

A Brave New Information World: NCIN and PHE 6 months on....

Dr Mick Peake

Clinical Lead

National Cancer Intelligence Network



Main issues



- Transition to Public Health England
- Working with the 'New NHS'
- Development of a single English Cancer Registration System
- 'New' datasets (RTDS, Diagnostic Imaging [DIDs], COSD.....)



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Move to Public Health England



- PHE is in Civil Service, rather than NHS
 - Part of the 'Knowledge' Directorate
 - Tenuous, but evolving links with NHS England
 - Loss of Clinical Network links
- Move to 'disease registration' and a range of 'Health Intelligence Networks' (Mental Health, Cardiovascular, Maternity & Child Health, etc.) - dilution
- Potential loss of identity and independence
- Stronger links with a new public health & local authority 'community'

Re-structuring - NCIN



- Di Riley now acting head of NCIN (Chris Carrigan leading on wider Health Intelligence Networks)
- Communications, press and events management part of PHE
- Central analytical resource maintained but more and varied pressures
- New analytical posts funded by CRUK and Macmillan – agreed work programmes

Re-structuring - NCIN



- New 'Funders Group' chaired by Sean Duffy
 - NHS England
 - PHE
 - DH
 - CRUK
 - Macmillan

Re-structuring – Cancer Registration (England)

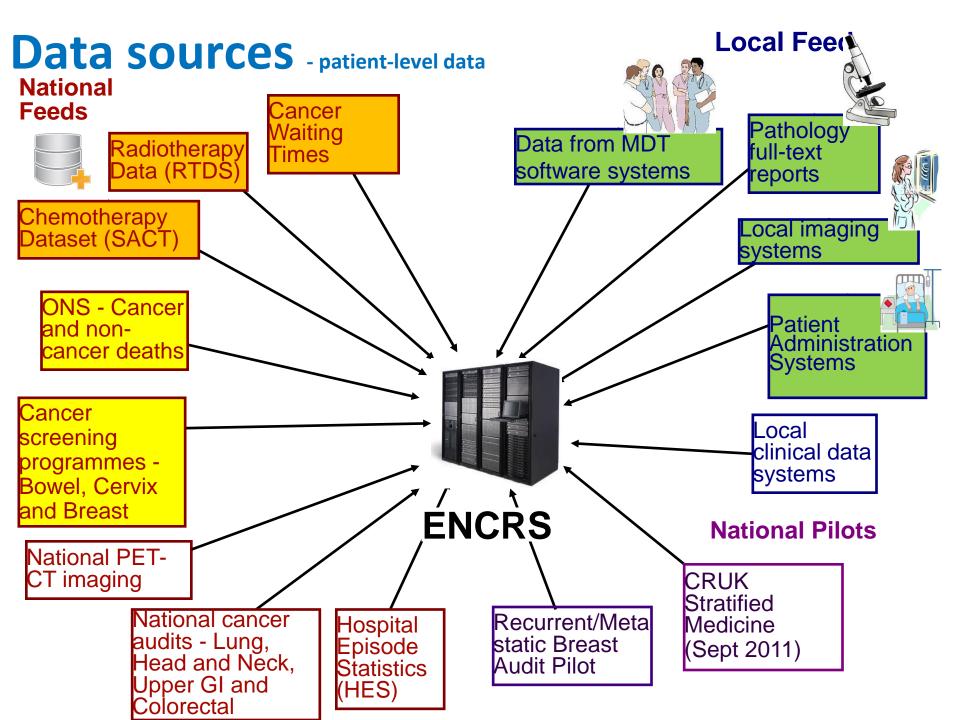


- Cancer Registration split from data analysis single National Cancer Registration Service, led by Jem Rashbass
- Analytical workforce moved into 8 Knowledge and Intelligence Teams (KITs)
- KITs responsible for delivering SSCRG Work Programmes; vary in size and expertise
- Threat of 'dilution' into non-cancer areas

The English National Cancer Registration System



- English National Cancer Registration System
 - Near real-time comprehensive data collection and quality assurance over the entire cancer care pathway on all patients treated in England
 - Single national system across England
 - Routine electronic sources in registry practice
- Single integrated workforce Director of Disease
 Registration Dr Jem Rashbass
- Strong operational links with network/trust leads
- Pan-England roll-out recently completed



Datasets



- Radiotherapy Dataset (RTDS), 2009.....
- Diagnostic Imaging Dataset (DIDs), 2012...
- Systemic Anti-Cancer Therapy Dataset (SACT), 2012....
- Cancer Outcomes & Services Dataset (COSD), 2013.....

