NCIN – what and why

Bill Allum

Chair

Upper GI Clinical Reference Group

“The best cancer information 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

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

Essentials for success

- Clinical engagement
- Credible data
  - High level of data completeness
  - Case mix adjustment
  - Timely
- Reporting
  - Easy access to clear, ‘bespoke’ reports
  - ‘Real time’ – on line; Annual reports
  - Targeting reports: Clinicians; Trusts; SHAs ; PCTs etc
- Dissemination in Peer-reviewed settings
  - Publication, Conferences, Workshops, etc
- Incorporating performance and outcome data into:
  - Commissioning
  - Cancer Peer Review & Service Improvement

Site-Specific Clinical Reference Groups - membership

- The relevant major colleges and professional groups (including pathology)
- The lead cancer registry
- Any national audit group (e.g. NCASP) relevant to the tumour site(s)
- The relevant NCRI Clinical Study Group
- Patients (minimum 2 – at least one of whom should ideally be a member of the relevant NCRI CSG)
- The major, relevant voluntary sector groups/charities
- The Director from the lead Cancer Network for the tumour site

≤ 12

- A member from the 'national cancer strategic team' (DH, NCAT, Peer Review Team or NHS Improvement)
- The NCIN core management team.

Membership Upper GI SSCRG

ORGANISATION	REPRESENTATIVE
BSG	Mike Mendall
Clinical Oncology	Tom Crosby
Medical Oncology / NCRI	Daniel Hochhauser
AUGIS	David Berry
Pancreatic Society	Hemant Kocher
NOGCA	Richard Hardwick
Radiology	Clive Kay
Pathology	Marco Novelli
Patient Groups	Sue Ballard, David Kirby
Nursing	Tracey Heslop
PROMS	Jane Blazeby
NCAT	Andy McMeeking
Lead Registry	TCR: Henrik Moeller, Elizabeth Davies
Lead Network Director	Charlotte Joll
NCPR	Sue Knights

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: **Improving Cancer Outcomes Group**

NCIN - next 12 months

- Initial outputs “traditional” registry statistics
- Requirement to develop focus on cancer care and outcomes
  - Linked datasets (National Cancer Data Repository)
  - Lead registry support
- Exploit existing datasets
- Add further datasets to repository
- Improve data availability & quality standards

DATA SOURCES

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- Cancer Registry
- Cancer Waits
- Peer Review
- HES
- NOGCA

NCIN: Reports 2009

- Incidence and mortality
- 1 year survival
- Deprivation
- Prevalence
- Ethnicity
- ‘Microsites’
- Site-specific work

By 2011

- Electronic transfer of Cancer Registration dataset
- Recognise multiple data sources
- Capture ‘clinical’ data via MDTs
  - Staging
  - Co-morbidity
  - Recurrence, etc

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HPB Audit

- AUGIS HPB Cancer Resection database
- ~ 50 data items for data-sets fro liver, biliary and pancreatic cancer
- Collected via nhs.net
- Coordinator based in Leicester

