

Informatics in the new NHS – NCIN & PHE 6 months on

Di Riley

Acting Head

National Cancer Intelligence Network

To cover:

Current landscapes

Outputs

- Requirements
- Tools
- Who to deliver

Inputs

- Covered by Trish

Going Forward

Information and data
are everywhere!

What do you need?

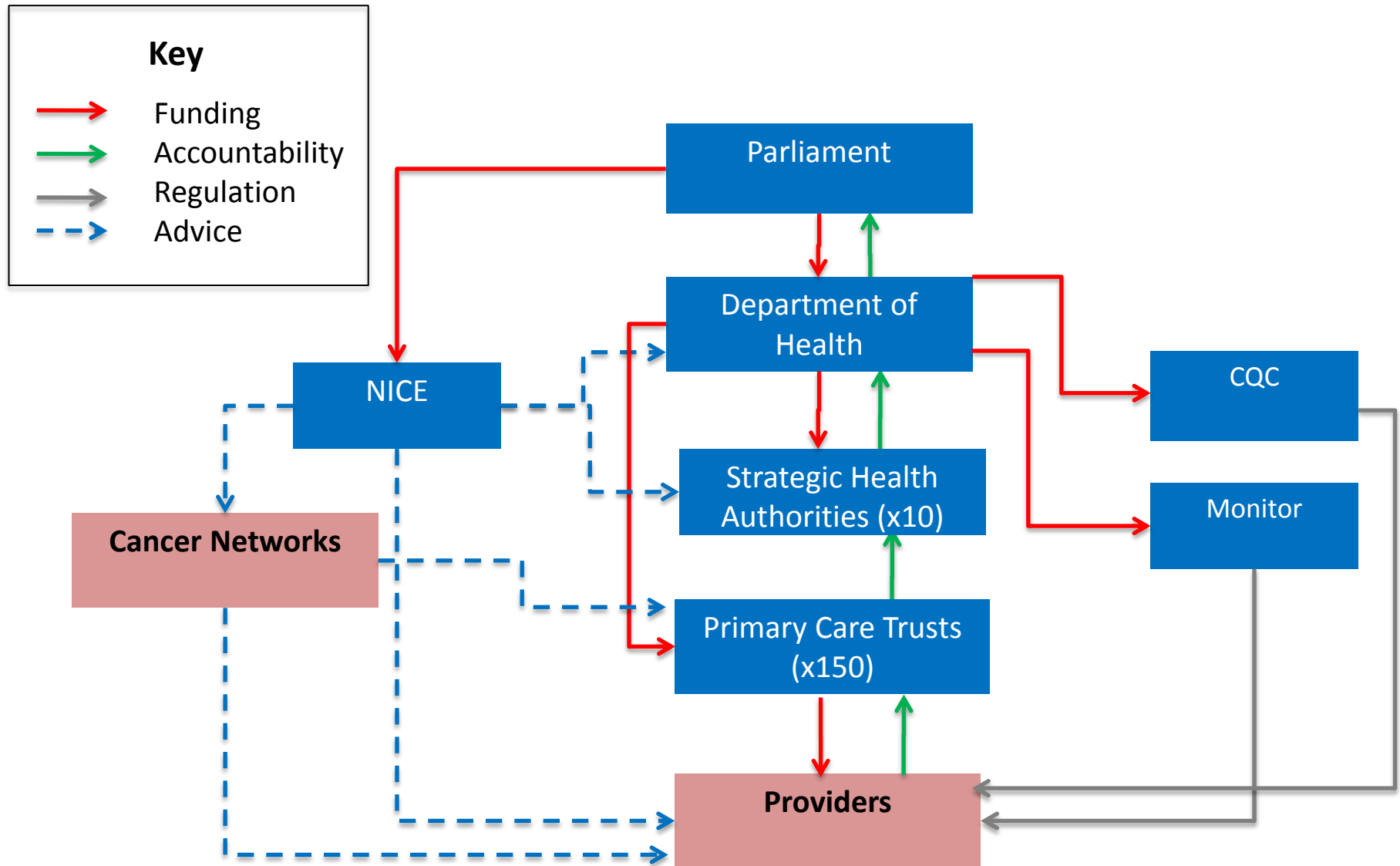
How do you want to
receive or access it?