Staging completeness - 2012



Using information to improve quality & choice

Table No. & Parameters	England Average	ECRIC	NWCIS	NYCRIS	ociu	swcis	Thames	Trent	WMCIU
All Invasive (xnmsc)	51%	76%	54%	46%	24%	72%	30%	34%	73%
Breast	66%	92%	68%	78%	36%	87%	29%	50%	87%
Colorectal (inc' anal canal)	70%	90%	76%	66%	35%	84%	63%	61%	85%
Gynaecological	61%	89%	56%	71%	4%	80%	59%	54%	77%
Haematological	25%	60%	20%	4%	6%	41%	15%	12%	41%
Head & Neck	58%	75%	62%	64%	31%	78%	44%	28%	82%
Hepatobilliary & Pancreas	32%	35%	30%	27%	20%	55%	10%	16%	63%
Lung	71%	86%	68%	54%	67%	84%	54%	62%	90%
Male Reproductive Organs	49%	84%	55%	56%	1%	73%	20%	12%	89%
Malignant Melanoma of Skin	57%	89%	64%	42%	36%	89%	5%	35%	92%
Prostate	44%	94%	53%	25%	4%	80%	15%	7%	74%
Sarcoma	12%	7%	24%	4%	10%	17%	4%	6%	25%
Upper Gastro Intestinal	49%	63%	66%	53%	19%	68%	25%	22%	78%
Urological	44%	91%	37%	31%	5%	79%	13%	10%	84%

Issues



- Resources stretched; need for prioritisation
- Need to re-build the links with the NHS clinical and commissioning community
- Need to make information of more direct relevance to the NHS
- Need to make better use of data for research clinical trials
- Huge potential of the new NCRS & datasets

Service profiles



using information to improve quality & choice

- Breast & Colo-rectal cancers 2012
- Lung cancer (excluding highly specialised MDTs) – 2013
- September 2013: Sarcoma, Gynaecological, Head & Neck and Upper GI cancers

www.cancertoolkit.co.uk

NHS Acute Trust

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Statistical significance cannot be assessed

England median

England median

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national cancer intelligence network

