Breast cancer care

Quality indicators

The
Health
Foundation

A number of resources were compiled in relation to quality indicators for breast cancer care as part of *The measurement maze* research. Through the qualitative aspect of the research it was ascertained that front-line clinicians and managers would find it useful to see a list of all the identified quality improvement indicators in one place. The lists of local quality indicators and missing indicators together give a richer picture of what is meaningful to clinical teams beyond the national-level indicators.

This document includes three indicator lists: national-level quality indicators, local quality indicators and missing indicators.

National-level quality indicators

The following list brings together 68 national-level quality indicators, or measures that are relevant to the work of a hospital-based breast cancer care team. The indicators have been grouped into themes and/or stages of the care pathway to enable easier reading and navigation. Not all the indicators listed are specific to breast cancer care; for example, some are relevant to cancer or hospital care more generally. The lowest level of specificity available (breast cancer, cancer, inpatient, and so on) for each indicator is included in the list.

The list is up to date as at November 2017, to the best of our knowledge and efforts. Though comprehensive, this list is not exhaustive; it includes indicators that reflect the services delivered by the clinical teams interviewed. For example, indicators relating to screening have been excluded. Further, some indicators that are part of clinical registries or datasets have been grouped into summary descriptions, such as 'Imaging test to diagnose breast cancer completed'.

Links to the summary data are provided where available. Where published data is unavailable, further information about the measure or collection of the dataset has been linked. In some instances, the published data does not cover all people with breast cancer. The National Audit of Breast Cancer in Older Patients collects data for women aged 50 and over, with the aim of studying variations in care and outcomes for women aged 70 years or over diagnosed with breast cancer, compared with those for women between 50 and 69 years of age when diagnosed.

Diagnosis

1. [Proportion of patients waiting 2 weeks or less from GP urgent referral to first consultant appointment](#). (Breast cancer.)

2. [Proportion of patients waiting 2 weeks or less from GP urgent referral to first consultant appointment](#). (Breast symptomatic, where cancer not initially suspected.)

3. [People with suspected breast cancer referred to specialist services are offered the triple diagnostic assessment in a single hospital visit](#).

4. Pathological tests to diagnose breast cancer completed – for example, cytology.

5. Imaging test to diagnose breast cancer completed – for example, ultrasound. (Data only available to registered NHS users of CancerStats website.)

6. Patients waiting over 6 weeks for a diagnostic test (imaging, physiological measurement and endoscopy).

7. Routes to diagnosis for breast cancer – for example, screen-detected.

8. Further breakdown of emergency diagnosis routes for breast cancer (A&E, GP emergency presentation, inpatient emergency and outpatient emergency).

Staging

9. Stage at breast cancer diagnosis recorded.

10. Cancers diagnosed at stage 1 or 2. (Early detection/diagnosed at early stage.)

11. Breast cancer diagnosed at stage 1 or 2. (Early detection/diagnosed at early stage.)

12. Metastatic breast cancer at initial presentation.

13. Gene expression profiling offered to people with oestrogen receptor-positive (ER-positive), human epidermal growth factor receptor 2-negative (HER2-negative) and lymph node-negative early breast cancer who are at intermediate risk of distant recurrence.

14. Germline genetic testing offered for all cancers. (Data only available to registered NHS users of CancerStats website.)

15. Oestrogen receptor (ER) and human epidermal growth factor receptor 2 (HER2) status of the tumour assessed for people with newly diagnosed invasive breast cancer, and those with recurrent breast cancer.

16. Pathological tests to stage breast cancer completed – for example, size, number and hormone status of tumour(s).

Advanced, metastatic or invasive breast cancer

17. People with breast cancer who develop metastatic disease have their treatment and care managed by a multidisciplinary team. (Not mandated or routinely reported.)

18. Years of life lost due to mortality from breast cancer.

19. Deaths at home from breast cancer.

Treatment

20. Breast cancer patients are given the name of/found it easy to contact cancer nurse specialist (CNS).

21. Breast cancer patients are seen by breast CNS or named key worker.

22. Breast cancer patients are involved in decisions about their care and treatment as much as they want to be.

23. Time from diagnosis to first treatment with surgery or chemotherapy. (Collected through the National Audit of Breast Cancer in Older Patients, but not routinely reported.)

24. Proportion of patients receiving their first definitive treatment for breast cancer within 2 months (62 days) of their GP urgent referral for suspected cancer.

25. Proportion of patients receiving their first definitive treatment for breast cancer within 2 months (62 days) of their urgent referral from the national screening service.

26. Proportion of patients receiving their first definitive treatment for breast cancer within 1 month (31 days) of a decision to treat.

27. Proportion of patients receiving their first definitive treatment for breast cancer within 2 months (62 days) of a consultant's decision to upgrade the urgency of a patient due to a suspicion of cancer.

28. Proportion of cancer patients receiving subsequent treatment (surgery or radiotherapy) within 1 month (31 days) of a decision to treat.

29. Proportion of cancer patients receiving subsequent treatment (anti-cancer drug therapy – for example, chemotherapy) within 1 month (31 days) of a decision to treat.

Surgery

30. People with biopsy-proven invasive breast cancer or ductal carcinoma in situ (DCIS) are not offered a preoperative MRI scan unless there are specific clinical indications for its use. (Not mandated or routinely reported.)

31. People with ductal carcinoma in situ (DCIS) or early stage invasive breast cancer undergoing surgery.

32. People with breast cancer receiving any axillary nodal surgery. (Collected through the National Audit of Breast Cancer in Older Patients, but not reported in 2019 report.)