*How can we help
you?*



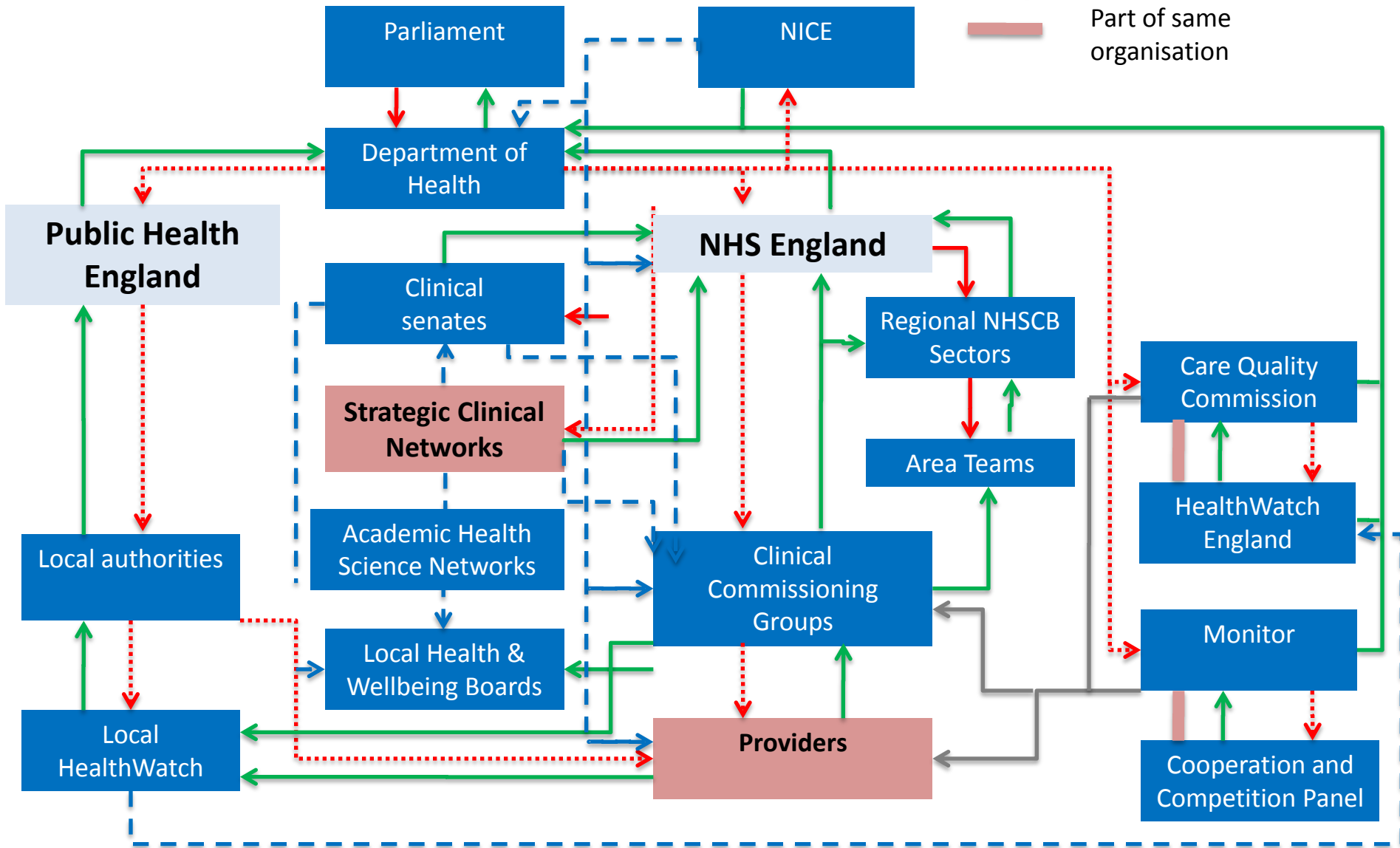
CURRENT LANDSCAPES

What was then...



