

# Using information to improve outcomes

Nicky Coombes  
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# Outline of talk

- Measuring clinical outcomes
- What it means for Site Specific Clinical Reference Group work programmes

“We can only be sure to improve what we  
can actually measure”

Lord Ara Darzi, High Quality Care for All,  
June 2008

# What measures are in place?

- The Cancer Reform Strategy

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- High Quality Care for All

# What measures are in place?

- The Cancer Reform Strategy
  - Vital signs (planning framework with 3 tiers of priorities)
  - includes ‘Must Do’s’ relating to CRS - cancer waits and screening policies

# What measures are in place?

- NICE – IOG
  - NICE Guidance for some cancers
  - National Quality Board – new process

# What measures are in place

- NHS Information Centre for Health and Social Care (not mandated)
  - Planned care
  - Long term conditions
  - End of Life care

# What measures are in place?

- Clinical and health outcomes knowledge base
  - One stop source of information on a wide range of health outcomes from prevention, co-morbidity and end-of-life

# What measures are in place?

- Care Quality Commission
  - Better Metrics
  - Annually updated
  - Chapter on cancer

# What measures are in place?

- High Quality Care for All
  - National Quality Board
  - New process for the development of NICE quality standards
    - May 2009 – proposals to NQB
    - Summer 2009 – consultation
    - September 2009 – NQB decision
    - January 2010 – first standards published
    - 5 year process

# The link to SSCRGs

- A myriad of national initiatives,
- Assessed through performance management, the regulatory framework, and eventually, in Quality Accounts
- Job of SSCRGs – prioritise outcome measures to analyse for each cancer site

# SSCRG work programme

- Programme of site specific analysis being undertaken by lead cancer registry
  - Data quality indicators
  - Clinical quality indicators
- Informing implementation of national policy initiatives for each cancer site
- Benchmarking, comparing

# Immediate NCIN priorities



- Supporting the new peer review process
- Establishing baselines
- Revealing variations in patterns of treatment and care
- Strengthening commissioning

## Examples

- Incidence, outcome and variations in surgical and non-surgical treatment by networks
- Clinical measures for peer review



*Using information to improve quality & choice*

nicky.coombes@ncin.org.uk

[www.ncin.org.uk](http://www.ncin.org.uk)