

Service Profiles Background

- Collaborative work – NCIN in particular have led the analysis, validation, comments, so I present today on behalf of many other people
- Really valuable input from a number of Cancer Networks (North and England and North Trent)
- GP commissioners – over the summer we visited 4 emerging CCGs to talk about supporting commissioners of cancer services

Overview of service profiles

- The profiles provide comparative information for benchmarking tumour specific multidisciplinary teams across England.
- Initially these are for breast and colorectal cancer. Aim to produce for other tumours.
- Although much of the data already available in NHS this is the first time it has been brought together in this format.
- The profile identifies areas where the MDT is doing well and also areas for improvement
- Aim for the profiles to be an integral part of discussions between providers and commissioners to improve local cancer services.

Method

- Gathered a long list of all the possible metrics
 - Limited by data available across England at least at Trust & tumour level – higher levels of data not included (e.g. SHA or cancer network)
 - Important clinical areas can't be measured nationally
 - Had to help answer a question that was helpful to commissioners
- Consultation Version - 9th November to 6th December 2011 – shared with cancer networks and breast and colorectal MDTs
- Lots of helpful feedback – metric names, metric methodology and guidance documents all amended.
- Final Version 16th December 2011

Cancer Service Profiles for Colorectal Cancer

Data displayed are for patients for which the trust of treatment can be identified. For a full description of the data and methods please refer to the 'Data Definitions' document. For advice on how to use the profiles and the consultation, please refer to 'Profiles guidance'. Please direct comments/feedback to service.profiles@ncin.org.uk

- Trusts significantly different from England mean
- Trusts not significantly different from England mean
- Statistical significance cannot be assessed
- ◆ England mean

England median

Lowest in England 25th 75th Highest in England

NCIN
national cancer intelligence network
Using information to improve quality & choice

National Cancer Action Team
Part of the National Cancer Programme

Somewhere NHS Trust
▼

Select Trust/MDT ▲

Section	#	Indicator	No. of patients/cases or value	Percentage or rate			Trust rate or percentage compared to England				Source	Period		
				Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Lowest	Range	Highest				
Size	1	Number of new patients treated per year, 2010/11	157						37		540	CWT	2010/11	
	2	Number of newly diagnosed patients treated per year, 2009	109						7		511	CWT/NCDR	2009	
Demographics <small>(based on newly diagnosed patients treated, 2009)</small>	3	Patients aged 70+	67	61%	52%	70%	57%	36%			72%	CWT/NCDR	2009	
	4	Patients with recorded ethnicity	102	94%	87%	97%	96%	75%			100%	CWT/NCDR	2009	
	5	Patients with recorded ethnicity which is not White-British	0	0%	n/a	n/a	7%	0%			58%	CWT/NCDR	2009	
	6	Patients who are Income Deprived (1)		26%			14%	6%			33%	CWT/NCDR	2009	
	7	Male patients	68	62%	53%	71%	57%	44%			71%	CWT/NCDR	2009	
	8	Patients with a nationally registered Dukes' stage	85	78%	69%	85%	74%	26%			98%	CWT/NCDR	2009	
	9	Patients with a nationally registered Dukes' stage which is A or B	46	54%	44%	64%	51%	32%			68%	CWT/NCDR	2009	
	10	Patients with Charlson co-morbidity index >0 <small>(to be included in later profile release)</small>											CWT/NCDR	2009
	Specialist Team	11	Does the specialist team have full membership? (2)	IV	Yes								NCPR	2010/11
		12	Proportion of peer review indicators met	IV	88%			88%					NCPR	2010/11
13		Peer review: are there immediate risks? (3)	IV	No								NCPR	2010/11	
14		Peer review: are there serious concerns? (3)	IV	Yes								NCPR	2010/11	
15		CPES (4): Patients surveyed and % reporting being given name of a CNS (5,6)	n/a	n/a			88%	67%			100%	CPES	2010	
16		All surgeons managing 20+ cases per year?	Yes				84%					NCPR	2010/11	
Throughput	17	Number of urgent GP referrals for suspected cancer	1,563						318		2,935	CWT	2010/11	
	18	Episodes following an emergency admission (new and existing cancers)	428	63%	59%	66%	53%	26%			71%	HES	2009/10	
	19	Patients referred via the screening service	19	9%	6%	13%	5%	0%			29%	NYCRIS	2009	
Waiting times	20	Q2 2010/11: Urgent GP referrals for suspected cancer seen within 2 weeks	455	93%	91%	95%	94%	80%			100%	CWT	2011/12 Q2	
	21	Q2 2010/11: Treatment within 62 days of urgent GP referral for suspected	15	79%	57%	91%	77%	17%			100%	CWT	2011/12 Q2	
	22	Urgent GP referrals for suspected cancer diagnosed with cancer <small>(to be included in later profile release)</small>										CWT	2010/11	
	23	Cases treated that are urgent GP referrals for suspected cancer										CWT	2010/11	
	24	Q2 2010/11: First treatment began within 31 days of decision to treat	46	96%	86%	99%	98%	83%			100%	CWT	2011/12 Q2	
Practice	25	Surgical cases treated laparoscopically	47	28%	22%	35%	34%	0%			77%	HES	2010/11	
	26	Patients resected for liver metastases (casemix adjusted)		5%			4%	1%			10%	CWT/NCDR	2002/10	
	27	NBOCAP audit cases undergoing a major surgical resection	119	62%	55%	69%	60%	7%			96%	NBOCAP	2008/09	
	28	Mean length of episode for elective admissions		6.3			7.5	2.7			13.9	HES	2009/10	
	29	Mean length of episode for emergency admissions		6.0			7.1	3.5			16.9	HES	2009/10	
Outcomes and Recovery	30	Surgical patients readmitted as an emergency within 28 days	5	9%	4%	20%	12%	0%			29%	HES	2010	
	31	Q2-Q4 2010/11: First outpatient appointments of all outpatient appointments	2,505	29%	28%	30%	49%	6%			98%	PBR SUS	2010/11 Q2-Q4	
	32	Patients treated surviving at one year <small>(to be included in later profile release)</small>												
	33	Surgical patients who die within 30 days (casemix adjusted)		5%			5%	0%			11%	NCDR	2009	
Patient Experience - CPES (4)	34	Patients surveyed & % reporting always being treated with respect & dignity (6)	n/a	n/a			80%	66%			96%	CPES	2010	
	35	Number of survey questions and % of those questions scoring red		n/a				0%			100%	CPES	2010	
	36	and green (7)		n/a				0%			100%	CPES	2010	