As of 1.4.13.....

Key



Informatics in the 'New World'?

- Four main sources/providers
 - Health & Social Care Information Service (HSCIC)
 - Audits
 - ONS
 - PHE
 - Health Intelligence Networks e.g. NCIN, ChiMat, Vascular, Renal, Diabetes, Mental Health
 - Local Knowledge & Intelligence Teams (KITs)
 - National Disease (cancer) Registration Service
 - NHS CB Business Intelligence Teams (ATS/CSU)
- Information Intermediaries
 - Dr Foster, charities,

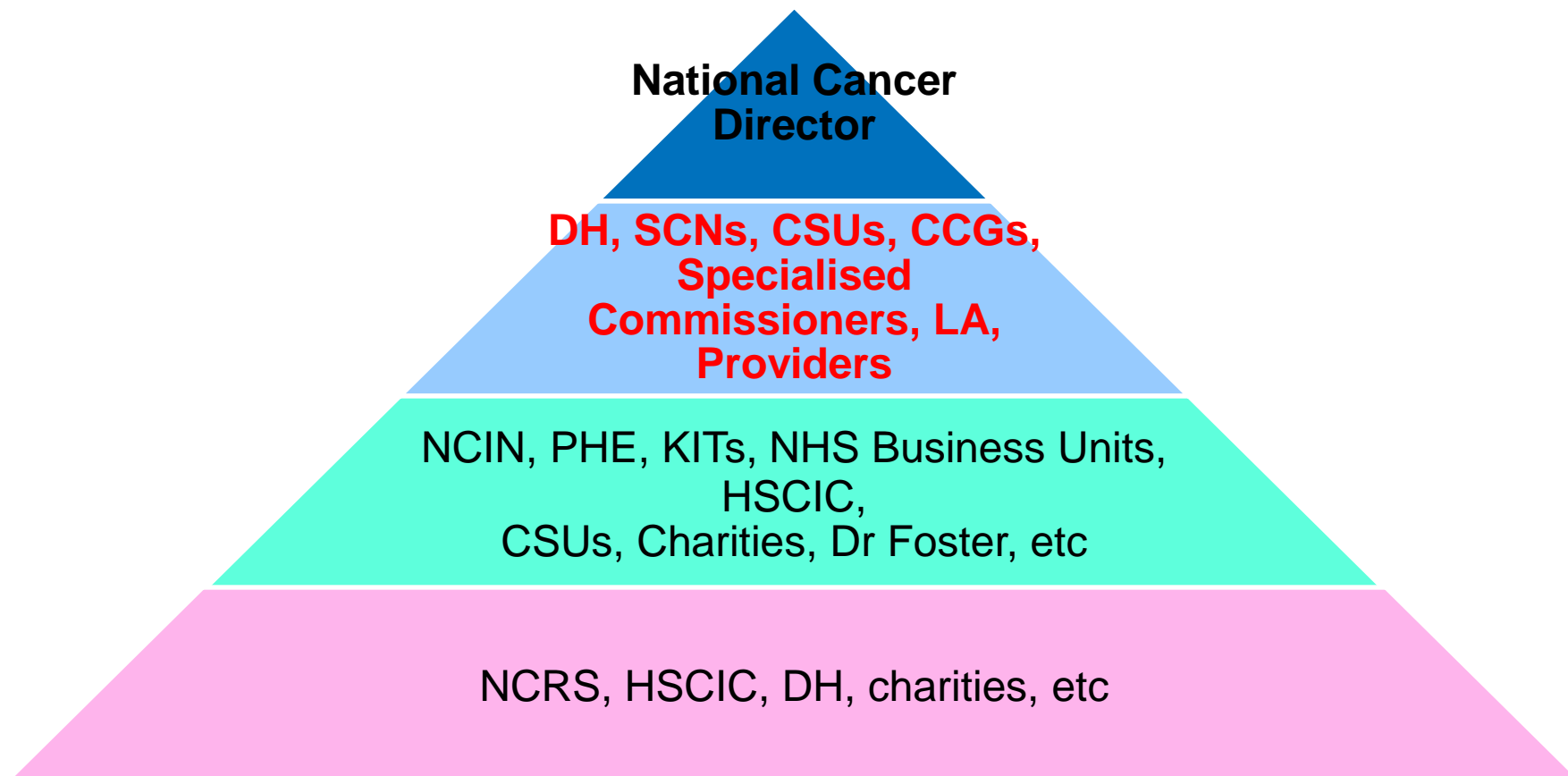
Re-structuring – Cancer Registration (England)