National Cancer Action Team
Part of the National Cancer Programme

		Selec	ct Trust/MDT	^↑		Percentag	ge or rate	1	Trus	t rate or percentage compared to En	e compared to England		
Section	#	Indicator	No. patie case valu	ents/ es or	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period
	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)		304				207	41	• •	588	NCDR	2010
Size		Number of NLCA patients - lung cancer		329				191	1	Uning information to improve of	tality o	NLCA	2011
	3	Number of NLCA patients - mesothelioma		-11				10	0	* O	31	NLCA	2011
	4	Patients (from #1) aged 70+		188	62%	56%	67%	61%	39%	•	75%	NCDR	2010
6	5	Patients (from #1) with recorded ethnicity		295	97%	94%	98%	93%	66%	•	100%	NCDR	2010
.s 7 2010)	6	Patients (from #5) with recorded ethnicity which is not White-British		3	1%	0%	3%	7%	0%	O • 1	46%	NCDR	2010
Demographics (based on newly gnosed patients, 207	7	Patients (from #1) who are Income Deprived (2)			29%			16%	7%	* 0	34%	NCDR	2010
rap on n atie		Male patients (from #1)		161	53%	47%	58%	55%	43%	O •	72%	NCDR	2010
nog ed c	9	Number and proportion of patients (from #2) with a stage assigned		326	99%	97%	100%	92%	36%	• <u>•</u> •	100%	NLCA	2011
Den (bas		Number and proportion of patients, excluding SCLC, with stage I or II assigned		83	29%	24%	35%	24%	10%	••	68%	NLCA	2011
liagi	11	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned		36	13%	9%	17%	14%	4%	0	30%	NLCA	2011
•	12	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assign	ned	167	58%	53%	64%	62%	13%	O *	80%	NLCA	2011
	13	Proportion of patients (from #2) with a Performance Status assigned		286	87%	83%	90%	89%	2%	0	100%	NLCA	2011
	14	Peer review: Does the specialist team have full membership? (3)		SA	Yes							NCPR	2010/11
Specialist	15	Peer review: Proportion of peer review indicators met		SA	85%			89%				NCPR	2010/11
Team	16	Peer review: are there immediate risks? (4)		SA	No							NCPR	2010/11
roum	17	Peer review: are there serious concerns? (4)		SA	No							NCPR	2010/11
	18	Number and proportion of patients (from #2) seen by CNS (5)		206	63%	57%	68%	79%	0%	○ ◆	100%	NLCA	2011
	19	Number of urgent GP referrals for suspected cancer		406				293	0	0	853	CWT	2010/11
	20	Number and proportion of patients (from #2) with confirmed NSCLC		184	56%	52%	60%	62%	0%	0.	93%	NLCA	2011
Throughput	21	Number and proportion of patients (from #2) with confirmed SCLC		40	12%	9%	16%	12%	0%	o	100%	NLCA	2011
and pathology	22	Number and proportion of patients (from #2) with confirmed NSCLC who are diagram	nosed NOS	21	11%	8%	17%	19%	0%	○ ◆	79%	NLCA	2011
patriology	23	Number and proportion of patients (from #2) with histological confirmation of diagn	osis	228	69%	64%	74%	77%	52%	O •	100%	NLCA	2011
	24	Estimated proportion of tumours with emergency presentations [experimental]		94	47%	40%	54%	37%	2%	♦ 0	97%	HES	2011
	25	Q2 2012/13: Urgent GP referral for suspected cancer seen within 2 weeks		135	96%	92%	98%	97%	88%	O*	100%	CWT	2012/13 Q2
184 141	26	Q2 2012/13: Treatment within 62 days of urgent GP referral for suspected cancer		15	73%	52%	87%	80%	0%	O *	100%	CWT	2012/13 Q2
Waiting times	27	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]		103	25%	21%	30%	24%	4%	•0	46%	CWT	2011/12
times	28	Cases treated that are urgent GP referrals with suspected cancer [experimental]		34	25%	19%	33%	39%	0%	•	76%	CWT	2011/12
	29	Q2 2012/13: First treatment began within 31 days of decision to treat		14	100%	78%	100%	99%	91%	• •	100%	CWT	2012/13 Q2
	30	No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or ra	diotherapy	174	53%	47%	58%	60%	36%	0 💠	100%	NLCA	2011
	31	No. and proportion resected of patients (from #2) excluding confirmed SCLC		50	17%	13%	22%	16%	0%	•••	38%	NLCA	2011
Donation	32	No. and proportion resected of patients (from #2) with confirmed NSCLC		48	26%	20%	33%	21%	0%	• 0	45%	NLCA	2011
Practice	33	No. and proportion resected of patients (from #2), excluding confirmed SCLC ,with stag	e I and II disease	40	48%	38%	59%	53%	0%	0.	100%	NLCA	2011
	34	No. and proportion of patients (from #2) with confirmed SCLC receiving chemothe	rapy	27	68%	52%	80%	68%	0%	· ·	100%	NLCA	2011
	35	No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving	chemotherapy	28	58%	44%	71%	55%	0%	•	100%	NLCA	2011
Outcomes	36	First outpatient appointments and proportion of all outpatient appointments	23	3,053	41%	41%	41%	32%	15%	• • • •	68%	PBR SUS	2011/12
and	37	NLCA: Median survival in days and adjusted hazard ratio for mortality		176	0.95	0.82	1.11	1.0	0.57	0	1.49	NLCA	2011
Recovery	38	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year			1.43	0.97	2.11	1.0	0.40	• •	2.67	NLCA	2011
Patient	39	Patients surveyed & % reporting always being treated with respect & dignity (6)		13	n/a			83%	66%	.	100%	CPES	2011/12
Experience -	40	Number of survey questions and % of those questions scoring red and green %	Red	0	n/a				0%		78%	CPES	2011/12
CPES (4)	41		Green	U	n/a				0%		69%	CPES	2011/12
Notes: (1) Large	differe	ences between indicators #1 and #2 are likely to indicate a large fraction of patients referred to or from	om the trust (2) Based on pati	tient post	code and u	ses the Index	of Multiple Dep	rivation (IMD) 2010; (3	8) Peer Review (NCPR) source -			

Notes: (1) Large differences between indicators #i and #Z afe likely to indicate a large fraction or patients required to or from the trust (2) based on patient postcode and uses the index or Multiple Deprivation (intit) 2010; (3) Peer Rewew (NCEPH) source - IVE—Internal Verification, PR—Peer Review, SA—Self-Assessment; Anni—Annesty; (4) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (5) CNS = Clinical Nurses Specialist; (6) value = total number of suney respondents for tumour group. (7) Based on scoring method used by the Department of Health - red/green scores given for suney 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 survey questions, used as the denominator to calculate the % of red/greens for the trust; (8) CPES = Cancer Patient Experience Survey.

