

Cancer and Data in the 'New NHS'

May 2011

**Di Riley, Director
Clinical Outcomes**



Improving Outcomes: A Strategy for Cancer

January 2011

Overarching NHS context

- Financial constraints
- White Paper
- GP Commissioning/Commissioning Board
- Public Health England
- National Audit Office
- Public Accounts Committee
- (New NICE guidance)

New evidence

- International Cancer Benchmarking Partnership
 - UK one year survival rates, poor in comparison with other countries (Lancet Jan 2011)
- International variations in drug usage (July 2010)
- Routes to diagnosis
 - 23% cancer patients present as emergencies (NCIN 2010)
- **A review of cancer registration**
- National overview of cancer peer review 2009/10
- Cancer patient experience survey (December 2010)
- Screening research (bowel and flexi sigmoidoscopy)
- NAO report on cancer (November 2010)

Information and choice

Information will be central to the drive for better outcomes

- Increased patient choice – informed by reliable information on services and on outcomes
- Information Prescriptions partnership
- National Cancer Intelligence Network (NCIN)
 - data collection (e.g. stage; chemotherapy; date of recurrence)
 - making information available in appropriate formats for patients, clinicians and commissioners

Improving outcomes: level of ambition

“Our aspiration is that England should achieve cancer outcomes which are comparable with the best in the world”

“We believe that by 2014/15, **5000 additional lives can be saved each year**. It is now for the NHS, working with PHE to deliver this ambition”

Note: The “additional 5000 lives” will require England to match the European average. Approximately 10,000 additional lives would be saved if England was to match survival achieved in Sweden (and Australia and Canada)

Improving outcomes: Emphasis on one year survival

One year survival -key indicator of strategy progress

- Action from both public health and the NHS
- Time lag in collecting one year survival
- Proxy measures will be introduced
 - **Proportion of cancers diagnosed at stages 1 and 2**
 - **Proportion of cancers diagnosed through emergency routes**
 - **GP usage of diagnostic tests**
- Providers to supply **staging data** to registries
- Publication of data by cancer registries more timely

Avoidable deaths pa if survival in England = best in World

Breast	~ 2000	Myeloma	250
Colorectal	~1700	Endometrial	250
Lung	~1300	Leukaemia	240
Oesophagogastric	~ 950	Brain	225
Kidney	~ 700	Melanoma	190
Ovary	~ 500	Cervix	180
NHL/HD	370	Oral/Larynx	170
Bladder	290	Pancreas	75

[NB Prostate has been excluded as survival 'gap' is likely to be due to differences in PSA testing rates.]

Data derived from Abdel-Rahman et al, BJC Supplement December 2009

Improving outcomes: promoting earlier presentation - AWARENESS

£10.75m local and national “signs and symptoms” campaign

- Local campaigns – over 100 PCTs
 - breast, bowel and lung cancer, where the numbers of ‘avoidable deaths’ are largest
 - 18 pure lung cancer projects
- DH centrally led campaign in two regions (East of England and South West) in February/March 2011
 - focus on bowel cancer
 - If successful – country-wide

Early diagnosis: Role of GP

- important role
 - encourage patients to present early
 - communicate benefits of screening
- risk assessment tool to support GPs in development
- better access to diagnostic tests
 - e.g. chest x-ray, ultrasound, lower GI endoscopy, brain MRI
 - this should reduce referrals to secondary care
- Guidelines to be developed with benchmarking data.

Inpatient stays and emergency admissions

- Majority of cancer patients
 - do not want to be admitted unless necessary
 - stay as short as possible
- NAO report highlights
 - scope to **reduce inpatient admissions and average LOS**
 - together could save >£200 million p.a.
- DH Impact Assessment for the new strategy indicates should be possible to go further:
 - Enhanced recovery
 - 23hr breast cancer model

Improving outcomes: better treatment - chemotherapy

- Implementation of NCAG report
 - quality and safety of chemotherapy a priority
 - including acute oncology services.
 - *Note: This should reduce unnecessary emergency admissions*
- Collection and publication of chemotherapy data
 - from April 2012
- Cancer Drugs Fund: £200m p.a. from April 2011
 - Details being formulated following consultation
 - Plus learning from experience with the interim fund
- Targeted/stratified medicine
 - Further work is needed to determine how best to undertake molecular testing