- Previously 8 regional registries in England
 - Registration and analysis
- Now, Cancer Registration split from data analysis – single National Cancer Registration Service (NCRS), led by Jem Rashbass
- Analytical workforce moved into 8 Knowledge and Intelligence Teams (KITs)
 - SSCRG Lead Area Work Programmes
 - Local contribution

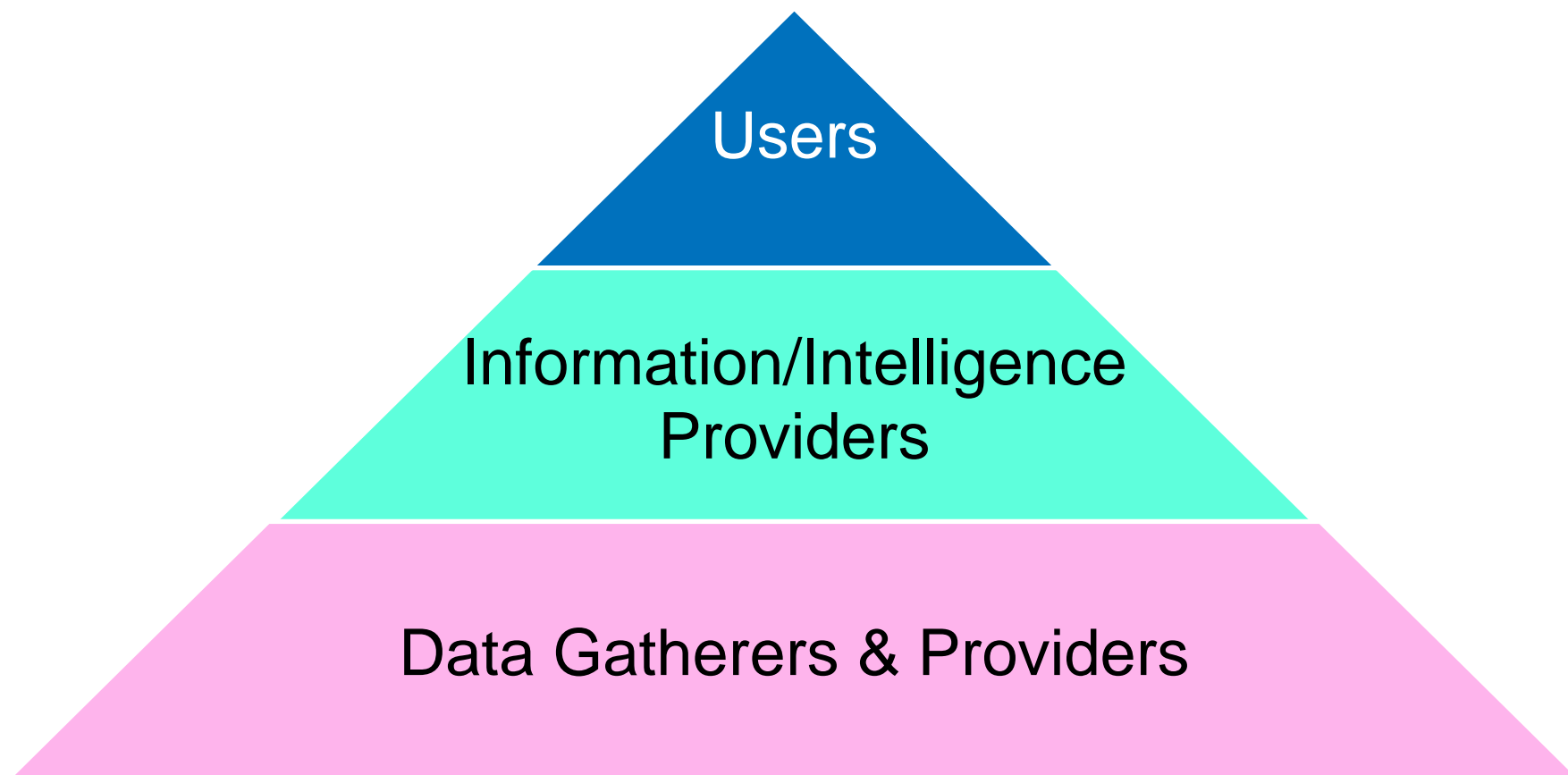
- PHE is Civil Service, rather than NHS
 - Part of the 'Knowledge' Directorate
 - Need to re-establish links with NHS England
 - Especially with the Strategic Clinical Network links
 - Public Health Centres
- Move to 'disease registration' and a range of 'Health Intelligence Networks' (Mental Health, Cardiovascular, Maternity & Child Health, Cancer, EoL, etc.)
- Stronger links with a new public health & local authority 'community'

