

Cancer Information in the NHS: sources and uses of data

Mick Peake Clinical Lead, National Cancer Intelligence Network

Data Drivers

- Government
 - A spotlight on the role of data and transparency
- Commissioning
 - NHS Outcomes Framework
- Regulation
 - New regulation framework (CQC & Monitor)
- The 'public', patients and families
 - (e.g. 'Friends and family test')



Providers of information in the new NHS

- Main sources/providers
 - Health & Social Care Information Centre (HSCIC)
 - National Audits
 - ONS
 - PHE (Civil Service)- Cancer Registries
 - NHS England Business Intelligence Teams (ATS/CSU)
- Information Intermediaries (e.g. CRUK, Dr Foster, MacMillan)





Cancer functions in Public Health England

- Prevention (smoking; obesity; HPV vaccination, etc.)
- Screening and its QA
- Environmental aetiology (including cluster analyses)
- Public Awareness Campaigns (Be Clear on Cancer Campaigns) – links with Local Authorities and Health & Well Being Boards
- Cancer Intelligence:
 - Registration
 - Analysis
 - Reporting



Public Health England: Emerging 'Intelligence' Structures

Public Health England
Chief Knowledge Officer
Prof. John Newton

Disease
Registration
Service
Dr Jem Rashbass

Knowledge and Intelligence & Health Intelligence Networks (Peter Bradley)

National Cancer
Intelligence Network
Chris Carrigan

Knowledge & Intelligence Teams (NCIN)

Office for Data Release Chris Carrigan

Public Health England



Knowledge Directorate

- National Cancer Registration Service
- Analytical workforce from 8 registries moved into regional Knowledge and

Intelligence Teams (KITs)

- SSCRG Lead Area Work Programmes
- Local contribution
- Health Intelligence Networks (HINs):
 - Mental Health, Maternal & Child Health,
 Cardiovascular & Diabetes, End of Life, NCIN

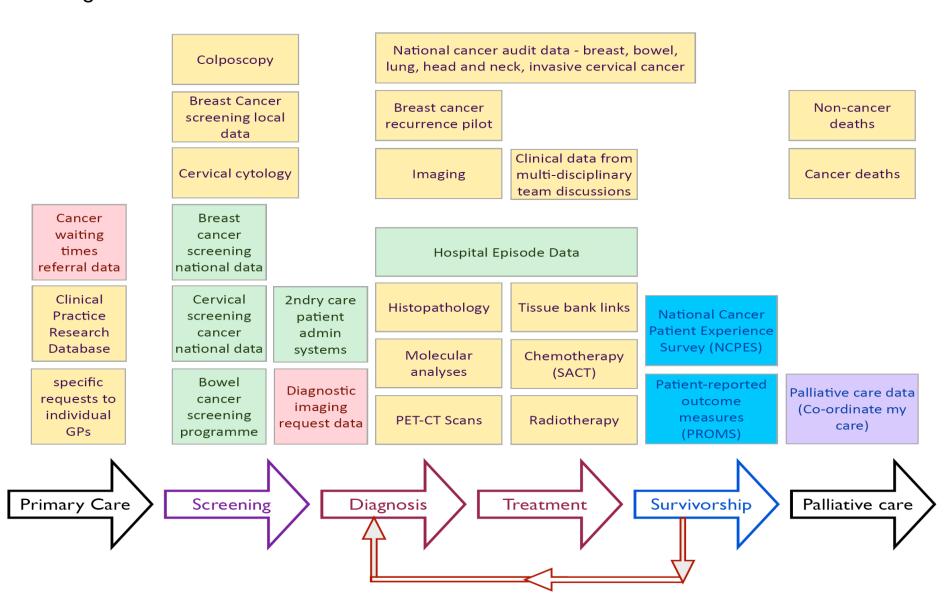


The English National Cancer Registration System

- 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 split off from the analytical work force
- Director of Disease Registration
- Evolving operational links with hospital leads
- Pan-England roll-out completed September 2013



