

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

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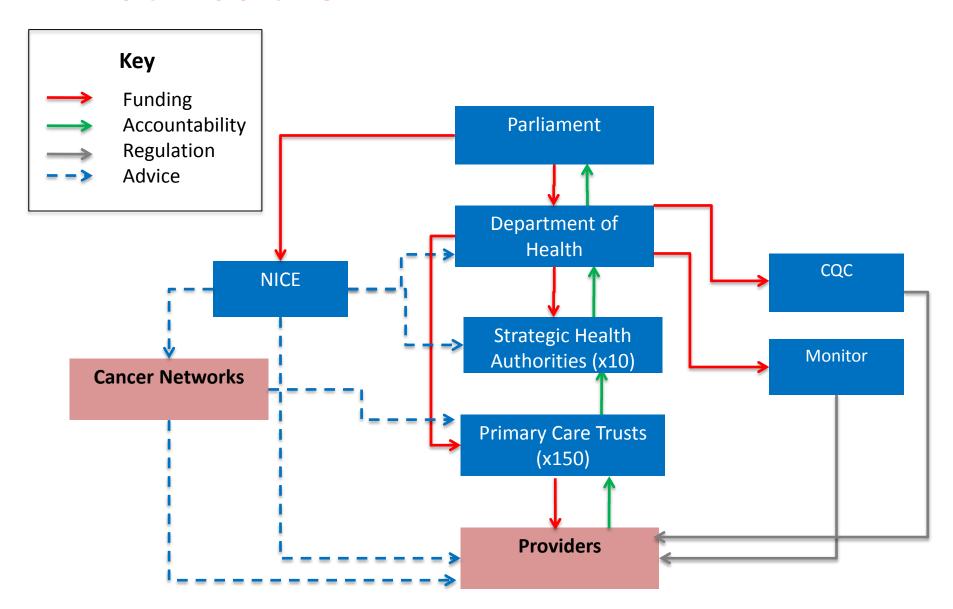


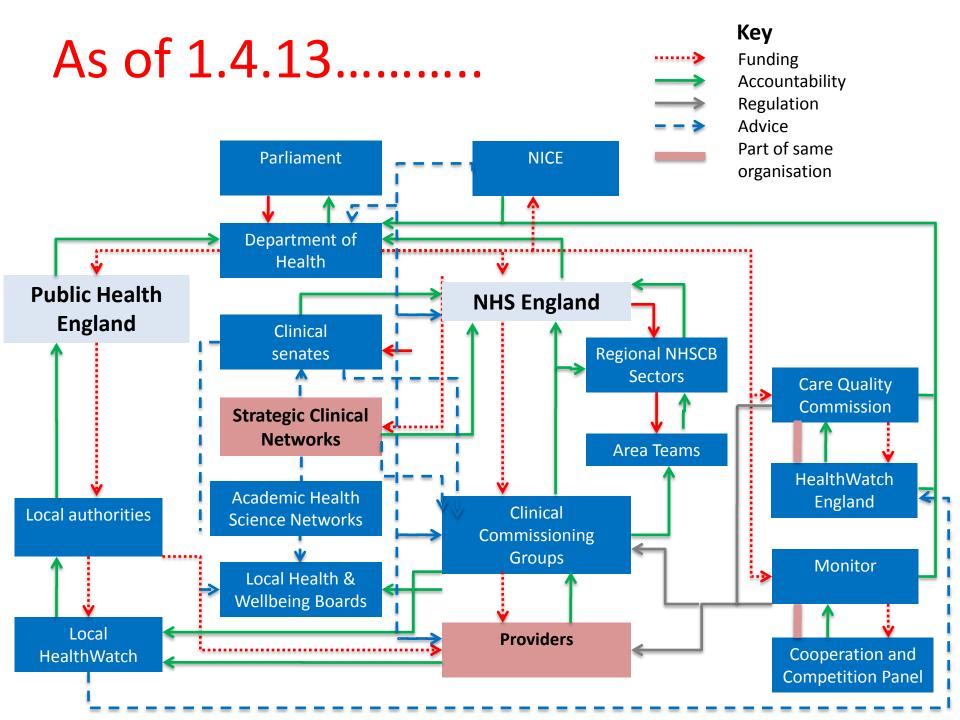
PHE & NCIN

Data Drivers

NCIN – current plans

#### What was then...







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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

## 



- 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 – NCIN data users national cancer intelligence network.



