An Update on Cancer Registration

Di Riley

CRS, December 2007

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

[Chapter 8]

High quality data on:

- Clinical outcomes, including survival
- adjustments for co-morbidity and stage of disease.

Collection of defined datasets

- all cancer patients
- mandated through the National Contract.
- PCTs responsible for ensuring delivery

How to Use Indicators and Data?

- Support Clinical Commissioning Groups to:
  - Understand ‘cancer burden’ (GP Profile)
  - Understand local services (Service Profile)
- Provide benchmarked information
  - Support Service Specifications
  - Identify Key Performance and Quality Indicators

Major Surgical Resections England, 2004-6

national cancer intelligence network

Using information to improve quality & choice

March 2011

How do outcomes vary between hospitals?

NCIN
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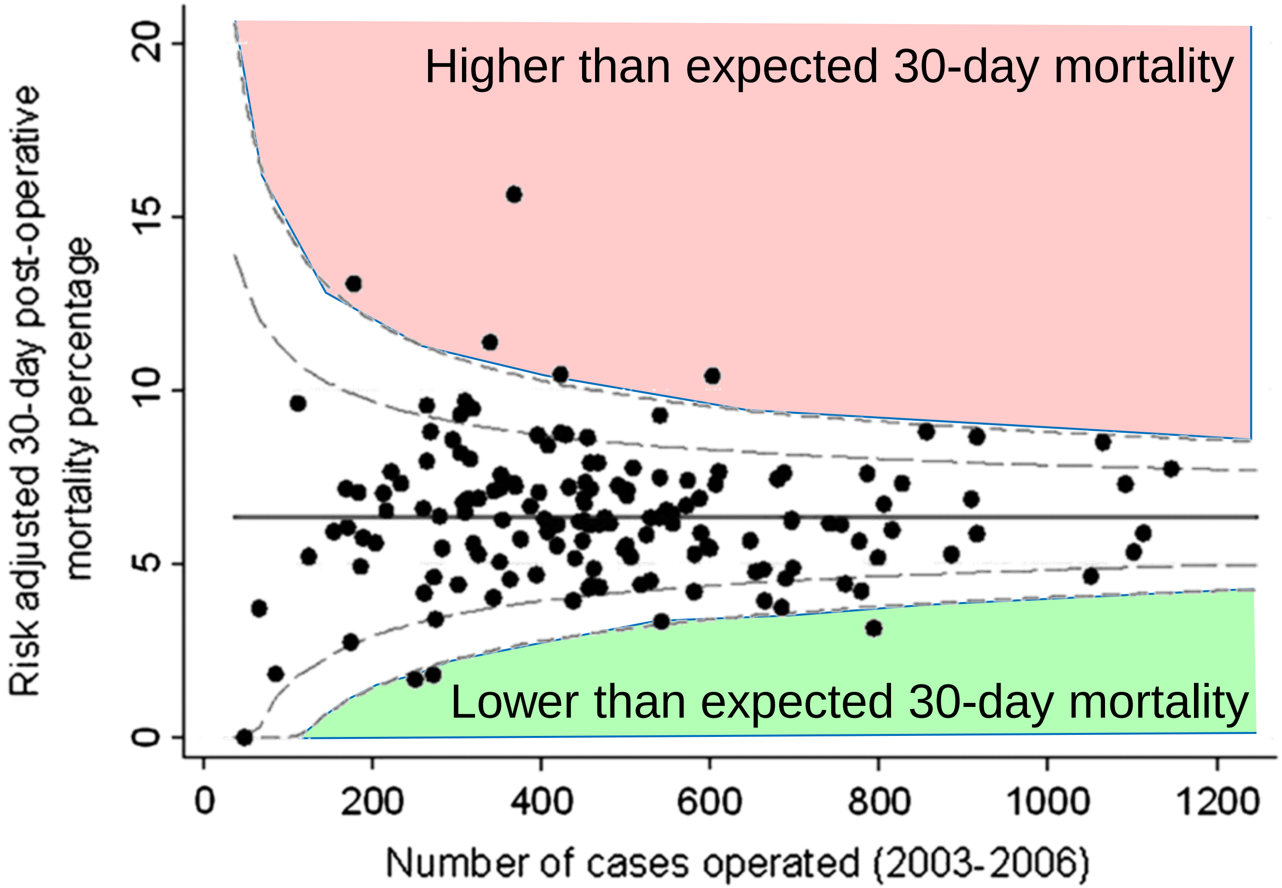

Morris *et al*. Gut, 2011

Issues?

