

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.....)



Public Health
England

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

Dr Mick Peake

Clinical Lead

National Cancer Intelligence Network

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)

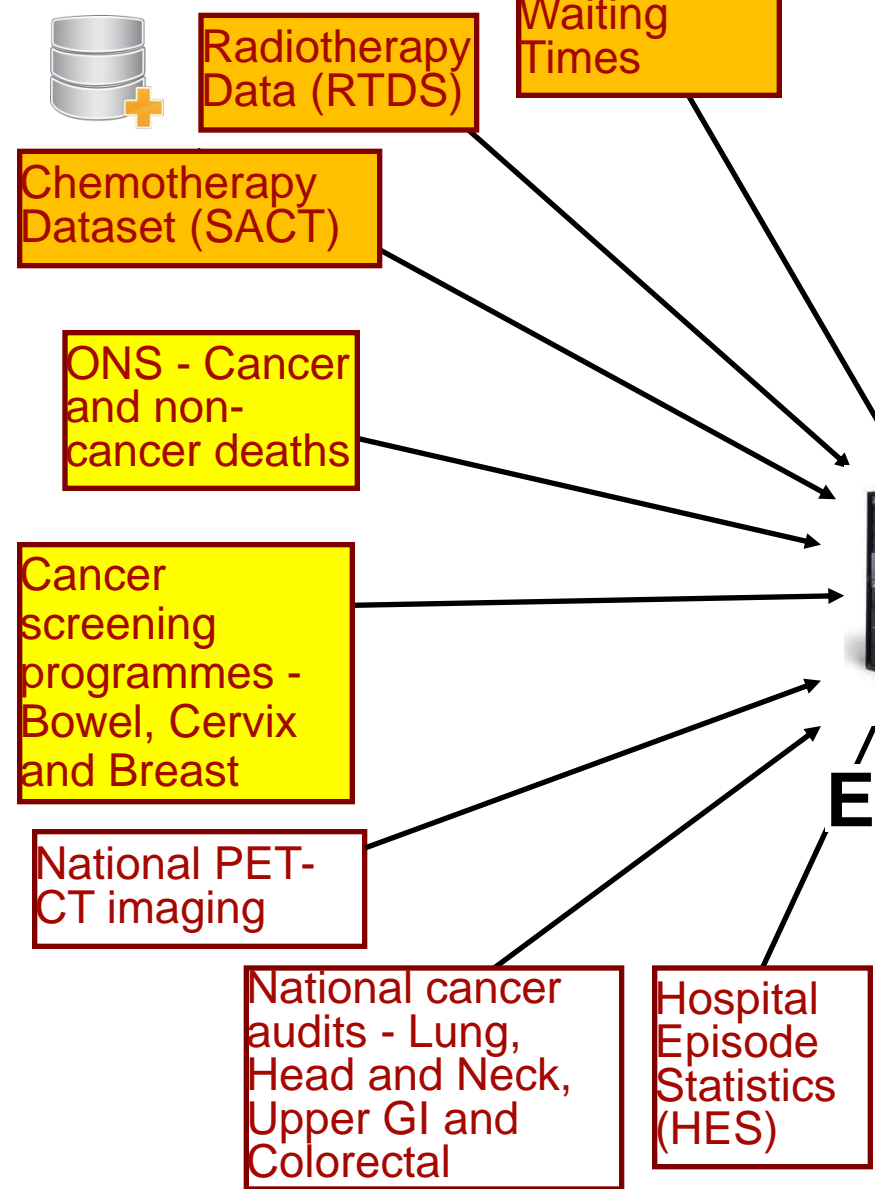
- Cancer Registration split from data analysis – single National Cancer Registration Service, led by Jem Rashbass
- Analytical workforce moved into 8 Knowledge and Intelligence Teams (KITs)
- KITs responsible for delivering SSCRG Work Programmes; vary in size and expertise
- Threat of ‘dilution’ into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