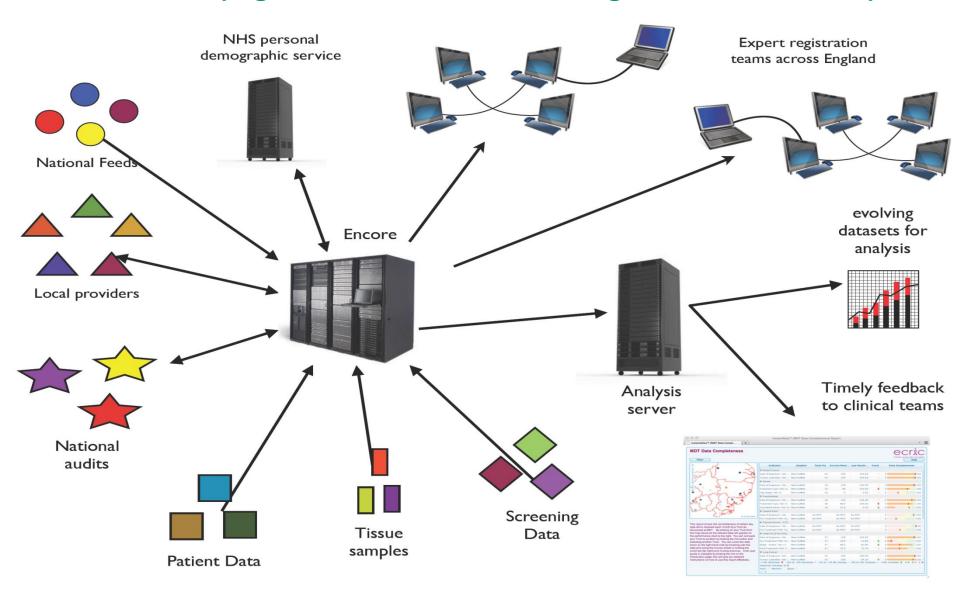
National Cancer Registration Service: Data Sources





NCRS - ENCORE

(English National Cancer Online Registration Environment)



National Cancer Audits

- New contracts for National Lung and Colo-rectal cancer audits awarded December 2014:
 - Lung Cancer RCP with NCRS
 - Colo-rectal Cancer RCS with the HSC Information Centre
- Contract for Head & Neck Cancer Audits not awarded
- Upper GI Cancer audit ongoing contract until 2016
- New Prostate Cancer Audit began 2014
- Breast cancer audit likely to be commissioned in 2015



National Cancer Audits



- New model for national cancer audits
 - Partnership between NCRS and professional bodies
- Information governance and data QA managed by NCRS
 - Near-real-time data collection from MDTs
 - Data set largely collected as part of routine flows
- Continuous feedback to clinicians and MDTs
- NCRS produces linked audit datasets for analysis



Who do we produce intelligence for?

- Clinicians & Clinical Teams
- NHS England (e.g. specialist commissioning)
- Clinical Commissioning Groups
- Health Care Providers
- NICE
- CQC
- Research Community
- National Statistics
- International Cancer Benchmarking Partnership
- Patients and the public
- Pharmaceutical Industry

Feeding back: examples



- E Atlas
- Reports and data briefings
- Cancer Commissioning Toolkit
- Service & GP Profiles
- COSD portal Clinical Headline Indicators

NHS Acute Trust

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

Trust is significantly different from England mean
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◆ England mean