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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



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Overarching indicators						
Overacing indicators	Latest data	Indicator value	Unit			
1a.1 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			
1b.II Life expectancy at 75 - Females	2010	13.1	life - years			
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			
1.8 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			
1.4.1 One-year survival from colorectal cancer "	2008-2010_11	74.4	%			
1.4.II Five-year survival from colorectal cancer "	2008-2010_11	55.3	%			
1.4.III One-year survival from breast cancer "	2008-2010_11	95.5	% female			
1.4.lv Five-year survival from breast cancer "	2008-2010_11	84.3	% female			
1.4.v One-year survival from lung cancer "	2008-2010_11	31.6	%			
1.4.vl Five-year survival from lung cancer "	2008-2010_11	9.8	%			
1.6 Excess under 75 mortality rate in adults with serious mental liness	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			
1.8.III Five-year survival from all cancers in children	in	dicator to be de				
1.7 Excess under 60 mortality rate in adults with a learning disability	Indicator to be developed					

2 Enhancing quality of life for people with long-term conditions  Overarching indicators								
	Latest data	Indicator value	Unit					
2 Health-related quality of life for people with iong-term conditions	Jul12-Mer13	0.73	avg EQ-5D score					
Improvement areas								
2.1 Proportion of people feeling supported to manage their condition	Jul12-Mer13	69.3	%					
2.2 Employment of people with long-term conditions	Jan-Mar13	11.8	% gap					
2.3.I Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)	2011/12	801	per 100,000 population					
2.3.II Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	2011/12	321	per 100,000 population					
2.4 Health-related quality of life for carers	Jul12-Mer13	0.8	avg EQ-5D score					
2.6 Employment of people with mental lilness	Jan-Mar13	39.0	% gap					
2.6.I Estimated diagnosis rate for people with dementia	2011/12	48.0	%					
2.6.II A measure of the effectiveness of post- diagnosis care in sustaining independence and improving quality of life	In	dicator to be de	veloped					

Helping people to recover from epice	1 Preventing peop
Overarching Indicators	Overarching indicators
Sa Emergency admissions for acute conditions that should not usually require hospital admission (all ages). Sb Emergency readmissions within 30 days of discharge from hospital improvement areas.	1a.i Potential Years of Li causes considered amen
<ol> <li>Total health gain as assessed by patients for elective procedures - Hip replacement</li> </ol>	Adults
3.1.II – Knee replacement	1a.ii - Children and youn
3.1.III – Groin hemia 3.1.Iv – Varicose veins 3.1.v – Psychological theraples	1b.i Life expectancy at 75 1b.ii Life expectancy at 7
3.2 Emergency admissions for children with lower respiratory tract infections 3.3 An indicator on recovery from injuries and trauma	Improvement areas 1.1 Under 75 mortality rat
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	cardiovascular disease 1.2 Under 75 mortality rat
3.5.I Proportion of patients with a fragility fracture recovering to their previous levels of	disease
mobility at 30 days 3.5.II Proportion of patients with a fragility fracture recovering to their previous levels of mobility at 120 days	1.3 Under 75 mortality rat
3.8.I Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablementirehabilitation	1.4 Under 75 mortality rat
services  3.8.II Proportion offered rehabilitation following discharge from acute or community hospital	1.4.i One-year survival fro cancer *
	1.4.ii Five-year survival fr cancer *

