How can NCIN influence commissioning and GP awareness?

Di Riley

AD Clinical Outcomes, NCIN

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

- "By 2014/15, **5000 additional lives can be saved each year**"

How can NCIN support this?

CRS, December 2007

.....Better information on cancer services and outcomes will enhance patient choice, drive up service quality and underpin stronger commissioning;
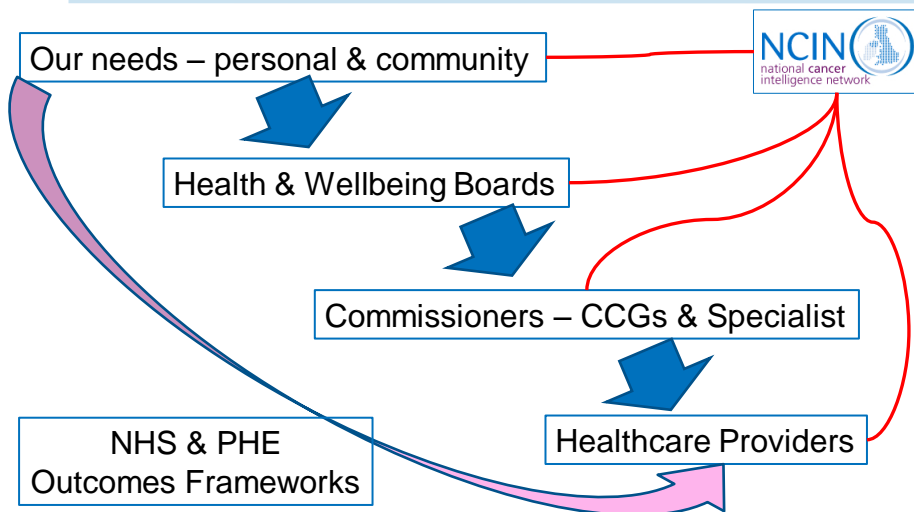*[Chapter 8]*

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

NHS commissioning!

Our needs – personal & community

Health & Wellbeing Boards

Commissioners – CCGs & Specialist

Healthcare Providers

NHS & PHE
Outcomes Frameworks

NCIN's role in understanding & sharing…..

- Information available
- The 'here & now'
- Variation
  - Populations & demographics
  - Services
- Changes over time
- Interactions
  - Simple v complex

Different Commissioners

- CCGs
  - Diagnostics
  - 'general surgery & services'
  - Allied health services & supportive care
  - Palliative care & EOL

- Specialist commissioning
  - All care provided by Specialist Cancer Centres

Specialist Commissioning

- All care provided by Specialist Cancer Centres for specified **rare cancers** e.g. Brain, Anal, and head & neck cancers
- **Complex surgery** for specified common cancers provided by Specialist Cancer Centres e.g. Gynae, Urological
- **Certain specified interventions** provided by specified Specialist Cancer Centres e.g. Thoracic surgery, Mohs surgery
- **Radiotherapy** service (all ages)
- **Chemotherapy**: for specified rare cancers, the procurement and delivery of chemotherapy including drug costs
- **Chemotherapy:** for common cancers, the drug costs, procurement and delivery of chemotherapy

Understand need, performance and change??

- Latest treatments
- Expert teams
- Good outcomes
- Value for money
- Meets standards

- Close to home
- Access to new drugs
- Good patient support
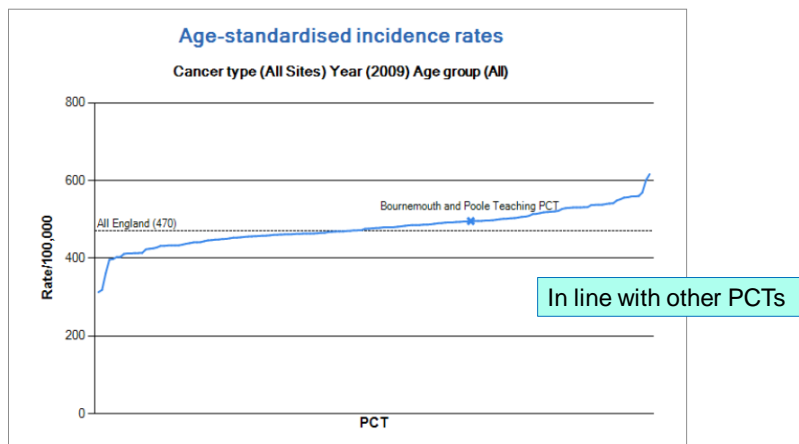- Clinical Trials
- Everyone is unique

