the Regional Manager - Cancer (WoSCAN) is the management lead.

Cancer QPI Development Process v1.0 (December 2012)
3 QPI Development Process

The agreed national cancer QPI development process is described in figure 2. This process was developed by the NCQSG and the methodology was subsequently tested and refined with the development of renal, breast and prostate cancer QPIs.

Quality Performance Indicator Development Process

Figure 2: National Cancer QPI Development Process

An overview of each step is provided below.

3.1 Preparatory Work

The preparatory stage involves the definition of the QPI development group membership and the development of a structured briefing paper by Healthcare Improvement Scotland, which provides an initial evidence base for the development of QPIs.

3.1.1 QPI Development Group

The QPI Development Group oversees and contributes to the development of QPIs. The group membership is representative of the different staff/professional groups involved in diagnosis and treatment of the tumour type. Each group typically involves pathologists, radiologists, surgeons, oncologists, specialist nurses, audit staff, and patient representatives. Membership is also representative of the three Regional Cancer Networks.

3.1.2 Briefing Paper Development

For each tumour type, Healthcare Improvement Scotland produces a structured briefing paper summarising the relevant existing clinical guidance. A systematic search for guidelines is conducted by an information specialist with clinical input. Clinically relevant guidelines are critically appraised using the AGREE II instrument (http://www.agreetrust.org/).
3.1.3 EQIA
An Equalities Impact Assessment has been completed for the National Cancer Quality Performance Indicator Development Programme as a whole and therefore does not need to be completed for each individual tumour type.

3.2 QPI Development Group Launch Meeting
The inaugural meeting of the QPI development group aims to:
- secure clinical and managerial engagement
- ensure a shared understanding of the process
- agree a project plan, and
- form working subgroups.

3.3 Scoping
Scoping allows for identification of areas/subjects for QPI development to be explored and agreed within work stream subgroups. Each subgroup reviews its section of the briefing paper and determines whether guideline recommendations can be developed into potential QPIs. Decisions taken are recorded so that an audit trail exists of the use of evidence in QPI development. Draft QPIs are formulated and reviewed against agreed criteria (clinical importance, measurability and evidence based). Those which do not fulfil criteria or which are not measurable are not taken forward.

3.4 QPI Development
Once draft QPI recommendations are developed and agreed within subgroups these are compiled for review and shortlisting by the full QPI development group. A Delphi-like process is used in which the longlist is circulated to the group with an assessment template and responses are collated. The QPI shortlist is then further refined and the dataset and measurability specifications are defined by ISD with input from clinical and audit staff. The draft documents and an assessment of the potential impact of the proposed QPIs are forwarded to SCT for ratification prior to engagement.

3.5 Engagement
Wide clinical and public engagement is vital to ensure the acceptability of the QPIs to all stakeholders and to facilitate the eventual implementation of the QPIs across NHS Scotland. The draft QPIs and supporting dataset and measurability specification are made available to stakeholders for comment via web and email. Patient focus groups are also held to ensure that the views of patients and carers are taken into consideration. All comments received are collated for review and action by the QPI development group and, in the case of comments on dataset and measurability, by ISD.

3.6 Finalisation and Ratification
The QPI development group reconvenes to finalise the QPIs and related documentation ahead of publication and implementation of the dataset. Finalised documents are then ratified by the QPI development group and by SCT. ISD have developed an implementation plan for newly revised datasets, which is described below.

3.6.1 Implementation Plan
Experience has demonstrated that the scheduling of activities to support the implementation of national prospective cancer audit datasets can:
- minimise problems associated with the implementation of a new dataset, and
- promote the consistent recording of high quality data that is comparable across sites.

Implementation of QPI datasets is coordinated by ISD. The implementation plan comprises pilot data collection, data validation, and dataset training.
3.6.1.1 Pilot data collection
The collection of data is piloted on a small number of patient records using a paper data collection form produced by ISD. The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

3.6.1.2 Data validation
ISD holds a debriefing meeting of participants to review the experience with the pilot data collection exercise. Once any changes to the dataset and data definitions have been concluded, ISD makes any necessary revisions to the measurability document and produces the accompanying data validations. ISD also engages with IT contacts in the health boards to provide developers with the dataset, data standards, data definitions, measurability document and data validations.

3.6.1.3 Dataset training
ISD organises a dataset training day for audit staff approximately one month prior to the start of data collection. The training day is aimed at Regional Cancer Network and NHS board staff involved in collecting and implementing the national cancer audit datasets.

The purpose of the day is to provide participants with the following to assist them in the collection of high quality data:

- an understanding of the disease and its treatments
- familiarisation with the dataset and how it relates to individual QPIs
- familiarisation with the national data definitions and their interpretation
- familiarisation with the organisation of national cancer audit and the support available for staff collecting data.

3.7 Publication
Following ratification by SCT, QPIs are published on the Healthcare Improvement Scotland website, www.healthcareimprovementscotland.org. Dataset, measurability and data validation documents are published on the ISD website, www.isdscotland.org. The QPIs are then launched via email by the Scottish Government. Implementation and monitoring are taken forward as described in CEL (06) 2012 (available from: http://www.sehd.scot.nhs.uk/mels/CEL2012_06.pdf).
Appendix - QPI Development Schedule as of November 2012

QPI Development Complete

- Breast Cancer
- Renal Cancer
- Prostate Cancer
- Upper GI & HPB Cancers
- Colorectal Cancer
- Lung Cancer

QPI Development In Progress

- Bladder Cancer
- Brain/CNS Cancer
- Generic Clinical Trials & MDT
- Head & Neck Cancer
- Lymphoma
- Ovarian Cancer
- Patient Experience

QPI Development Commences 2013

- Acute Leukaemia
- Sarcoma
- Skin Cancer
- Cervix & Endometrial Cancer
- Testicular Cancer
- Myeloma