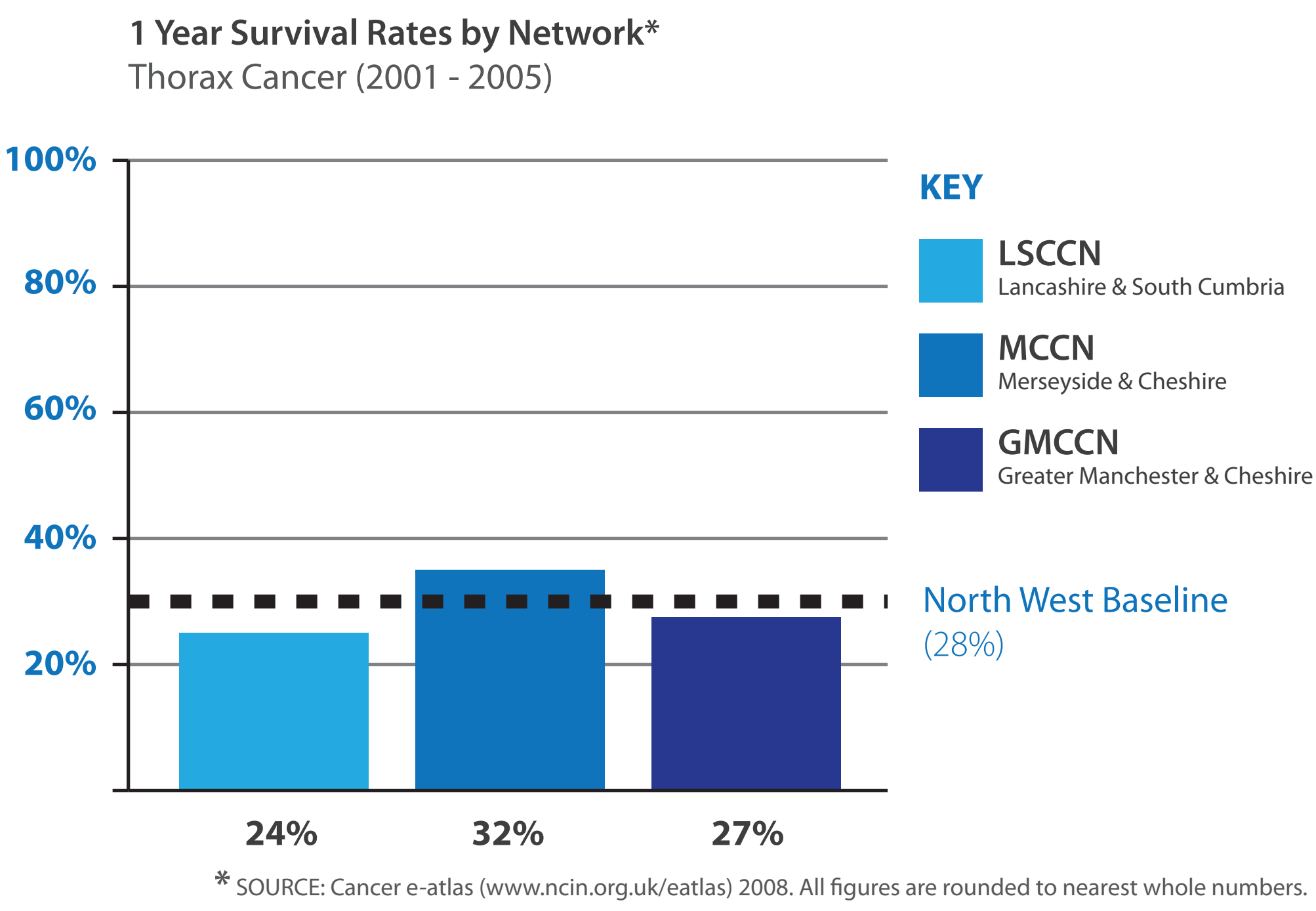


The North West Staging Project

BACKGROUND

North West Cancer Survival Rates



Cancer incidence and mortality in the North West is higher than most other areas in England – a major challenge to health services. Collecting and using improved information on different aspects of cancer services and outcomes is central to improving these services and outcomes.

Better information will enhance quality, inform commissioning and promote choice.

