

# What happens to target data submitted by Trusts?

Jane Hanson  
Lead Cancer Adviser to the Welsh Assembly Government  
Director Cancer Services Co-ordinating Group

- Background
- Cancer Information & CANISC
- Lessons learnt
- Conclusions

# Background

## The Welsh approach

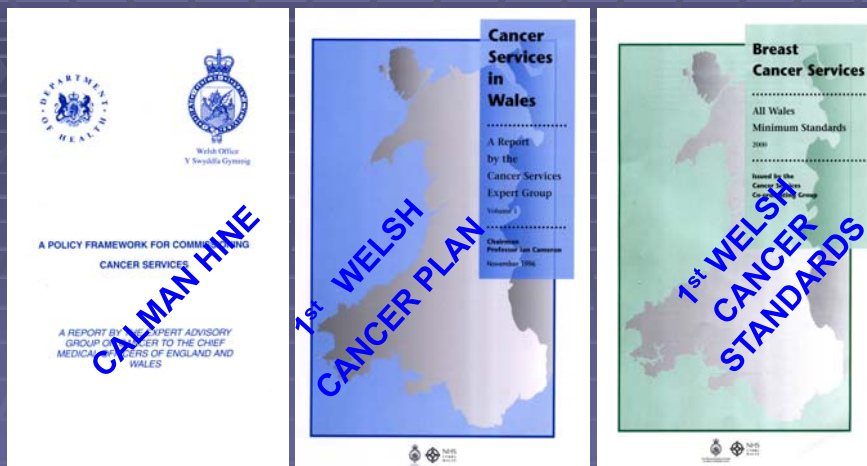
1. The policy
2. The practicalities
3. The challenge



1. POLICY 1995

1996

2000....(2005)



• ring-fenced funds for cancer via CSCG (£3M)\*\*\*



Health is devolved from Westminster to the Welsh Assembly. The Minister for Health sets health policy.

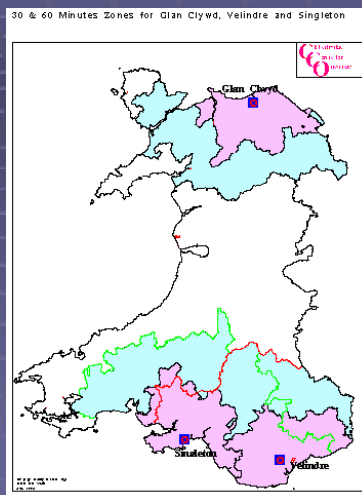
**Emerging differences (how things are done)....**

- PbR
- Star ratings
- Foundation Trusts
- (from October 2009) Commissioners/Providers
- 31 & 62 day cancer waits
- MDT gatekeeper not GP
- MDT can up or down grade referrals
- Screen detected cancers included on 31 day wait

**Continuing similarities (what things are done)**

- NICE guidance
- Full commitment to best clinical outcomes evidenced by registry data and UK wide national clinical audits

## 2. PRACTICALITIES



## The challenge

- Cross organisational information flows
- Remote access of MDTs into the cancer centres
  - video conferencing & telemedicine

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**CANCER SERVICES  
INFORMATION FRAMEWORK**