England median

Lowest 25th 75th Highest in England

Trust rate or percentage compared to England

national cancer intelligence network

National Cancer Action Team Part of the National Cancer Programme

					Select Hust/MD1			ercentag	ge or rate		I rus	t rate or percentage compared to Er	igiana							
Section	#	Indicator				No. of patients/ cases or value	Trust		Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period					
Si			1	Number of newly of	diagnosed lung	cance	r pati	ents p	er yea	r, 20	10 [experimental] (1)			H					
		Size	2	Number of NLCA	patients - lung o	cancer														
			3	Number of NLCA	patients - meso	thelior	na													
ohics			4	Patients (from #1)											-					
Demographic		0000	1000	Patients (from #1) with recorded ethnicity											-H					
Dem		10	5						200 DO 200 DO			040			<u>—</u> П					
	S	2010)	6	Patients (from #5)	with recorded	ethnici	ty wh	ich is r	not WI	hite-E	Britis	sh								
	hic	ewl nts,	7	Patients (from #1)	who are Incom	e Dep	rived	(2)					-							
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	em)se	10	Number and propo	ortion of patient	s, excl	uding	SCLO	C, with	stag	e I	or II assigned								
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Waiting	27	Urgant CD referrels f		cted cancer diagnosed with cancer [ex							40/	•	400/	CWIT	2011/10					
times	-			GP referrals with suspected cancer [ex	•	103 34	25% 25%	21% 19%	30% 33%	24% 39%	4% 0%	•	46% 76%	CWT	2011/12					
	-			egan within 31 days of decision to trea	· · · · · · · · · · · · · · · · · · ·	14	100%	78%	100%	99%	91%	• •	100%	CWT	2012/13 Q2					
	30	No. and proportion o	f patients	(from #2) receiving surgery, chemothe	rapy and/or radiotherapy	174	53%	47%	58%	60%	36%	0 0	100%	NLCA	2011					
	31	No. and proportion re	esected o	of patients (from #2) excluding confirme	d SCLC	50	17%	13%	22%	16%	0%	•••	38%	NLCA	2011					
Practice	32	No. and proportion re	esected o	of patients (from #2) with confirmed NS	CLC	48	26%	20%	33%	21%	0%	• •	45%	NLCA	2011					
	-			patients (from #2), excluding confirmed S		40 27	48%	38%	59%	53%	0%	0.	100%	NLCA	2011					
	-	No. and proportion of patients (from #2) with confirmed SCLC receiving chemotherapy No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy					68%	52%	80%	68%	0%	Q.	100%	NLCA	2011					
<u> </u>						28	58%	44%	71%	55%	0%	•	100%	NLCA	2011					
Outcomes and	-			and proportion of all outpatient appoin		23,053 176	41% 0.95	41% 0.82	41% 1.11	32% 1.0	15% 0.57		68% 1.49	PBR SUS NLCA	2011/12					
Recovery	-	7 NLCA: Median survival in days and adjusted hazard ratio for mortality 8 NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year					1.43	0.82	2.11	1.0	0.57		1.49	NLCA	2011					
Patient	38 NLCA: Proportion of patients surviving at one year and adjusted 39 Patients surveyed & % reporting always being treated with resp					34% 13	n/a	0.37	۷.۱۱	83%	66%		100%	CPES	2011/12					
Experience -				<u> </u>		13	n/a			0070	0%	· · · · · · · · · · · · · · · · · · ·	78%	CPES	2011/12					
CPES (4)								0%		69%	CPES	2011/12								
				are likely to indicate a large fraction of patients ment; Amn=Amnesty; (4) The immediate ris										Version 2.	0 - March 2013					

Percentage or rate

Notes: (1) Large dimerences between indicators #1 and #2 are likely to indicate a large fraction or patients reperted to or from the trust (2) based on patient postcode and uses the index or withing be privation (intit) 2010; (3) Peer Review (NCPR) Source - When the first patient postcode and uses the index or withing the patient postcode and uses the index of withing the patient postcode and uses the index of withing the patient pati

Select Trust/MDT

NHS Acute Trust

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national cancer intelligence network