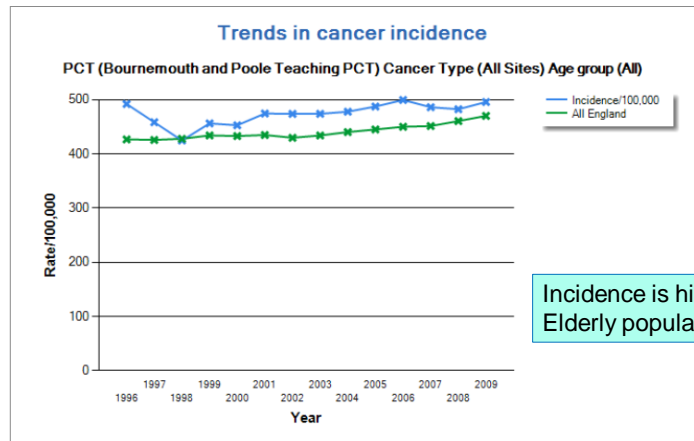*Everyone wants the best services & best outcomes*

An example?

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If we see an improvement in e.g. survival what caused it?

- Increased awareness of symptoms?
- Seeing GP earlier?
- Earlier diagnosis?
- More amenable to treatment?
- Better treatments?
- Better & responsive services?
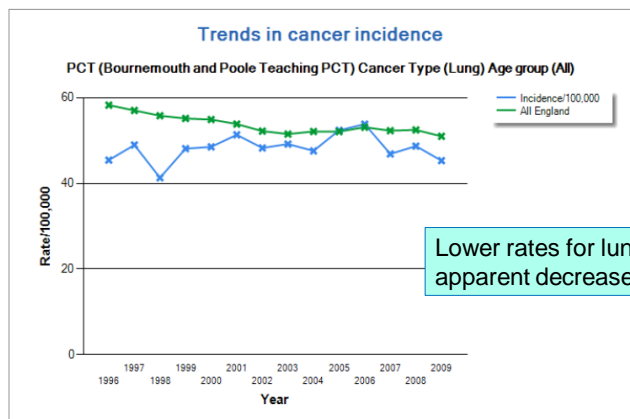- Better coordination between services?

Understand 'burden'?

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Age-standardised incidence rates

Cancer type (All Sites) Year (2009) Age group (All)

All England (470)

Bournemouth and Poole Teaching PCT

Rate/100,000

800
600
400
200
0

PCT

In line with other PCTs

Understand burden?

Trends in cancer incidence

PCT (Bournemouth and Poole Teaching PCT) Cancer Type (All Sites) Age group (All)

Incidence is higher & rising
Elderly population?

Understand burden - lung?

Trends in cancer incidence

PCT (Bournemouth and Poole Teaching PCT) Cancer Type (Lung) Age group (All)

Lower rates for lung but no apparent decrease in incidence

Understand burden - lung?

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1 year relative survival estimates benchmarked by PCT
Cancer type (Lung) Time period (2007-2009)

Similar to other PCTs

Understand burden - lung?

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Trend in survival
PCT (Bournemouth and Poole Teaching PCT) Cancer type (Lung) Survival estimate (1 Yrs)

