Informatics in the new NHS – NCIN & PHE 6 months on
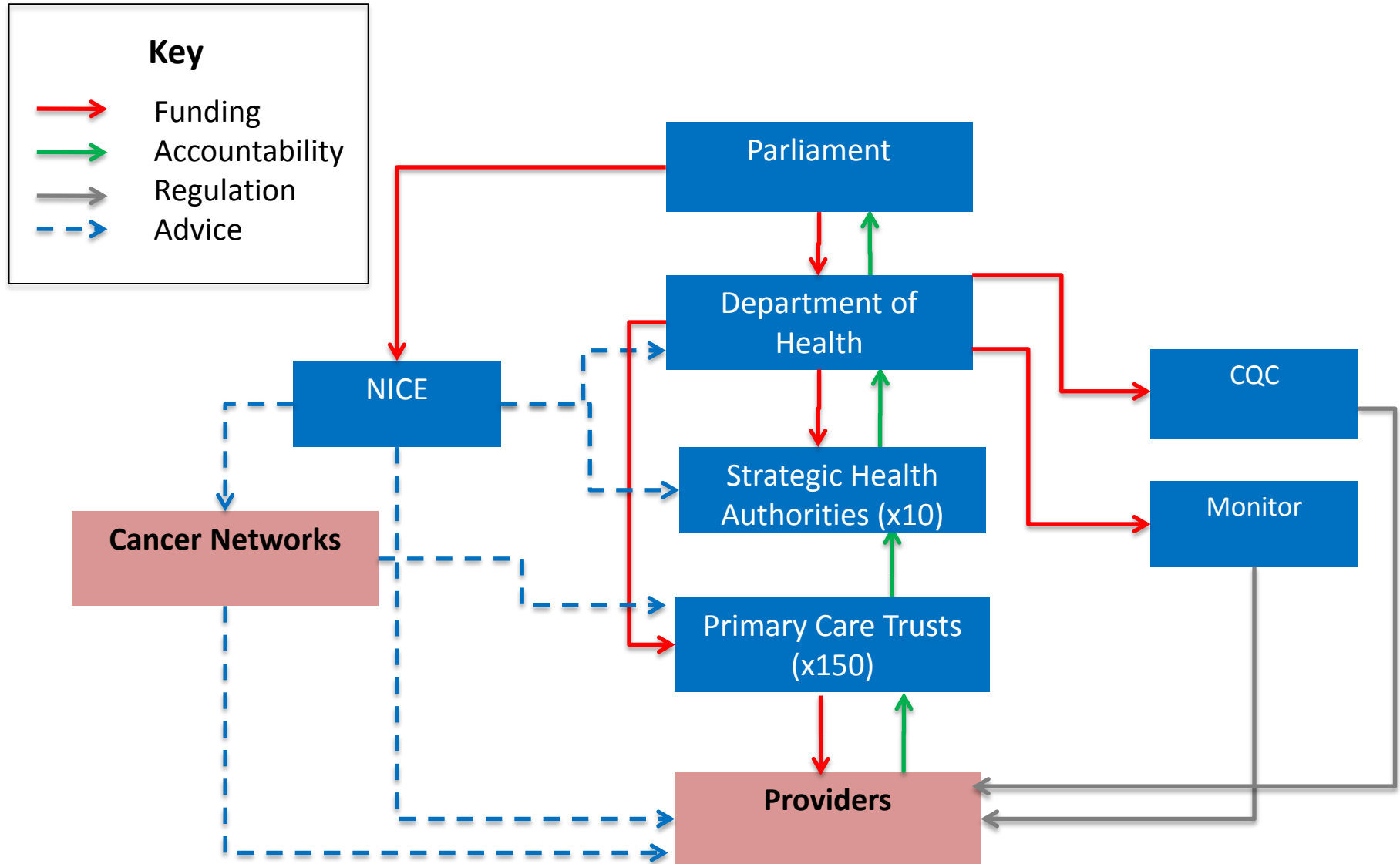
Nicky Coombes