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NHS Acute Trust

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England median

Lowest 25th 75th Highest in England



Select Trust/MDT Percentage or rate Trust rate or percentage compared to England Lower 95% Upper 95% patients/ Indicator Section Trust confidence England Range Source cases or Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1) Number of NLCA patients - lung cancer Size Number of NLCA patients - mesothelioma Patients (from #1) aged 70+ Patients (from #1) with recorded ethnicity diagnosed patients, 2010) Patients (from #5) with recorded ethnicity which is not White-British **Demographics** (based on newly Patients (from #1) who are Income Deprived (2) Male patients (from #1) Number and proportion of patients (from #2) with a stage assigned 9 Number and proportion of patients, excluding SCLC, with stage I or II assigned 10 Throu Number and proportion of patients, excluding SCLC, with a stage IIIA assigned patho Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned Proportion of patients (from #2) with a Performance Status assigned 27 Urgent GP referrals for suspected cancer diagnosed with cancer [experimental] 30% 2011/12 Cases treated that are urgent GP referrals with suspected cancer [experimental] 34 25% 19% 33% 39% 2011/12 14 100% 78% 100% 99% Q2 2012/13: First treatment began within 31 days of decision to treat CWT 2012/13 Q2 174 53% 47% 58% 60% No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or radiotherapy **NLCA** 2011 22% No. and proportion resected of patients (from #2) excluding confirmed SCLC 50 17% 13% 16% **NLCA** 2011 No. and proportion resected of patients (from #2) with confirmed NSCLC 48 26% 20% 33% 21% NLCA 2011 Practice 33 No. and proportion resected of patients (from #2), excluding confirmed SCLC ,with stage I and II disease 48% 38% 59% 53% **NLCA** 2011 No. and proportion of patients (from #2) with confirmed SCLC receiving chemotherapy 27 52% 80% 68% 68% **NLCA** 2011 No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy 44% 71% 58% 55% **NLCA** Outcomes First outpatient appointments and proportion of all outpatient appointments 23,053 41% 41% 41% 32% 159 PBR SUS 2011/12 NLCA: Median survival in days and adjusted hazard ratio for mortality 0.95 0.82 1.11 and 176 1.0 **NLCA** 2011 Recovery NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year 34% 1.43 0.97 211 1.0 **NLCA** 2011 39 Patients surveyed & % reporting always being treated with respect & dignity (6) 83% **CPES** n/a 669 2011/12 Patient Experience Number of survey questions and % of those questions scoring red and green n/a 2011/12 **CPES** (4) **CPES** 2011/12 Votes: (1) Large differences between indicators #1 and #2 are likely to indicate a large fraction of patients referred to or from the trust (2) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (3) Peer Review (NCPR) source

Notes: (1) Large dimeterizes between indicators with and #2 are linkely to indicate a large flaction or patients relieved to inform the trust (2) based on patients positively indicated a large flaction of patients relieved to inform the trust (2) based on patients positively indicated a large flaction of patients relieved to inform the trust (2) based on patients positively indicated a large flaction of patients relieved to indicate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (5) CNB = Clinical Nurse Specialist; (6) value = total number of sunvey 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 survey questions, used as the denominator to calculate the % of red/greens for the trust; (8) CPES = Cancer Patient Experience Survey.

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Lowest 25th 75th Highest in England



