Target Data: Its wider use, performance, submission

Di Riley

Associate Director

Clinical Outcomes Programme

NCIN

The Pivotal Role of the MDT

Di Riley

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Clinical Outcomes Programme

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To Cover

- Why do we need information
- Hospital processes
- Mandated v performance data

- MDT Initiatives
  - Development
  - training

Using information to improve quality & choice

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

Mike Richards
Britain Against Cancer
Dec 2007

Using information to improve quality & choice

Cancer Reform Strategy

identified :

...better information on cancer services and outcomes will enhance patient choice, drive up service quality and underpin stronger commissioning...

...collection of defined datasets on all cancer patients will be mandated through the national contract. PCTs will be responsible for ensuring that this information is collected by MDTs and sent to cancer registries...

Using information to improve quality & choice

"The best cancer information service in the world"

- Build on current strengths of cancer registry system
- PCTs mandated for collection of defined datasets
- Collected via MDTs and sent to cancer registries
- National Cancer Intelligence Network
  – bring together relevant stakeholders
  – act as a repository of cancer data
  – Fusion of a variety of NHS datasets
  – Linkage to datasets outside NHS
  – More comprehensive analysis of NHS data
  – Interface to research data repositories

Using information to improve quality & choice

The Pivotal Role of the MDT

NCIN
national cancer
intelligence network

- CRS:7.47 *"MDT working, as specified by NICE guidance, will remain the core model for cancer service delivery in the future."*

NCRI
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Cancer
Research
Institute

The Pivotal Role of the MDT

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- CRS: 8.16 *"…MDTs… will have an important role to play in collecting all the relevant items of information for all cancer patients under their care and for making this information available to cancer registries and relevant national clinical audits."*

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Calman-Hine 1995

- ...Framework for creating a network of cancer care in England and Wales...

- ...Development of cancer services should be patient focussed...

- ...Cancer registration and careful monitoring of treatment and outcomes are essential...