Author: Jayne Griffiths

Issue: April 2000

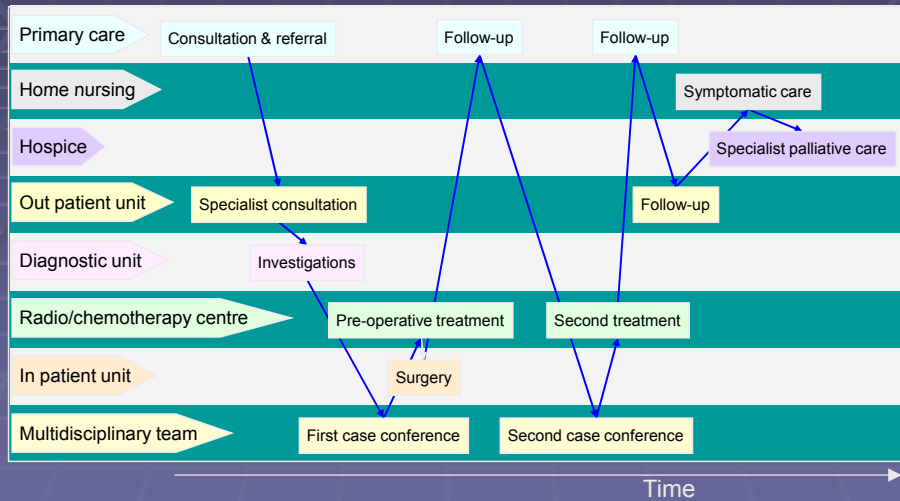
- capture clinical information at the MDT meeting
- support MDT working and monitoring cancer standards
- data to be captured along the care pathway in (near) real time – critically across organisational boundaries
- data used by MDTs for patient management it will be accurate

Objective

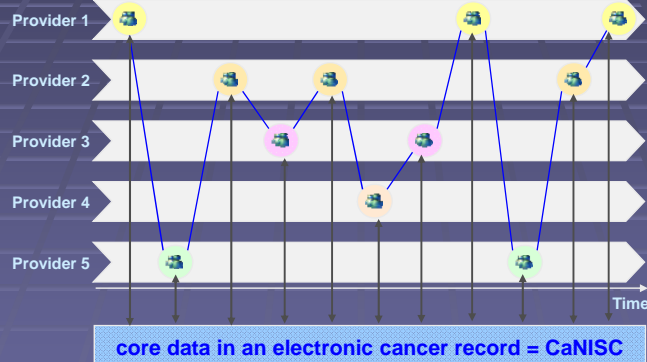
Assumption



## a typical cancer care pathway



## CaNISC supports overall care



## **CaNISC specification necessary to support patient care**

- single patient cancer record
- electronic format
- data held at single location
- current access by all trusts in Wales
- future access by primary care, non NHS institutions, patients

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# CANISC implementation

- Lessons
  1. Cancer waiting times
  2. Clinical ownership
  3. Clinical audits
  4. Integration
  5. People

## Lesson 1. Waiting times

*The NAW recommends that all Trusts should use CaNISC as the tool to capture and report the required data on cancer waiting times (2005). Core dataset was mandated*

<b>WELSH HEALTH CIRCULAR</b>		WHC (2005) 017
<small>For further Contact: 0715 3942</small>		<small>Welsh Health Information System Lleuaf 0715 3942</small>
<small>This replaces earlier guidance: WHC(2002)01</small>		<small>Issue Date: 21st March 2005</small>
<b>Title: Monthly data collection of cancer waiting times to start of definitive treatment</b>		<b>Status: Action</b>
<b>For Action by:</b> Chief Executives, NHS Trusts Welsh Health Information Managers	<b>Action required:</b> See paragraph 3.	
<b>For information to see Distribution List:</b>		
<b>Sender:</b> Dr Christine Davis, Executive Director, Health and Social Care Department, National Assembly for Wales		
<b>National Assembly contact(s):</b> Geetha John, Health Statistics and Analysis Unit, National Assembly for Wales Tel: 029 2082 6886 WRTN-GTN 1208 1208 e-mail: geetha.john@naw.gov.uk Helen Iyones, Health Statistics and Analysis Unit, National Assembly for Wales Tel: 029 2080 1208 WRTN-GTN 1208 1208 e-mail: helena.iyones@naw.gov.uk		
<b>Enquiries to:</b> None		
<small>Tel: 029 20825111 GTN: 1208 Llunell Union/Direct line: 029 20825096 Ffôn/Fax: 029 20825050 Mâncom: 029 20823200 http://hewis.wales.nhs.uk/whcirculans.htm</small>		