OUTPUTS – TOOLS, REPORTS, ETC

Who wants Information, etc?

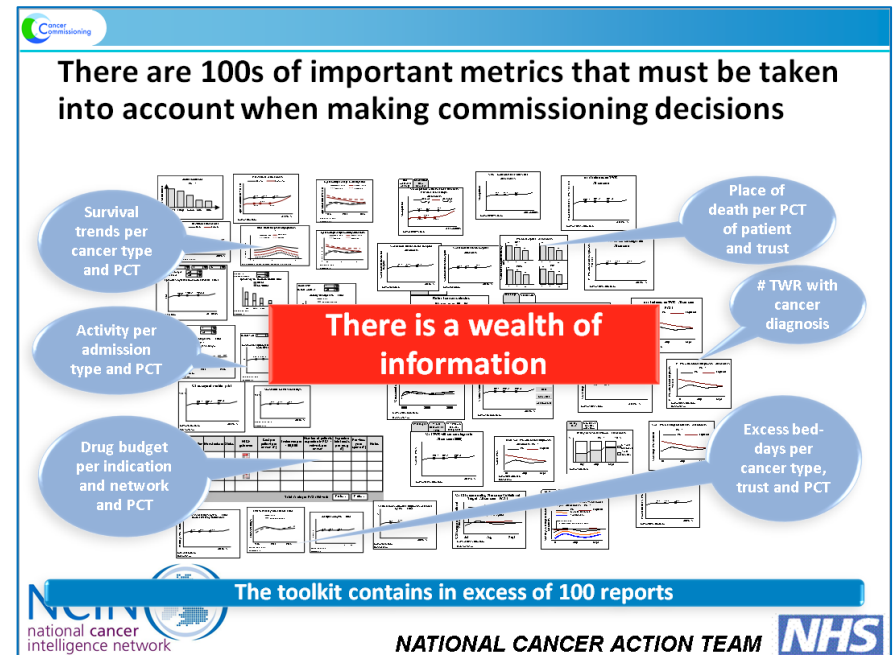


Who wants Information, etc?



NCIN Vision/Ambition

- Understand needs of all NHS England partners
- Support NHS & PH Outcomes Frameworks
- Support local & specialised commissioning
- Support service provider needs
- Support local teams too



- SCN ‘scorecard’
 - Nearly 20 years since Calman-Hine
 - Much progress in ‘structure’, what about outcomes?
 - National & regional position
 - Outcomes
 - Performance
 - Patient experience
 - Peer Review
 - Spend

SCN Engagement

nt Paragraph Styles

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

CANCER-NETWORK

PREVIOUS DATA RESOURCES

Data Sets	Data
→ HES Data	→ SECQ
→ Mortality Data	→ National Team
→ Peer Review	→ Public
→ Cancer Waiting Times	→ CQUIN
→ Survival Rates	→ Open
→ National audit data e.g. LUCA DA, DAHMO, BAUS	→ NCIN
→ Clinical Lines of Enquiry	→ Cancer
→ Cancer Outcomes and Services Dataset (COSD)	→ Cancer
	→ Royal