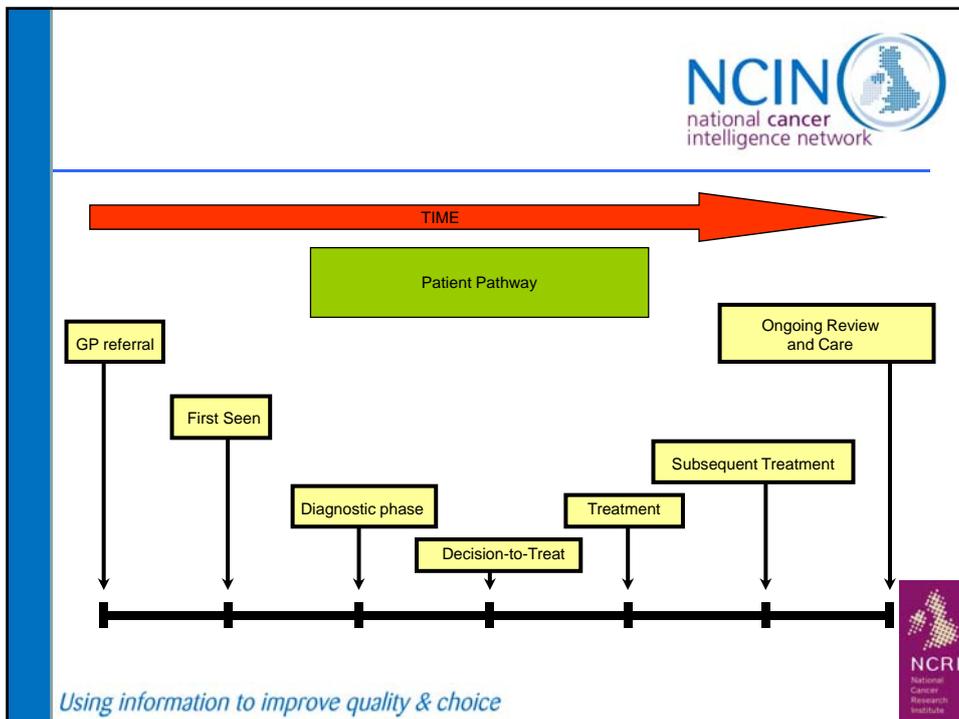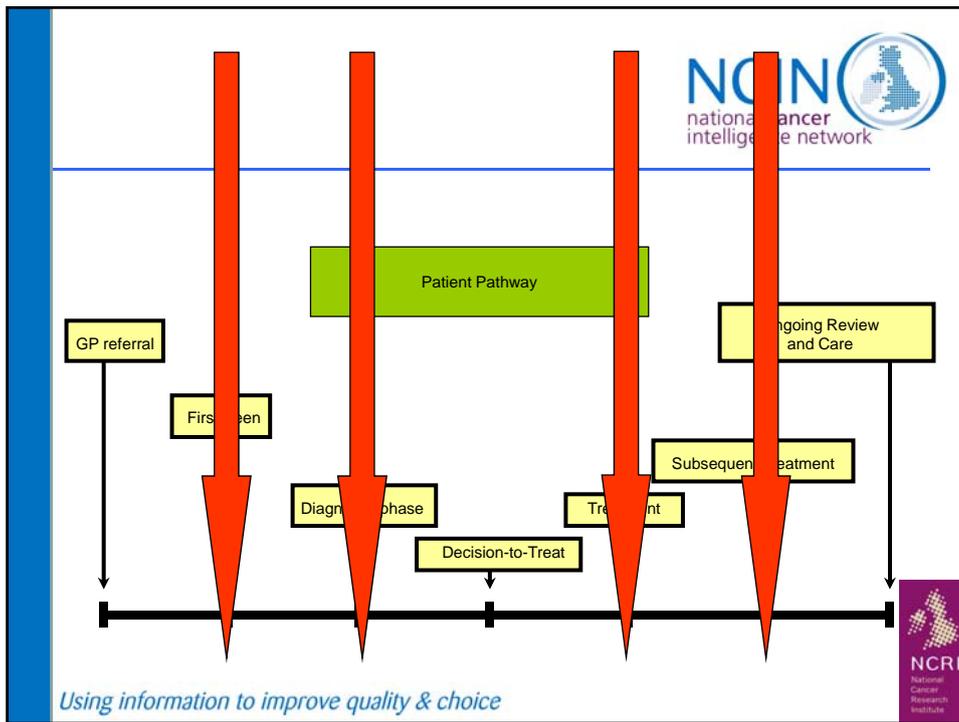*Using information to improve quality & choice*

Since then…….

- Cancer Plan 2000
- Manual of Cancer Standards
- Peer Review
- MDTs
- National Cancer Dataset
- Cancer Waits/18 weeks
- National Clinical Audit Support Programme
- College datasets e.g. BASO, ACP, BAUS

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Emphasis on cancer data

NCIN
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intelligence network

- Multiple datasets
- Multiple data sources
- Multiple data processes

- No strategy
- Parallel universes
- Who wants what and when!

DUPLICATION

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Focus on…..

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intelligence network

- MDTs
- Patient Management
- Aligning datasets
- Coordinate processes
- Gaps in Knowledge and data
- Integration in NHS purposes

COLLECT ONCE

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NCRI
National Cancer Research Institute

So what is available to us?

NCIN — national cancer intelligence network

Data Sets
- CDS
- Ca. Registration
- **Cancer Waits**
- NCASP
- Radiotherapy
- (chemotherapy)
- ('MDT')

Data Sources:
- PAS
- Pathology
- Radiology, etc
- Oncology MS
- 'MDT/CWT' systems
- Dept. systems