#### NHS Outcomes

 Date displayed are for 2012/13 indicators as data for available

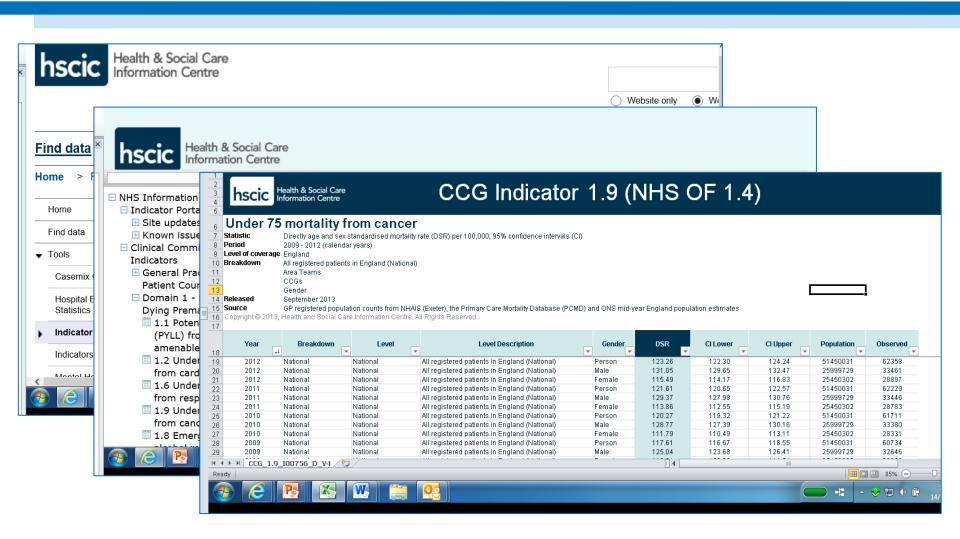
20XX indicates calendar year 20XX/XX indicates financial year

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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		
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Improvement areas	•				
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1.4.i One-year survival from colorectal cancer *	2006-2010_11	74.4	%		
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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 Coutcomes Indicator Set



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#### **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**



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

#### Services offered include:

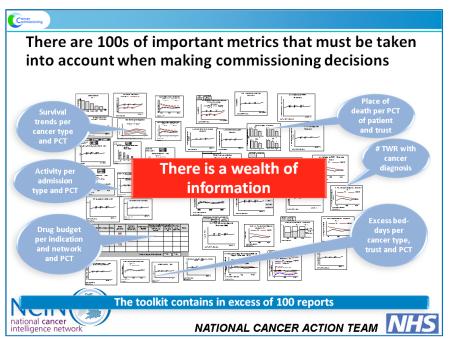
- Business intelligence
- Healthcare (clinical) procurement
- Business support services
- Communications and engagement services

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



The Royal Marsden NHS Foundation Trust MDT - Royal Marsden - Cheisea Oesophageo-Gastric 2013

- Trust is significantly different from England mean
- Trust is not significantly different from England mean
- Statistical significance cannot be assessed
- England mean