The English National Cancer Registration System

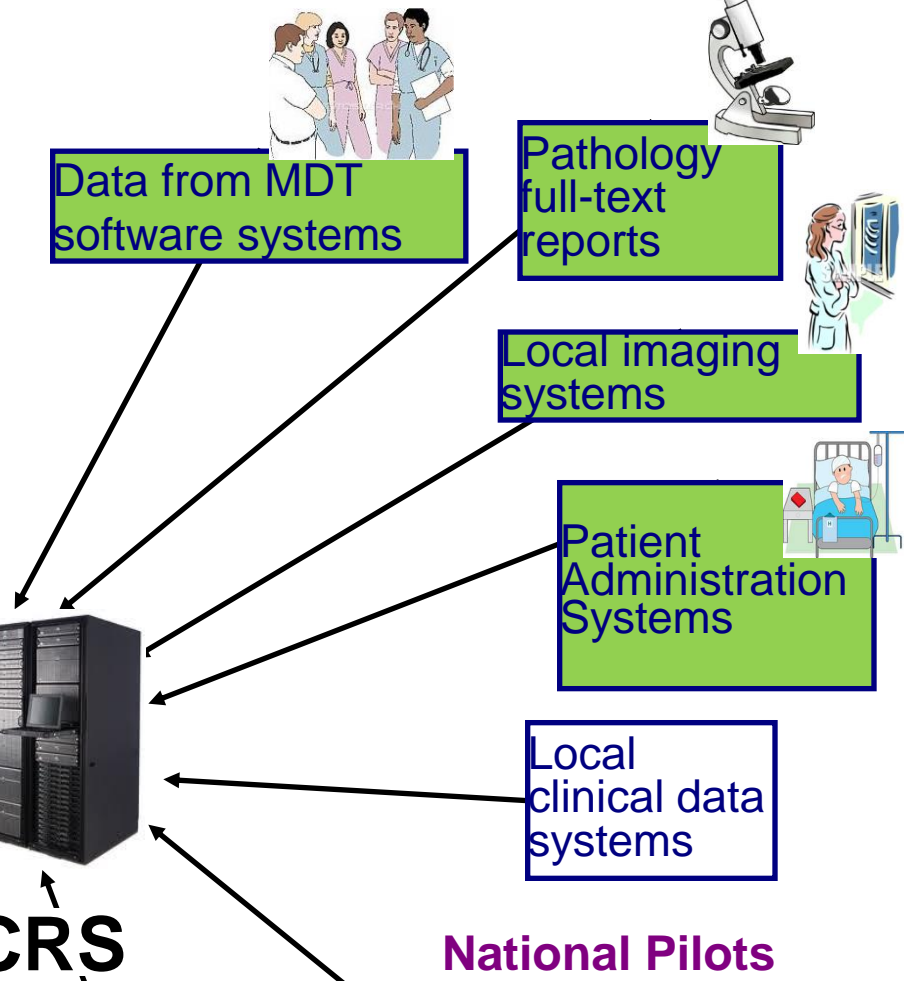
- English National Cancer Registration System
 - Near real-time comprehensive data collection and quality assurance over the entire cancer care pathway on all patients treated in England
 - Single national system across England
 - Routine electronic sources in registry practice
- Single integrated workforce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

Data sources - patient-level data

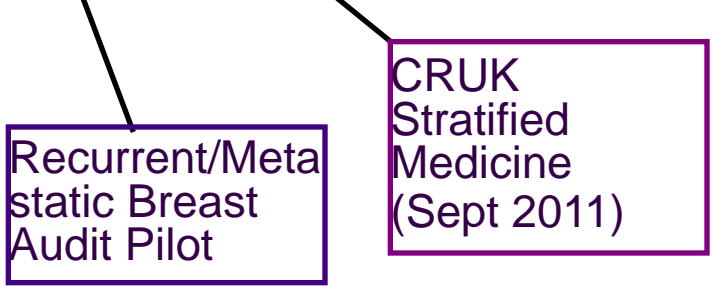
National Feeds



Local Feeds



National Pilots



ENCRS

- 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

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%
Hepatobiliary & 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%

