



Provision of routine cancer information in a changing public health setting

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Dr Tim Evans

West Midlands Cancer Intelligence Unit

Tel: 0121 414 4274 Fax: 0121 414 7712

e-mail: tim.evans@wmciu.nhs.uk

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Acknowledgements

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WMCIU:

LA Profile production team

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Background



Government plans to abolish Primary Care Trusts (PCTs)

Transfer public health functions to strategic Local Authorities

A demand for cancer registries to provide information and intelligence to support this new public health setting

Also of note is recent promotion of 'localism'

Background



WMCIU has made substantial efforts to reduce the time it takes to fully register cases

Resulted in more timely data becoming available in shorter time scale

Data can be used in production of reports and other publications

A duty to provide information and intelligence to non-health specialists

Methods



Identified a future need for information and what this was likely to entail

For routine information, previous requests focus on incidence, mortality, survival and demographic information

Historically low demand for cancer information from LAs

The key cancer information was prioritised to fit into a focused two page fact-sheet for each of the strategic Local Authorities in the West Midlands.

Methods



Data provided for 4 main cancers.

Choosing age groups to represent can be challenging -

Two age groups chosen following consultation of *Transparency in outcomes* and the indicators within report

The profiles were based on data for the most recent year available (2008) – latest available at time

Methods



Four cancer sites:

Breast	(C50)
Bowel	(C17-C21)
Lung	(C33-C34)
Prostate	(C61)

Age groups:

0-74 and 75+

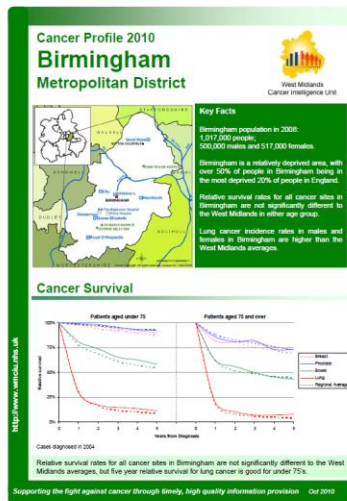
Relative Survival:

1 – 5 years

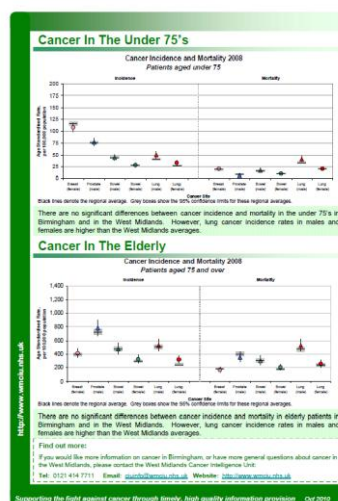
Incidence and mortality

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Methods



Front



Reverse

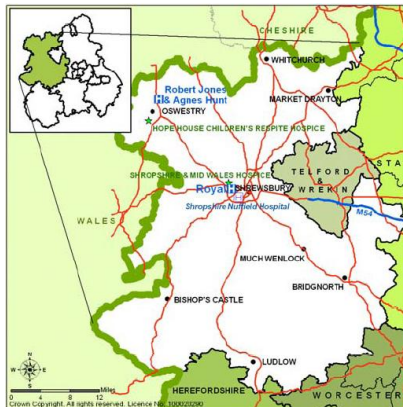
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Methods



Maps

Profile maps displayed all major healthcare providers in each LA, including NHS hospitals, private hospitals, and hospices.



All providers with more than 500 episodes of care registered in 2008 are shown on the maps.

Other features such as cities, towns and roads were provided for orientation.

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Methods



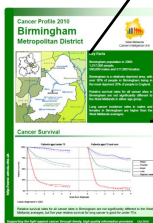
Key Facts

Birmingham population in 2009:
1,029,000 people;
504,000 males and 525,000 females.

Birmingham is a relatively deprived area, with over 50% of people in Birmingham being in the most deprived 20% of people in England.

Survival for bowel cancer in the under 75's is not significantly different at one and five years compared to the West Midlands averages.

Prostate and male lung cancer incidence rates in the under 75's are significantly higher than the West Midlands averages. Lung cancer mortality rates for both males and females are significantly higher than the West Midlands averages in the under 75's.