Ching information to improve quality & choice

National Cancer Action Team Part of the National Cancer Programme

Highest in England

						Select Trust/MDT	T		Percenta	ge or rate		Trus	rust rate or percentage compared to England				
Section	#	Ind	licator				No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period	
	1	Nu	mber of newly o	diagnose	d lung cancer patients per year, 2010 [exp	erimental] (1)	304				207	41	• •	588	NCDR	2010	
Size			mber of NLCA		0		329				191	1	•	585	NLCA	2011	
	3	_		_	- mesothelioma		11 188	62%			10	0	•0	31	NLCA	2011	
	4			ients (from #1) aged 70+ ients (from #1) with recorded ethnicity					56%	67%	61%	39%	· ·	75%	NCDR	2010	
<u> </u>	5				· · · · · · · · · · · · · · · · · · ·		295	97%	94%	98%	93%	66%		100%	NCDR	2010	
Demographics (based on newly ignosed patients, 2010)	Patients (from a				orded ethnicity which is not White-British		3	1%	0%	3%	7%	0%	•	46%	NCDR	2010	
phi new ents	7 Patients (from a Male patients (f				Income Deprived (2)	404	29%	470/	58%	16%	7%	0	34%	NCDR	2010		
gra I on pati		_			patients (from #2) with a stage assigned		161 326	53%	47% 97%	100%	55% 92%	43%	• •	72%	NCDR	2010	
ased sed					patients (norn #2) with a stage assigned patients, excluding SCLC, with stage I or I	assigned	83	99% 29%	24%	35%	24%	36% 10%	• 0	100% 68%	NLCA NLCA	2011 2011	
De gn og					patients, excluding SCLC, with a stage IIIA		36	13%	9%	17%	14%	4%		30%	NLCA	2011	
dia					patients, excluding SCLC, with a stage III		167	58%	53%	64%	62%	13%	0.	80%	NLCA	2011	
	13				n #2) with a Performance Status assigned		286	87%	83%	90%	89%	2%	0	100%	NI CA	2011	
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				14	Peer review: Does the	ie specialist tea	m nav	e tuli	memb	ersnip	(3)					2010/11	
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			- 1	15	Poor ravious Proport	ion of noor rovid	ow indi	cator	c mot							2010/11	
	15 Peer review: Proportion of peer review in								2 IIICI							2011	
S	Specialist		ecialist I									2010/11					
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pat	ш	ta	Ш				. 0/1)										
				17	Peer review: are the	re serious conce	cerns? (4)										
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					nt began within 31 days of decision to trea	<u> </u>	14	100%	78%	100%	99%	91%	• 6	76% 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	
	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	resected	of patients (from #2), excluding confirmed S	CLC ,with stage 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 chemotherapy							68%	52%	80%	68%	0%		100%	NLCA	2011	
	35	No.	and prop. of pa	tients (fro	m #2) with stage IIIB/IV, PS 0-1 excl. conf. S	CLC, receiving chemotherapy	28	58%	44%	71%	55%	0%	•0	100%	NLCA	2011	
Outcomes					nts and proportion of all outpatient appoint		23,053	41%	41%	41%	32%	15%	•	68%	PBR SUS	2011/12	
and						176	0.95		1.11	1.0	0.57	• • • • • • • • • • • • • • • • • • •	1.49	NLCA	2011		
Recovery	_	+	•		nts surviving at one year and adjusted odd		34%	1.43		2.11	1.0	0.40	• •	2.67	NLCA	2011	
Patient					orting always being treated with respect 8		13	n/a			83%	66%	*	100%	CPES	2011/12	
Experience - CPES (4)			mber of survey	question	s and % of those questions scoring red ar		0	n/a				0%		78%	CPES	2011/12	
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Select Trust/MDT

Version 2.0 - March 2013

NHS Acute Trust

Outcomes and

Recovery

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First outpatient appointments and proportion of all outpatient appointments

39 Patients surveyed & % reporting always being treated with respect & dignity (6)

NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year

NLCA: Median survival in days and adjusted hazard ratio for mortality

 Trust is significantly different from England mean Trust is not significantly different from England mean O Statistical significance cannot be assessed England mean England median Lowest in England