- Timeliness and quality of data
  - Publish & polish OR
  - Polish & publish
  - Two years old TOO OLD!

- Are we collecting the correct data
  - Is it specific enough?
  - Can we support the requirements in IOSC?

Proposals and Solutions?

- Identify current information needs
- Collect data to support requirements
- Collate & make data available more timely
- Work together to a common vision
  - ‘revamp’ datasets
  - Work with MDTs and service providers
  - Modernise cancer registration

Key points – submitting the data

- COSD
  - replaces submission to cancer registries
  - trigger is new diagnosis/updates
  - can be submitted from different sources
  - submitted monthly
  - RCPath extracted from reports
  - Must get clinical support and ownership

GO LIVE END 2012

A single Cancer Registration Service for England

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- Now need more timely, coordinated data collection
  - By 2013 ONE single Registry for England
  - Central processing, local links
  - More timely, increased quality
  - Closer relationships with local MDTs
  - More rapid feedback processes

Data Sources - 1

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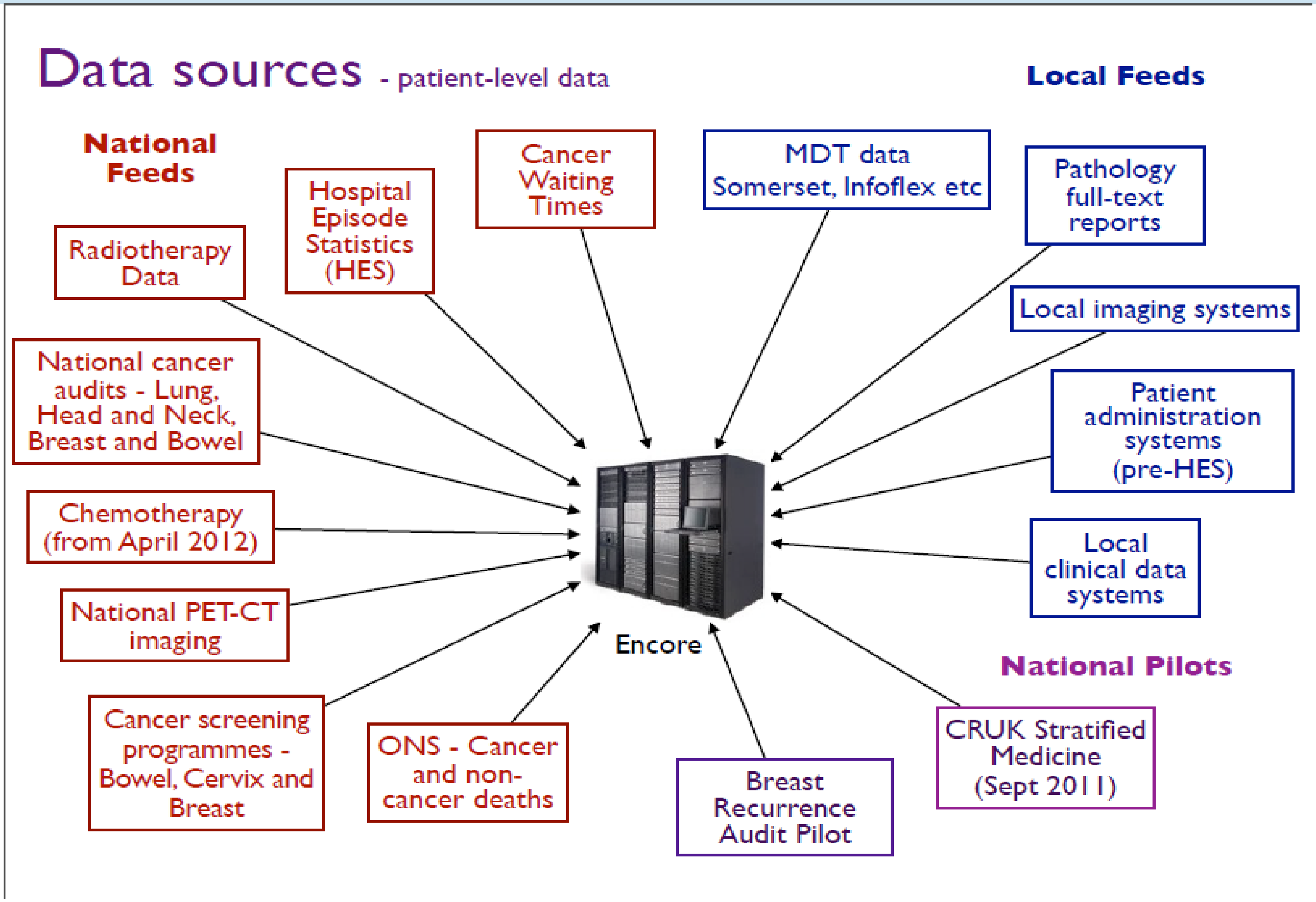