- 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

- 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

● Trust is significantly different from England mean
○ Trust is not significantly different from England mean
○ Statistical significance cannot be assessed
◆ England mean

England median

Lowest in England 25th 50th 75th Highest in England

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

National Cancer Action Team
 Part of the National Cancer Programme

Trust rate or percentage compared to England

Select Trust/MDT 

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.
n/a = not applicable or not available

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



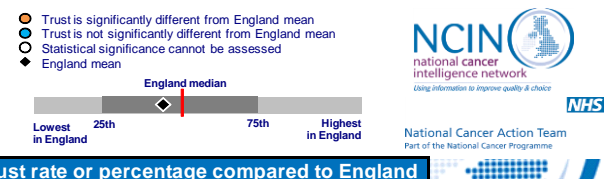
Notes: (1) Large differences between indicators #1 and #2 are likely to indicate a large fraction of patients referred to or from the trust (2) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (3) Peer Review (NCPR) source - IV=Internal Verification, PR=Peer Review, SA=Self-Assessment, 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.
n/a = not applicable or not available

Cancer Service Profiles for Lung Cancer

Data tables 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

NHS Acute Trust

Select Trust/MDT



Section	#	Indicator	No. of patients/cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Lowest	Range	Highest	Source	Period
Size	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)	304				207	41		588	NCDR	2010
	2	Number of NLCA patients - lung cancer	329				191	1			NLCA	2011
	3	Number of NLCA patients - mesothelioma	11				10	0			NLCA	2011
Demographics (based on newly diagnosed patients, 2010)	4	Patients (from #1) aged 70+	186	62%	56%	67%	61%	55%		76%	NCDR	2010
	5	Patients (from #1) with recorded ethnicity	295	97%	94%	98%	93%	66%		100%	NCDR	2010
	6	Patients (from #5) with recorded ethnicity which is not White-British	3	1%	0%	3%	7%	0%		46%	NCDR	2010
	7	Patients (from #1) who are Income Deprived (2)		29%			16%	7%		34%	NCDR	2010
	8	Male patients (from #1)	161	53%	47%	58%	55%	43%		72%	NCDR	2010
	9	Number and proportion of patients (from #2) with a stage assigned	326	99%	97%	100%	92%	36%		100%	NLCA	2011
	10	Number and proportion of patients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	24%	10%		68%	NLCA	2011
	11	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	14%	4%		30%	NLCA	2011
	12	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned	105	58%	50%	64%	68%	16%		86%	NLCA	2011
	13	Number and proportion of patients, excluding SCLC, with a stage IIB and IV assigned	105	58%	50%	64%	68%	16%		86%	NLCA	2011
Sp1 Throughput and pathology	19	Number of urgent GP referrals for suspected cancer										
	20	Number and proportion of patients (from #2) with confirmed NSCLC										
	21	Number and proportion of patients (from #2) with confirmed SCLC										
	22	Number and proportion of patients (from #2) with confirmed NSCLC who are diagnosed NOS										
	23	Number and proportion of patients (from #2) with histological confirmation of diagnosis										
	24	Estimated proportion of tumours with emergency presentations [experimental]										
Waiting times	25	Q2 2012/13: Urgent GP referral for suspected cancer seen within 2 weeks										
	26	Q2 2012/13: Treatment within 62 days of urgent GP referral for suspected cancer										
	27	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]										
	28	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										
Outcomes and Recovery	36	First outpatient appointments and proportion of all outpatient appointments	23,053	41%	41%	41%	32%	15%		68%	PBR SUS	2011/12
	37	NLCA: Median survival in days and adjusted hazard ratio for mortality	176	0.95	0.82	1.11	1.0	0.57		1.49	NLCA	2011
	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	NLCA	2011
Patient Experience - CPES (4)	39	Patients surveyed & % reporting always being treated with respect & dignity (6)	13	n/a			83%	66%		100%	CPES	2011/12
	40	Number of survey questions and % of those questions scoring red and green										
	41	(7)										

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; Ann=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.