Trust rate or percentage compared to England



National Cancer Action Team

Secti	on	#	Indicator			patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit		Low- est	Range	High- est	Source	Period
		1	Number of newly di	iagnosed	lung cancer patients per year, 2010 [experimental] (1)	304				207	41	♦ 0	588	NCDR	2010
Size	•		Number of NLCA p		•	329				191	1	• •	585	NLCA	2011
			Number of NLCA p			11				10	0	* O	31	NLCA	2011
			Patients (from #1)			188		56%	67%	61%	39%	•	75%	NCDR	2010
	2010)		Patients (from #1)		•	295	97%	94%	98%	93%	66%	•	100%	NCDR	2010
S ≥	, 201				rded ethnicity which is not White-British	3	1%	0%	3%	7%	0%	•	46%	NCDR	2010
phi	ents		Male patients (from #1)		ncome Deprived (2)	404	29%	470/	F00/	16%	7%		34% 72%	NCDR NCDR	2010
Demographics (based on newly	pati				atients (from #2) with a stage assigned	161 53% 47% 58% 55% 43% • • • • • • • • • • • • • • • • • • •					100%	NLCA	2010 2011		
asec	sed				atients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	24%	10%	• • •	68%	NLCA	2011
9 9	agno				atients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	14%	4%	0	30%	NLCA	2011
	ਰ	40	Number and areas	rtion of n	etiente eveluding COLO with a stage IIID and IV assigned	407	E00/	F00/	0.40/	000/	100/		000/	NI OA	2044
			19 Number of urgent GP referrals for suspected cancer 20 Number and proportion of patients (from #2) with confirmed NSCLC												
Sp	Th	Throughput and pathology		20											
	ш			21											
Th	pa			1 22 Number and proportion of patients (from #2) with confirmed NSCLC who are diagnosed NC								IOS			
Thro				23	Number and proportion of patients (from #2) with histological confirmation of diagnosis										
pui				24	Estimated proportion of tumours v	vith en	nerge	ency p	resent	ation	s [e	xperimental]			
W				25	Q2 2012/13: Urgent GP referral fo	or suspected cancer seen within 2 weeks									
t				26	Q2 2012/13: Treatment within 62	days c	of urg	ent GI	refer	ral fo	r su	spected cancer			
V	Vai	tir	ng times	27	Urgent GP referrals for suspected	cance	er dia	agnose	ed with	can	cer l	experimental]			12

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

41%

0.95

1.43

41%

0.82

0.97

41%

1.11

2 11

32%

1.0 0.57

1.0

66%

83%

23,053

176

34%

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

Percentage or rate

n/a Patient Experience Number of survey questions and % of those questions scoring red and green % Red n/a **CPES** (4) 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 turnour 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.

Select Trust/MDT

No. of

2011/12

2011

2011

2011/12

2011/12

2011/12

PBR SUS

NLCA

NLCA

CPES

CPES

CPES

.49

NHS Acute Trust

CPES (4)

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national cancer intelligence network