“Outcomes not process targets”

- Cancer waiting times standards consultation
 - in parallel with development of new strategy.
- The strategy confirms waiting time standards retained
- Focus on recurrence/mets for breast cancer
 - Pilot 2011/12
 - National roll-out April 2012
 - ??other cancers to follow

Supporting quality services

- Multi-Disciplinary Team working emphasised
 - Assessment toolkits
- Cancer Peer Review supported
 - aim is to reduce the burden on the NHS by around 40%
- Current national clinical audits retained
 - expect new audits to be introduced over time

Improving outcomes: Commissioning

- Cancer commissioning complex
 - NHS Commissioning Board (specialised services)
 - GP consortia and local health and well-being boards
- Stronger commissioning supported by NICE quality standards
 - lung starting soon!
- NCAT/NCIN will work with networks and GP consortia (pathfinders)
 - to develop commissioning support packs
- Cancer networks to be funded during the transition

Improving outcomes: Quality of life and patient experience

- Strategy builds on existing initiatives including:
 - The Advanced Communication Skills Training Programme (Connected)
 - The information prescriptions partnership
 - The National Cancer Survivorship Initiative
 - The Cancer Patient Experience Survey
 - New modeling on costs/benefits of one-to-one support
- Results of the cancer patient experience survey can be used to incentivise improvements
 - An aggregate score will be derived for each Trust
- Patient Related Outcome Measure (PROMs) will be piloted for cancer survivors
- New tariffs will be developed to incentivise better 'aftercare' for cancer patients

National support for implementation

- National Cancer Director post to remain
- Implementation Advisory Group established
- NCAT, NHS Improvement and NCIN will
 - support the implementation of strategy phase 1
 - future arrangements remain to be determined.
- Annual reports on progress will be published

Funding the new strategy

- An economic impact assessment published
- Government committed >£750m over the Spending Review period to achieve the strategy outcomes set out
- The main areas requiring increased expenditure will be:
 - Increased access to diagnostics for GPs
 - Flexible sigmoidoscopy screening
 - Public awareness campaigns
 - Radiotherapy (including proton beam therapy)
 - Increased use of surgery as more patients present with operable disease
- Most of increased expenditure offset by savings on I/P care
- The £750m does not include the £200m for the Cancer Drugs Fund

Alignment to the '5 Domains'

- Preventing Mortality
 - NAEDI
- Long Term Conditions
 - Survivorship (inc rehab workforce)
- Recovery from Ill-health
 - Transforming I/P care
- Patient Experience
 - Advanced comms. & Holistic needs assessments
 - MDTs
- Safety
 - RT, chemo, acute oncology
 - Peer Review, IOG implementation