NEW RESOURCES IDENTIFIED

→ Cancer Tool Kit	→ On-line
→ Cancer Research UK Statistics	→ Public
→ Financial data	→ Peer Review
→ Health and Wellbeing Board Data	→ Meas
	→ East of England
	→ Team
	→ Depart

→ The Cancer Network does not have the National Cancer Intelligence Centre as a Local Project which can then

CANCER DATA SET MEETING: NOTES

South West Cancer Network

Baseline As

NHS England

Suckling, Carol Hunt

for a cancer data pack to

Please may I take this opportunity to ask if the NCIN has produced any overarching summary for each of the 12 SCN areas in England of the current position of services in light of the NHS Outcomes Indicators?

Deborah Tomalin


Carol Fergus

Wealth of data support information structure would

Inc

Prevention

It was noted



HSCIC Indicator Portal

The screenshot displays the HSCIC Indicator Portal interface. The top navigation bar includes the HSCIC logo and the text 'Health & Social Care Information Centre'. A search bar is present on the right. The left sidebar contains a 'Find data' section with a tree view of indicators. The main content area shows the 'CCG Indicator 1.9 (NHS OF 1.4)' for 'Under 75 mortality from cancer'. The indicator details include the statistic (Directly age and sex standardised mortality rate (DSR) per 100,000, 95% confidence intervals (CI)), period (2009 - 2012 (calendar years)), level of coverage (England), and breakdown (All registered patients in England (National)). The source is identified as GP registered population counts from NHAIS (Exeter), the Primary Care Mortality Database (PCMD) and ONS mid-year England population estimates. A table below provides detailed data for the years 2009 and 2010, broken down by gender and population.

Year	Breakdown	Level	Level Description	Gender	DSR	CI Lower	CI Upper	Population	Observed
2012	National	National	All registered patients in England (National)	Person	123.26	122.30	124.24	51450031	62358
2012	National	National	All registered patients in England (National)	Male	131.05	129.65	132.47	25999729	33461
2012	National	National	All registered patients in England (National)	Female	115.49	114.17	116.83	25450302	28897
2011	National	National	All registered patients in England (National)	Person	121.61	120.65	122.57	51450031	62229
2011	National	National	All registered patients in England (National)	Male	129.37	127.98	130.76	25999729	33446
2011	National	National	All registered patients in England (National)	Female	113.86	112.55	115.19	25450302	28783
2010	National	National	All registered patients in England (National)	Person	120.27	119.32	121.22	51450031	61711
2010	National	National	All registered patients in England (National)	Male	128.77	127.39	130.16	25999729	33380
2010	National	National	All registered patients in England (National)	Female	111.79	110.49	113.11	25450302	28331
2009	National	National	All registered patients in England (National)	Person	117.61	116.67	118.55	51450031	60734
2009	National	National	All registered patients in England (National)	Male	125.04	123.68	126.41	25999729	32646