Lung 1yr survival
Is improving

Routes to Diagnosis

Diagnosed via Screening

Diagnosed via Emergency
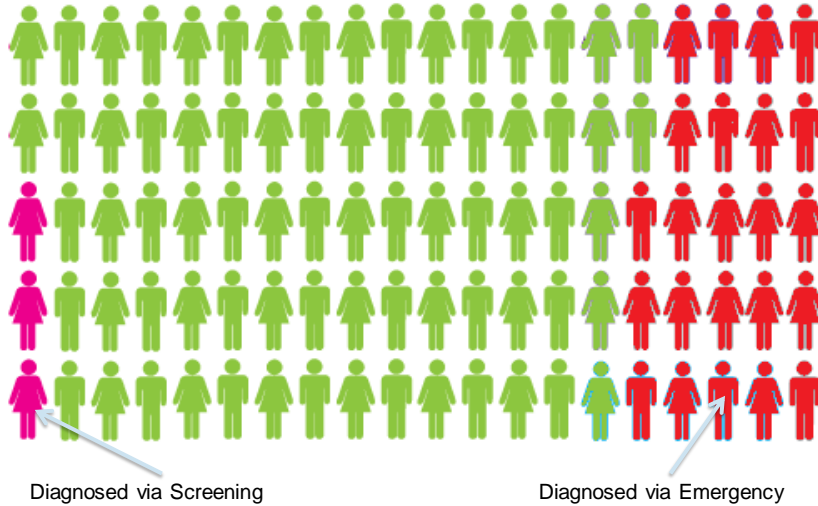
Understand impact of performance?
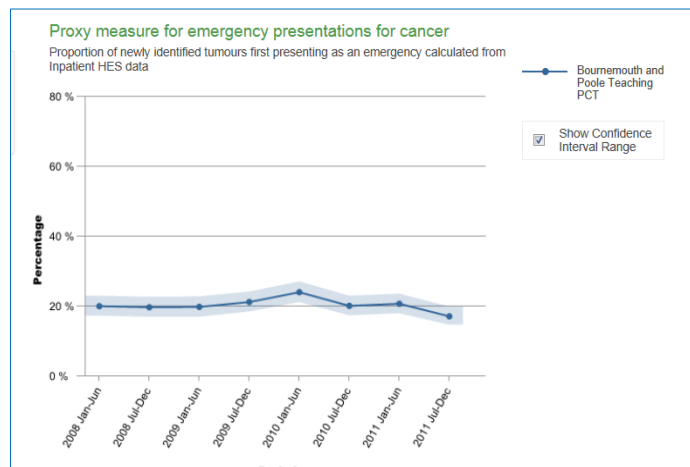
Proxy measure for emergency presentations for cancer

Proportion of newly identified tumours first presenting as an emergency calculated from Inpatient HES data

Bournemouth and Poole Teaching PCT

☑ Show Confidence Interval Range
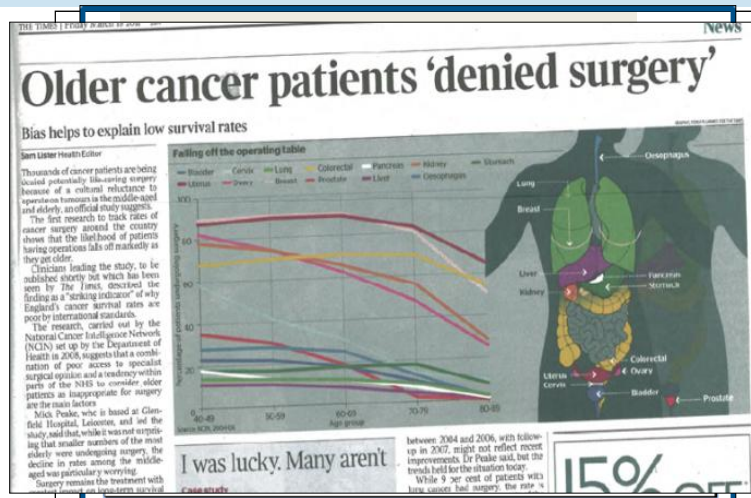
Take same approach for:

- Screening
- Waiting times
- Mortality
- Place of death

- But what about bringing information together?
- And what about Primary Care?