SSCRG Programme Manager

National Cancer Intelligence Network
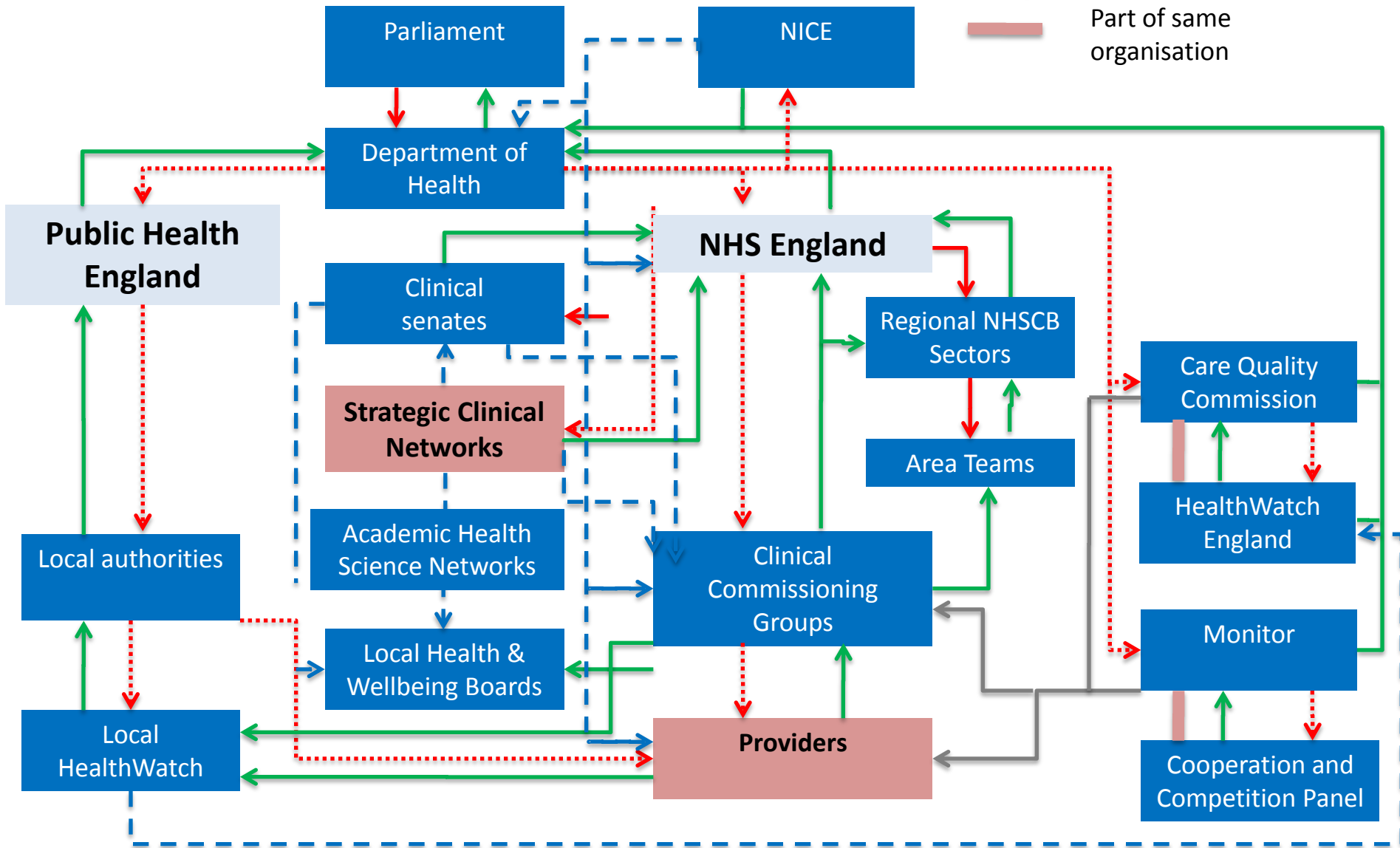
- PHE & NCIN

- Data Drivers

- NCIN – current plans

What was then…

As of 1.4.13...........

Key
- ······▷ Funding
- ──▷ Accountability
- ──▷ Regulation
- --▷ Advice
- ▬ Part of same organisation

Parliament

NICE

Department of Health

Public Health England

NHS England

Clinical senates

Strategic Clinical Networks

Regional NHSCB Sectors

Area Teams

Care Quality Commission

HealthWatch England

Local authorities

Academic Health Science Networks

Clinical Commissioning Groups

Monitor

Local Health & Wellbeing Boards

Local HealthWatch

Providers

Cooperation and Competition Panel

Data, data everywhere!

