Creation of a Reporting Dashboard to Collect Radiotherapy Quality Measures Centrally

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BACKGROUND

In 2012/13 the NHS Commissioning Board (now NHS England) approved the creation of a Quality Dashboard pilot for specialised services. The dashboards were to collect information about outcomes to provide assurance on the quality of care by radiotherapy providers.

The pilot generated a Specialised Services Quality Dashboard (SSQD) for Radiotherapy, and produced a set of measures which were to be collected on a quarterly basis. Subsequently the Review of Central Returns (ROCR) approved the collection of these data items.

The information provided is required to understand the quality and outcomes of services and reasons for excellent performance.

METHOD

Data was submitted originally by individual NHS Trusts during a trial period. At that time there was no quality assurance and varying values were allowed to be submitted with little 'sense check'. Interrogation of this data showed that there was some misinterpretation of the measures which created disparity between providers. Some of the measures were difficult to process and validate internally.

As a result, NATCANSAT were asked by providers to generate centrally the measures reported from the national radiotherapy dataset, RTDS. Some measures were impossible to report from a single provider's data (e.g. RAD02 – Radiotherapy Uptake which requires all residents' activity data.)

NATCANSAT collated the additional data from other datasets to ensure that the provider did not need to locate these. A few measures were not publically available so they were given a way for them to input these into the QM Dashboard. Those that did not come directly from RTDS included:

- Cancer Patient Experience Survey (CPES) – RAD09a, RAD09c
- National Reporting and Learning System (NRLS) - RAD11
- Provider Trust Entry – RAD04, RAD10a, RAD10b

CONCLUSION

The central dashboard is efficient to use as existing data sources are processed centrally. It allows service providers to influence the definitions of each measure ensuring that they accurately represent the service.

It was successfully implemented with 96% of providers using the NATCANSAT QM Dashboard. This methodology could be applied to the Quality Measures for other specialised services.

RESULTS

The creation of a dashboard which processes and reports data centrally bringing together all the quality measures has several advantages:

- Time saving for providers
- Avoids duplication of work
- Prevents poor quality of data and misinterpretation
- Benchmarking against other radiotherapy providers
- Consistent/improved measures

Each provider has access to the NATCANSAT Quality Measures (QM) Dashboard, which allows them to easily see their own data for each quarter. Their data is colour coded to indicate whether it meets the current target – e.g. The %IMRT measure (RAD03) shows a red percentage if it is less than the 24% National Target and green if it is above this. Those data items without a target are shown in black.

Providers can interrogate the data further by clicking on the result, which shows them the detailed data behind this measure, including a benchmarked graph and detailed notes about how this measure is produced.
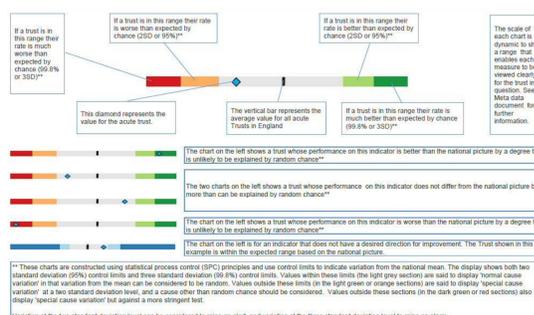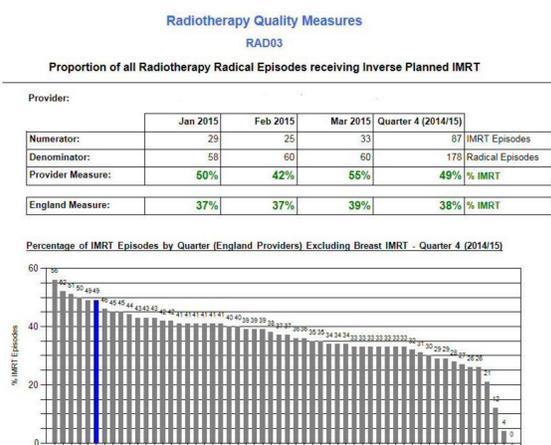
Data is then sent from NATCANSAT to Methods who then produce their Specialised Services Quality Dashboards (SSQDs) and feed that back to the provider and NHS England.

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