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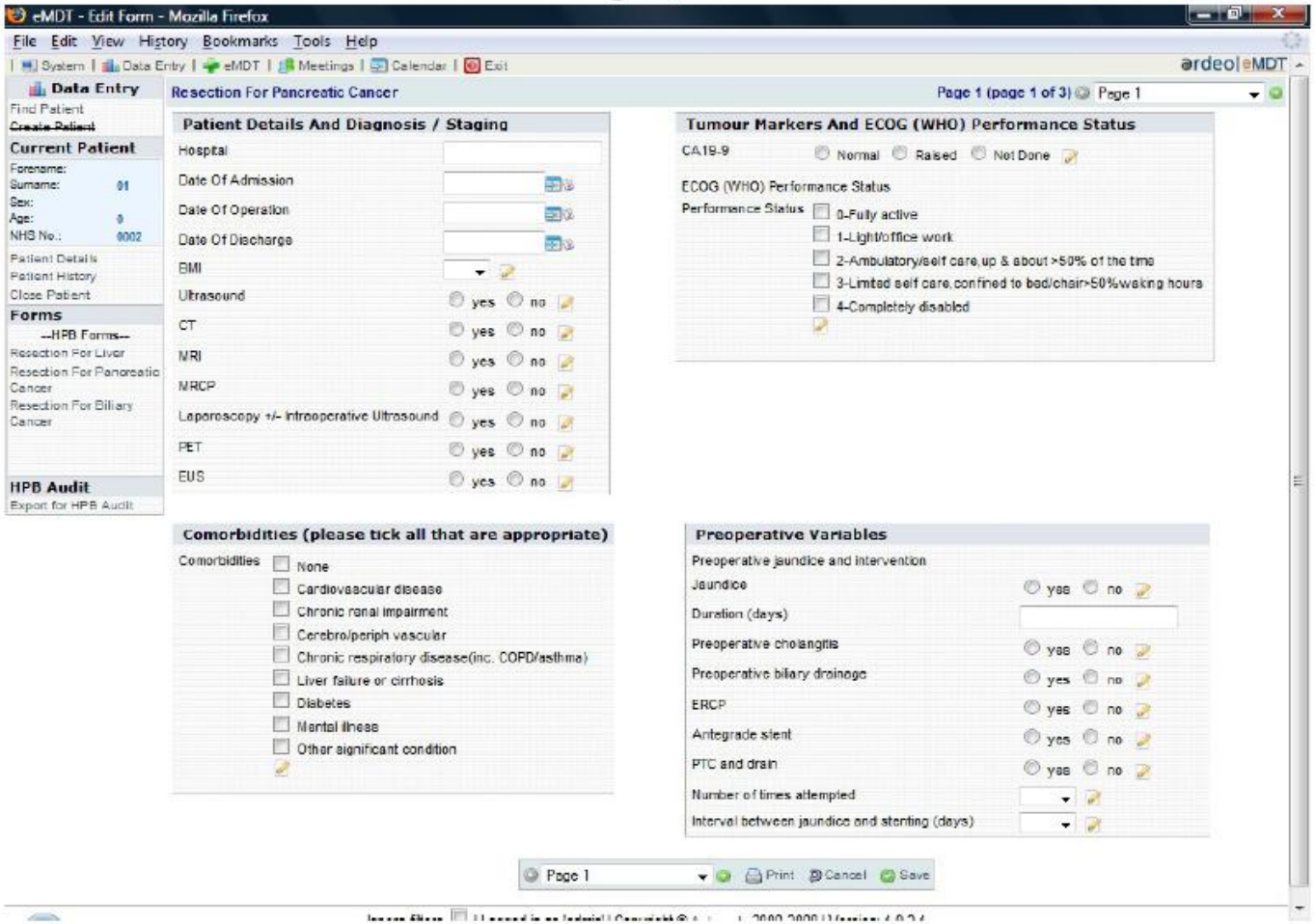
Resection For Pancreatic Cancer Page 1

