NCIN national cancer intelligence network

Using information to improve quality & choice

HEAD AND NECK TSSG CLINICAL LEADS MEETING 26TH NOVEMBER 2009



The Information Centre

for health and social care

www.ncin.org.uk





WELCOME AND OUTLINE FOR THE DAY

Richard Wight NCIN Head and Neck TSSG Chair DAHNO Project Chair









HOUSEKEEPING





National Cancer Research Institute

for health and social care



WHAT DOES CANCER INTELLIGENCE MEAN TO YOU ?





NCRI National Cancer Research Institute

for health and social care





nstitute

- Are we agreed cancer intelligence has a significant role to play in improving cancer care and outcome?
- What should be routinely collected, collated and audited?
- If so how do we usefully translate these findings into changes at the MDT/clinical level?



AIMS OF DAY 1



- To examine Cancer Intelligence in head and neck cancer
 - The why
 - The what
 - The how and when
 - The application of, to improve care and outcome
 - DAHNO 4th Annual Report
 - Priorities from NCIN Head and Neck SSCRG
 - What further work needs to be done?
 - Comorbidity
 - Data items







 To consider Head + Neck cancer MDT's and the impact on and their role in :-

- Going Further on cancer waits
- MDT Development
- Peer Review and clinical indicators
- Using audit information to influence change







- To actively contribute to the days sessions and the future cancer intelligence agenda
- Not to only promote a personal view but a wider MDT perspective
- To feedback to your MDT the key topics /issues arising
- To enjoy the day!!!







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NCIN –who are we?

www.ncin.org.uk





"Quite simply, we want to have the best cancer information service in the world by 2012"

Mike Richards Britain against Cancer Dec 2007



"The best cancer information NCI service in the world"



- Build on current strengths of UK cancer registry system
- Collection of defined datasets on all cancer patients to be mandated through the national model contract. PCTs will be responsible for ensuring that this information is collected by MDTs and sent to cancer registries
- A new National Cancer Intelligence Network is being established to bring together relevant stakeholders and to act as a repository of cancer data.

Cancer Reform Strategy 2007



NCRI Partners



Research Institute





Research Institute





- Mick Peake
- Di Riley
- SSCRG's-Chairs and membership
- The important people in the background

• The whole cancer community



NCIN Governance



- Part of the NCRI Initiative
- NCRI Board
- NCIN Steering Group
- NCIN Coordinating Team
- Clinical Reference Groups
- Scientific Advisory Group



NCIN Goal



Why?

- To provide feedback on performance to clinical teams
- To promote stronger commissioning
- To provide informed choice for patients
- To provide a unique opportunity for health services research
- i.e. To improve outcomes



NCIN Core Objectives



- 1. Promoting efficient and effective data collection throughout the cancer journey
- 2. Providing a common national repository for cancer datasets
- 3. Producing expert analyses, based on robust methodologies, to monitor patterns of cancer care
- 4. Exploiting information to drive improvements in standards of cancer care and clinical outcomes
- 5. Enabling use of cancer information to support audit and research programmes





Early outputs....

- Short term survival
- Prevalence
 - By Network
 - By PCT
- International
 - Focused analyses