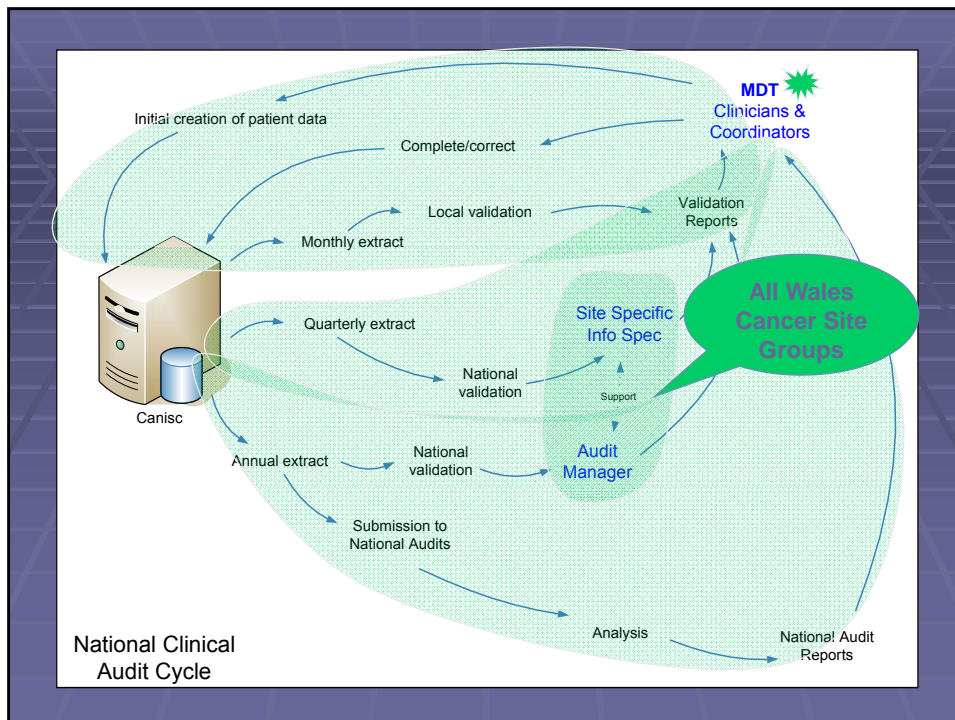
Our experience..... collecting cancer waits via CANISC has resulted in  
 National implementation of the system  
 Case ascertainment for clinical audit  
 Data completeness for clinical audit



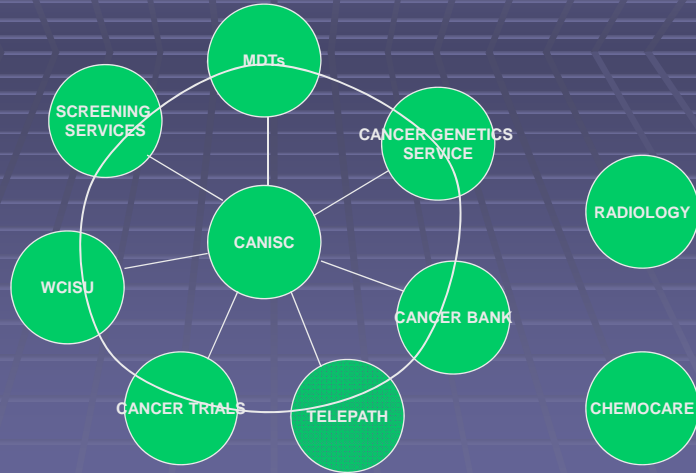


## Lesson 2. National Cancer Audit Programmes

- Audit Programme Designed
- Welsh participation agreed
- All Wales Cancer Datasets updated
- **Canisc & work processes updated**
- **Information collected in Canisc**
- **Information validated & extracted**
- Data submitted
- Report produced with **recommendations**



### Lesson 3. National information linkage via CANISC




### Lesson 4. People



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- Improve data quality
- Enable clinical groups to set the agenda
- Build a research culture into cancer information

