#### **Humber and Yorkshire Coast Cancer Network**

## Lung Cancer Dashboard

# An effective tool for presenting Comparative Cancer Intelligence for Commissioners

YHPHO

NHS

Northern and Yorkshire Cancer Registry and Information Service

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### **Objectives**

Good health intelligence leads to real improvements in the quality and efficiency of services. Lung cancer is the second most commonly diagnosed cancer and the most common cause of cancer death with low survival rates in the UK compared to international rates. Commissioners, clinicians and public health practitioners need accurate information from many sources to understand local performance and plan improvements. The lung cancer dashboard offers a clear, simple and informative solution to this need for information, and compares performance against other organisations within the network and nationally to help identify areas of concerns.

#### **Method**

At the Humber and Yorkshire Coast Cancer Network (with support from YHPHO and NYCRIS), we created a lung cancer dashboard – a visual display of text and graphics combined on a single screen/sheet of paper.

The dashboard includes indicators in various domains -

- Cancer outcomes including incidence, mortality and survival rates;
- Lung cancer audit data (LUCADA);
- Cancer waiting times;
- Elective and emergency admissions,
- Length of stay, etc.

These indicators are not cast in stone, and can be modified according to organisational requirements.

Graphics used in the dashboard include 'sparklines' to show trends and progress against targets; bullet charts to benchmark performance against peers and nationally; up/down icons, etc. These can be quickly updated as latest figures become available.

#### Sample Dashboard YHPHO NHS Lung cancer in Humber and Yorkshire Coast Cancer Network Incidence (all ages) - 2006-08 1 year relative survival (all ages) - 2004-08 Mortality (all ages) - 2007-09 rends 95-97 to 07-Trends 95-97 to 06-Relative position ds 94-98 to 04ds 90.94 to 2000. Relative position HYCCI NHS NI NEL CTP 49.6 53.8 6.1 34.2 71.2 86.0 29.4 47.5 NHS Hul 7.8 NHS FRY 36.6 44.4 30.3 8.5 23.2 34.7 41.3 NHS NYY 9.1 21.9 Patients receiving histological diagnosis (2009 Patients having active treatment (2009) Patients receiving surgery all cases (2009) SCLC patients receiving che notherapy (2009) CT scan done before bronchoscopy (2009) HEY 66.3 59.4 11.2 87.1 83.8 SNEY $\mathbb{A}$ 64.6 49.7 8.8 76.5 81.7 Elective Inpatient Length of Stay (2009-10) Emergency Inpatient Length of Stay (2009-10) TWW performance (2010) 31 day standard performance (2010) 62 day standard performance (2010) Relative position Relative position Relative position Relative posit (93%) HEY 8.7 11.3 77.0 77.0 NLG 2.4 10.7 97.5 0.5 8.0 92.6 SNEY Legend Emergency admissions/1000 population Elective admissions/1000 population % quitting smoking successfully (2009-10) TWR with cancer diagnosis (2010) vork/PCT/Trust Relative position Relative position NHS NL 0.4 0.5 1.137 58.0 23.5 NEL CT 0.3 0.3 39.7 NHS Hull 0.1 0.7 2.638 62.1 32.2 0.1 27.5 NHS ERY 0.5 1.085 64.5 0.1 0.3 47.1 NHS NYY 1,351 38.9 Source: NHS Comparators, May 2011 Source: NHS Comparators, May 2011 Source: NHS Information Centre, Feb 2011 Source: Cancer Cor ing Toolkit, May 2011

YCCN: Humber & Yorkshire Coast Cancer Network NHS NL: NHS North Lincolnshire NEL CTP: North East Lincolnshire Care Trust Plus NHS ERY: NHS East Riding of Yorkshire NHS NYY: NHS North Yorkshire & HEY: Hull & East Yorkshire Hospitals NHS Trust NLG: Northern Lincolnshire & Goole Hospitals NHS Foundation Trust SNEY: Scarborough & North East Yorkshire Healthcare NHS Trust

#### **Results**

The dashboard presents lung cancer outcomes and key activity process measures for the network, commissioners and provider organisations.

It enables sharing of a wide range of comparative organisational data on outcomes and treatment identifying areas of concern quickly and effectively.

#### **Conclusions**

This analysis helped the Lung NSSG at the network to identify problem areas and resulted in an inpatient audit where performance was of concern. Support was received from commissioners for three early diagnosis and awareness campaigns in the network.

The dashboard will help the commissioners to quickly and effectively assess their and their providers' progress towards targets. It can help to meet the information needs of the GP commissioning consortia for decision making in a simple and effective manner. It will support and underpin the GP consortia's efforts to sustain ongoing work. It will be useful to target investment appropriately, from awareness and early diagnosis campaigns to ensuring equity of access to treatment and improving the experience of patients and carers.