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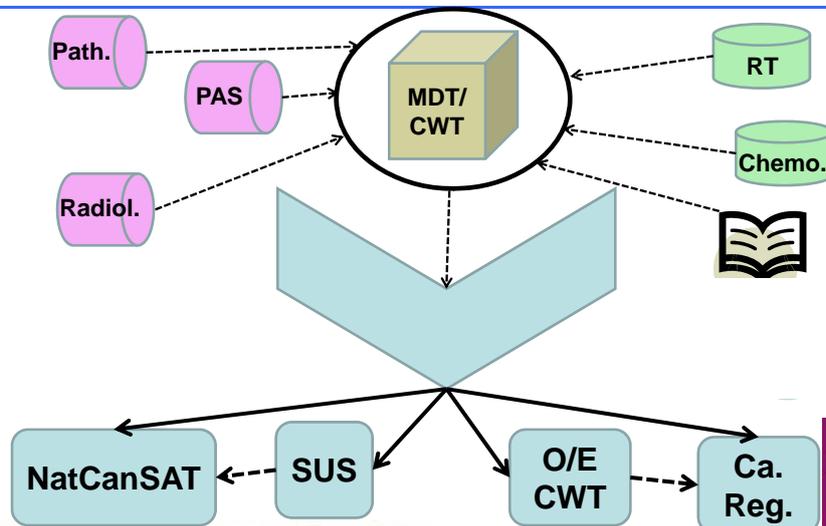- (chemotherapy)
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No 1:1 mapping
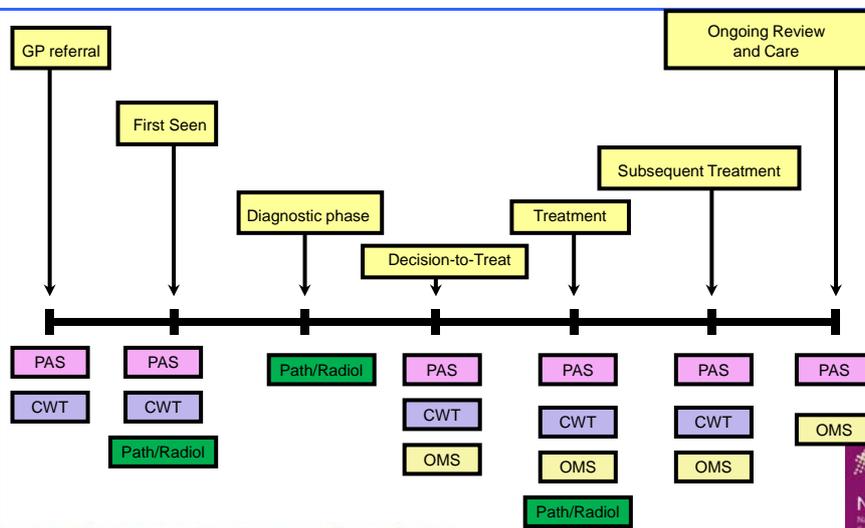
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Link Commissioning Data with Clinical Care Record

NCIN
national cancer
intelligence network

Path. → MDT/CWT ← RT
PAS → MDT/CWT ← Chemo.
Radiol. → MDT/CWT

NatCanSAT ← SUS → O/E CWT ⇢ Ca. Reg.

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The Challenge:

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intelligence network

- Work towards:
  - Managing patient care
  - Delivering mandated datasets
  - Achieving performance standards
- But
  - Collect once but make available in correct settings
  - Link datasets (may be external)
  - Map to patient management pathway

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Data Capture on a Patient Pathway

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What is a Mandated Dataset?

- Approved by Information Standards Board
- Approved by ROCR
- Included in the National Contract
- Must to be collected and submitted by all provider organisations
  - Commissioning Datasets
  - Cancer waits
  - Cancer registration
  - Radiotherapy

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What is a Performance Dataset?

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intelligence network

- Approved by Information Standards Board
- Approved by ROCR
- Included in the National Contract
- Must to be collected and submitted by all provider organisations
- **Will be monitored against a national standard**
  - Cancer waits

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Going Further on Cancer Waits

NCIN
national **cancer**
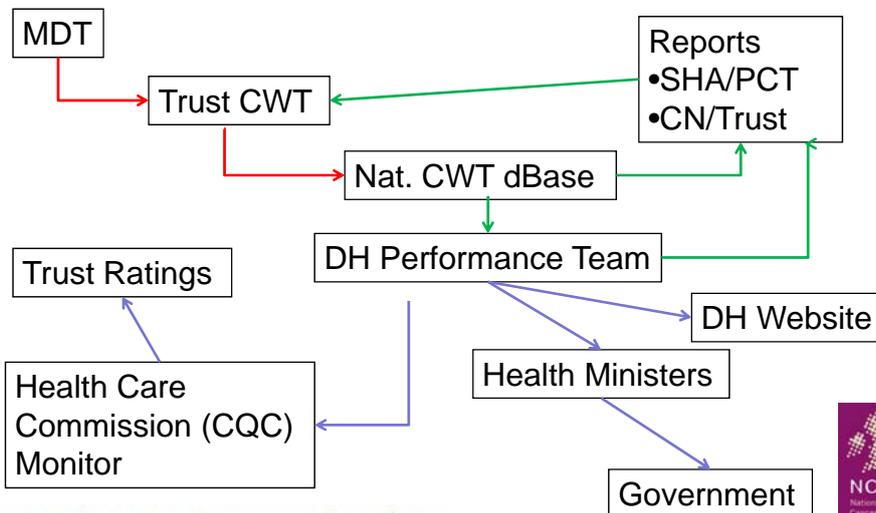intelligence network