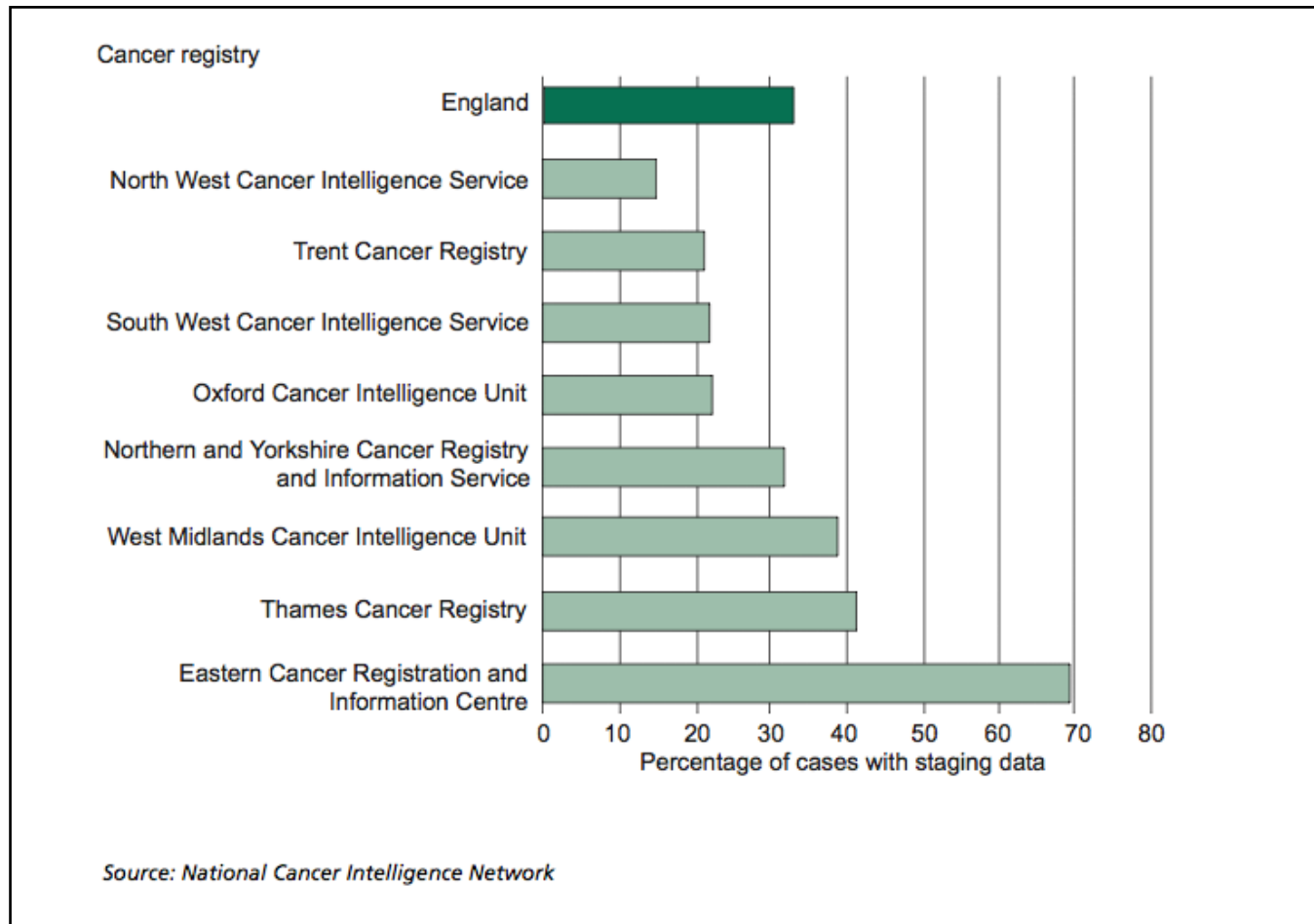
Cancer Registration - Vision

- To provide ‘timely’ comprehensive
 - data collection and quality assurance
 - over the **entire** cancer care pathway
 - all patients treated in England (& UK)
- Resource for
 - patient care, treatment variations
 - quality, safety and performance management
 - audit, research and outcome analyses
- Increased focus on:
 - Stage, radiology, standard datasets, timeliness

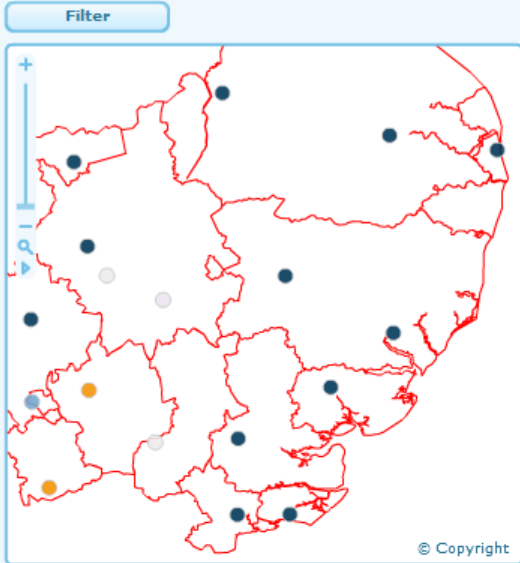
Modernisation of Cancer Registration

- By 2013 all 8 English Cancer Registries to be using one single database system:
 - Reduce duplication
 - Data along patient pathway (inc rec/mets)
 - Using national data feeds e.g. GFoCW, HES, RTDS
 - Local data supplements e.g. MDTs, pathology
 - Increased timeliness
 - Regular 'progress' reports to MDTs/trusts