GP & MDT Based Service Profiles

GP Practice Profile for Cancer

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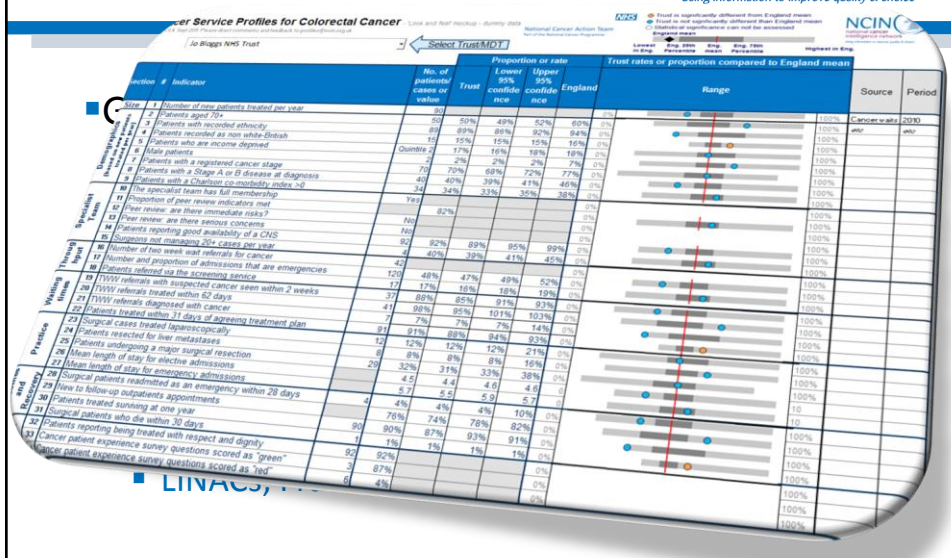
Cancer indicators in (X46352) Dr Smith's Surgery, Another PCT (5XX)
These profiles provide comparative information for benchmarking and reviewing variations at a General Practice level. They are intended to help primary care think about clinical practice and service delivery in cancer and, in particular, early detection and diagnosis. They are not for the purpose of performance management and there are no 'right or wrong' answers.

Practice population (2008/09): 10,121
PCT population (all practices): 168,907

○ Practice is significantly different from PCT mean
● Practice is not significantly different than PCT mean
○ Statistical significance can not be assessed

Domain		Indicator (Rate or Proportion in brackets)	Practice indicator value	Practice indicator rate or proportion	Lower 95% confidence limit	Upper 95% confidence limit	PCT mean	England mean	Lowest practice	Range	Highest practice
Demographics	1	Practice Population aged 65+ (% of population in this practice aged 65+)	1493	14.8%	14.1%	15.5%	17.0%	15.6%	10.1%		24.7%
	2	Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)	Quintile 4	19.6%	18.8%	20.4%	19.7%	15.9%	10.2%		32.8%
	3	New cancer cases (Crude incidence rate: new cases per 100,000 population)	51	504	375	663	504	412	235		973
	4	Cancer deaths (Crude mortality rate: deaths per 100,000 population)	26	257	168	376	278	236	66		503
	5	Prevalent cancer cases (% of practice population on practice cancer register)	158	1.6%	1.3%	1.8%	1.1%	1.3%	0.3%		2.1%
Cancer screening	6	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	837	70.1%	67.4%	72.6%	71.5%	71.8%	49.7%		79.6%
	7	Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	13	28.9%	17.7%	43.4%	65.5%	74.3%	0.0%		77.4%
	8	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	1964	80.2%	78.6%	81.8%	79.3%	75.4%	65.0%		88.5%
	9	Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	541	54.8%	51.7%	57.9%	51.6%	40.2%	35.3%		59.0%
	10	Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	292	60.2%	55.8%	64.5%	56.8%	55.1%	40.4%		64.8%
Cancer Waiting Times	11	Two-week wait referrals (Number per 100,000 population)	162	1601	1364	1867	1417	1610	157		2599
	12	Two-week wait referrals (Number per 100,000 population, Age standardised)	162	100.9%	85.9%	117.7%	n/a	100.0%	10.5%		158.6%
	13	Two-week wait referrals with cancer (Conversion rate: % of all TWW referrals with cancer)	24	14.8%	10.2%	21.1%	14.5%	11.2%	5.7%		50.0%
	14	Number of new cancer cases treated (% of which are TWW referrals)	48	50.0%	36.4%	63.6%	44.5%	42.9%	12.5%		85.7%
	15	Two-week wait referrals with suspected breast cancer (Number per 100,000 population)	47	464	341	618	359	329	0		702
	16	Two-week wait referrals with suspected lower GI cancer (Number per 100,000 population)	38	375	266	515	270	251	0		771
	17	Two-week wait referrals with suspected lung cancer (Number per 100,000 population)	7	69	28	143	70	66	0		209
	18	Two-week wait referrals with suspected skin cancer (Number per 100,000 population)	10	99	47	182	146	280	0		566
Presentation & diagnostics	19	In-patient or day-case colonoscopy procedures (Number per 100,000 population)	103	1018	831	1234	877	513	302		1419
	20	In-patient or day-case sigmoidoscopy procedures (Number per 100,000 population)	40	395	282	538	324	380	55		682
	21	In-patient or day-case upper GI endoscopy procedures (Number per 100,000 population)	134	1324	1109	1568	1374	999	729		2385
	22	Number of emergency admissions with cancer (Number per 100,000 population)	48	474	350	629	583	691	239		1122
	23	Number of emergency presentations (% of presentations)	4	14.3%	5.7%	31.5%	33.7%	23.7%	12.5%		100.0%
	24	Number of managed referral presentations (% of presentations)	18	64.3%	45.8%	79.3%	46.8%	48.6%	0.0%		87.5%
	25	Number of other presentations (% of presentations)	6	21.4%	10.2%	39.5%	19.4%	27.7%	0.0%		50.0%