National Cancer Action Team Part of the National Cancer Programme

					Select Trust/MDT	1		Percenta	ge or rate		Trus	t rate or percentage compared to Er	ngland	•		
Section	#	Indicator				No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period	
				d lung cancer patients per year, 2010 [exp	perimental] (1)	304				207	41	Voice information to improve	588	NCDR	2010	
Size		Number of NLCA		9		329				191	1	Uning information to improve of	uggty .	NLCA	2011	
	_	Number of NLCA	11				10	0	*0	31	NLCA	2011				
	4	Patients (from #1)				188	62%	56%	67%	61%	39%	Ŷ,	75%	NCDR	2010	
10)		Patients (from #1)		<u> </u>		295	97%	94%	98%	93%	66%	0	100%	NCDR	2010	
Demographics (based on newly agnosed patients, 2010)		, ,	,	orded ethnicity which is not White-British Income Deprived (2)		3	1% 29%	0%	3%	7%	0%		46% 34%	NCDR	2010	
r phi new ients		Male patients (from #1)		Income Deprived (2)		161	53%	47%	58%	16% 55%	43%		72%	NCDR NCDR	2010 2010	
ogra d on pati				patients (from #2) with a stage assigned		326	99%	97%	100%	92%	36%	***	100%	NLCA	2010	
ased				patients, excluding SCLC, with stage I or I	Lassigned	83	29%	24%	35%	24%	10%	• 0	68%	NLCA	2011	
a) a) a)				patients, excluding SCLC, with a stage IIIA		36	13%	9%	17%	14%	4%	0.	30%	NLCA	2011	
ਚੌ				patients, excluding SCLC, with a stage IIIE		167	58%	53%	64%	62%	13%	0.	80%	NLCA	2011	
				p #2) with a Performance Status assigned		286	87%	83%	90%	89%	2%	O	100%	NI CA	2011	
			4.4	Door ravious Doos H	a anacialist too	m hav	o full	mamh	orobin	2 /21					2010/11	
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Sp 1					•					. ,					2010/11	
'			15	Peer review: Proport	ion of near revie	ow indi	icator	e mot							2010/11	
_			10	reel leview. Flopoli	ion of beet text	ow intu	icator	2 11161							2011	
St	ne	cialist		<u> </u>	1											
Thre	•	oldillo.	16	Peer review: are the	re immediate ris	ks? (4			2011							
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pat	16	taili		D 1 0	and the second	_		2011								
			17	Peer review: are the	re serious conce	erns? (2011								
			•••				(. /								2011	
			40	Musealana anal masanant	f! //			2012/13 Q2								
W			18	Number and proport	ion of patients (1	rom #		2012/13 Q2 2011/12								
t	20	Cases treated tha		ent GP referrals with suspected cancer [e:		24	25%	19%	33%	39%	00/		700/	CWT	2011/12	
				nt began within 31 days of decision to trea	· · · · · · · · · · · · · · · · · · ·	14	100%	78%	100%	99%	91%	• 6	100%	CWT	2011/12 2012/13 Q2	
				ents (from #2) receiving surgery, chemothe		174	53%	47%	58%	60%	36%	0 •	100%	NLCA	2011	
				ed of patients (from #2) excluding confirme		50	17%	13%	22%	16%	0%	•••	38%	NLCA	2011	
5	32	No. and proportio	n resecte	ed of patients (from #2) with confirmed NS	CLC	48	26%	20%	33%	21%	0%	•	45%	NLCA	2011	
Practice	33	No. and proportion	40	48%	38%	59%	53%	0%	O+	100%	NLCA	2011				
	34	No. and proportion	on of patie	ents (from #2) with confirmed SCLC receivents	ing chemotherapy	27	68%	52%	80%	68%	0%	o l	100%	NLCA	2011	
	35	No. and prop. of pa	m #2) with stage IIIB/IV, PS 0-1 excl. conf. S	28	58%	44%	71%	55%	0%	•	100%	NLCA	2011			
Outcomes	36	First outpatient ap	ppointme	nts and proportion of all outpatient appoin	ments	23,053	41%	41%	41%	32%	15%	• •	68%	PBR SUS	2011/12	
and		37 NLCA: Median survival in days and adjusted hazard ratio for mortality					0.95	0.82	1.11	1.0	0.57	O •	1.49	NLCA	2011	
Recovery				nts surviving at one year and adjusted odd	• •	34%	1.43	0.97	2.11	1.0	0.40	• 0	2.67	NLCA	2011	
Patient				orting always being treated with respect &		13	n/a			83%	66%	*	100%	CPES	2011/12	
Experience -		Number of survey	question	s and % of those questions scoring red ar	-	0	n/a				0%		78%	CPES	2011/12	
CPES (4)	41	11 (7) (69% CPES 2) General Properties of patients referred to or from the trust (2) Based on patient postcode and uses the loder of Multiple Denovation (IMD) 2010: (3) Peer Review (NCPR) source -									0%	N. D (NODD)	2011/12			

Notes: (1) Large differences between indicators #1 and #2 are likely to indicate a large fraction of patients referred to or from the trust (2) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (3) Peer Review (NCPR) source - W=Internal Verification, PR=Peer Review, SA=Self-Assessment, Amn=Amnesty; (4) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (6) CNS = Clinical Nurse Specialist; (6) 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 survey questions, used as the denominator to calculate the % of red/greens for the trust; (8) CPES = Cancer Patient Experience Survey.

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Trust rate or percentage compared to England



National Cancer Action Team

Section		#	Indicator				Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period		
		1	Number of newly di	iagnose	l lung cancer patients per year, 2010 [experimental] (1)	304				207	41	• •	588	NCDR	2010		
Size			Number of NLCA p		0	329				191	1	Haing information to improve of	wality o	NLCA	2011		
	-	3	Number of NLCA p	oatients -	mesothelioma	11				10	0	•0	31	NLCA	2011		
	1	4	Patients (from #1) aged 70+				62%	56%	67%	61%		Ŷ.	75%	NCDR	2010		
6			Patients (from #1) with recorded ethnicity Patients (from #5) with recorded ethnicity which is not White-British			295	97%	94%	98%	93%		• •	100%	NCDR	2010		
cs 1/2,		-			,	3	1%	0%	3%	7%		00	46%	NCDR	2010		
phi new ents		-			Income Deprived (2)	404	29%	4704	500/	16%		• 0	34%	NCDR	2010		
gra on pati			Male patients (from		ationts (from #2) with a stage assigned	161	53%	47% 97%	58% 100%	55% 92%		•	72%	NCDR	2010		
Demographics (based on newly gnosed patients, 2010)		-	Number and proportion of patients (from #2) with a stage assigned Number and proportion of patients, excluding SCLC, with stage I or II assigned			326 83	99% 29%	24%	35%	24%		••	100%	NLCA NLCA	2011		
De gno		-			eatients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	14%		0	30%	NLCA	2011		
`	L		Number and prope	بام ممناس	ationto avaludina CCI C with a stone IIID and IV assigned	107	E00/	500/	0.40/	000/	400/	\sim	000/	NLOA	2011		
				19	Number of urgent GP referrals for	r suspected cancer											
Sp				20	Number and proportion of patients	on of patients (from #2) with confirmed NSCLC											
1 11	nr		ughput	21	Number and proportion of patients	(from	#2)	with c	onfirm	ed S	CLC)					
n	ai		nd ology	22	Number and proportion of patients	(from	#2)	with c	onfirm	ed N	SCI	_C who are diagnosed N	NOS				
Thre P			.c.cgy	23	Number and proportion of patients	(from	#2)	with h	istolog	ical o	conf	irmation of diagnosis					
pui				24	Estimated proportion of tumours w	vith en	nerge	ency p	resent	ation	s [e	xperimental]					