Re-structuring – Cancer Registration (England)

- Previously 8 regional cancer registries in England
  - Registration and analysis
- Now, Cancer Registration split from data analysis – single National Cancer Registration Service (NCRS), using a single database (ENCORE), and shared protocols

Re-structuring – NCIN, NCRS and Cancer information

- **PHE Knowledge Directorate**
  - NCRS
  - NCIN
  - KITs - Analytical workforce from 8 registries moved into regional Knowledge and Intelligence Teams
    - SSCRG Lead Area Work Programmes
    - Local contribution
  - HINs

Data Drivers

- Government
  - A spotlight on the role of data
- Commissioning
  - NHS Outcomes Framework
- Regulation
  - New regulation framework
- The 'public', patients and families

Informatics in the 'New World' - providers

- Four main sources/providers
  - Health & Social Care Information Service (HSCIC)
    - Audits
  - ONS
  - PHE (Civil Service)
    - Health Intelligence Networks e.g. NCIN, ChiMat, Vascular, Renal, Diabetes, Mental Health **& NCIN**
    - Eight Knowledge & Intelligence Teams (KITs)
    - National Disease (cancer) Registration Service
  - NHS England Business Intelligence Teams (ATS/CSU)
- Information Intermediaries
  - Dr Foster, charities,

Informatics in the new world – data users

National Cancer
Director, patients
& public

DH, SCNs, CSUs, CCGs, CQC Specialised Commissioners, Local government, providers

NCIN, PHE, KITs, NHS Business Units, HSCIC,
CSUs, Charities, Dr Foster,

NHS OF 2013/14 Dashboard

1 Preventing people from dying prematurely

Overarching indicators

	Latest data	Indicator value	Unit
1a.i Potential Years of Life Lost (PYLL) from causes considered amenable to health care - Adults	2011	M - 2,157 F - 1,700	per 100,000 population
1a.ii - Children and young people	2011	M - 616 F - 531	per 100,000 population
1b.i Life expectancy at 75 - Males	2010	11.3	period expectations of life - years
1b.ii Life expectancy at 75 - Females	2010	13.1	
Improvement areas			
1.1 Under 75 mortality rate from cardiovascular disease	2011	58.0	per 100,000 population
1.2 Under 75 mortality rate from respiratory disease	2011	23.5	per 100,000 population
1.3 Under 75 mortality rate from liver disease	2011	14.9	per 100,000 population
1.4 Under 75 mortality rate from cancer	2011	107	per 100,000 population
1.4.i One-year survival from colorectal cancer *	2006-2010_11	74.4	%
1.4.ii Five-year survival from colorectal cancer *	2006-2010_11	55.3	%
1.4.iii One-year survival from breast cancer *	2006-2010_11	95.5	% female
1.4.iv Five-year survival from breast cancer *	2006-2010_11	84.3	% female
1.4.v One-year survival from lung cancer *	2006-2010_11	31.6	%
1.4.vi Five-year survival from lung cancer *	2006-2010_11	9.8	%
1.5 Excess under 75 mortality rate in adults with serious mental illness	2010/11	921	absolute gap per 100,000 population
1.6.i Infant mortality	2011	4.2	per 1,000 births
1.6.ii Neonatal mortality and stillbirths	2011	8.2	per 1,000 births
1.6.iii Five-year survival from all cancers in children		Indicator to be developed	

HSCIC Indicator Portal

Clinical Commissioning Group Outcomes Indicator Set

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 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

NCIN Vision/Ambition

- Understand needs of all NHS England partners

- Support NHS & PH Outcomes Frameworks

- Support local & specialised commissioning

- Support service provider needs

- Support local teams too

Service Profile
The Royal Marsden NHS Foundation Trust MDT - Royal Marsden - Chelsea
Oesophageo-Gastric 2013