GP Practice Profile for Cancer

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Domain		Indi...	Practice rates or proportion in PCT		
			Lowest practice	Range	Highest practice
Demographics	1	Practice Population aged 65+	10.1%		24.7%
	2	Socio-economic deprivation,	10.2%		32.8%
	3	New cancer cases (Crude inc	235		973
	4	Cancer deaths (Crude mortali	66		503
	5	Prevalent cancer cases (% of	0.3%		2.1%
Cancer screening	6	Females, 50-70, screened for	49.7%		79.6%
	7	Females, 50-70, screened for	0.0%		77.4%
	8	Females, 25-64, attending ce	65.0%		88.5%
	9	Persons, 60-69, screened for	35.3%		59.0%
	10	Persons, 60-69, screened for	40.4%		64.8%

GP Practice Profile for Cancer

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Cancer Waiting Times	11	Two-week wait referrals (Number per 100,000 population)
	12	Two-week wait referrals (Number per 100,000 population, Age standardised)
	13	Two-week referrals with cancer (Conversion rate: % of all TWW referrals with cancer)
	14	Number of new cancer cases treated (% of which are TWW referrals)
	15	Two-week wait referrals with suspected breast cancer (Number per 100,000 population)
	16	Two-week wait referrals with suspected lower GI cancer (Number per 100,000 population)
	17	Two-week wait referrals with suspected lung cancer (Number per 100,000 population)
	18	Two-week wait referrals with suspected skin cancer (Number per 100,000 population)
Presentation & diagnostics	19	In-patient or day-case colonoscopy procedures (Number per 100,000 population)
	20	In-patient or day-case sigmoidoscopy procedures (Number per 100,000 population)
	21	In-patient or day-case upper GI endoscopy procedures (Number per 100,000 population)
	22	Number of emergency admissions with cancer (Number per 100,000 population)
	23	Number of emergency presentations (% of presentations)
	24	Number of managed referral presentations (% of presentations)
	25	Number of other presentations (% of presentations)

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Population

Providers

specific analyses

Older cancer patients 'denied surgery'

Patient Experience Survey

specific analyses

consumers view

profiles

profiles

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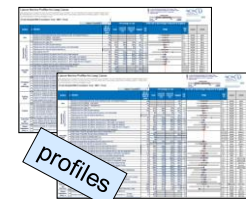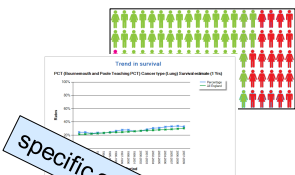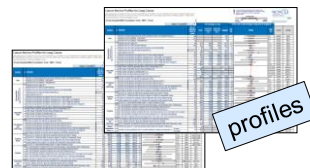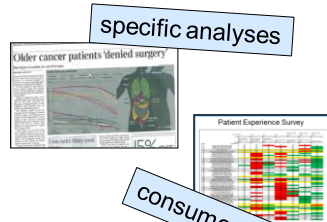
So, can NCIN influence commissioners & GPs?

- Understanding clinical services and impact on outcomes is complex
- BUT
- Need to identify what is important
- What makes a 'good service'
- AND
- Share information widely
- Beginning of a discussion not an end in itself
- *And involves / affects everyone of us……*

Thank you

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