Percentage or rate

Waiting times

Q2 2012/13: Urgent GP referral for suspected cancer seen within 2 weeks

Q2 2012/13: Treatment within 62 days of urgent GP referral for suspected cancer

Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]

Cases treated that are urgent GP referrals with suspected cancer [experimental]

29 Q2 2012/13: First treatment began within 31 days of decision to treat

Select Trust/MDT

	90	to and properly paronic (normally marolage morn), 100 roles of more obtained by	20	3070	77/0	7 1 70	3370	0 70		10070	N-LO
Outcomes	36	First outpatient appointments and proportion of all outpatient appointments	23,053	41%	41%	41%	32%	15%	• 0	68%	PBR S
and	37	NLCA: Median survival in days and adjusted hazard ratio for mortality	176	0.95	0.82	1.11	1.0	0.57	0.	1.49	NLC
Recovery	38	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year	34%	1.43	0.97	2.11	1.0	0.40	• •	2.67	NLC
Patient	39	Patients surveyed & % reporting always being treated with respect & dignity (6)	13	n/a			83%	66%	.	100%	CPE
	40	Number of survey questions and % of those questions scoring red and green % Red	0	n/a				0%		78%	CPE
CPES (4)	41	(7) % Green	U	n/a				0%		69%	CPE
Notes: (1) Large differences between indicators #1 and #2 are likely to indicate a large fraction of patients referred to or from the trust (2) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (3) Peer Review (NCPR) source - IV=Internal Verification, PR=Peer Review, SA=Self-Assessment; Amn=Amnesty; (4) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (5) CNS = Clinical Nurse Specialist; (6) 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 survey questions, used as the denominator to calculate the % of red/greens for the trust; (8) CPES = Cancer Patient Experience Survey.											

sion 2.0 - March 2013

2011/12 2011 2011 2011/12 2011/12 2011/12

NHS Acute Trust

CPES (4)

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 Defintions' 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





% Green

						Select Trust/MDT	1		Percenta	ge or rate		Trus	t rate or percentage compare	ed to England	•		
Secti	on	#	Indicator				No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period	
					ung cancer patients per year, 2010 [ex	perimental] (1)	304				207	41	Union information to imp	588	NCDR	2010	
Size			Number of NLCA pa		-		329				191	1	• • • • • • • • • • • • • • • • • • • •	Salty o	NLCA NLCA	2011	
		4	4 Patients (from #1) aged 70+				188	62%	56%	67%	61%	30%		75%	NCDR	2011	
		5	Patients (from #1) w	ith record	led ethnicity		295	97%	94%	98%	93%	66%	• •	100%	NCDR	2010	
w_	2010)	6	Patients (from #5) wi	ith record	ed ethnicity which is not White-British		3	1%	0%	3%	7%	0%	○ ◆	46%	NCDR	2010	
Demographics (based on newly	ints,			who are Income Deprived (2)				29%			16%	7%	•	O 34%	NCDR	2010	
gra	parie		Male patients (from		ionto (from 40) with a store assigned		161	53%	47%	58%	55%	43%	• • •	72%	NCDR	2010	
emo	sed				ients (from #2) with a stage assigned ients, excluding SCLC, with stage I or	Il assigned	326 83	99% 29%	97% 24%	100% 35%	92% 24%	36% 10%		100%	NLCA NLCA	2011	
9 9	agno			on of patients, excluding SCLC, with stage IIIA assigned				13%	9%	17%	14%	4%	0	30%	NLCA	2011	
	₿	12	Number and proporti	and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned					53%	64%	62%	13%	0.	80%	NLCA	2011	
				oportion of patients (from #2) with a Performance Status assigned				87%	83%	90%	89%	2%	0	100%	NLCA	2011	
			Peer review: Does the specialist team have full membership? (3)				SA SA	Yes			2004				NCPR	2010/11	
Specia			<u>.</u>	eer review: Proportion of peer review indicators met eer review: are there immediate risks? (4)				85% No			89%				NCPR NCPR	2010/11	
Tear	1		Peer review: are the				SA SA	No							NCPR	2010/11	
		18	Number and proport	ion of pat	ients (from #2) seen by CNS (5)		206	63%	57%	68%	79%	0%	○ ◆	100%	NLCA	2011	
Throu ar patho				30 31	No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or radiotherapy No. and proportion resected of patients (from #2) excluding confirmed SCLC												
	-	Pr	actice	32	No. and proportion resected of patients (from #2) with confirmed NSCLC												
Wai	31		404.00	33	No. and proportion resected of patients (from #2), excluding confirmed SCLC ,with stage I and II disease												
				34	No. and proportion	n of patients (fro	m #2)) with	confir	med S	SCLC	rec	eiving chemothera	ру)2	
				35	No. and prop. of pa	tients (from #2) v	with sta	age II	IB/IV, F	PS 0-1	excl.	con	f. SCLC, receiving c	hemothera	ару		
Prac				36	First outpatient ap	pointments and	propo	ortion	of all	outpat	ient a	appo	pintments				
Outco			tcomes	37	NLCA: Median su	rvival in days ar	nd adju	usted	hazar	d ratio	for r	nort	ality				
aı	aric	ır	Recovery	38	NLCA: Proportion	of patients surv	viving a	at on	e year	and a	djust	ed c	odds ratio of survivi	ng 1 year			
Pat Experi		P	atient	39	Patients surveyed	& % reporting a	always	beir	ng trea	ted wi	th res	spec	ct & dignity (6)				
Notes: (Ex	1	erience -	40	NI		0/ 64				00,00100100100		T ====================================	% Red		T	
IV=Inten	ten			Number of survey	questions and	% Of t	nose	questi	ons so	corino	re	and green (/)	144)13		