# 1. Improve data quality - Comparison of the ascertainment of lung cancer between The Welsh Cancer Intelligence & Surveillance Unit (WCISU) and CaNISC



		No. of cases
Lung cancer cases registered on WCISU database		141
Lung cancer cases registered on CaNISC		105
Cases missing on CaNISC but registered on WCISU database		25
Of these cases:	Case notes found	18
	Unable to track case notes	7
Of the case notes found:	Not in area	3
	Not lung cancer	5
	True missing cases	10
Cases missing on WCISU database but registered on CaNISC		7
Of these cases:	Case notes found	6
	Case notes still to be seen	1
Of the case notes found:	Not lung cancer	2
	True missing cases	4

**Source:** 'A Comparison of Local Cancer Registration in a Welsh NHS Trust with that of The Welsh Cancer Intelligence and Surveillance Unit for 2005', 28th June 2007

+36 in WCISU

25 not in CaNISC

7 not in WCISU

7 not lung cancer

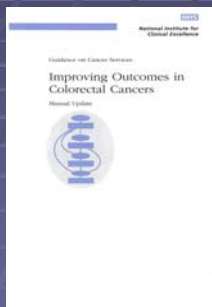
## Recommendations from the report focussed on

- 1) Ensuring all cases are brought to MDT meeting.  
Target the Depts. of Respiratory Medicine, Medicine and Surgery
  - 2) Encourage more accurate completion of death certificates.  
Target Medical, Surgical and Pathology Departments
  - 3) Consider notifying Lung MDT coordinator of any death certificate with an entry of "Lung Cancer" or similar to validate accuracy and to aid case ascertainment.  
Target mortuary
  - 4)
  - 5)
- .....

## 2. Clinical Groups to set agenda

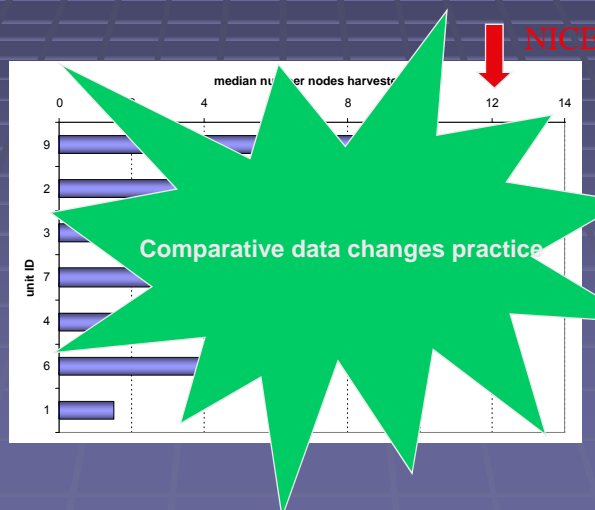
- all Wales Cancer Site Groups to be responsible for and lead on
  - National and/or HQIP audits ✓
  - Development of and annual reporting of clinical indicators ✓
- Use CIs and cancer outcomes as basis of
  - New cancer standards
  - Service / network planning
  - Targeting local initiatives particularly where known links to social deprivation

## NICE standard (2005)



*“In patients with colorectal cancer who are treated with curative intent, 12 or more lymph nodes should be examined.”*

## audit data for Wales 2002-03



## 3. Build a research culture into cancer information

- Work in progress
  - Cancer Information Group
    - WCISU
    - CANISC
    - Patient Episode database
    - National Prescribing database



## Building the picture



- What are the data telling us?
  - Locate where ASR incidence/mortality is significantly higher than Welsh average (WCISU)
  - Translate to numbers of new patients
  - Check for 1 year survival and link to social deprivation index where relevant
  - Link to CANISC to check on CI performance of local MDTs and trial recruitment (WCTN)

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## Thanks

Jeff Stamatakis, Ceri White, Rebecca Thomas and Martin Harris for providing last minute slides. Clinical MDT leads, Information specialists and MDT co-ordinators for making it happen day after day....