NCIN

Cancer Commissioning
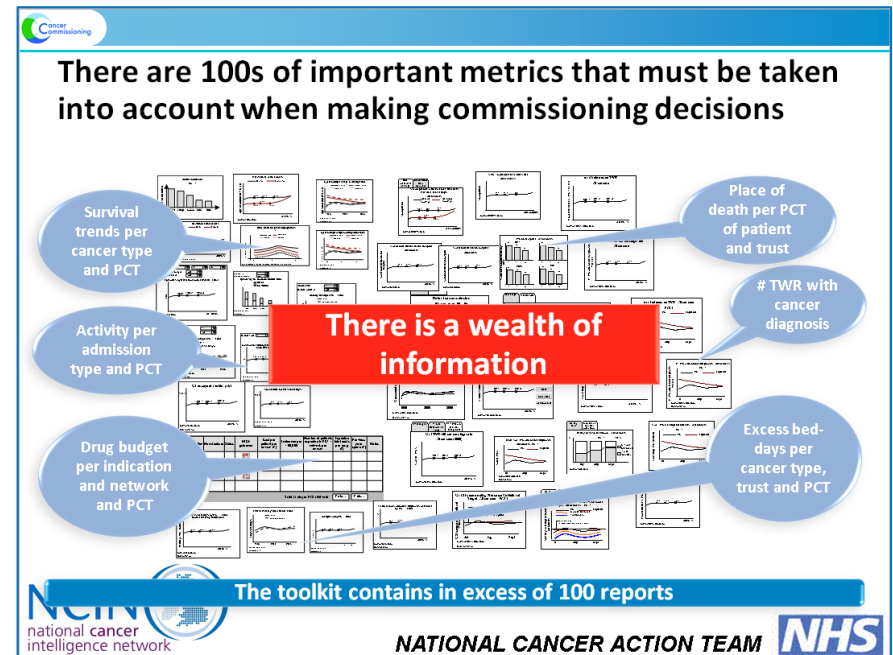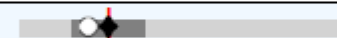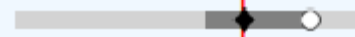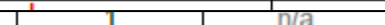
Section	#	Indicator	No. of patients/cases or value	Trust	Lower 95% Confidence Limit	Upper 95% Confidence Limit	England	Lowest	Range	Highest	Source	Period
Size	OG1	Number of NOGCA patients	31	n/a	n/a	n/a	10,614	0		301	NOGCA	2011-2012
	G2	Number of newly diagnosed patients per year	93	n/a	n/a	n/a	11,877	13		199	NCDR	2010
Demographics	G3	Patients (from #G2) aged 70+	40	52 %	42 %	62 %	62 %	39 %		90 %	NCDR	2010
	G4	Patients (from #G2) with recorded ethnicity	93	100 %	96 %	100 %	96 %	82 %		100 %	NCDR	2010
	G5	Patients (from #G2) with recorded ethnicity which is not White-British	27	29 %	21 %	39 %	7 %	0 %		64 %	NCDR	2010
	G6	Patients (from #G2) who are Income Deprived (1)	n/a	13 %	n/a	n/a	15 %	7 %		33 %	NCDR	2010
	G7	Male patients (from #G2)	52	56 %	46 %	66 %	66 %	51 %		81 %	NCDR	2010
Specialist Team	G8	Peer review: Does the specialist team have full membership? (2)	IV	Yes	n/a	n/a	n/a	n/a	n/a	n/a	NCPR	2011/2012
	G9	Peer review: Proportion of peer review indicators met	IV	88 %	n/a	n/a	85 %	9 %		97 %	NCPR	2011/2012
	G10	Peer review: are there immediate risks? (3)	IV	No	n/a	n/a	n/a	n/a	n/a	n/a	NCPR	2011/2012
	G11	Peer review: are there serious concerns? (3)	IV	No	n/a	n/a	n/a	n/a	n/a	n/a	NCPR	2011/2012
	G12	CPES: Patients surveyed and % reporting being given name of a CNS (4)	132	95 %	n/a	n/a	89 %	65 %		100 %	CPES	2011/2012
Throughput	G13	Number of urgent GP referrals for suspected cancer	1	n/a	n/a	n/a	109,357	0		2030	CWT	2011/2012
	G14	Estimated proportion of tumours with emergency presentations [experimental]	n/a	2 %	0 %	8 %	23 %	2 %		86 %	HES	2011/2012
Waiting times	G15	Urgent GP referrals for suspected cancer seen within 2 weeks	1	100 %	21 %	100 %	93 %	77 %		100 %	CWT	2013/14 Q1
	G16	Treatment within 62 days of urgent GP referral for suspected cancer	13	71 %	49 %	88 %	81 %	27 %		100 %	CWT	2013/14 Q1
	G17	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]	1	100 %	21 %	100 %	5 %	0 %		100 %	CWT	2011