Number of survey questions and % of those questions scoring red and green (7)



NCIN Conference 2014:

'The Power of Information'

9-10th June 2014 Birmingham Metropole Hotel





An overview of cancer commissioning

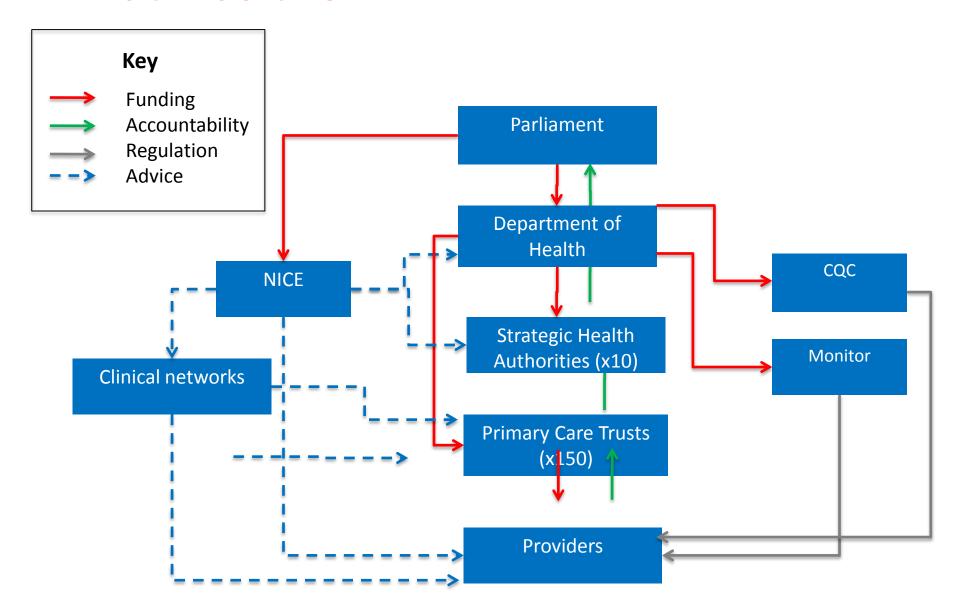
Dr Mick Peake

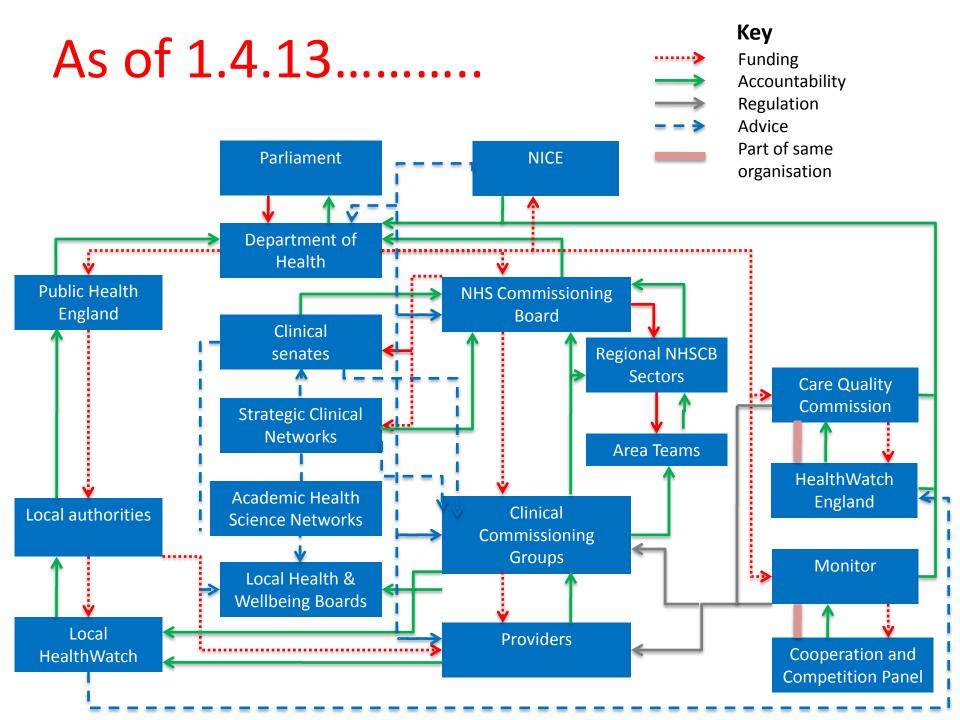
Clinical Lead

National Cancer Intelligence Network



What was then...





Specialist Commissioning

- National Service Specifications (e.g. radiotherapy, chemotherapy, mesothelioma, upper GI cancer, specialised urology, surgery....)
- Clinical Reference Groups (e.g. chemotherapy, radiotherapy, upper GI surgery, thoracic surgery......)

Specialist Commissioning

- National Service Specifications (e.g. radiotherapy, chemotherapy, mesothelioma, upper GI cancer, specialised urology, PET....)
 - Mandatory
- 74 Clinical Reference Groups 12+ relating to cancer



Specialised Commissioning Portfolio

Three overarching national clinical portfolios:

- Acute Services
- Highly Specialised Ser
- Mental Health (includin

Commissioning Board A special health authority

Cancer & Blood [15 CRGs]

- Specialised Cancer[£1225M] (CRG of CRGs marked*)
- Radiotherapy*[ETBN]
- · Chemotherapy*[ETBN]
- HIVIE657MI
- Haemophilia and other bleeding disorders[£249M]
- Blood & Marrow Transplantation*[£175M]
- Specialised Immunology and Allergy Services[£144M]

- Infectious Diseasesiesam
- Haemoglobinopathies [£17M]
- PET-CT*IETBNI
- Thoracic Surgery*
- Upper GI Surgery*
- Sarcoma*
- CNS Tumours*
- Specialised Urology*

5 NHS | Specialised Services Summit Autumn 20

Clinical Reference Groups - cancer

- Radiotherapy Nick Slevin
- PET-CT Wai Lup Wong
- Specialised Cancer Sean Duffy Mesothelioma
- Blood and Marrow transplantation Antonio Pagliuca