Using information to improve quality if choice

National Cancer Action Team

% Green

	Select Trus							Percentage or rate T				Trus	Trust rate or percentage compared to England			ogramme
Section	n	#	Indicator				No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit		Low-	Range	High- est	Source	Period
Ġ.		-			ing cancer patients per year, 2010 [ex	perimental] (1)	304				207	41	• •	588	NCDR	2010
Size		-	Number of NLCA pa Number of NLCA pa		<u> </u>		329 11				191 10	1		585	NLCA NLCA	2011 2011
	ohics ewly nts, 2010)	_	Patients (from #1) a		000110110110		188	62%	56%	67%	61%	39%	•	75%	NCDR	2010
6			Patients (from #1) w		· · · · · · · · · · · · · · · · · · ·		295	97%	94%	98%	93%	66%	*	100%	NCDR	2010
s ≥		-	. , ,		ed ethnicity which is not White-British		3	1%	0%	3%	7%	0%	0	46% 34%	NCDR	2010
aphi new		-	Patients (from #1) w Male patients (from a		come Deprived (2)		161	29% 53%	47%	58%	16% 55%	7% 43%	0 0	O 34% 72%	NCDR NCDR	2010 2010
nogr ed or	2	9	Number and proport	ion of pat	ients (from #2) with a stage assigned		326	99%	97%	100%	92%	36%	⋄	100%	NLCA	2011
Den (bas					ents, excluding SCLC, with stage I or		83	29%	24%	35%	24%	10%	• • •	68%	NLCA	2011
÷	5				ents, excluding SCLC, with a stage III.		36 167	13% 58%	9% 53%	17% 64%	14% 62%	4% 13%	0.	30% 80%	NLCA NLCA	2011 2011
		- 1	Proportion of patients (from #2) with a Performance Status assigned					87%	83%	90%	89%	2%	0	100%	NLCA	2011
		- 1	Peer review: Does the specialist team have full membership? (3)					Yes							NCPR	2010/11
Specia	ist		Peer review: Propor Peer review: are the		er review indicators met		SA SA	85% No			89%				NCPR	2010/11
Tean	1		Peer review: are the		(/		SA	No							NCPR NCPR	2010/11 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 pathe				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											
paule	1	Dr	actice	32	No. and proportion resected of patients (from #2) with confirmed NSCLC											
Wai	39	(E)	actice	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										12	
				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	hemothe	гару	
Prac	0	۱ 4	comos	36	First outpatient ap	pointments and	propo	ortion	of all	outpat	ient a	appo	intments			
Outc			comes Recovery	37	NLCA: Median su	rvival in days ar	nd adju	usted	hazar	d ratio	for r	nort	ality			
aı Reco		и 1	COOVER Y	38	NLCA: Proportion	of patients surv	viving a	at on	e year	and a	djust	ed c	dds ratio of survivi	ing 1 yea	r	
Pat Patient 39 Patients surveyed & % reporting always being treated with respect & dignity (6)								et & dignity (6)								
Notes: (* IV=Inten	Ex	ре	erience -	40	Number of survey	augetions and	0/2 of +	hose	questi	one co	oring	rec	d and green (7)	% Red		142

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



Background

National Cancer Intelligence Network

Cancer Commissioning Toolkit

Kath Yates *

Updates Home Dashboards Comparisons Profiles Charts Background Home COMING Dashboards **Profiles** Charts Comparisons Making the data count Comparative reporting of data Improving outcomes Increase the value of data Compare your organisation/service, Understanding variation of both View or download trends to View a snapshot of data by organisation group to support quality, establish baselines & identify issues. patient experience & service deilvery benchmark along the patient pathway services & outcomes. using data indicators. by accessing in depth data.

Help

NHS Outcome Framework 2013/14 Dashboard

Overarching indicators									
Overaroning indicators		Indicator							
	Latect data	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	eveloped						
1.7 Excess under 60 mortality rate in adults with a learning disability	In	dicator to be de	rveloped						

Overarching Indicators										
	Latest data	Indicator value	Unit							
2 Health-related quality of life for people with long-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 liness	Jan-Mar13	39.0	% gap							
2.8.I Estimated diagnosis rate for people with dementia	2011/12	48.0	%							
2.8.II A measure of the effectiveness of post- diagnosis care in sustaining independence and improving quality of life	In	dicator to be de	veloped							