	G18	Cases treated that are urgent GP referrals for suspected cancer [experimental]	80	31 %	25 %	37 %	36 %	8 %		82 %	CWT	2011/2012
	G19	First treatment began within 31 days of decision to treat	65	100 %	94 %	100 %	99 %	88 %		100 %	CWT	2013/14 Q1
Practice	OG2	Number of new oesophageal cases managed per year	40	43 %	33 %	53 %	55 %	33 %		76 %	NCDR	2010
	OG3	Number of new stomach cases managed per year	53	57 %	47 %	67 %	45 %	24 %		67 %	NCDR	2010
	OG4	Oesophageal cancer confirmed histology	39	98 %	87 %	100 %	93 %	48 %		100 %	NCDR	2010
	OG5	Stomach cancer confirmed histology	50	94 %	85 %	98 %	91 %	68 %		100 %	NCDR	2010
	OG6	Number of O-G resections	11	14 %	8 %	24 %	18 %	0 %		69 %	NCDR	Jan-Sept 2010
	OG7	Patients who had a CT scan	200	99 %	97 %	100 %	91 %	71 %		99 %	NOGCA	2011-2012
	OG8	Patients with EUS investigation	34	64 %	51 %	77 %	62 %	30 %		100 %	NOGCA	2011-2012
	OG9	Patients with palliative treatment intent	80	74 %	66 %	82 %	47 %	32 %		74 %	NOGCA	2011-2012
	OG10	NCPR Network Board compliance	NA	100.0 %	n/a	n/a	n/a	0.0 %	n/a	100.0 %	NCPR	2010-2011
	OG11	NCPR NSSG compliance	IV	73.0 %	n/a	n/a	n/a	0.0 %	n/a	100.0 %	NCPR	2010-2011
Outcomes and Recovery	OG12	30 day mortality (adjusted)	43	0.0 %	n/a	n/a	n/a	n/a	n/a	n/a	NOGCA	2011-2012
	OG13	90 day mortality (adjusted)	43	2.3 %	n/a	n/a	n/a	n/a	n/a	n/a	NOGCA	2011-2012
	OG14	Oesophageal cancer relative survival one year	n/a	42.5	38.4	46.6	n/a	36.8	n/a	46.9	UKCIS	2005-2009
	OG15	Stomach cancer relative survival one year	n/a	45.4	41.2	49.6	42.2	37.1		51.6	UKCIS	2005-2009
	OG16	Reoperation (adjusted)	43	13.2 %	n/a	n/a	n/a	n/a	n/a	n/a	NOGCA	2011-2012
	OG17	Anastomotic leak (adjusted)	43	4.4 %	n/a	n/a	n/a	n/a	n/a	n/a	NOGCA	2011-2012
Patient Experience	G20	Patients surveyed & % reporting always being treated with respect & dignity (5)	132	84 %	n/a	n/a	81 %	65 %		96 %	CPES	2011/2012
	G21	Number of viable survey questions and % of those questions scoring red (6)	70	9 %	n/a	n/a	n/a	0 %	n/a	54 %	CPES	2011/2012
	G22	Number of viable survey questions and % of those questions scoring green (6)	70	19 %	n/a	n/a	n/a	4 %	n/a	100 %	CPES	2011/2012