**Brighend Median** 



				Percentage or rate			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	Lowest	Range	Highest	Source	Period
4	001	Number of NOGCA patients	31	n/a	n/s	n/a	10,614	0	0	301	NOGCA	2011-2012
•	G2	Number of newly diagnosed patients per year	93	n/a	nis	n/a	11,877	13		199	NCDR	2010
	G3	Patients (from #G2) aged 70+	40	52 %	42 %	62 %	62 %	39 %	++	90%	NCDR	2010
	G4	Patients (from #G2) with recorded ethnicity	80	100%	96 %	100 %	96 %	82 %	+	100 %	NCDR	2010
1	G5	Patients (from #G2) with recorded ethnicity which is not White-British	27	29 %	21%	39 %	7%	0%	+ -	64 %	NCDR	2010
å	G6	Patients (from #G2) who are income Deprived (1)	n/a	13 %	nis	n/a	15 %	7%	-0	33 %	NCDR	2010
	<b>G7</b>	Male patients (from #G2)	22	50 %	46 %	66%	66 %	51%	• -	81 %	NCDR	2010
	G8	Peer review: Does the specialist team have full membership? (2)	N	Yes	nis	n/a	n/a	nis	nis	nis	NCPR	2011/2012
	G9	Peer review: Proportion of peer review indicators met	N	88 %	n/s	n/a	85%	9%	¢	97 %	NOPR	2011/2012
1	G10	Peer review: are there immediate risker? (3)	N	No	nis	n/a	n/a	nis	nis	nis	NCPR	2011/2012
å	G11	Peer review are there serious concerns? (3)	N	No	rs/s	n/a	n/a	rs/s	nis	nis	NOPR	2011/2012
	G12	CPES: Patients surveyed and % reporting being given name of a CNS (4)	132	95%	n/s	n/a	89%	65 %	-	100%	CPES	2011/2012
1	G13	Number of urgent GP referrals for suspected cancer	1	n/a	n/s	n/a	109,357	0	0	2000	CWT	2011/2012
a a	G14	Estimated proportion of tumours with emergency presentations [experimental]	n/a	2%	0%	8%	23 %	2%	• •	86 %	HES	2011/2012
	G15	Urgert 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 %	00 %	81%	27 %	••	100 %	CWT	2013/14 Q1
i i	G17	Urgent GP referrals for suspected cancer diagnosed with cancer [experiments]	1	100%	21 %	100 %	5%	0%	· ·	100 %	CWT	2011
5	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	œ	100%	94%	100 %	99%	88 %		100 %	CWT	2013/14 Q1
	OGZ	Number of new oeeophageal cases managed per year	40	43 %	33 %	53 %	55 %	33 %	-	76 %	NCDR	2010
	OGS	Number of new stomach cases managed per year	53	57%	47 %	67 %	45 %	24 %		67 %	NCOR	2010
	064	Cesophageal cancer confirmed histology	39	90 %	87 %	100 %	93 %	48 %	•	100 %	NCDR	2010
	OGS	Stomach cancer confirmed histology	50	94%	85%	90%	91%	60 %	*	100 %	NCDR	2010
	006	Number of O-G resections	11	14 %	8%	24%	10 %	0%	*	69 %	NCDR	Jan-Gept 2010
ž.	007	Patients who had a CT scan	200	99%	97 %	100 %	91%	71%		99 %	NOGCA	2011-2012
	OGS	Patients with EUS Investigation	34	64 %	51 %	77 %	62 %	30 %	-	100 %	NOGCA	2011-2012
	009	Patients with pallative treatment intent	80	74%	66 %	82 %	47%	32 %		74 %	NOGCA	2011-2012
	OG10	NCPR Network Board compliance	SA	100.0 %	nis	n/a	n/a	0.0%	nis	100.0 %	NCPR	2010-2011
	0011	NCPR NSSG compliance	N	73.0 %	nis	n/a	n/a	0.0 %	nis	100.0%	NCPR	2010-2011
	OG12	30 day mortality (adjusted)	43	0.0%	rs/s	n/a	n/a	rs/s	nis	nis	NOGCA	2011-2012
i e	0013	90 day mortality (adjusted)	43	2.3 %	n/s	n/a	n/a	n/s	nh	nis	NOGCA	2011-2012
8	OG14	Cesophageal cancer relative survival one year	n/a	42.5	38.4	46.6	n/a	36.0	nis	46.9	UKCIS	2005-2009
	OG15	Stomach cancer relative survival one year	n/a	45.4	41.2	49.5	42.2	37.1	-	51.6	UKCIS	2005-2009
8	0016	Reoperation (adjusted)	40	13.2 %	n/a	n/a	n/a	n/a	nis	nis	NOGCA	2011-2012
	0017	Ansatomotic leak (adjusted)	43	4.4%	n/a	n/a	n/a	n/s	nh	nis	NOGCA	2011-2012
	G20	Patients surveyed & % reporting always being treated with respect & dignity (5)	132	84 %	nis	n/a	81%	65 %		96 %	CPES	2011/2012
d d	G21	Number of viable survey questions and % of those questions ecoring red (5)	70	9%	n/s	n/a	n/a	0%	nh	54 %	CPES	2011/2012
3	G22	Number of viable survey questions and % of those questions scoring green (5)	70	19%	n/a	n/a	n/a	4%	nis	100 %	CPES	2011/2012