n/a = not applicable or not available

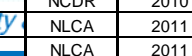

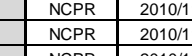
● Trust is significantly different from England mean
● Trust is not significantly different from England mean
◊ Statistical significance cannot be assessed
◆ England mean

England median

Lowest in England 25th 75th Highest in England

NCIN national cancer intelligence network
 Using information to improve quality of choice
 NHS
 National Cancer Action Team
 Part of the National Cancer Programme

Trust rate or percentage compared to England

Section	#	Indicator	No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	Highest	Source	Period		
Size	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)	304				207	41		588	NCDR	2010		
	2	Number of NLCA patients - lung cancer	329				191	1		588	NLCA	2011		
	3	Number of NLCA patients - mesothelioma	11				10	0		34	NLCA	2011		
Demographics (based on newly diagnosed patients, 2010)	4	Patients (from #1) aged 70+	188	62%	56%	67%	61%	59%		75%	NCDR	2010		
	5	Patients (from #1) with recorded ethnicity	295	97%	94%	98%	93%	66%		100%	NCDR	2010		
	6	Patients (from #5) with recorded ethnicity which is not White-British	3	1%	0%	3%	7%	0%		46%	NCDR	2010		
	7	Patients (from #1) who are Income Deprived (2)		29%			16%	7%		34%	NCDR	2010		
	8	Male patients (from #1)	161	53%	47%	58%	55%	43%		72%	NCDR	2010		
	9	Number and proportion of patients (from #2) with a stage assigned	326	99%	97%	100%	92%	36%		100%	NLCA	2011		
	10	Number and proportion of patients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	24%	10%		68%	NLCA	2011		
	11	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	14%	4%		30%	NLCA	2011		
	12	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned	167	58%	53%	64%	62%	13%		80%	NLCA	2011		
	13	Proportion of patients (from #2) with a Performance Status assigned	286	87%	83%	90%	89%	2%		100%	NLCA	2011		
	Specialist Team	14	Peer review: Does the specialist team have full membership? (3)	SA	Yes								NCPR	2010/11
		15	Peer review: Proportion of peer review indicators met	SA	85%			89%					NCPR	2010/11
		16	Peer review: are there immediate risks? (4)	SA	No								NCPR	2010/11
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		

Through an appropriate pathway	Practice	30	No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or radiotherapy	
Waiting time		31	No. and proportion resected of patients (from #2) excluding confirmed SCLC	
		32	No. and proportion resected of patients (from #2) with confirmed NSCLC	
		33	No. and proportion resected of patients (from #2), excluding confirmed SCLC ,with stage I and II disease	
		34	No. and proportion of patients (from #2) with confirmed SCLC receiving chemotherapy	
		35	No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy	
Practice	Outcomes and Recovery	36	First outpatient appointments and proportion of all outpatient appointments	
Outcome and Recovery		37	NLCA: Median survival in days and adjusted hazard ratio for mortality	
		38	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year	
Patient Experience - CPES	Patient Experience - CPES (4)	39	Patients surveyed & % reporting always being treated with respect & dignity (6)	
Notes: (1) IV=Interim number respondents n/a = no answer		40	Number of survey questions and % of those questions scoring red and green (7)	% Red
		41		% Green

NCIN Conference 2014:

‘The Power of Information’