NCIN O-G Service Profile

Section	#	Indicator	Trust rate or percentage compared to England	
			Range	Highest
Size	OG1	Number of NOGCA patients		301
	G2	Number of newly diagnosed patients per year		199
Demographics	G3	Patients (from #G2) aged 70+		90 %
	G4	Patients (from #G2) with recorded ethnicity		100 %
	G5	Patients (from #G2) with recorded ethnicity which is not White-Brit		64 %
	G6	Patients (from #G2) who are Income Deprived (1)		33 %
	G7	Male patients (from #G2)		81 %
Specialist Team	G8	Peer review: Does the specialist team have full membership? (2)	n/a	n/a
	G9	Peer review: Proportion of peer review indicators met		97 %
	G10	Peer review: are there immediate risks? (3)	n/a	n/a
	G11	Peer review: are there serious concerns? (3)	n/a	n/a
	G12	CPES: Patients surveyed and % reporting being given name of a		100 %
Output	G13	Number of urgent GP referrals for suspected cancer		n/a

Service & other profiles

- Breast & Colorectal cancers - 2012

- Lung cancer (excluding highly specialised MDTs) – 2013

- September 2013: Sarcoma, Gynaecological, Head & Neck and Upper GI cancers

- PCTs/GPs/Radiotherapy

www.cancertoolkit.co.uk

Cancer Commissioning Toolkit
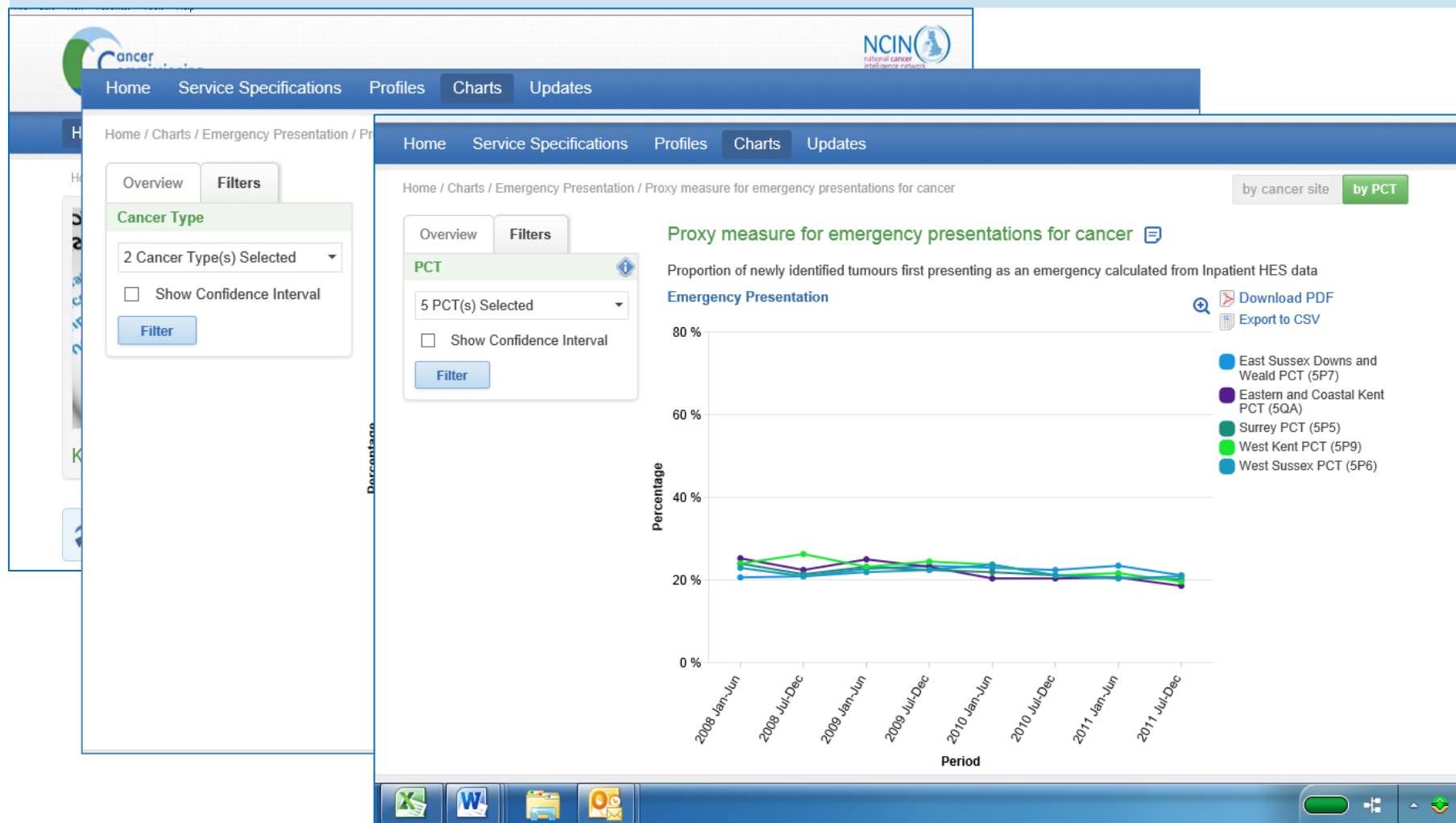
NCIN 'work plan'

- Dialogue priority with all SCNs & NCD, etc

- Appointed NCIN 'NHS England' Liaison role

- Rapid review
  - What is needed?
  - How to present?
    - Static reports, interactive tools, etc?
  - How much interpretation?