Definitions: (1) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (2) Peer Review (NCPR) source - IV=Internal Verification, PR= Peer Review, EA= Earned Autonomy; (3) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (4) CPES = Cancer Patient Experience Survey; (5) CNS = Clinical Nurse Specialist; (6) Italic value = total number of survey respondents for tumour group; (7) Based on scoring method used by the Department of Health - red/green scores given for survey questions where the trust was in the lowest or highest 20% of all trusts. Questions with lower than 20 respondents were not given a score. Italic value displayed = the total number of viable questions, used as the denominator to calculate the % of red/greens for the trust.
n/a = not applicable or not available

Service profile – Metrics 1-10

Cancer Service Profiles for Colorectal Cancer

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Somewhere NHS Trust			
			Select Trust/MDT ↑
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	7	Male patients	68
	8	Patients with a nationally registered Dukes' stage	85
	9	Patients with a nationally registered Dukes' stage which is A or B	46
	10	Patients with Charlson co-morbidity index >0 (to be included in later profile release)	

- Size, Demographics, stage
- All are generic

Service profile – metrics 11-19

Specialist Team	11	Does the specialist team have full membership? (2)
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	15	CPES (4): Patients surveyed and % reporting being given name of a CNS (5,6)
	16	All surgeons managing 20+ cases per year?
Throughput	17	Number of urgent GP referrals for suspected cancer
	18	Episodes following an emergency admission (new and existing cancers)
	19	Patients referred via the screening service

- Peer Review
- Measures around volumes of patients – two week, emergencies, screening

Service profile – metrics 20-29

Waiting times	20	Q2 2010/11: Urgent GP referrals for suspected cancer seen within 2 weeks	
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	29	Mean length of episode for emergency admissions	

- Waiting Times
- Practice and length of stay

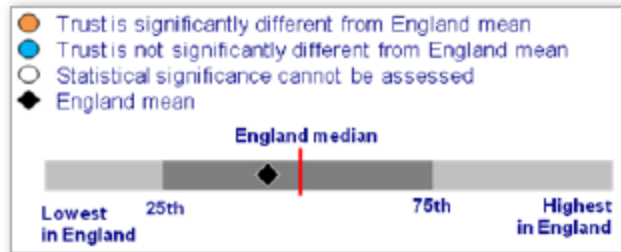
Service profile – metrics 30-36

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Patient Experience - CPES (4)	34	Patients surveyed & % reporting always being treated with respect & dignity (6)	
	35	Number of survey questions and % of those questions scoring red	% Red
	36	and green (7)	% Green

- Outcomes
- Patient Experience

Understanding the profile format

- Confidence Intervals – aim to quantify the uncertainty around the trust value. In this case it is around the trust value for the particular metric.
- Spine Chart



- Significantly different – Important to say that being statistically significant is a possible indicator of interest, rather than conclusive. Given the number of indicators in the profile it is likely one or two indicators will be sig different to England mean. The more indicators different the more important to understand why.

Where does the data come from?

EITHER

- The data in the profile is either submitted to a national database by the trust
 - Cancer Waiting Times data (17 indicators)
 - National Cancer Data Repository (merged data from Cancer Registry, HES data, NBOCAP) (11 indicators)
 - National Cancer Peer Review (5 indicators)
 - HES/SUS data (6 indicators)
 - Bowel screening data linked to Cancer Registry data (1 indicator)
 - NBOCAP (1 indicator)

OR

- It is patient experience data taken from the national cancer patient experience survey (4 indicators)

Accessing the profiles

- The services profiles are available to NHS and can be accessed via the Cancer Commissioning Toolkit (CCT) at www.cancertoolkit.co.uk/Pages/ServiceProfile.aspx
- Data definition documents are available for each profile at the same address
- Logon is required to access the profiles which can be applied for at the same website. Currently only available to NHS users.

Using the profile

- An objective basis for dialogue between providers and commissioners
- Benchmarking with an indication whether significantly different from national position
- Format based on that of GP practice profiles as this has been positively received
- Cancer Networks – provides local intelligence to commissioners already and able to provide a commentary on profiles.

Any Questions?