Data Sources - 2

NCIN national cancer intelligence network

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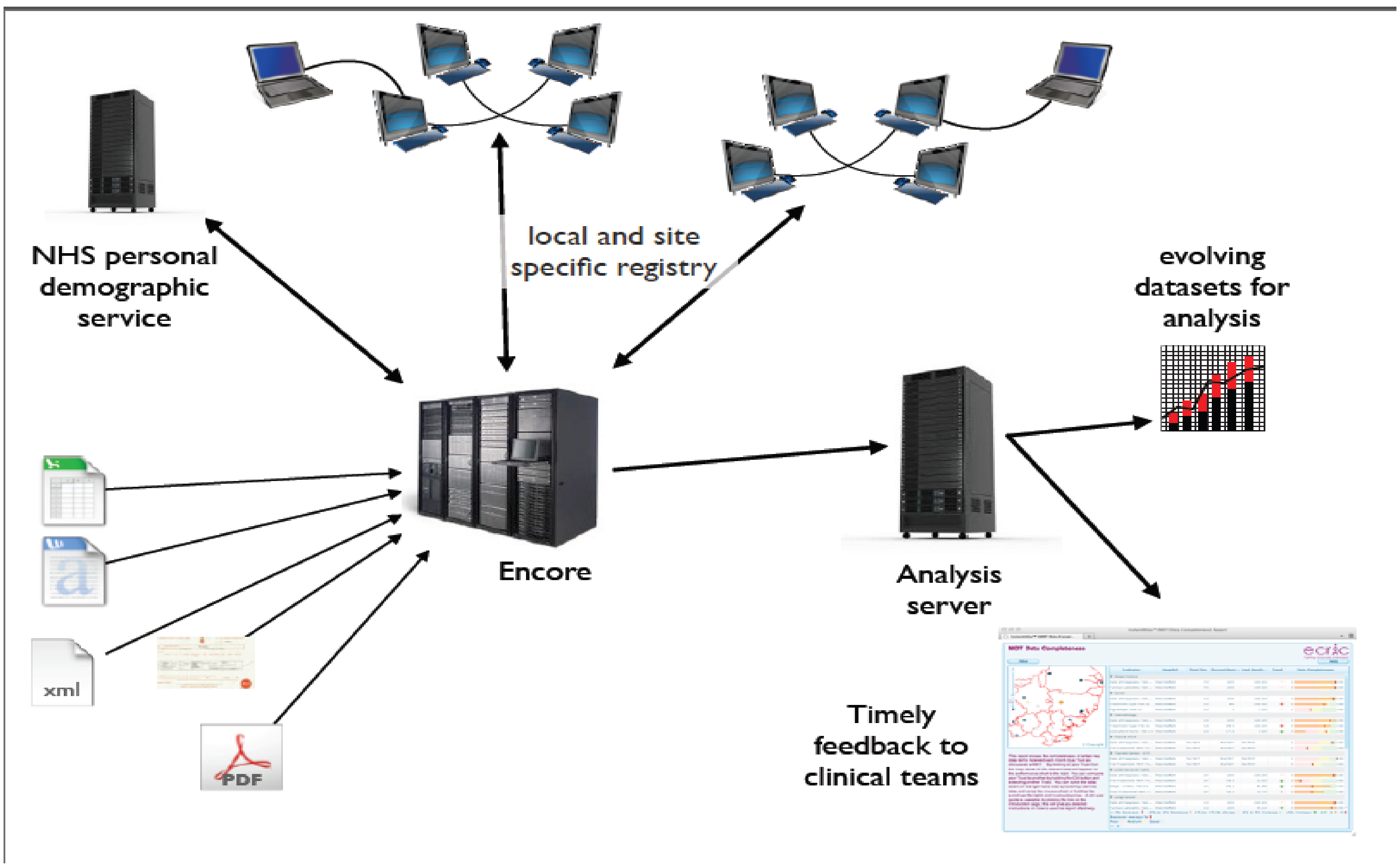
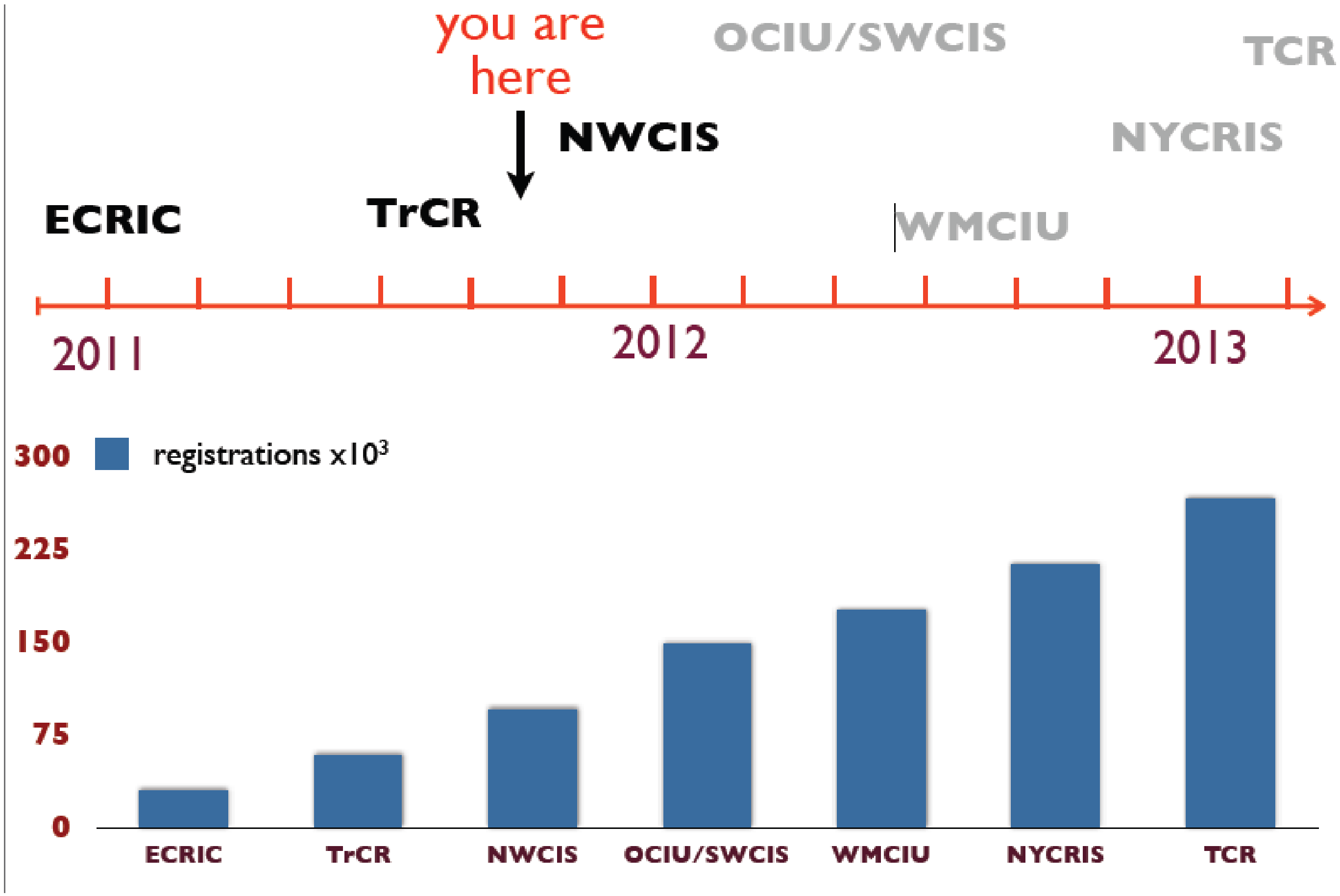
System	Number	Varieties	Live Feeds	Not live
Pathology	167	33	144	23
MDT	165	22	147	18
PAS[♀]	96	>12	96	63
Imaging	IEP/others	3	Pending	~20

[♀] TCR and SWCIS use Hospital Episode Statistics (HES) as source of data


NHS personal demographic service
local and site specific registry
evolving datasets for analysis
xml
PDF
Encore
Analysis server
Timely feedback to clinical teams

Migration Plan



In conclusion

To support, understand, improve services

- *COSD and the registry migration project:*
  - *Will transform cancer care, research and clinical practice in England*
  - *Will provide timely, consistent, accurate data on every patient*
- *BUT to succeed we need the engagement of all clinicians, providers, commissioners, patients and public*

Thank you

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