3 Helping people to recover from epic	1	Preventing people				
Overarching Indicators	1					
	0					
la Emergency admissions for acute conditions that should not usually require cospital admission (all ages) the Emergency readmissions within 30 days of	Over	rarching indicators				
discharge from hospital morovement areas	1a i	Potential Years of Li				
inprovement areas 3.1.1 Total health gain as assessed by patients or elective procedures - Hip replacement 3.1.II – Knee replacement	1	es considered amen				
3.1.III – Groin hemia	1a.ii	- Children and youn				
3.1.Iv – Varicose veins	1b.i	Life expectancy at 75				
3.1.v - Psychological therapies						
3.2 Emergency admissions for children with ower respiratory tract infections		Life expectancy at 7				
3.3 An indicator on recovery from injuries and	Impr	ovement areas				
rauma		Jnder 75 mortality rat				
8.4 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 ra					
8.6.1 Proportion of patients with a fragility racture recovering to their previous levels of	disea					
mobility at 30 days 3.5.II Proportion of patients with a fragility racture recovering to their previous levels of mobility at 120 days 3.8.II Proportion of older people (65 and over)	1.3 L	Jnder 75 mortality rat				
iss.) Proportion or order people (es and over) who were still at home 91 days after discharge from hospital into reablementhehabilitation services		Jnder 75 mortality rat				
8.8.II Proportion offered rehabilitation following discharge from acute or community hospital	1.4.i	One-year survival fro				
	1	Five-year survival fr				
	canc					
	1.4.ii	ii One-vear survival f				

NHS Outcomes

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

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

1	Prevent	ina peopl	le from d	lying prema	turely

Overarching mulcators					
-	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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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				

Clinical Commissioning Group Outcomes Indicator Set

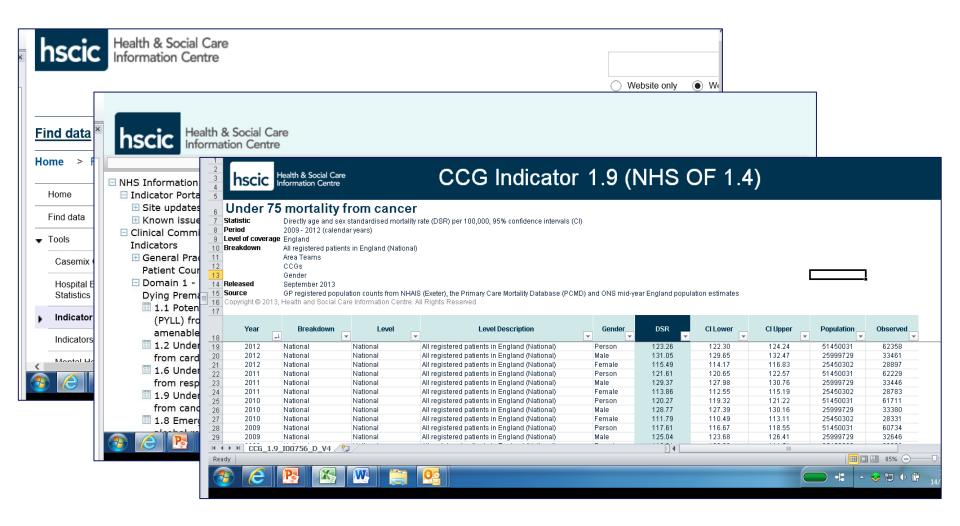
2013/14 under 75 mortality rate from cancer

- 1 and 5 year survival from all cancers
- 1 and 5 year survival from breast, lung & colorectal cancers

2014/15 additional indicators for cancer

- cancers diagnosed via emergency routes
- 5 year survival children
- cancer stage at diagnosis
- cancers detected at stage 1 or 2
- 1 and 5 yr survival for lung, breast and colorectal cancers

HSCIC Indicator Portal





Examples of the clinical value of new data

- Demonstration of variation
- Teasing out the causes of variation
- Demonstrating value of specialisation
- Building data into quality improvement
- Adding outcome data into Peer Review
- More meaningful regulation CQC
- Providing robust evidence behind National Guidelines and Quality Standards (NICE)
- Supporting 'intelligent commissioning'
- Supporting Clinical Trials