33. People with early invasive breast cancer undergoing a mastectomy.

34. Details of surgical procedure. (Previously breast-specific, now generic for all cancer surgery. Data only available to registered NHS users of CancerStats website.)

35. Length of hospital stay after surgery. (Collected through the National Audit of Breast Cancer in Older Patients, but not reported in 2019 report.)

Chemotherapy

36. People with invasive breast cancer undergoing chemotherapy. (Collected through the National Audit of Breast Cancer in Older Patients, but not routinely reported.)

37. Information about chemotherapy dosing and administration. (Data only available to registered NHS users of CancerStats website.)

Radiotherapy

38. People undergoing radiotherapy after breast cancer surgery.

39. Information about radiotherapy dosing and administration. (Data only available to registered NHS users of CancerStats website.)

Safety

40. Never event incidence. (Reported as type of incident, with additional detail.)

41. Potential under-reporting of patient safety incidents. (Reported by trust.)

42. Proportion of reported patient safety incidents that are harmful. (Reported as a proportion of overall incidents at each trust and by organisation cluster.)

43. Proportion of all patients receiving harm-free care. (In relation to medication and the four most commonly occurring harms in health care.)

Infection control

44. Incidence of the health care associated infection MRSA bacteraemia. (Reported by trust.)

45. Incidence of the health care associated infection C. difficile. (Reported by trust.)

46. Incidence of the health care associated infection MSSA bacteraemia. (A report on associated fatalities with hospital site and patient breakdowns is published.)

47. Incidence of the health care associated infection E. coli bacteraemia. (A report on associated fatalities with hospital site and patient breakdowns is published.)

Inpatient care

48. Proportion of patients with category 2, 3 and 4 pressure ulcers. (Reported by trust.)

49. Hip fractures from falls during hospital care. (Indicator in development at time of study.)

50. [Proportion of patients with falls, with or without harm](). (Reported by trust.)

51. [Proportion of admitted patients risk-assessed for venous thromboembolism (VTE)]().

52. [Deaths from venous thromboembolism (VTE) related events, for all inpatients]().

53. [Summary hospital-level mortality indicator]().

54. [Hospital standardised mortality ratio](). (Reported by hospital site.)

Prevalence and survival data

55. [Incidence rate for breast cancer]().

56. [Breast cancer mortality]().

57. Breast cancer mortality at 1, 3 and 5 years. (Collected through the National Audit of Breast Cancer in Older Patients, but not routinely reported.)

58. [5/10-year survival from breast cancer]().

59. [1-year survival from breast, lung and colorectal cancer]().

60. [5-year survival from breast, lung and colorectal cancer]().

61. [1-year survival from all cancers]().

62. [5-year survival from all cancers]().

63. [10-year survival from all cancers]().

Patient feedback

64. [Overall experience of care reported through the National Cancer Patient Experience Survey (NCPES)]().

65. [How likely they would be to recommend the service to their friends and family, if they needed similar care or treatment – reported through the Friends and Family Test](). (Reported by ward.)

66. Patient experience of hospital care, calculated based on a number of questions from the Care Quality Commission survey. (Reported by trust.)

67. [Care transition: given contact after patient left hospital]().

68. Overall interpersonal relations, respect and dignity.

Local quality indicators

The following list identifies quality indicators being measured at a local level by either of the two breast cancer care teams interviewed. Whether these local indicators are included in any national-level indicator or measurement framework is unconfirmed.

1. Holistic needs assessment completion rates.

2. Seroma and drain rates for breast cancer surgery.

3. Complication rates following surgery, especially wound infections and implant losses.

4. Patient experience. (Measured through patient complaints via the Patient Advice and Liaison Service (PALS) and compliments from NHS Choices.)

5. Internal patient surveys (to supplement the National Cancer Patient Experience Survey (NCPES)).

6. Staff vacancy rates.

7. Turnaround time for patient correspondence – with a target of 24 hours after a clinic appointment.

8. External accreditation for chemotherapy and radiotherapy services, and adherence to the CHKS standards for oncology.

Missing quality indicators

The following list includes indicators that either of the two breast cancer care teams interviewed identified as being useful, but which were not available to them as either a national or local indicator.

1. More detailed patient experience data.

2. A measure to understand quality from the perspective of younger patients, for example, fertility issues following cancer treatment.

3. Patient wellbeing and how well the psychological impact of cancer on patients is being managed by the service.

4. Patients' quality of life after treatment for cancer.

5. The effectiveness of the appointments system (which sits outside the breast cancer care service) – for example, appointment notifications being sent after the appointment date, patients being told to attend the wrong hospital or badly coordinated appointments that require patients to make multiple trips to hospital unnecessarily.

6. Re-excision rates for breast cancer surgery.

7. 30-day mortality rates.

8. Access to other services, such as clinical psychology, lymphoedema services, fertility preservation and surgical reconstruction.

9. An indicator to measure whether treatment and care reflect the most up-to-date methods, research and evidence.

10. Additional monitoring of breast reconstruction surgery – including infection rates, type of implant used, the reconstruction method, failure and success rates, and patient satisfaction with cosmetic outcomes.

11. Measure of effectiveness of the operation of and decision making at multidisciplinary team meetings.

12. Measure of screening effectiveness covering the number of patients who are called back to the service, and the number of tumours that are missed by screening.

13. Additional and more meaningful measurement of staff engagement and satisfaction.

14. Local survivorship, recurrence and prevalence data.