Trends in one year cancer survival, England, 1985-2004														ar Carlor Article	
I	C00-C97 excl. C-	14: All malign	ant neoplasm	s (excl. non-m	elanoma s	kin cance	er)								
			Vales				Female	s					Persons	\$	
	Year Cohort	Cumulative Deaths Crude	Relative Rate Survival (95% Confidence Interval	Number in Cohort	Cumulative Deaths	Crude Rate	Relative Survival	95 Confidence	Linterval	Number in Cohort	Cumulative Deaths C	Crude Rate	Relative Survival Co	95% nfidence Inte
	1985-1989 414,345 1986-1990 418,925 1987-1991 422,215	220,757	40.7 49.3 47.3 49.9	49.7 - 50.1	423,315 430,131 430,993	172,874	59.8	61.9	61.8 -	62.1	849,056	393,631	53.6	56.1	55.9 - 56
	1988-1992 430,747 1989,1993 438,648	220,903	48.7 51.5	51.3 - 51.6 52.1 - 52.4	445,394	173,453	61.1	63.2	63.1 -	63.4 63.7	876,141	394,356	55.0	57.5	57.4 - 57
	1990-1994 445,012 1991-1995 449,383	219,778 216,314	50.6 53.6 51.9 54.9	53.4 - 53.7 54.7 - 55.1	453,522 456,074	172,691 171,548	61.9 62.4	64.2 64.7	64.0 - 64.5 -	64.3 64.8	898,534 905,457	392,469 387,862	58.3 57.2	59.0 59.9	58.9 - 59 59.8 - 60
	1992-1996 455,686 1993-1997 459,766	213,457 210,495	53.2 56.2 54.2 57.2	58.0 - 58.3 57.1 - 57.4	460,134 463,514	171,275 170,063	62.8 63.3	65.1 65.6	64.9 · 65.5 ·	65.2 65.8	915,820 923,280	384,732 380,558	58.0 58.8	60.7 61.5	60.6 - 60 61.4 - 61
	1994-1998 462,827 1995-1999 468,127 4990-0000 470,020	207,429 206,001	55.2 58.1 56.0 58.9	58.0 - 58.3 58.7 - 59.0	468,084 475,530	168,075	64.1 64.6	66.4	66.3 - 66.8 -	66.6 67.1	930,911 943,657	375,504 374,216	59.7 60.3	62.3 63.0	62.2 - 62
	1995-2000 4/6-233	200,000	50.9 39.6	326 - 329	402.934	107.372	00.4	8.1	67.9 -	68.2 68.6	972,965	371,458	61.8	64.5 65.2	64.4 - 64
New cancer cases/ per 100,000 (with	deaths, crude and a 95% confidence in	age-standardis tervals), Cance	sed* incidence/r er Networks, En	nortality rates Igland, 2005	nat infe	ICIN ional cancer elligence netw		9.0 9.4	68.8 - 69.3 -	69.1 69.5	993,363 1,002,968	364,799 361,647	esa esa Persor	66.0 66.7	65.9 - 68 66.6 - 68
C00-C97 excl. C44: All maligr	nant neoplasms (exc	I. non-melanor	na skin cancer) -	Teenage and yo	ung adults ('	15-24yrs)		_			90 -				
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National Cancer e-Atlas







...drive improvements...



National Cancer Research Institute ...support audit/research...



- Dealing with gaps in currently available data
- Developing partnership working with the existing National Cancer audits amongst others
- Making best use of opportunities



The role of NCIN



- Coordinate implementation of National Contract
- Support MDTs to coordinate data capture
- Oversee MDT training programmes
- Facilitate discussions re: data gaps
 - Staging & co-morbidity
- Support submissions to ISB and ROCR
- Work towards harmonisation of processes
- Strive for data quality and timeliness



HEAD AND NECK SSCRG – membership (1)



- The relevant major colleges and professional groups + DAHNO CLINICAL REFERENCE GROUP CONJOINED
- The lead cancer registry OXFORD
- Any national audit group (e.g. NCASP) relevant to the tumour site DAHNO
- The relevant NCRI Clinical Study Group H+N
- Patients (minimum 2 at least one of whom should ideally be a member of the relevant NCRI CSG) NCRI PATIENT LIASON GRP



HEAD AND NECK SSCRG – membership (2)



- The major, relevant voluntary sector groups/charities NALC/LETS FACE IT
- The Director from the lead Cancer Network for the tumour site HUMBER AND YOKSHIRE COAST
- A member from the 'national cancer strategic team' (DH, NCAT, Peer Review Team or NHS Improvement)
- The NCIN core management team.



Main issues for SSCRGs



- Identification of current initiatives
- Support for data set development
- Identification of main clinical indicators
- Advising on co-morbidity
- Improving staging (engaging pathologists)
- Promoting clinical (and public) engagement
- Advising on reporting
- Making the most of links with the research community
- Supporting the use of data to change clinical practice







ACTION PLANNING-INFLUENCING CHANGE



- Look at the information presented as member of the MDT –what actions would you take?
- Look at the information through the eyes of an external reviewer-what actions would you advise ?



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