Registry Staging completeness - 2007



MDT Performance – Data completeness



This report shows the completeness of certain key data items received each month by a Trust as discussed at MDT. By clicking on your Trust from the map above all the relevant data will appear on the performance chart to the right. You can compare your Trust to another by holding the Ctrl button and selecting another Trust. You can scroll the data down on the right hand side by hovering over the data and using the mouse wheel or holding the scroll bar (far right) and moving down/up. A full user guide is available by clicking the link on the introduction page; this will give you detailed instructions on how to use this report effectively.

Help

Indicator	Hospital	Total Pts	Current Month %	Last Month %	Trend	Data Completeness
Date of Diagnosis: Aug-10	E+N Herts	16	100	94.40	↑	0 100
Date of Diagnosis: Aug-10	West Herts	8	100	100.00	→	0 100
Pre-Treatment TNM: Aug-10	E+N Herts	16	0	0.00	→	0 100
Pre-Treatment TNM: Aug-10	West Herts	8	0	0.00	→	0 100
Stage - Dukes: Aug-10	E+N Herts	16	50	44.40	↑	0 100
Stage - Dukes: Aug-10	West Herts	8	0	0.00	→	0 100
Final Treatment TNM: Aug-10	E+N Herts	16	0	27.80	↓	0 100
Final Treatment TNM: Aug-10	West Herts	8	12.5	28.60	↓	0 100
▼ Lung Cancer						
Date of Diagnosis: Aug-10	E+N Herts	13	92.3	93.80	→	0 100
Date of Diagnosis: Aug-10	West Herts	12	100	100.00	→	0 100
Tumour Laterality: Aug-10	E+N Herts	13	92.3	68.80	↑	0 100
Tumour Laterality: Aug-10	West Herts	12	75	90.90	↓	0 100
Pre-Treatment TNM: Aug-10	E+N Herts	13	0	18.80	↓	0 100
Pre-Treatment TNM: Aug-10	West Herts	12	25	72.70	↓	0 100
▼ Skin - C43						
Date of Diagnosis: Aug-10	E+N Herts	17	100	86.70	↑	0 100
Date of Diagnosis: Aug-10	West Herts	9	100	100.00	→	0 100
Breslow Thickness: Aug-10	E+N Herts	17	0	0.00	→	0 100
Breslow Thickness: Aug-10	West Herts	9	0	0.00	→	0 100
Final TNM: Aug-10	E+N Herts	17	0	0.00	→	0 100
Final TNM: Aug-10	West Herts	9	0	0.00	→	0 100
▼ Upper GI						
Date of Diagnosis: Aug-10	E+N Herts	5	80	85.70	↓	0 100
Date of Diagnosis: Aug-10	West Herts	4	100	100.00	→	0 100
Pre-Treatment TNM: Aug-10	E+N Herts	5	0	0.00	→	0 100
Pre-Treatment TNM: Aug-10	West Herts	4	0	0.00	→	0 100
▼ Pancreatic Cancer						
Date of Diagnosis: Aug-10	E+N Herts	1	100	100.00	→	0 100
Date of Diagnosis: Aug-10	West Herts	0	n/a	n/a	→	0 100
Pre-Treatment TNM: Aug-10	E+N Herts	1	0	0.00	→	0 100

<-5% Decrease ↓ -2% to -5% Decrease ↘ 1% to -1% No change → 2% to 5% Increase ↑ <5% Increase ↗ A ● B ● C ●
 Regional Average % |
 Poor ■ Medium ■ Good ■
 - +