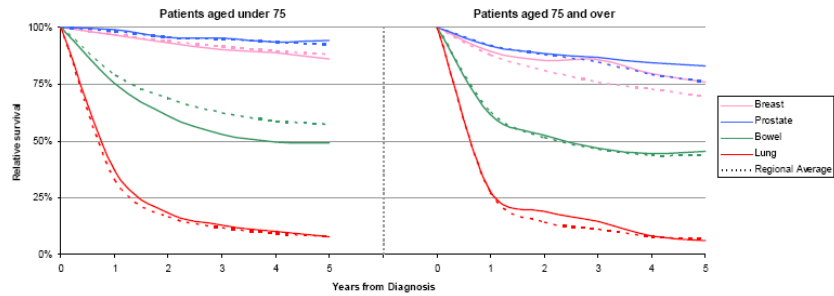


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Survival



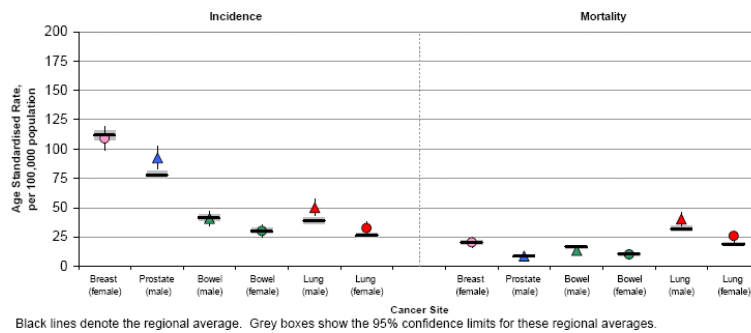
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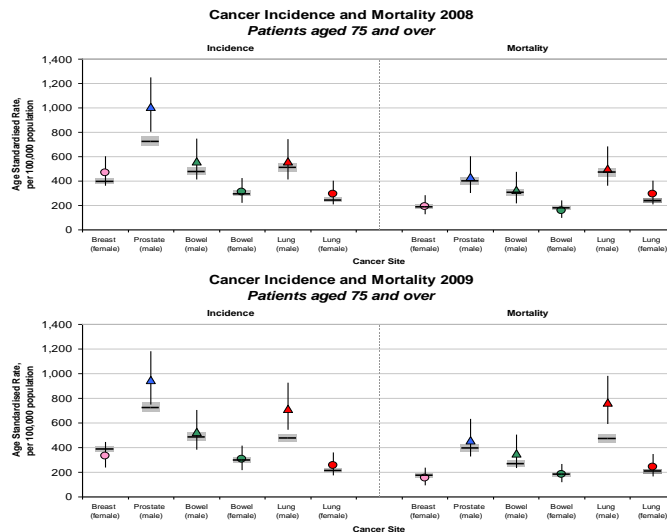
Incidence and Mortality

Cancer Incidence and Mortality 2009
Patients aged under 75



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Choice of data range



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Slivers!



Stoke Unitary Authority
population: 238,901 (2009).
PCT – blue boundary population:
of 246,971 (2009).

The sliver = 8,070 people.

Looks a large area but very rural

Problem of providing LA and
PCT analysis as PID

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Results



Fourteen strategic cancer profiles were created and released on 'World Statistics Day' 2010.

Key points were summarised and a map was included, while colours and the template were standardised across profiles.

A methodology profile to support the interpretation of the data was also created. – Saved space!

WM profile also produced

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Results



The screenshot displays the website interface for the West Midlands Cancer Intelligence Unit. At the top, there is a navigation bar with links for 'Home', 'Links', 'Contact us', and 'G'. Below this, the main heading 'West Midlands Cancer Intelligence Unit' is followed by the sub-section 'Local Authority Profiles'. A search bar labeled 'Search WMCIU' is positioned on the left. A sidebar on the left lists various services: 'Cancer Registration & Information Service', 'Breast Screening Quality Assurance Service', 'Cervical Screening Quality Assurance Service', 'GIS for Cancer Information', 'Cancer Information Service', 'Confidentiality', 'Events', 'Publications', 'Acronym Guide', and 'Job Vacancies'. The main content area provides an overview of the profiles, stating that they give a clear, quick, and accessible introduction to cancer in the West Midlands. It lists the four most common cancers (breast, prostate, lung, and bowel) and mentions that the latest data is available. A table lists the 14 Local Authority profiles, each with links for the years 2011 and 2010. The profiles are: Birmingham Cancer Profile, Coventry Cancer Profile, Dudley Cancer Profile, Herefordshire Cancer Profile, Sandwell Cancer Profile, Shropshire Cancer Profile, Solihull Cancer Profile, Staffordshire Cancer Profile, Stoke-on-Trent Cancer Profile, Telford & Wrekin Cancer Profile, Walsall Cancer Profile, Warwickshire Cancer Profile, Wolverhampton Cancer Profile, and Worcestershire Cancer Profile.

Local Authority Profile	2011	2010
Birmingham Cancer Profile	2011	2010
Coventry Cancer Profile	2011	2010
Dudley Cancer Profile	2011	2010
Herefordshire Cancer Profile	2011	2010
Sandwell Cancer Profile	2011	2010
Shropshire Cancer Profile	2011	2010
Solihull Cancer Profile	2011	2010
Staffordshire Cancer Profile	2011	2010
Stoke-on-Trent Cancer Profile	2011	2010
Telford & Wrekin Cancer Profile	2011	2010
Walsall Cancer Profile	2011	2010
Warwickshire Cancer Profile	2011	2010
Wolverhampton Cancer Profile	2011	2010
Worcestershire Cancer Profile	2011	2010

The profiles and methodology were published on the West Midlands Cancer Intelligence Unit website in order to facilitate widespread dissemination

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Results



Cancer profiles create a user friendly output for consistent and timely data for local customers

Profiles showcase support the WMCIU can give to organisations taking on new responsibility and encourage working in partnership

Subsequent productions will refine analysis and allow LAs to observe changing trends in their area

Results



Clear public provision of key information reduces the demand for information requests

Freely available information to general public in a clear and concise format

Caveats



But.....

Current use of 1 year data to be replaced by 3 year rolled data

LAs and PCT not always coterminous and can result in slivers being created

WMCIU reviewed output and consulted with other registries and plans to use LAs as preferred geography

Thank you



Please take a look at:

http://www.wmciu.nhs.uk/la_profiles.html

Any questions?