- Timescales - outline spec by end 2013
  - Begin build 2014

- SCN needs v Cancer?

Where Next?

- Understand needs of our users

- Define and develop a prototype 'output' tool/s

- Pilot with the SCNs & NCD

  - Appointed NCIN 'NHS England' Liaison role

- Maintain focus on data collection

- Specific focus on stage data

- Work through the organisation changes

- Re-establish previous relationships

Where does the data and information come from?

Your patients, your MDTs, your hospital!
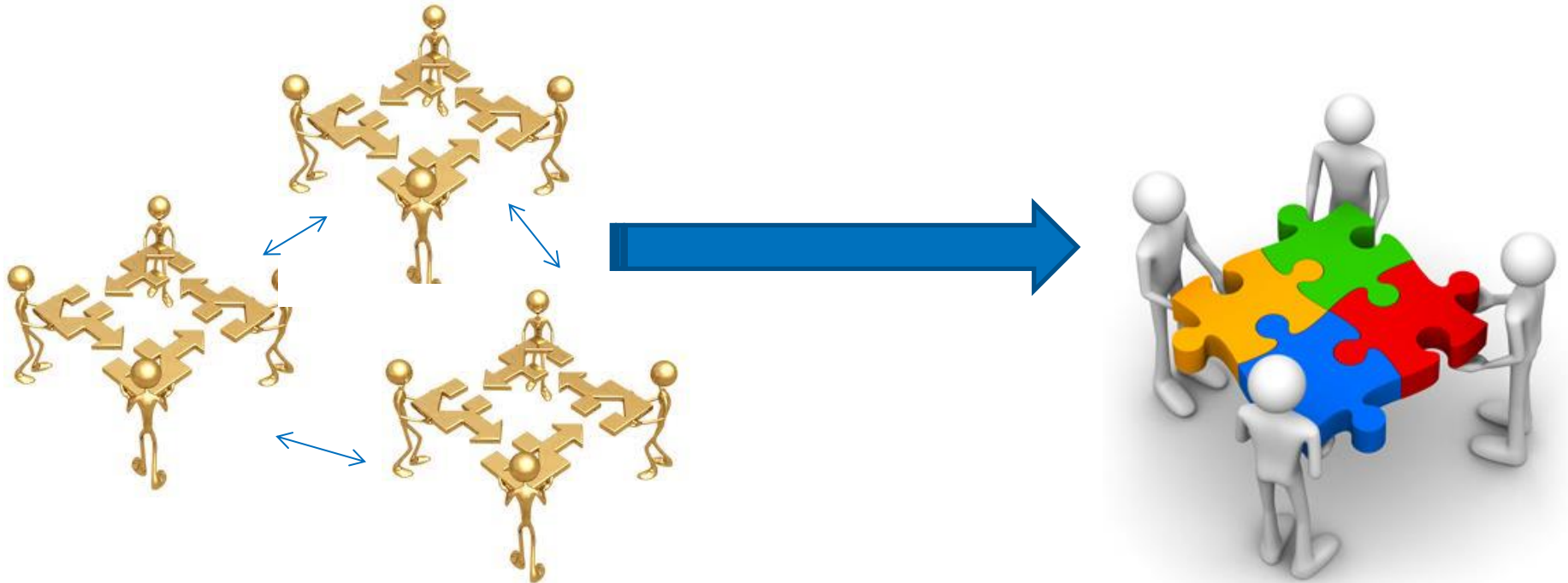
Cancer Outcomes Conference
9 & 10 June 2014
Hilton Birmingham Metropole

www.ncin.org.uk/conference

The Cancer Outcomes Conference 2014 will explore the 'power of information' both locally and nationally.

It will examine how UK-wide cancer registration data and other health related datasets are being exploited to reduce cancer incidence, mortality and morbidity.

To find out more, visit www.ncin.org.uk/conference

@NCIN_PHE
#NCIN2014

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