National Cancer Intelligence Network Cancer survival in England by stage

www.ncin.org.uk



Figure 2, one-year survival, all stage, by year of diagnosis, not standardised by age

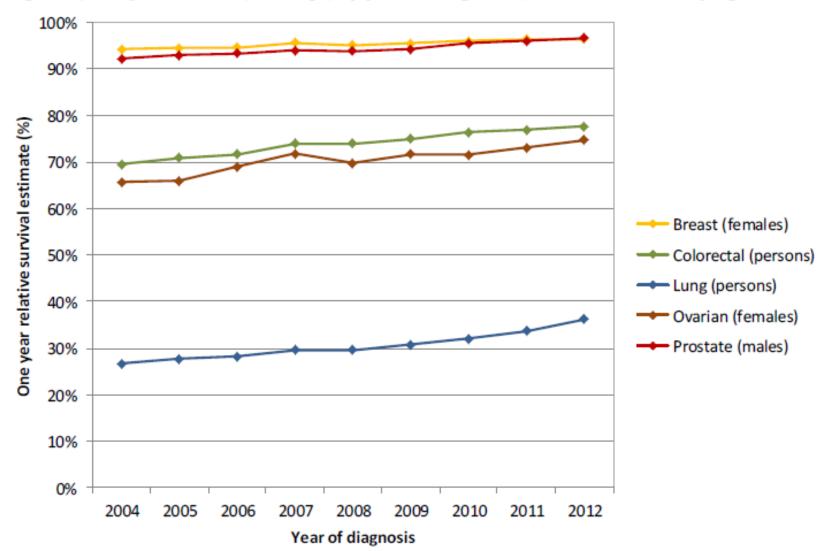
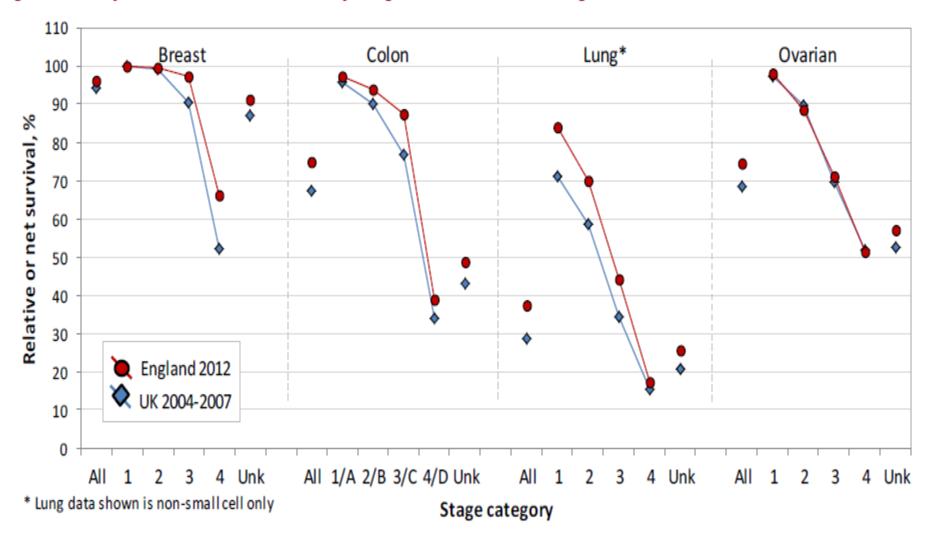




Figure 4 One-year relative/net survival, by stage, in the ICBP and England 2012 data



Conclusions

- The quality and range of clinically relevant data on cancer is increasing rapidly
- The collection and intelligent use of data are at the heart of good clinical practice and commissioning
- We now have a large and expanding clinical community engaged with cancer data
- Feedback and ongoing interaction with clinicians is an essential part of the process – peer pressure is powerful
- There is a need to improve how information is used at a local level
- It is vital that we co-ordinate the work of the NCIN's SSCRGs and NHS England's CRGs