



The MBR project team

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Mastectomy and Breast Recon. Audit

- Began in January 2007
 - Year 1: Development & preliminary studies
 - Year 2: Prospective collection of clinical data and 3-month Patient Reported Outcomes
 - Year 3: Quality of life 18 months after surgery
- Results published annually
 - September 2008 1st Annual Report published
 - October 2009: 2nd Annual Report published
 - June 2010: 3rd Annual Report
 - March 2011: 4th Annual Report

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Prospective audit

- Participation
 - 150 English NHS trusts (100%)
 - 106 independent sector hospitals
 - 6 non-English NHS trusts
- 18,071 patients registered
 - 17,059 with complete operative data
- Case-ascertainment
 - In NHS, mastectomy case ascertainment of 74%
 - 27 ind. hospitals had case ascertainment above 75%

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3-month PROMS questionnaire

17,415 patients with consent status recorded

- 6,159 (35%) capable but not asked
- 392 (2%) judged incapable

Of those women asked to consent:

- 8,954 (82%) women consented
- 1,910 (18%) did not wish to receive questionnaire
- 8,037 questionnaires sent (+ 2,531 reminders)
- 86% response rate

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Findings

- Immediate reconstruction rose: 11% to 21%
 - Still regional variation between networks: 9% to 43%
- Fewer women with immediate recon. were treated within the 31 days of decision to treat
 - In networks: 76 to 94% for M only, and 28 to 84 for MIR.
- Types of reconstruction differed
 - immediate (expander 38%) or delayed (free flap 33%).
- Short-term surgical outcomes were good
 - Return to theatre: mastectomy <2%, recon. <5%
 - Flap failure rates also low = 2%.

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MBR features supporting engagement



- Audit team composition
- Clear audit objectives
- Audit design
 - Preparatory work
 - Structure of dataset
- Communication strategy
 - In support of data collection
 - Regular publication of results: annual reports

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Audit team composition



- A collaboration between
 - Association of Breast Surgeons
 - British Assoc. of Plastic Reconstructive and Aesthetic Surgeons
 - Royal College of Nursing
 - CEU, The Royal College of Surgeons of England
 - NCASP, the NHS Information Centre for health and social care
- Each organisation brings own area of expertise
 - Strong clinical leadership and commitment
 - Audit design and statistical analysis
 - Project management and information governance
- Supported by the Clinical Reference Group

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Clear audit objectives



- Audit questions:
 - Is the provision of breast reconstruction services uniform across England and Wales?
 - Do women undergoing mastectomy have enough information to make an informed decision about breast reconstruction,
 - Are women happy with their decision?
 - What are the outcomes following mastectomy with or without breast reconstruction?
- Primary objectives
 - Explain reasons for variation in access to and uptake of reconstruction
 - Describe surgical practices and explain variation in practice
 - Describe both patient reported and clinical outcomes following mastectomy with or without reconstruction
 - Explain variation in outcomes

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Design of the audit (1)



- Small dataset
 - A consequence of clear aims
 - Specific times when data can be collected
 - Limits burden on staff
- Analysis of historical HES data
 - Identify trends in type of operations performed
 - Identify levels of activity at NHS trusts
- An organisational audit
 - Features of NHS & independent hospitals

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Design of the audit (2)



- 3 month PROM questionnaires
 - Requires timely registration of patients
 - Possible to enter clinical details later
 - Supports monitoring of case-ascertainment
 - Using HES-derived estimates of activity

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Communication (1): Build up



- Clinical Reference Group
 - Provides advice on design of Audit : relevance and ownership
 - Provides channels for wider clinical and professional group
- Engage clinical and audit staff
 - Audit roadshows
 - Email communication with members of professional bodies
 - Presentations at clinical conferences
 - Engagement with the Cancer Networks
- Dedicated helpdesk and contact point
- Dedicated website for announcements and information
 - Data collection proformas
 - Comprehensive user documentation
 - Registration forms

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Communication (2): Data collection

- Flexible, web-based data collection system
 - Manual and csv file uploads
 - Feedback via summary online reports
- Hospitals contact Audit
 - Dedicated helpdesk, professional bodies
- Audit contact hospitals regularly
 - Registration
 - Case ascertainment and data quality
 - Escalation involving clinical bodies, if required
- Communication of (early) results
 - Annual reports, conference presentations, newsletters
 - Local action plans

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Audit success

- Participation
 - Case ascertainment
 - Data quality / completeness
 - Service coverage
- Application of findings
 - Areas for improvement
 - Service change
 - Outliers / reassurance
- Local action plans

Reporting

- Description of practice
- Risk-adjusted comparison of outcomes

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Questions (1) : Participation

- What features of your Audit have helped or hindered participation?
 - Audit team composition
 - Clarity of audit objectives
 - Audit design
 - Communication strategy
 - Other issues?
- In relation to improving participation:
 - What are the opportunities?
 - What are the barriers?

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Questions (2) : Use of results

- How are results from your Audit published?
 - Annual reports, online reports?
 - What are key issues to communicate?
 - Are there ways to improve reporting?
- What can be done to support local action?
 - What are the opportunities?
 - What are the barriers?

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