Confirmed Pathology Reports

Tumour Groups >> Lung >> Nov 10

Confirmed Pathology Reports

Help

Data

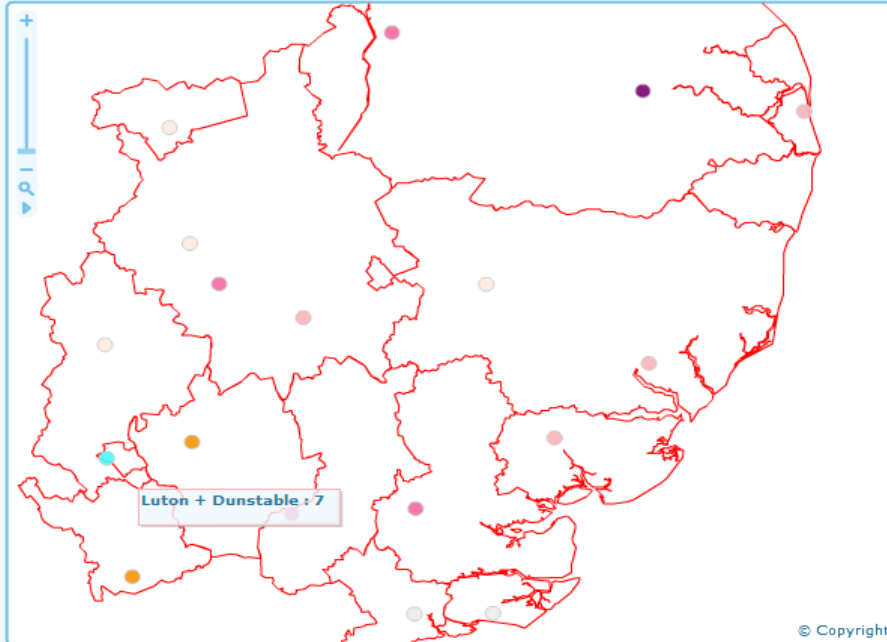
Filter

▼ Raw Pathology Data

- ▶ Total Records Received
- ▶ Number of Unique Patients
- ▶ Number of New Tumours

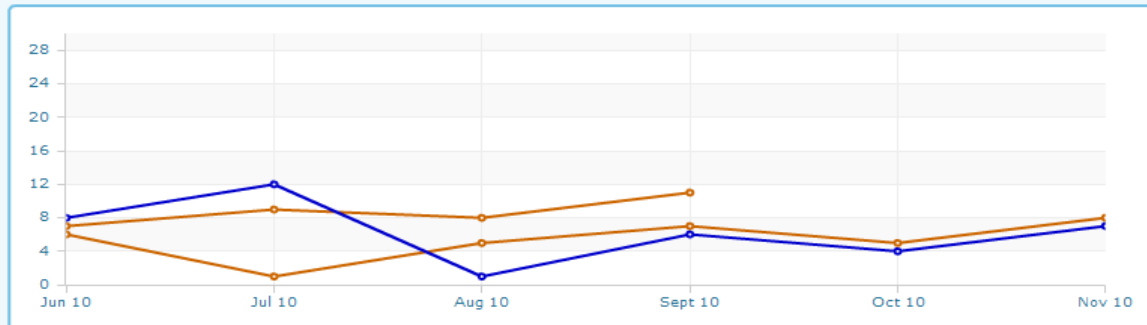
▼ Tumour Groups

- ▶ Brain/CNS
- ▶ Breast
- ▶ Endocrine
- ▶ Gynaecological
- ▶ Haematological
- ▶ Head & Neck
- ▶ Lower GI
- ▼ Lung
 - Nov 10
 - Oct 10
 - Sept 10
 - Aug 10
 - Jul 10
 - Jun 10
- ▶ Other
- ▶ Sarcoma
- ▶ Skin - C43 Only
- ▶ Upper GI
- ▶ Urological



Name ▲	Indicator
Addenbrookes	8
Basildon	No Data
Bedford	0
Broomfield	9
Colchester	6
E+N Herts	No Data
Harlow	10
Hinchingbrooke	0
Ipswich	8
James Paget	6
Kings Lynn	9
Luton + Dunstable	7
Norfolk + Norwich	22
Papworth	10
Peterborough	2
Southend	No Data
West Herts	8
West Suffolk	1

This report shows the total number of pathology records received each month by a Trust. By using the data selector table (above and to the left of the report), these data can then be viewed by the Number of Unique Patients, the Number of New Registrations created from these data and the amount of New Tumours created by tumour group. A full user guide is available by clicking the link on the introduction page; this will give you detailed instructions on how to use this report effectively.



