



National Cancer Action Team  
Part of the National Cancer Programme

# Understanding Local Services through Profiles

Multi Disciplinary Team Coordinators  
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## Context of this work

- Improving Outcomes: A strategy for cancer – NCAT to develop a commissioning support pack
- Already have the Cancer Commissioning Toolkit and Cancer Commissioning Guidance
- Agreed to develop a pack with three key elements
  - Key Messages for Cancer Commissioners
  - Service Specifications
  - Service Profiles

# Service Specifications

- We are producing these for specialist cancer services and also for common cancers.
- Breast and Colorectal Specifications are available.
- These specifications are not constrained by what we have national data on, but aim to describe “What a good service looks like” and hence what should be commissioned.
  - For example the breast service spec includes the NICE quality standard for breast as these are important markers of a quality service.
- The metrics in the service specification are taken from the service profile

# Service Profiles Background



- Collaborative work – NCIN in particular have led the analysis, validation, comments, so I present today on behalf of many other people
- Really valuable input from a number of Cancer Networks (North and England and North Trent)
- GP commissioners – over the summer we visited 4 emerging CCGs to talk about supporting commissioners of cancer services

## Overview

- The profiles provide comparative information for benchmarking tumour specific multidisciplinary teams across England.
- Although much of the data already available in NHS this is the first time it has been brought together in this format.
- The profile identifies areas where the MDT is doing well and also areas for improvement
- Aim for the profiles to be an integral part of discussions between providers and commissioners to improve local cancer services.

## Method

- Gathered a long list of all the possible metrics
  - Limited by data available across England at least at Trust & tumour level – higher levels of data not included (e.g. SHA or cancer network)
  - Important clinical areas can't be measured nationally
  - Had to help answer a question that was helpful to commissioners
- Consultation Version - 9<sup>th</sup> November to 6<sup>th</sup> December 2011 – shared with cancer networks and breast and colorectal MDTs
- Lots of helpful feedback – metric names, metric methodology and guidance documents all amended.
- Final Version 16<sup>th</sup> December 2011

# Using the profile

- An objective basis for dialogue between providers and commissioners
- Benchmarking with an indication whether significantly different from national position
- Format based on that of GP practice profiles as this has been positively received
- Cancer Networks – provides local intelligence to commissioners already and able to provide a commentary on profiles.

## Service profile - Breast

Dummy profile - data are not real

Jo Bloggs NHS Trust		Percentage or rate					Trust rate or percentage compared to England		Source	Period		
Section	# Indicator	No. of patients cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low est	Range	High est			
Size	1 Number of new patients treated per year, 2010-11	175				0		0	759	CWT	2010-11	
	2 Number of newly diagnosed patients treated per year, 2009	190				0		754	CWTRNCOR	2009		
Demographic based on newly diagnosed patients treated, 2009	3 Patients aged 70+	61	31%	25%	38%	30%	13%		57%	CWTRNCOR	2009	
	4 Patients with recorded ethnicity	165	96%	80%	90%	91%	75%		99%	CWTRNCOR	2009	
	5 Patients with recorded ethnicity which is not White-British	13	8%	5%	13%	9%	0%		21%	CWTRNCOR	2009	
	6 Patients who are Income Deprived (i)		9%			14%	0%		29%	CWTRNCOR	2009	
	7 Male patients	0	0%	0%	1%	1%	0%		2%	CWTRNCOR	2009	
	8 Patients with a registered Nottingham Prognostic Index (NPI)	137	70%	63%	76%	65%	0%		79%	CWTRNCOR	2009	
	9 Patients with a registered NPI in excellent or good prognostic	89	65%	57%	72%	62%	30%		73%	CWTRNCOR	2009	
	10 Patients with Charlson co-morbidity index >0 (to be included in later profile releases)										CWTRNCOR	2009
	11 Does the specialist team have full membership? (i)	PR	Yes								NCPR	2010-11
12 Proportion of peer review indicators met	PR	65%				70%				NCPR	2010-11	
13 Peer review: are there immediate risks? (i)	PR	No								NCPR	2010-11	
14 Peer review: are there serious concerns? (i)	PR	Yes								NCPR	2010-11	
15 CPES on: Patients survived and % reporting being given name of a CNS (i,ii)	42	90%				93%	73%		100%	CPES	2010	
16 Surgeons not managing 30+ cases per year	1	10%	5%	15%	40%	0%			100%	HES	2008-09	
17 Number of urgent GP referrals for suspected cancer	936					307		4,120	CWT	2010-11		
18 Patients with invasive cancer and treated at this trust	164	95%	91%	98%	92%	52%		100%	CWT	2010-11		
19 Patients with non-invasive cancer and treated at this trust	8	5%	2%	9%	8%	0%		48%	CWT	2010-11		
20 Episodes following an emergency admission (new and existing cancers)	61	24%	19%	29%	37%	10%		71%	HES	2008-10		
21 Patients referred via the screening service	66	34%	28%	41%	33%	0%		94%	MMJCU	2009		
22 Urgent GP referral for suspected cancer seen within 2 weeks	227	96%	93%	98%	97%	84%		100%	CWT	2011-12 Q1		
23 Treatment within 62 days of urgent GP referral for suspected cancer	24	100%	86%	100%	97%	80%		100%	CWT	2011-12 Q1		
24 Urgent GP referrals for suspected cancer diagnosed with cancer (to be included in later profile releases)										CWT	2010-11	
25 Cases treated that are urgent GP referrals with suspected										CWT	2010-11	
26 First treatment began within 31 days of decision to treat	121	100%	97%	100%	99%	92%		100%	CWT	2011-12 Q1		
27 Urgent breast symptom referrals (cancer not suspected) seen in 2 wks	178	94%	90%	97%	95%	48%		100%	CWT	2011-12 Q1		
28 Surgical cases receiving sentinel lymph node biopsy	75	38%	31%	45%	31%	0%		55%	HES	2010-11		
29 Day case or one overnight stay surgery	166	79%	73%	84%	71%	20%		96%	HES	2010-11		
30 Mastectomy patients receiving immediate reconstruction	10	27%	15%	43%	19%	0%		73%	HES	2010-11		
31 Major surgeries in breast cancer patients (including in-situ cases)	148	76%	69%	81%	74%	50%		97%	HES/NCOR	2009		
32 Surgical patients receiving mastectomies	45	23%	18%	29%	39%	22%		55%	HES	2010-11		
33 Mean length of episode for elective admissions	3.5					2.8	0.7		6.3	HES	2008-10	
34 Mean length of episode for emergency admissions	4.5					5.0	2.4		11.3	HES	2008-10	
35 Surgical patients readmitted as an emergency within 28 days	8	4%	2%	8%	4%	1%		100%	CWT	2010-11		
36 First outpatient appointments of all outpatient appointments	2,000	58%	57%	60%	43%	23%		71%	PBR SUS	2010 Q2-Q4		
37 Patients treated surviving at one year (to be included in later profile releases)										CWT	2010-11	
38 Patients surveyed & % reporting always being treated with respect & dignity (i)	47	66%				83%	65%		95%	CPES	2010	
39 Number of survey questions and % of those questions scoring 'Red and green' (i)	85	3%				0%			72%	CPES	2010	