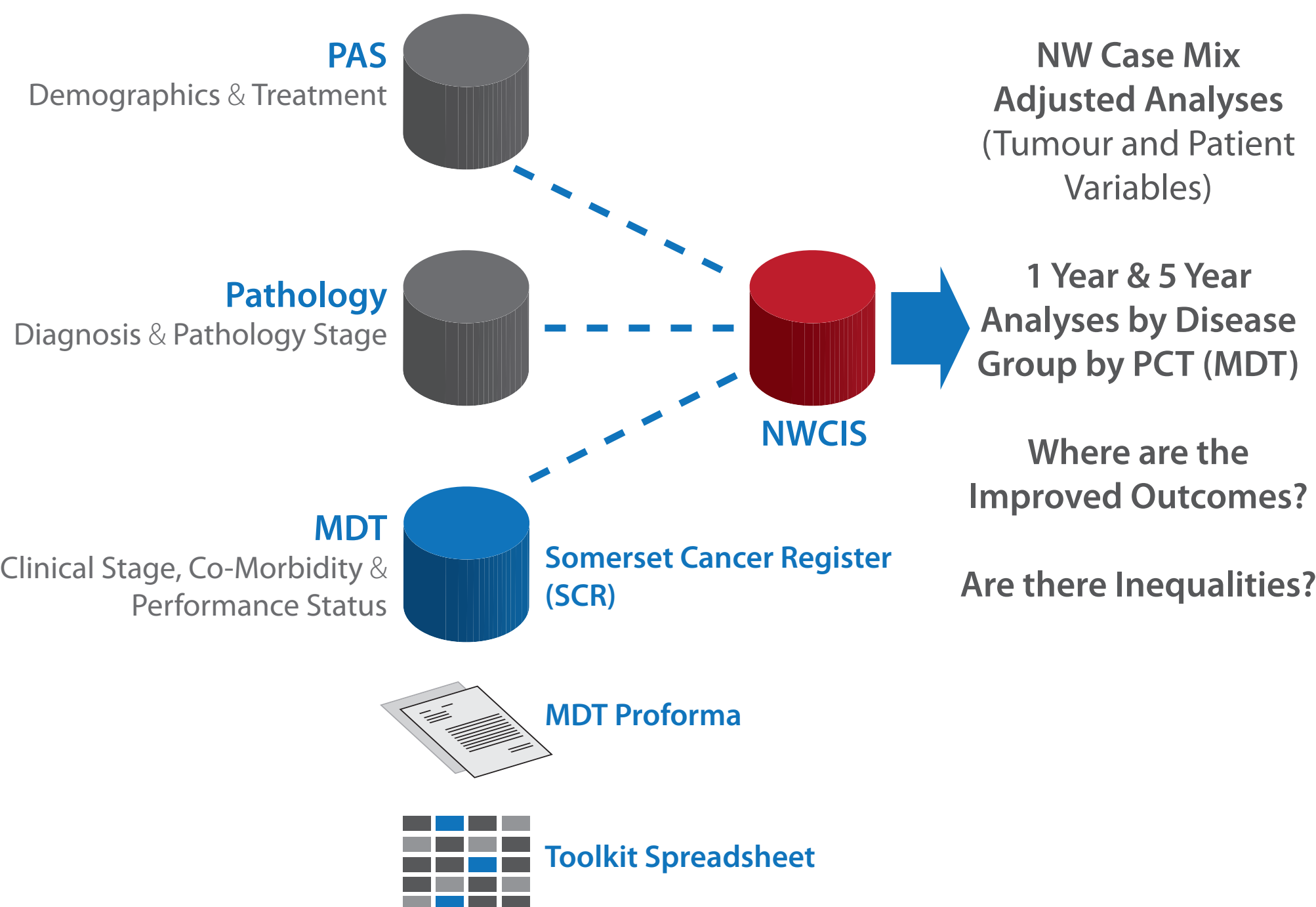
Improved data collection, analysis and feedback is a key driver for the implementation of the Cancer Reform Strategy (CRS).

“...support the development of information and intelligence, which is accessible to users, providers and commissioners of the service.”

- North West Cancer Plan

The North West Staging Project is a fundamental initiative to address the shortfall in the collection of data items that would inform richer analysis of public health, tumour advancement at presentation and the effectiveness of clinical outcomes.