Developed by: ardeo AUGIS



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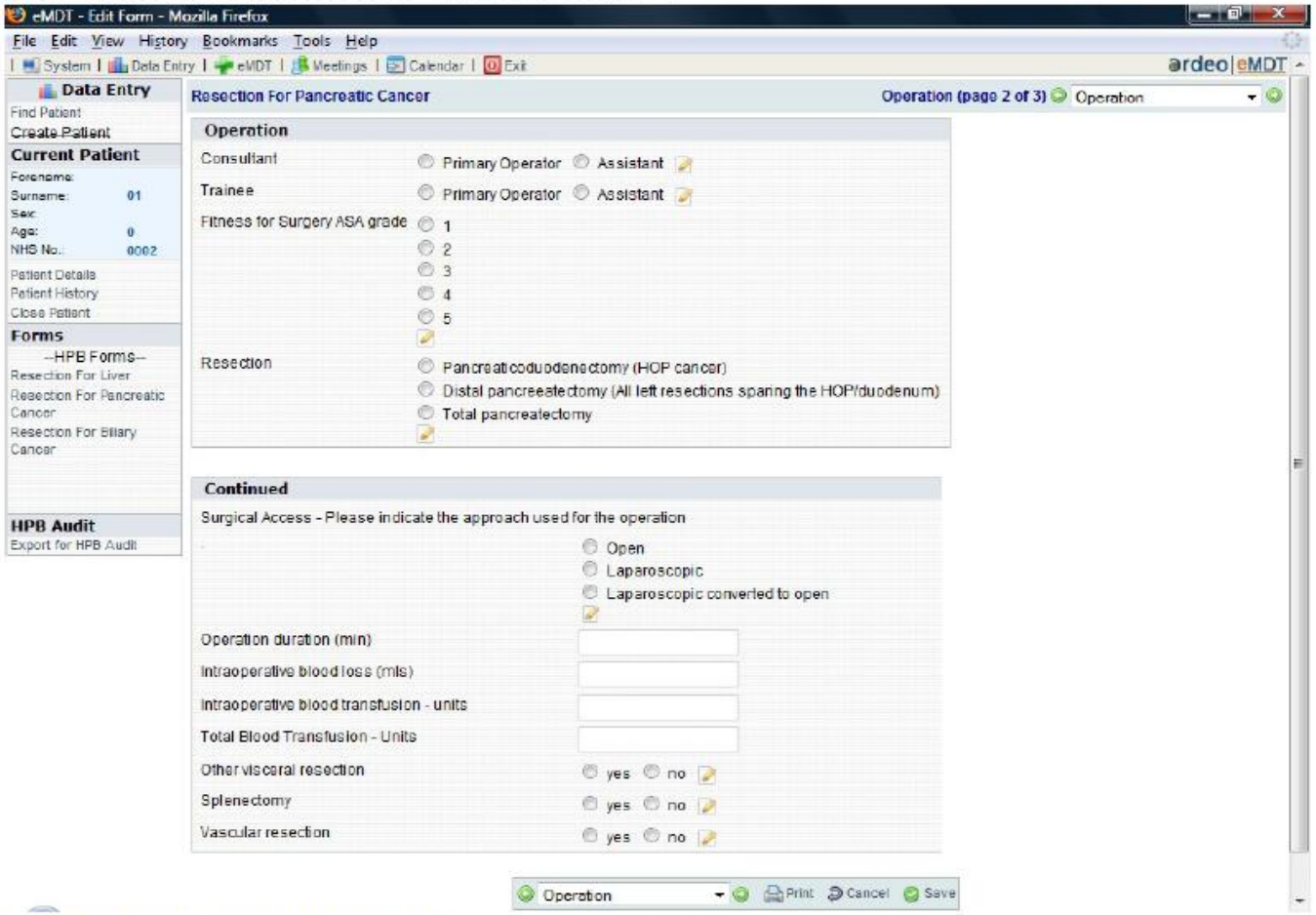
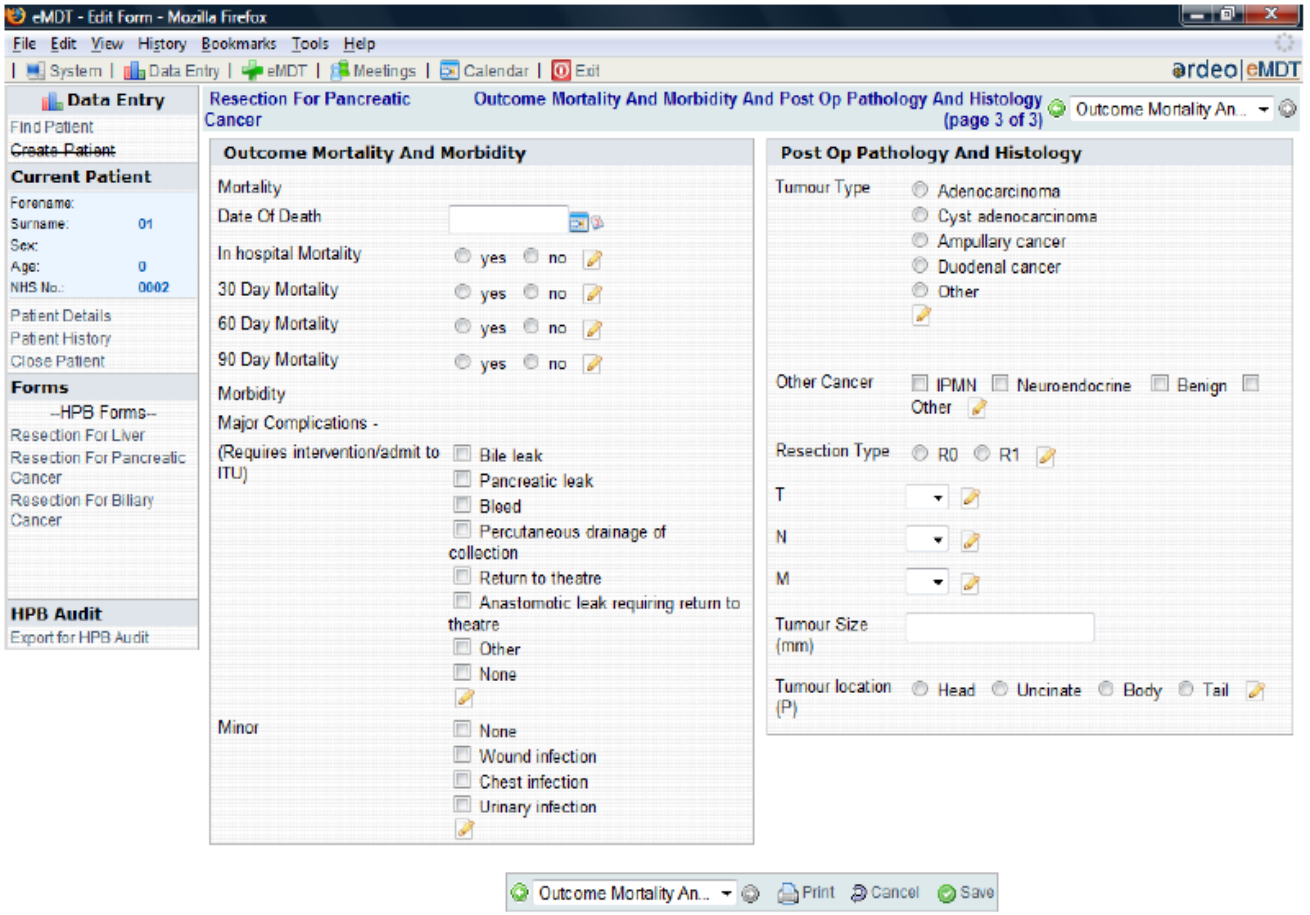
Resection For Pancreatic Cancer Page 2