## Service profile – Breast Metrics 1-16

Section	#	Indicator
Size	1	Number of new patients treated per year, 2010-11
	2	Number of newly diagnosed patients treated per year, 2009
Demographics (based on newly diagnosed patients treated, 2009)	3	Patients aged 70+
	4	Patients with recorded ethnicity
	5	Patients with recorded ethnicity which is not White-British
	6	Patients who are Income Deprived (1)
	7	Male patients
	8	Patients with a registered Nottingham Prognostic Index (NPI)
	9	Patients with a registered NPI in excellent or good prognostic
	10	Patients with Charlson co-morbidity index >0 (to be included in later profile release)
Specialist Team	11	Does the specialist team have full membership? (2)
	12	Proportion of peer review indicators met
	13	Peer review: are there immediate risks? (3)
	14	Peer review: are there serious concerns? (3)
	15	CPES (4): Patients surveyed and % reporting being given name of a CNS (5,6)
	16	Surgeons not managing 30+ cases per year

- Size, Demographics and Cancer Peer Review
- All are generic except 8/9 and 16

## Service profile – Breast metrics 17-27

Throughput	17	Number of urgent GP referrals for suspected cancer
	18	Patients with invasive cancer and treated at this trust
	19	Patients with non-invasive cancer and treated at this trust
	20	Episodes following an emergency admission (new and existing cancers)
	21	Patients referred via the screening service
Waiting times	22	Urgent GP referral for suspected cancer seen within 2 weeks
	23	Treatment within 62 days of urgent GP referral for suspected cancer
	24	Urgent GP referrals for suspected cancer diagnosed with cancer (to be included in later profile release)
	25	Cases treated that are urgent GP referrals with suspected
	26	First treatment began within 31 days of decision to treat
	27	Urgent breast symptom referrals (cancer not suspected) seen in 2 wks

- Measures around volumes of patients – two week, emergencies, screening
- Cancer Waiting Times

## Service profile – Breast metrics 28-40

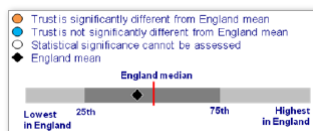
Practice	28	Surgical cases receiving sentinel lymph node biopsy	
	29	Day case or one overnight stay surgery	
	30	Mastectomy patients receiving immediate reconstruction	
	31	Major surgeries in breast cancer patients (including in-situ cases)	
	32	Surgical patients receiving mastectomies	
	33	Mean length of episode for elective admissions	
	34	Mean length of episode for emergency admissions	
Outcomes and Recovery	35	Surgical patients readmitted as an emergency within 28 days	
	36	First outpatient appointments of all outpatient appointments	
	37	Patients treated surviving at one year (to be included in later profile release)	
Patient Experience - CPES (4)	38	Patients surveyed & % reporting always being treated with respect & dignity (6)	
	39	Number of survey questions and % of those questions scoring	% Red
	40	red and green (7)	% Green

- Practice – metrics on clinical practice and also LOS
- Outcomes
- Patient Experience

## Understanding the profile format

- Confidence Intervals – aim to quantify the uncertainty around the trust value. In this case it is around the trust value for the particular metric.

- Spine Chart



- Significantly different – Important to say that being statistically significant is a possible indicator of interest, rather than conclusive. Given the number of indicators in the profile it is likely one or two indicators will be sig different to England mean. The more indicators different the more important to understand why.

## Accessing the profiles

- The services profiles are available to NHS and can be accessed via the Cancer Commissioning Toolkit (CCT) at [www.cancertoolkit.co.uk/Pages/ServiceProfile.aspx](http://www.cancertoolkit.co.uk/Pages/ServiceProfile.aspx)
- Data definition documents are available for each profile at the same address
- Logon is required to access the profiles which can be applied for at the same website. Currently only available to NHS users.

## Any Questions?