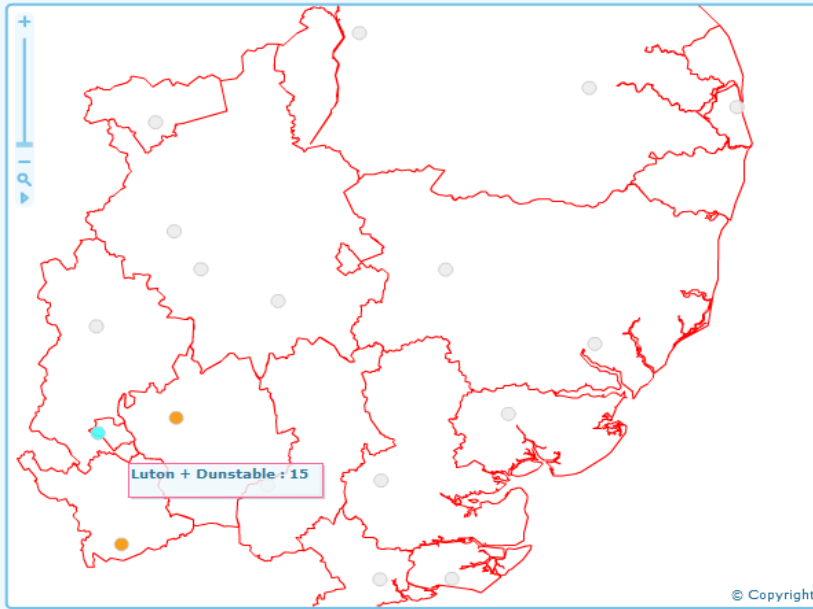
MDT Discussion

Site Specific MDT's >> Lung >> Oct 10

Patients Discussed at MDT

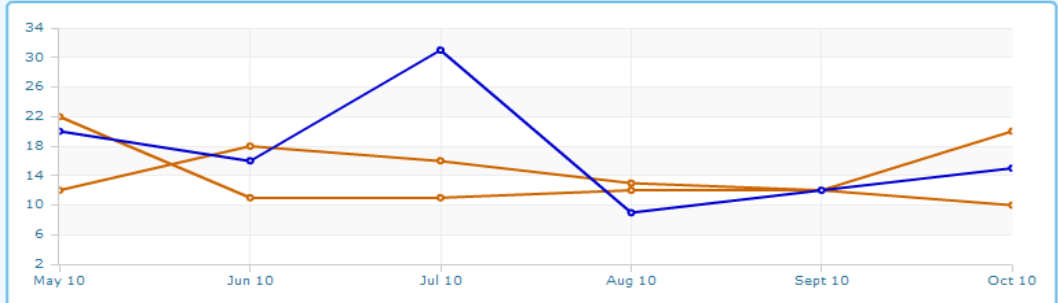
Data Filter

- Site Specific MDT's
 - Breast
 - Gynaecological
 - Haematological
 - Head & Neck
 - Thyroid
 - Lower GI
 - Lung
 - Oct 10
 - Sept 10
 - Aug 10
 - Jul 10
 - Jun 10
 - May 10
 - Skin
 - Upper GI
 - Pancreatic Cancer
 - Urology
 - Prostate Cancer