- Thoracic surgery Richard Page
- Upper GI Surgery William Allum
- Sarcoma Jeremy Whelan
- CNS tumours Paul Grundy
- Specialised urology Vijay Sangar
- Chemotherapy Peter Clark
- Complex Head & Neck Peter Thomson
- Teenage and Young People Cancer Rachael Hough

Clinical Commissioning Groups

- Diagnostics
- Referrals
- 'Common cancers'
 - Service specifications advisory
- Follow up
- Palliative Care

Clinical Commissioning Group Outcomes Indicator Set: Consultation

2013/14 CCGOIS

- under 75 mortality rate from cancer
- 1 and 5 year survival from all cancers
- 1 and 5 year survival from breast, lung & colorectal cancers

2014/15 potential additional indicators for cancer

- cancers diagnosed via emergency routes
- cancer stage at diagnosis
- cancers detected at stage 1 or 2
- lung cancer specific indicators
- breast cancer specific indicators

NHS Commissioning Board

Identification rules for prescribed specialised services: guide for trust information managers



Commissioning Support Units

NHS CSUs are designed to offer "an efficient, locally-sensitive and customer-focused service to CCGs"

Services offered include:

- Business intelligence
- Healthcare (clinical) procurement
- Business support services
- Communications and engagement services

18 CSUs, hosted initially by NHS England until CCGs procure their choice of future commissioning support

Issues & threats



- Linkage between specialist & CCG commissioning
- Lung cancer service specification 'advisory'
- Lack of National Leadership; loss of -
 - Time & resource for new National Cancer Director
 - National Lung Cancer Clinical Lead post
 - Lung Cancer & Mesothelioma Advisory Group
- Threats to: diagnostics, MDT support, CNSs, follow up, research time, palliative care?