

National Bowel Cancer Audit

Aims

The overall aim of the audit is to measure the process of care and clinical outcomes, enabling comparisons against specific standards and between hospitals, bringing about improvements where necessary. Healthcare professionals can use the audit findings to continually monitor the care provided and repeated monitoring confirms that improvements are being sustained.

The National Bowel Cancer Audit is developed and delivered by The National Clinical Audit Support Programme (NCASP) and the Association of Coloproctology of Great Britain and Ireland. NCASP is a part of The Information Centre for health and social care (The IC); the audit is commissioned and funded by the Healthcare Commission. These key organisations work collaboratively to provide an effective audit with wide support and endorsement from the clinical and cancer communities.



Benefits of the Bowel Cancer Audit

The data collected via the audit enables individual surgeons to know their unit's results in terms of:

- their casemix
- processes of care - quality of investigations, access to specialist care, time to treatment
- clinical outcomes - post-operative mortality, length of hospital stay after operation, frequency of stomas and serious post-operative complications, local recurrence of the cancer after rectal cancer surgery and survival from cancer.

All of these can be compared with national averages. Hospitals that consistently achieve above average results will be identified and by adopting their methods in other centres, the quality of care and survival rates for bowel cancer patients across the United Kingdom will be improved.

Clinical benefits

- The ability to identify the strengths and weaknesses of local, regional and national services for patients with bowel cancer
- The ability to plan and prioritise service developments
- Improved outcomes for patients
- A better experience of care
- The establishment of performance and outcome benchmarks which can help inform future guideline development and monitor their implementation
- Increased clinical ownership of, and pride in, their services
- A major resource for research with the potential for linkages with many high quality research programmes.

Participation in the audit

Data was submitted by 66 per cent of eligible hospitals in the UK for the 2007 annual report. The challenge is to now make sure that all bowel cancer teams in all cancer networks participate in the audit.

Information about participation in the audit is provided to the Healthcare Commission for use in the Annual Health Check in England. Participation in the audit would directly support the 'Cancer Measures', a key element of the cancer Peer Review process. This requires networks to establish a robust clinical audit system and programme.

Encouraging clinicians to participate in open reporting of Trust identifiable information will drive improvements in data quality.

FOR MORE INFORMATION

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