

# Assessing the quality of cancer/hospital services

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June 2013

The National Cancer Intelligence Network is now hosted by Public Health England



## Does Mike have more hats than Mick?

Czar Mike



Domain one Mike



Chief Inspector Mike



## Questions about cancer services

- **Public/policymakers:**
  - How “good” are cancer services/outcomes in England/UK compared with those elsewhere
  - Is the NHS as a whole working well (and if not, why not?)
  - Are outcomes improving?
- **Patient/carers**
  - How “good” are local cancer services?
  - Where should I go for treatment?
- **Commissioners**
  - How “good” are the services I am commissioning? (primary, secondary and tertiary)
  - Am I getting value for money?
- **Clinicians/providers**
  - Are the services we are delivering up to scratch?
  - If not, how could they be improved?

## What do we mean by good?

- **Are services:**
  - Safe? (Might I be killed or suffer damage?)
  - Effective? (How likely am I to survive? Will I have a good quality of life?)
  - Caring? (Will I be treated with dignity, respect and compassion?)
  - Well led? (Leadership? Are systems and processes in place to optimise treatment and care?)
  - Responsive? (How convenient are the services provided?)
- Most patients are likely to want all of these aspects of care to be “excellent” or at least average or above.

## Questions about cancer intelligence

- How well can we answer all of the previous questions?
- i.e. How “good” is our cancer intelligence system?

## Sources of routine cancer intelligence available nationally

	Pre 2000	2013	“Soon”
• Cancer registries/ONS (incidence, survival)	✓	✓✓	✓✓✓
• Cancer screening	✓	✓	✓
• Cancer waiting times	x	✓	✓
• Hospital activity (HES)	x	✓	✓
• Primary care	Partial	Partial	✓
• Radiotherapy	x	✓	✓
• Chemotherapy	x	x	✓
• Surgery	x	✓*	✓
• Imaging	x	✓	✓✓
• Pathology	Partial	✓	✓
• Clinical information (MDTs)	x	✓	✓
• National Clinical Audits	x	Some	More
• Peer review assessments	x	✓	✓
• Patient experience surveys	x	✓	✓
• PROMs (Quality of life)	x	Partial	More

## What is good about cancer intelligence in England?



- We collect data on all (or almost all) cancer patients. Many countries do not have comprehensive cancer registration.
- Registries are adopting standardised approaches, using multiple data feeds – so registration is faster and is missing fewer cases (ENCORE).
- We are able to link major datasets to look across the care pathway (e.g. Routes to Diagnosis and Routes from Diagnosis – NCIN).
- The combination of registry, peer review, patient survey, clinical audit and other data is giving us a much fuller picture of patient care and outcomes.
- We are working well with 5 other countries to compare services and outcomes (ICBP)

## Routes to Diagnosis



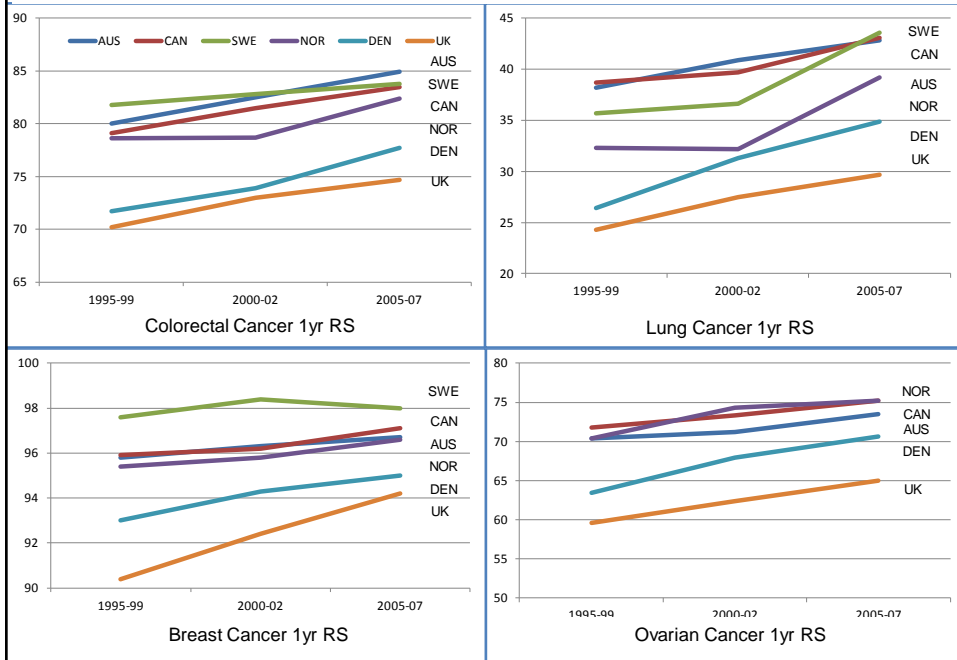
The Routes to Diagnosis Programme has shown that:

- Nearly one quarter of cancer patients present as emergencies.
- (As expected) there are wide variations between cancer types.
- Emergency presentation is associated with poor prognosis for all cancers.
- Emergency presentation is related to age, stage and deprivation – but is an independent prognostic factor.
- Emergency presentation rates vary across the country, but do appear to have improved between 2008 and 2011.

Importantly ... EP rates may provide a good metric for progress on early diagnosis.



## ICBP: 1 year relative survival. Coleman et al, Lancet 2011



## What is currently less good about cancer intelligence?



- It is still not easy for patients, providers or commissioners to synthesise or make sense of all the data we now have.
- We are not yet able to rate the quality of cancer services at individual hospitals in a way that is easy to understand (as per Ofsted or University ratings) – but work is in progress through NCIN.

## Modbury Primary School

Inspection report

<b>Unique reference number</b>	113335
<b>Local authority</b>	Devon
<b>Inspection number</b>	395365
<b>Inspection dates</b>	24–25 April 2012
<b>Lead inspector</b>	Mark Lindfield HMI

This inspection of the school was carried out under section 5 of the Education Act 2005.

**Inspection grades: 1 is outstanding, 2 is good, 3 is satisfactory, and 4 is inadequate**  
 Please turn to the glossary for a description of the grades and inspection terms

### Inspection judgements

<b>Overall effectiveness</b>	<b>3</b>
<b>Achievement of pupils</b>	<b>3</b>
<b>Quality of teaching</b>	<b>3</b>
<b>Behaviour and safety of pupils</b>	<b>2</b>
<b>Leadership and management</b>	<b>3</b>

# University ratings

CUG Rank		University Name	Entry Standards	Student Satisfaction	Research Assessment	Graduate Prospects	Overall Score
2013	2012						
1	1	<a href="#">Cambridge</a>	593	4.2	2.98	84.4	1000
2	4	<a href="#">London School of Economics</a>	526	4.0	2.96	87.8	996
3	2	<a href="#">Oxford</a>	572	4.2	2.96	79.8	995
4	3	<a href="#">Imperial College London</a>	553	3.9	2.94	87.1	959
5	5	<a href="#">Durham</a>	501	4.1	2.72	78.5	912
6	6	<a href="#">St Andrews</a>	515	4.2	2.72	74.1	855
6	8	<a href="#">Warwick</a>	496	4.0	2.80	77.6	855
8	7	<a href="#">University College London</a>	495	4.0	2.84	79.9	847
9	9	<a href="#">Lancaster</a>	409	4.0	2.71	73.6	841
10	10	<a href="#">Bath</a>	457	4.1	2.71	79.1	824

# Chief Inspector of Hospitals

Czar Mike



Domain one Mike



Chief Inspector Mike





## How can hospital services best be assessed?

- Work in progress!
- CQC will soon start a consultation – please comment.
- Assessments will be based on a combination of:
  - Surveillance (from multiple data sources)
  - Inspection (initially only some hospitals)
- We will learn from the Keogh Review of 14 hospitals with high mortality.
- The inspection process will have greater depth and specialisation than previously

## Conclusions

- Cancer intelligence has come a long way in the past 13 years.
- We still have further to go to ensure we have the “best cancer intelligence in the world”.
- Learning from cancer will be useful in assessing hospitals – but there may well be lessons for cancer too.