**CA3 – Optimising Palliative Chemotherapy Decision Making – Reporting Template.**

**This reporting guide is to be used in conjunction with the CA3 CQUIN template available at** [**CA3 Optimising Palliative Chemotherapy Decision Making**](https://www.england.nhs.uk/wp-content/uploads/2016/11/ca3-optimis-palliative-chemo-decisions.pdf)

**The details in this reporting template are to be agreed between the local commissioner responsible for the contract and the provider. Advice to define or agree metrics can be obtained from Dr Nigel Andrews (Accountable Commissioner: Cancer Diagnostics)** **nigel.andrews@nhs.net**

**General queries regarding CQUIN Implementation should be sent to Owen Jones** **o.jones@nhs.net**

**This reporting template is to be completed by the provider and submitted to the Hub in accordance with the agreed quarterly CQUIN submission. This is to be used as evidence of compliance.**

|  |  |  |  |
| --- | --- | --- | --- |
| **MONTH** | **QTR** | **Date**  | **Comment** |
| **17/18 – M 12** | **FOUR** |  | **Year one summary** |
| **3** | **ONE** |  | **Q1 Report** |
| **6** | **TWO** |  | **Q2 Report** |
| **9** | **THREE** |  | **Q3 Report** |
| **12** | **FOUR** |  | **Year two summary** |

**The completed reports are to be filed by the Hub contract or CQUIN lead in:**

**O:\Contracts\2018-19\CQUIN\Regional Folders\Hub Submissions\CA3 Optimising Palliative Chemotherapy Decision Making\CA3 Reference**

**The file should be named using the following naming convention: HubShortName/CQUINCode/Quarter e.g. EoE\_CA3\_Q1**

**The intent of this scheme is to promote the recording of peer review discussions when making decisions regarding the commencement or continuation of chemotherapy for patients that fall within the following groups:**

1. **Commencement or continuation of chemotherapy in any patients with a performance status (PS) of 2-4 (PS2: up and about >50% of waking hours; PS3: confined to bed or chairs >50% of waking hours; PS4: totally confined to bed or chair)**
2. **Commencement of 2nd, 3rd, 4th line and beyond treatments in patients being treated with non-curative intent who have demonstrated outright disease progression on the previous line of therapy (ie those patients whose only response to that line of therapy has been progression of disease)**

**2018-19 reporting requirements for CQUIN**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Contact / Lead** | **Email** |
| **Hub** |  |  |  |
| **Hospital / Service** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Report completed / updated for** | **Q1** | **Q2** | **Q3** | **Q4** |

**Table 1**

|  |
| --- |
| **Number of patients receiving SACT – by quarter in 2018-19** |
|  | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **Patients receiving drug treatments** |  |  |  |  |  |
| **New regimen starts** |  |  |  |  |  |

**Table 2**

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| --- |
| **Commencement or continuation of chemotherapy in any patients with** **Performance Status (PS) 2 to 4 that had a Peer Review Discussion recorded by quarter in 2018-19** |
|  | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **Number of Lines Prescribed to Patients Within the Cohort** |  |  |  |  |  |
| **Number that had a Peer Discussion Recorded** |  |  |  |  |  |
| **Percentage having had a Peer Discussion Recorded** |  |  |  |  |  |
| **Percentage Improvement target agreed for 2018-19** |  |  |  |  |  |

**Table 3**

|  |
| --- |
| **Number of Newly Prescribed Lines to Patients within the Cohorts that had a Peer Discussion Recorded – by quarter in 2018-19** |
|  | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| **Number of Lines Prescribed to Patients Within the Cohort** |  |  |  |  |  |
| **Number that had a Peer Discussion Recorded** |  |  |  |  |  |
| **Percentage having had a Peer Discussion Recorded** |  |  |  |  |  |
| **Percentage Improvement target agreed for 2018-19** |  |  |  |  |  |

**Table 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tumour site** | **No of patients in cohort** | **Number of peer reviews** | **Percentage of peer review treatment decisions** |
| **Breast** |  |  |  |
| **Endocrine** |  |  |  |
| **Gynae**  |  |  |  |
| **Head and Neck** |  |  |  |
| **Leukaemia** |  |  |  |
| **Lower GI** |  |  |  |
| **Lung** |  |  |  |
| **Lymphoma** |  |  |  |
| **Myeloma** |  |  |  |
| **Sarcoma** |  |  |  |
| **Skin** |  |  |  |
| **Upper GI** |  |  |  |
| **Urology** |  |  |  |
| **ETC** |  |  |  |

**Table 5**

|  |
| --- |
| **SACT 30-day Mortalities – by quarter in 2018-19** |
|  | **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| Total SACT 30-day Mortalities |  |  |  |  |  |
| Percentage of 30-day Mortalities Discussed in M&M |  |  |  |  |  |
| Percentage of those receiving SACT |  |  |  |  |  |
| Percentage of Deceased Patient Cohort\* |  |  |  |  |  |
| Total 30-day Mortalities with Performance Status 2 or above and/or Receiving 2nd Line Chemotherapy or beyond and discussed in M&M |  |  |  |  |  |

**Comments from the service**