NHS OF 2013/14 Dashboard

1 Preventing people from dying prematurely

Overarching Indicators

	Latest data	Indicator value	Unit
1a.i Potential Years of Life Lost (PYLL) from causes considered amenable to health care - Adults	2011	M - 2,157 F - 1,700	per 100,000 population
1a.ii - Children and young people	2011	M - 616 F - 531	per 100,000 population
1b.i Life expectancy at 75 - Males	2010	11.3	period expectations of life - years
1b.ii Life expectancy at 75 - Females	2010	13.1	period expectations of life - years
Improvement areas			
1.1 Under 75 mortality rate from cardiovascular disease	2011	58.0	per 100,000 population
1.2 Under 75 mortality rate from respiratory disease	2011	23.5	per 100,000 population
1.3 Under 75 mortality rate from liver disease	2011	14.9	per 100,000 population
1.4 Under 75 mortality rate from cancer	2011	107	per 100,000 population
1.4.i One-year survival from colorectal cancer *	2006-2010_11	74.4	%
1.4.ii Five-year survival from colorectal cancer *	2006-2010_11	55.3	%
1.4.iii One-year survival from breast cancer *	2006-2010_11	95.5	% female
1.4.iv Five-year survival from breast cancer *	2006-2010_11	84.3	% female
1.4.v One-year survival from lung cancer *	2006-2010_11	31.6	%
1.4.vi Five-year survival from lung cancer *	2006-2010_11	9.8	%
1.5 Excess under 75 mortality rate in adults with serious mental illness	2010/11	921	absolute gap per 100,000 population
1.6.i Infant mortality	2011	4.2	per 1,000 births
1.6.ii Neonatal mortality and stillbirths	2011	8.2	per 1,000 births
1.6.iii Five-year survival from all cancers in children		Indicator to be developed	
1.7 Excess under 60 mortality rate in adults with a learning disability		Indicator to be developed	

2 Enhancing quality of life for people with long-term conditions

Overarching Indicators

	Latest data	Indicator value	Unit
2 Health-related quality of life for people with long-term conditions	Jul12-Mar13	0.75	avg EQ-5D score
Improvement areas			
2.1 Proportion of people feeling supported to manage their condition	Jul12-Mar13	69.3	%
2.2 Employment of people with long-term conditions	Jan-Mar13	11.8	% gap
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)	2011/12	801	per 100,000 population
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 15s	2011/12	321	per 100,000 population
2.4 Health-related quality of life for carers	Jul12-Mar13	0.8	avg EQ-5D score
2.5 Employment of people with mental illness	Jan-Mar13	39.0	% gap
2.6.i Estimated diagnosis rate for people with dementia	2011/12	48.0	%
2.6.ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life		Indicator to be developed	

3 Helping people to recover from episodic conditions

Overarching Indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission (all ages)	
3b Emergency readmissions within 30 days of discharge from hospital	
Improvement areas	
3.1.i Total health gain as assessed by patients for elective procedures - Hip replacement	
3.1.ii - Knee replacement	
3.1.iii - Groin hernia	
3.1.iv - Varicose veins	
3.1.v - Psychological therapies	
3.2 Emergency admissions for children with lower respiratory tract infections	
3.3 An indicator on recovery from injuries and trauma	
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	
3.5.i Proportion of patients with a fragility fracture recovering to their previous levels of mobility at 30 days	
3.5.ii Proportion of patients with a fragility fracture recovering to their previous levels of mobility at 120 days	
3.6.i Proportion of older people (65 and over) who were still at home 31 days after discharge from hospital into rehabilitation services	
3.6.ii Proportion offered rehabilitation following discharge from acute or community hospital	