9-10th June 2014

Birmingham Metropole Hotel

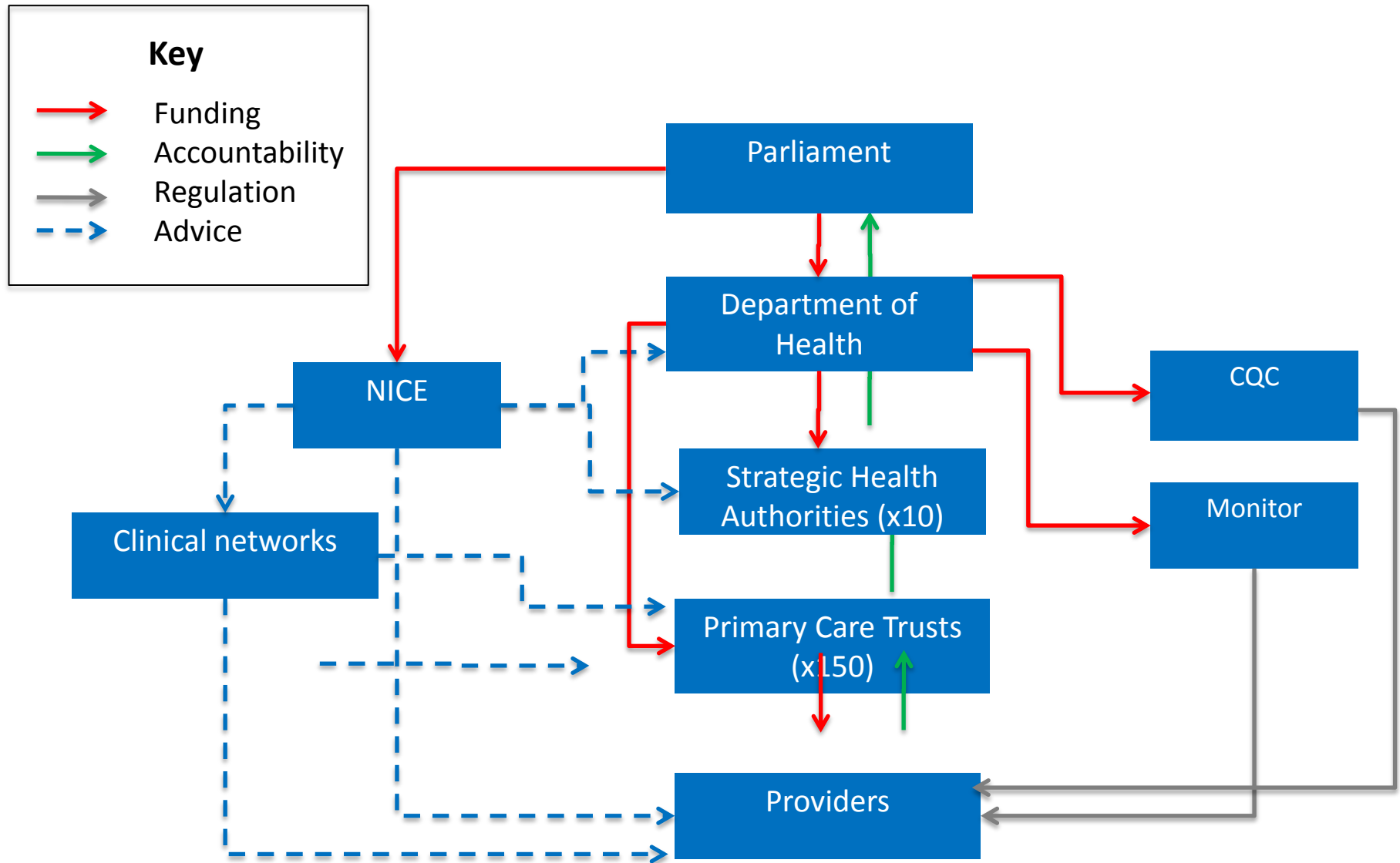
An overview of cancer commissioning

Dr Mick Peake

Clinical Lead


National Cancer Intelligence Network

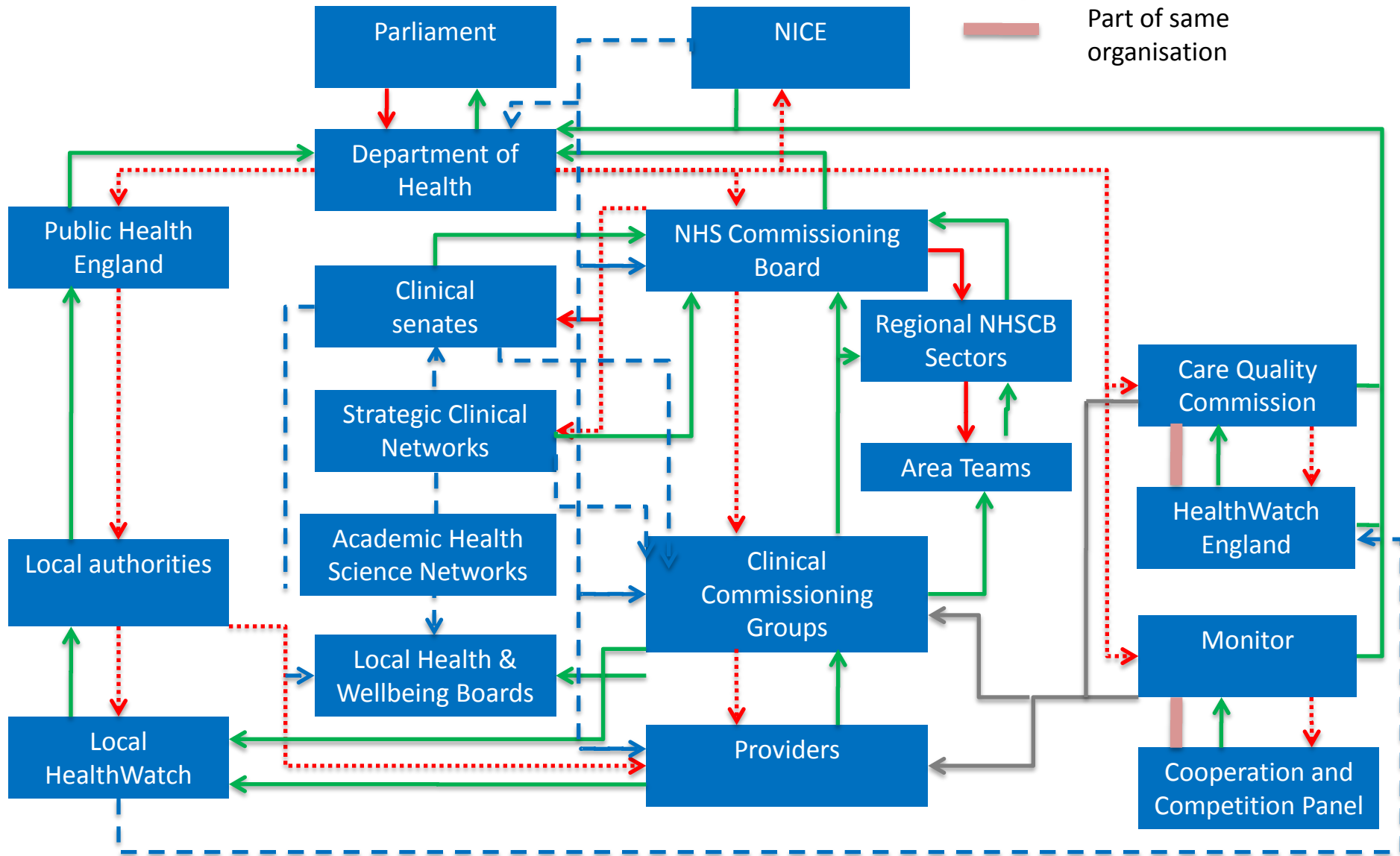
What was then...



As of 1.4.13.....

Key

-  Funding
-  Accountability
-  Regulation
-  Advice
-  Part of same organisation



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 Services
- Mental Health (including Learning Disabilities)

Cancer & Blood [15 CRGs]

- **Specialised Cancer**^[£1225M]
(CRG of CRGs marked*)
- Radiotherapy*^[ETBN]
- **Chemotherapy***^[ETBN]
- HIV^[£657M]
- Haemophilia and other bleeding disorders^[£249M]
- Blood & Marrow Transplantation*^[£175M]
- Specialised Immunology and Allergy Services^[£144M]
- Infectious Diseases^[£93M]
- Haemoglobinopathies^[£17M]
- PET-CT*^[ETBN]
- Thoracic Surgery*
- **Upper GI Surgery***
- **Sarcoma***
- **CNS Tumours***
- **Specialised Urology***

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



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?