#### **NCIN O-G Service Profile**



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

#### Service & other profiles

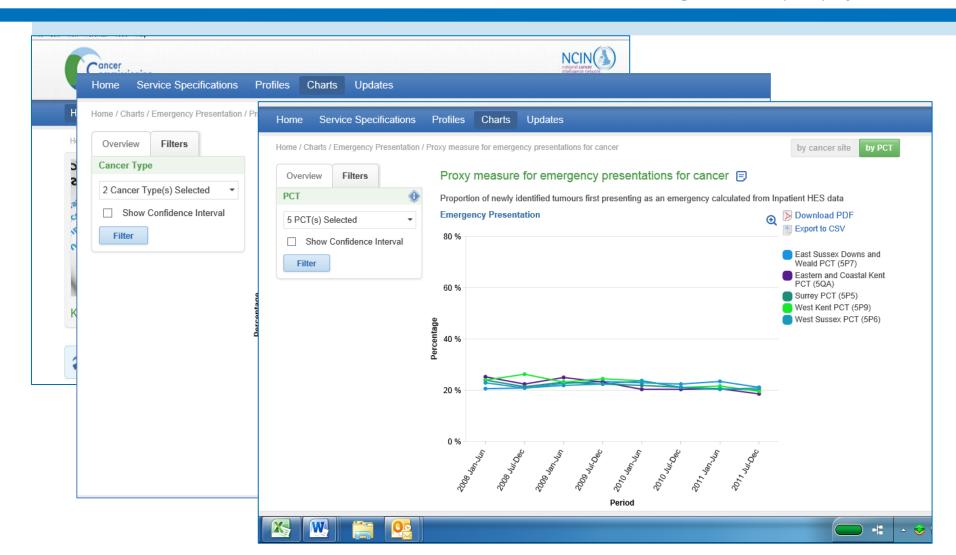


- Breast & Colorectal cancers 2012
- Lung cancer (excluding highly specialised MDTs) – 2013
- September 2013: Sarcoma, Gynaecological, Head & Neck and Upper GI cancers
- PCTs/GPs/Radiotherapy

#### 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?

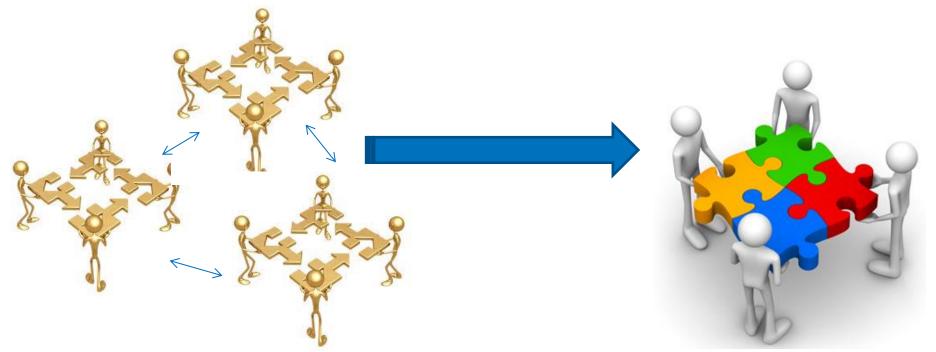


- Understand needs of our users
- Define and develop a prototype 'output' tool/s
- Pilot with the SCNs & NCD
  - Appointed NCIN 'NHS England' Liaison role
- Maintain focus on data collection
- Specific focus on stage data
- Work through the organisation changes
- Re-establish previous relationships



#### 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 <a href="https://www.ncin.org.uk/conference">www.ncin.org.uk/conference</a>







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