- Ensure all patients are seen and treated within the extended targets outlined in the CRS:
  - **December 2008**
    - 31 Days for <u>all</u> treatments (ex. Radiotherapy) and all patients
    - 62 Days for patients with suspected cancer identified through screening programmes & 'Specialist' Upgrades
  - **December 2009** - Max. 2 week wait for all patients with breast symptoms
  - **December 2010** - 31 Days for radiotherapy
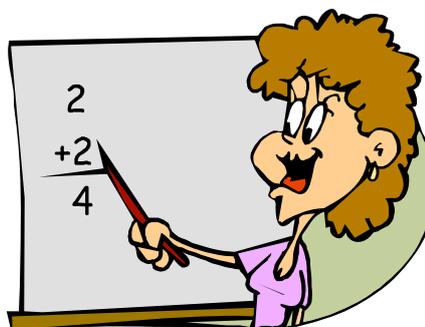
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Monitoring Performance (England)

NCIN national cancer intelligence network

MDT → Trust CWT → Nat. CWT dBase

Reports
- SHA/PCT
- CN/Trust

DH Performance Team

Trust Ratings

Health Care Commission (CQC) Monitor

Health Ministers

DH Website

Government

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MDT Initiatives

NCIN national cancer intelligence network

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MDT development programme (NCAT)

- Around 1500 cancer MDTs have been established in England
- Perception that some are performing better than others – supported by variation in compliance with peer review measures
- Online questionnaire survey in progress via networks to get views of stakeholders on what makes a team effective
  - Over 1000 responses received to date
  - Closing date 16th March
- Workshops in May
  - To get views on next steps
  - How to measure MDT performance
  - What support/tools might be needed to improve MDT performance

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MDT/IOG Training

- National Taskforce (UK) Membership
  - UKACR
  - Cancer Networks
  - MDT Taskforce
  - NCAT
  - DH workforce
- Met three times
  - July, October & January

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Topics – Wider interest

- Of interest to wider group
  - MDTs coordinators et al
  - Registry 'tumour registrars'
  - NCRN data managers
  - Clinical coders
- Dilemma
  - Narrow or wider focus?

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Topics – 3 levels

- Cancer Awareness - Core
  - Generic to all cancer
  - Biology, aetiology, epidemiology, pathology
  - anatomy
  - Treatment modalities
  - Interpreting reports – histology, radiology, etc
  - Jargon busting

Using information to improve quality & choice

Topics – 3 levels

- Cancer Awareness – Tumour Specific
  - Same as previous but focussed to specific cancer
  - Patient pathways
  - IOG/NICE, etc
  - Local, network, supra MDTs, etc

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Topics – 3 levels

- NHS/Cancer Services Awareness
  - Service delivery
  - Key issues – CRS, IOGs, NICE, etc
  - Commissioning
  - Cancer registration
  - Cancer waits
  - Datasets, ISB, etc
  - NCAT, NCIN, NHS Improvement,
  - MDT working

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Where next

- Aim
  - Common standards
  - Available across UK
  - Local flexibility
  - Regular & ongoing
- Focused piece of work
  - Out to tender now

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Where next?

- To develop (and implement) a universal UK-wide training course for non medical staff involved in collecting and using data for improving cancer clinical outcomes
  - ID all stakeholders
  - ID content & format of training course
  - Recommendations for modes of delivery
  - Outline course specification
  - Specify mechanisms for evaluation and accreditation

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