Developed By: ardeo AUGIS



Resection For Pancreatic Cancer Page 3



HPB Audit

- Expand to include all HPB patients
- Funded by AUGIS

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NATIONAL POLICY INITIATIVES

- Cancer Reform Strategy – 2007
- Earlier presentation – National Awareness and Earlier Diagnosis Initiative (NAEDI)
- Living with and beyond cancer – Survivorship
- Effective use of inpatient facilities – Enhanced Recovery
- End of life care - choices

NATIONAL POLICY INITIATIVES

- DH – *Quality and Productivity*
  Clinical pathway redesign
  Commissioners
  Providers
  National policy changes and supporting workstreams

- 2011 – 2014: £15 – 20bn savings

NATIONAL POLICY INITIATIVES

- MDT effectiveness
- National Peer Review
- Enhanced Recovery Programmes

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ENHANCED RECOVERY UPPER GI

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- Is it possible?
- What are the problems?
- What can we learn from other sites?

ENHANCED RECOVERY
UPPER GI – is it possible?

- US experience
- Financially driven
- O-G resection discharge in 7 days
- Readmissions or failures

ENHANCED RECOVERY UPPER GI – is it possible

- Italian experience – pancreatic resection
- Discharge day 13 vs day 15
- Reduced delayed gastric emptying