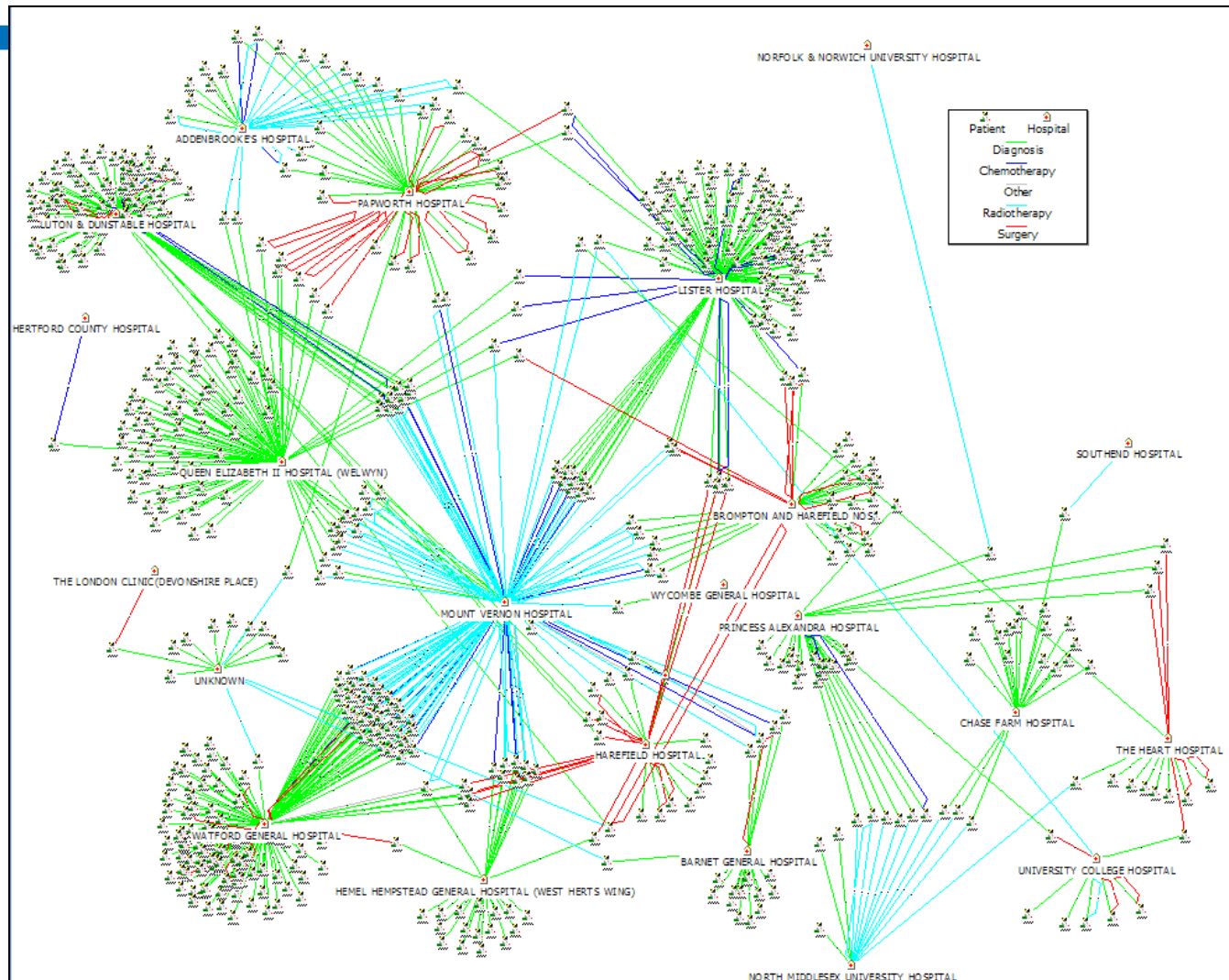


Name	Indicator
Addenbrookes	No Data
Basildon	No Data
Bedford	No Data
Broomfield	No Data
Colchester	No Data
E+N Herts	20
Harlow	No Data
Hinchingbrooke	No Data
Ipswich	No Data
James Paget	No Data
Kings Lynn	No Data
Luton + Dunstable	15
Norfolk + Norwich	No Data
Papworth	No Data
Peterborough	No Data
Southend	No Data
West Herts	10
West Suffolk	No Data

This report shows the total number of patients discussed at an MDT each month by a Trust (after certain normalisation of the data has been completed). By using the data selector table (above and to the left of the report), these data can then be viewed by site specific MDT, please refer to the Tumour Groupings on the index page for more accurate understanding of the tumours currently being assessed. A full user guide is available by clicking the link on the introduction page; this will give you detailed instructions on how to use this report effectively.



2009 Lung Cancer Patient Pathway



So finally.....

Focus for us all:

- New NHS/PHE infrastructure
- New commissioning arrangements
- Improving Outcomes: A Strategy for Cancer
 - Outcomes agenda – new analyses
 - Standard datasets
 - Improved timeliness of data & reporting
 - Shared 'data' ownership

Thank you

Any Questions