The Importance of Data Flows



FIVE KEY CHALLENGES

- 1 Use of Different Staging Classifications**
 Enhance understanding of the use of TNM and site specific staging classifications
 - A Staging Sub-Group was formed to produce a success criteria report on Staging Classifications and Best Practice Recommendations
 - The report was then fed back to Trusts to encourage a common staging system in the North West Region
- 2 Understanding of Key Clinical Data Items by Non-Clinical Staff**
 Supporting development and training across networks in conjunction with NWCIS
 - Providing training and development sessions within Trusts for non-clinical staff such as the *North West SCR User Forum* held in March 2009
 - Working in conjunction with the MDT Coordinators Training Group to ensure a uniform approach
 - Live data collection, enabling data validation at point of entry
- 3 Management of the MDTs**
 Developing MDT policies, structures and processes
 MDT data collection is seen as pivotal
 Ownership of the process and the data is key
 - Engaging with trusts and individual MDTs to implement data collection tools, process and systems
 - Establish key contacts within trusts for all data sources
 - Work closely with trusts to improve data completion and quality
- 4 Different Implementation Stages**
 Ensuring shared learning, knowledge management and effective communication coordinated by the project groups
 - Shared learning
 - Increased network collaboration
 - Mutual support
- 5 Capability of Data Systems**
 To encourage and support the implementation of a correct and appropriate system
 - 25 trusts out of the 28 have signed up to using Somerset Cancer Register (SCR)
 - Simplifying data entry by consolidating systems and reducing duplications
 - Use of an SQL based system with web interface enabling data entry from all connected locations
 - Automated data abstractions from clinical systems such as PAS (*working towards pathology*)
 - Patient tracking enabling prospective tracking and data entry
 - Built in data validation rules and checks with user feedback and reporting
 - Complete data sets capturing all requirements for national and regional reporting
 - The ability to quickly adapt to changes in data collection requirements
 - Electronic transfer/exchange of data between trusts and affiliated organisations

APPROACHES & SOLUTIONS

OBJECTIVE

In May 2008, NHS North West in conjunction with the NW Cancer Networks, published the North West Cancer Plan, a regional response to the National Cancer Reform Strategy. One key pledge was a commitment to address weaknesses in the systematic collection of key clinical data items helping to inform comparative analyses on cancer control across the region. NHS North West provided £250k to establish a project aimed at supporting NW clinical teams to capture and report stronger data.

METHODS

The NW Staging Project was launched comprising senior representatives from the 3 Cancer Networks and the North West Cancer Intelligence Service (NWCIS), with each appointing a project manager.

The Networks were at various stages of developing systems for regular MDT data capture and therefore each had developed local plans within the overall project framework. Effective data collection and systematic reporting were key to the project's success. As a result, focus was on investment and development of MDT information systems not only to support reporting of data but also to help develop effective MDT working practices.

RESULTS

A major challenge of the project was understanding staging terminology and interaction between TNM and Tumour Specific Staging used by clinicians. A sub-group was formed to tackle the technical aspects of data collection and a Staging Report containing best practice recommendations was produced.

In terms of information solutions, the increased uptake of the Somerset Cancer Register system from 6 to 25 out of 28 trusts indicated a move towards simplification and consolidation of information systems across the region. Increasing engagement and dialogue between MDTs, trusts, Networks and NWCIS aided implementation and improvement of data collection tools, evidenced by the steady increase in volumes of data flowing into NWCIS.

CONCLUSION

The project has established an excellent platform for sustainable, high quality data collection and reporting, leading to much improved analyses of how effectively cancer is being controlled in the North West.

PROJECT MEMBERSHIP

The NW Staging Project was launched comprising of senior representatives from the 3 Cancer Networks and the North West Cancer Intelligence Service (NWCIS), with each appointing a project manager.