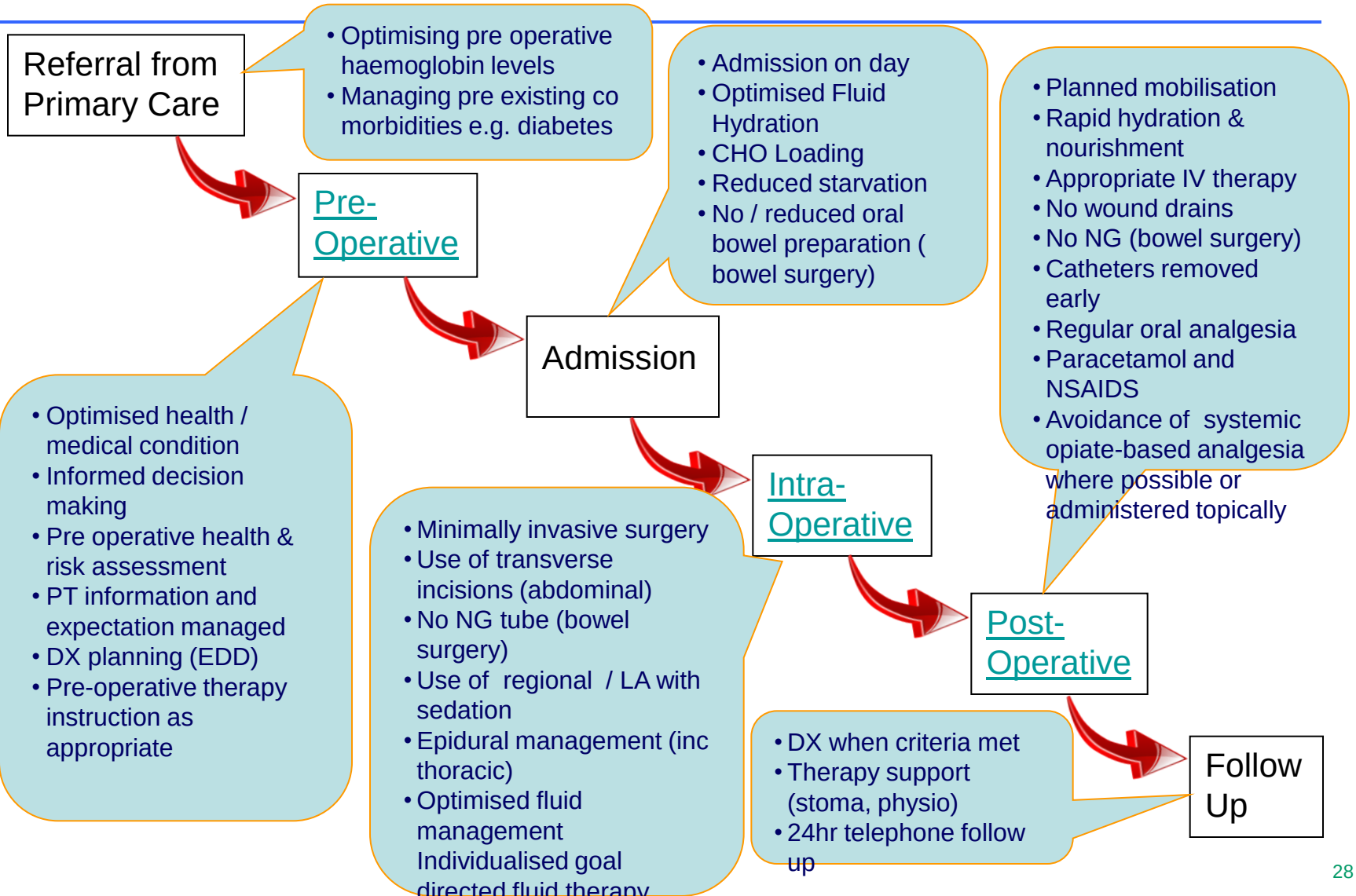
ENHANCED RECOVERY UPPER GI – what are the problems?

- Comorbidity
- Clinical staff “customs”
- Proximal anastomosis

ENHANCED RECOVERY UPPER GI

- What can we learn from other sites?

Example of enhanced recovery elements



NHS

Enhanced Recovery Partnership Programme

NHS

NHS Improvement

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Traditional pathway

Day 0	Surgery performed Drip, fluids, drain(s) Catheter/nasogastric tube
Day 1	Monitoring post op/sit out
Day 2	Monitoring post op/? Short walks/sips
Day 3	Monitoring post op/nasogastric down/flatus passed/sips
Day 4	Oral fluids/short walk
Day 5	Drip down/drain out
Day 6	?Small soft diet
Day 7	Diet if tolerated/monitor bowel movements/walking
Day 8	?Wound clips removed
Day 9	Patient independent
Day 10	?Discharge depending on patient recovery/complications

Enhanced Recovery Pathway

Day 0	Surgery performed Drips, fluids, drain(s), catheter Drinking tea/juice Walking short distance Pain relief via PCA/epidural Catheter in
Day 1	Eating food Walking around ward Pain relief orally
Day 2	Epidural down Drip down Catheter out
Day 3	Patient independent
Day 4	Discharged

ENHANCED RECOVERY UPPER GI – what can we learn from other sites?

- Team working
- Pathway planning
- Patient education and explanation
- Careful outcome audit

ENHANCED RECOVERY
UPPER GI

- Outpatient
  - medical assessment
  - dietician
  - physio
- Preadmission Assessment
  - meet the team
  - explanation of journey
  - immunonutrition
  - physio details
- Perioperative
  - protocol for car pathway