

Cardiac Audit National Recommendations

1) Improvements to safety national recommendations

- i) Hospitals should work with specialist commissioners to ensure that they meet the expected optimal volume for congenital heart procedures. All centres should fully comply with the national data collection exercise to ensure high quality care

NHS England have published expected standards and the board as agreed a plan to ensure they are met (although currently not at all units). This work is being undertaken by NHS England's regional teams

National Bowel Cancer Audit national recommendations

1) Care pathways national recommendations:

- i) Efforts should continue to increase the public awareness of the signs and symptoms of bowel cancer so that it can be diagnosed earlier

Cancer research UK and PHE ran a large-scale bowel cancer awareness campaign that was effective in getting people to present earlier but this was a few years ago now

Charities promoting bowel cancer awareness month in April

- ii) Bowel cancer screening programmes should be further promoted emphasising improved outcomes. The introduction of FIT into the screening programme should improve uptake and potentially increase the number of cancers and adenomas detected

NHS England are introducing FIT to the bowel cancer screening programme from late 2018 and this will eventually replace (gFOBt)

- iii) Further work is required to determine the geographical variation in chemotherapy administration

The audit now links to the systemic anti-cancer therapy dataset (SCAT) which will allow more accurate information regarding the use of chemotherapy. This report has looked in more detail at the use of adjuvant chemotherapy in stage 3 colorectal cancer. They are expanding this section of the audit in conjunction with the project oncologist

National Cancer Team working through the alliances to reduce geographical variation

2) Surgical care national recommendations:

- i) Explore variation in laparoscopic surgery in more detail

National Cancer Team working through the alliances to reduce geographical variation

- ii) Gain better understanding of the management of bowel cancer patients presenting as an emergency

The audit now links to the National Emergency Laparotomy Audit. This is in the early stages of analysis but will better understand the care of those patients presenting as an emergency. So far the seniority and specialty of the surgeon performing the operation has been determined

NICE has issued DG30 guidance on use of FIT in low risk symptomatic patients which should reduce the number of patients presenting as an emergency

3) Survival national recommendations:

- i) Action is required nationally to support healthy behaviours after bowel cancer treatment and reduce variation caused by deprivation

NHS England has a living with and beyond cancer team who are working to promote living well after a cancer diagnosis

Bowel cancer charities provide information and support

- ii) Long term cancer-specific mortality rates will increase the robustness of survival data with deaths from other causes appropriately modelled as competing events

A recent and separate short report looking at all cause and cancer specific mortality from ONS and HES data has validated this approach. It found that there was less variation between hospitals when looking at cancer specific death which allows better risk adjustment when making comparisons

4) Rectal cancer national recommendations:

- i) Need to look further into regional variation of use of neoadjuvant chemotherapy for rectal cancer

The audit is now reporting negative circumferential resection rates and will be reporting recurrence rates in the future. These will provide valuable insights into the effect on outcomes of neo-adjuvant therapy in rectal cancer

National Cancer Team working through the alliances to reduce geographical variation

5) End of life care national recommendations:

- i) Further work is required to look at regional disparities in place of death. This may for example relate to regional variation in palliative care and hospice services

The NBOCA has conducted some preliminary work into end of life care with a report presenting information on place of death for colorectal cancer patients

Peri-operative diabetes audit national recommendations

1) National recommendations:

- i) Write and implement a national joint standard and policy for the multidisciplinary management of patients with diabetes who require surgery. Information should include responsibilities for diabetes management across all specialties during routine care and in high risk patients.

AoMRC to lead at a national level and the clinical lead for perioperative diabetes management to lead at a local level

NHS England response suggests engaging with NHS Improvement, NICE and the Royal Colleges/Societies for these bodies to consider responses and actions

Study found that there are numerous existing guidelines but that they are specialty specific

- *Association of Surgeons of Great Britain and Ireland (ASGBI)*
- *Association of Anaesthetists of Great Britain and Ireland (AAGBI)*
- *Joint British Diabetes Society (JBDS) and British Association of Day Surgery (BADs)*

Systemic anti-cancer therapy in children briefing note

1) National recommendations:

- i) A nationally agreed consent form for systemic anti-cancer therapy should be developed and implemented. It should include:
- a) The intent of therapy
 - b) An assessment of the chance of cure
 - c) The risk of toxicity
 - d) The potential risk of death

The authors recommend that this should be carried out by NHS England, Welsh Government, Scottish Government and the Department of Health in Northern Ireland)

Vascular audit national recommendations

1) National recommendations:

- i) Complex aortic surgery remains a low volume high cost service. Vascular units should only be commissioned to perform complex AAA repair if they submit complete and accurate data on case activity and outcomes to the NVR to ensure the provision of safe and effective services for patients with complex aortic disease

This is commissioned through specialised commissioning at NHS England