NORTH WEST REGION

Ruth Hussey
Regional Director of Public Health / SHA Medical Director

North West Cancer Intelligence Service
Steve Raynor
General Manager

Jennifer Kennedy
Registry Manager

Elsita Garcia-Russo
Project Manager

Lancashire and South Cumbria NHS Cancer Network

Kath Nuttall
Network Director

Neil Swindlehurst
Performance Improvement Manager

Russel Cowell
Project Manager

Merseyside and Cheshire NHS Cancer Network

Pat Higgins
Network Director

Jon Hayes
Deputy Network Director

Ian Connolly
Performance Improvement Manager

Karen Graham
Project Manager

Greater Manchester and Cheshire NHS Cancer Network

Toni Mathie
Network Director

Brian Knowles
Associate Network Director

Pauline Quennell
Performance Improvement Manager

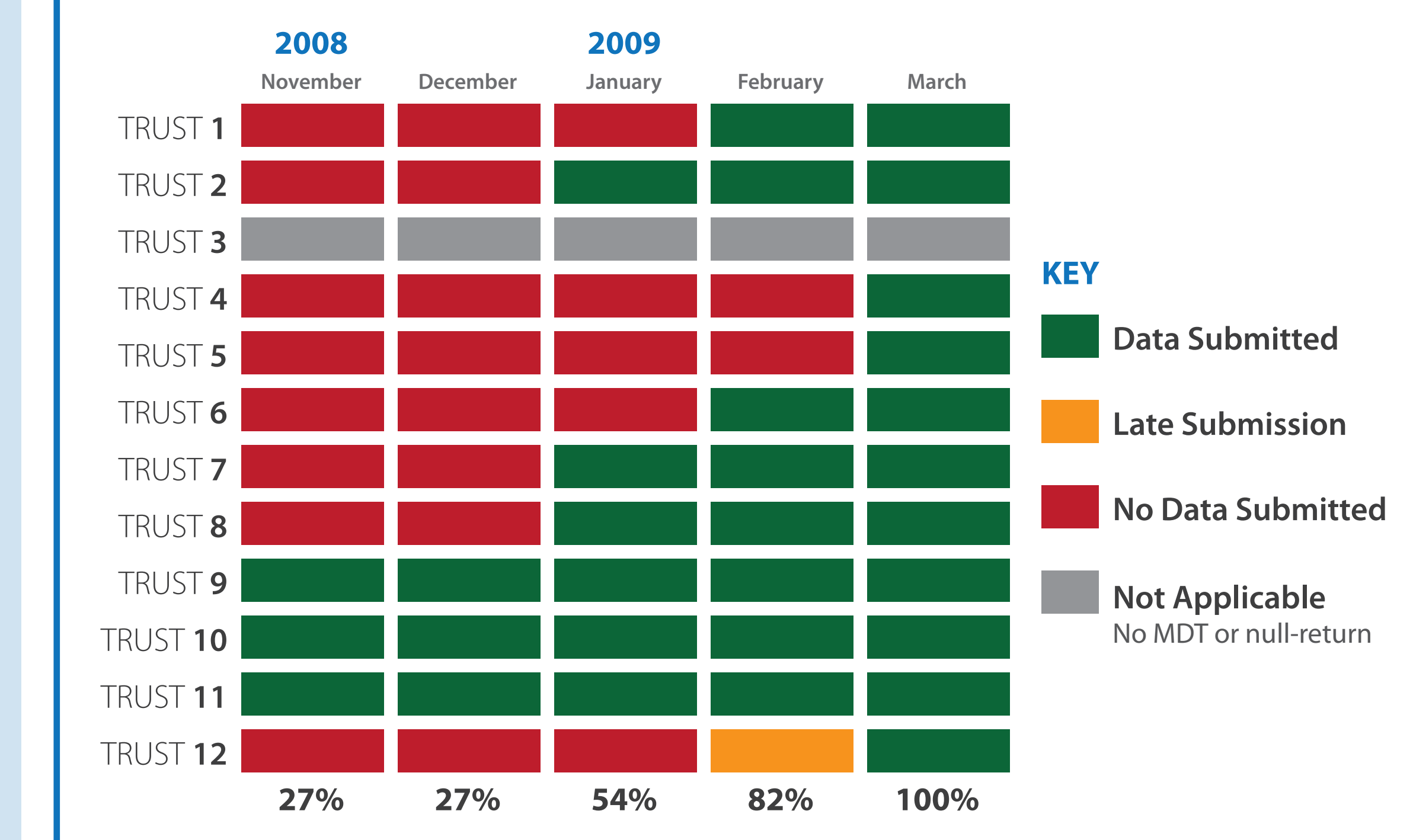
Astrid Greenberry
Service Implementation Facilitator

PROGRESS

Achieving Data Quality

- Thorough Evaluation of Process, Systems and People
- Embedded with Data Collection Teams
- Engendering Ownership
- Ongoing Support

Data Returns: Evidence of Improvement*



- Quality**
Complete data returns enabling focus on data quality
- Ownership**
Each Trust now has a nominated lead for data returns
- Understanding**
Regional user forum and collaborative training programme established
- Analysis**
NWCIS are now able to produce regular reports making comparisons locally, regionally and nationally and providing better service planning and commissioning
- Collaboration**
Maintaining close relationships with NWCIS and the North West Early Detection Project Team.

| AUTHORS | |
|---------------------|--|
| Russell Cowell | Lancashire & South Cumbria Cancer Network |
| Elsita Garcia-Russo | North West Cancer Intelligence Service |
| Karen Graham | Merseyside & Cheshire Cancer Network |
| Pauline Quennell | Greater Manchester and Cheshire Cancer Network |
| Neil Swindlehurst | Lancashire & South Cumbria Cancer Network |