NHS Outcomes

* Data displayed are for 2012/13 indicators as data for 2013/14 is not available

200X indicates calendar year
200X/00X indicates financial year


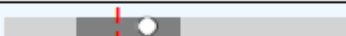



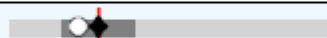


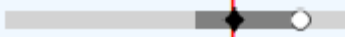
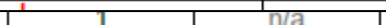
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Section	#	Indicator	No. of patients/cases or value	Percentage or rate			England	Trust rate or percentage compared to England			Source	Period
				Trust	Lower 95% Confidence Limit	Upper 95% Confidence Limit		Lowest	Range	Highest		
Site	OG1	Number of NOGCA patients	31	n/a	n/a	n/a	10,614	0	0-301	301	NOGCA	2011-2012
	G2	Number of newly diagnosed patients per year	90	n/a	n/a	n/a	11,677	13	13-199	199	NCOR	2010
Demographics	G3	Patients (from #G2) aged 70+	48	52 %	42 %	62 %	62 %	39 %	39-90	90 %	NCOR	2010
	G4	Patients (from #G2) with recorded ethnicity	90	100 %	96 %	100 %	96 %	82 %	82-100	100 %	NCOR	2010
	G5	Patients (from #G2) with recorded ethnicity which is not White-British	27	29 %	21 %	39 %	7 %	0 %	0-64	64 %	NCOR	2010
	G6	Patients (from #G2) who are Income Deprived (1)	n/a	13 %	n/a	n/a	15 %	7 %	7-33	33 %	NCOR	2010
	G7	Male patients (from #G2)	52	58 %	46 %	66 %	66 %	51 %	51-81	81 %	NCOR	2010
Specialist Team	G8	Peer review: Does the specialist team have full membership? (2)	IV	Yes	n/a	n/a	n/a	n/a	n/a	n/a	NCPR	2011/2012
	G9	Peer review: Proportion of peer review indicators met	IV	85 %	n/a	n/a	85 %	9 %	9-97	97 %	NCPR	2011/2012
	G10	Peer review: are there immediate risks? (3)	IV	No	n/a	n/a	n/a	n/a	n/a	n/a	NCPR	2011/2012
	G11	Peer review: are there serious concerns? (3)	IV	No	n/a	n/a	n/a	n/a	n/a	n/a	NCPR	2011/2012
	G12	CPEs: Patients surveyed and % reporting being given name of a CNS (4)	132	95 %	n/a	n/a	89 %	65 %	65-100	100 %	CPEs	2011/2012
Through put	G13	Number of urgent GP referrals for suspected cancer	1	n/a	n/a	n/a	109,357	0	0-2030	2030	CWT	2011/2012
	G14	Estimated proportion of tumours with emergency presentations [experimental]	n/a	2 %	0 %	8 %	23 %	2 %	2-86	86 %	HES	2011/2012
Waiting Time	G15	Urgent GP referrals for suspected cancer seen within 2 weeks	1	100 %	21 %	100 %	93 %	77 %	77-100	100 %	CWT	2013/14 Q1
	G16	Treatment within 62 days of urgent GP referral for suspected cancer	13	71 %	49 %	88 %	81 %	27 %	27-100	100 %	CWT	2013/14 Q1
	G17	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]	1	100 %	21 %	100 %	5 %	0 %	0-100	100 %	CWT	2011
	G18	Cases treated that are urgent GP referrals for suspected cancer [experimental]	80	31 %	25 %	37 %	36 %	8 %	8-82	82 %	CWT	2011/2012
	G19	First treatment began within 31 days of decision to treat	85	100 %	94 %	100 %	99 %	86 %	86-100	100 %	CWT	2013/14 Q1
Practice	OG2	Number of new oesophageal cases managed per year	40	43 %	33 %	53 %	55 %	33 %	33-75	75 %	NCOR	2010
	OG3	Number of new stomach cases managed per year	53	57 %	47 %	67 %	45 %	24 %	24-67	67 %	NCOR	2010
	OG4	Oesophageal cancer confirmed histology	39	98 %	87 %	100 %	93 %	48 %	48-100	100 %	NCOR	2010
	OG5	Stomach cancer confirmed histology	50	94 %	85 %	98 %	91 %	66 %	66-100	100 %	NCOR	2010
	OG6	Number of O-G resections	11	14 %	8 %	24 %	18 %	0 %	0-69	69 %	NCOR	Jan-Sept 2010
	OG7	Patients who had a CT scan	200	99 %	97 %	100 %	91 %	71 %	71-99	99 %	NOGCA	2011-2012
	OG8	Patients with EUS investigation	34	64 %	51 %	77 %	62 %	30 %	30-100	100 %	NOGCA	2011-2012
	OG9	Patients with palliative treatment intent	80	74 %	66 %	82 %	47 %	32 %	32-74	74 %	NOGCA	2011-2012
	OG10	NCPR Network Board compliance	5A	100.0 %	n/a	n/a	n/a	0.0 %	n/a	100.0 %	NCPR	2010-2011
	OG11	NCPR NSG compliance	IV	73.0 %	n/a	n/a	n/a	0.0 %	n/a	100.0 %	NCPR	2010-2011
	OG12	30 day mortality (adjusted)	43	0.0 %	n/a	n/a	n/a	n/a	n/a	n/a	NOGCA	2011-2012
Outcome and (if case y)	OG13	90 day mortality (adjusted)	43	2.3 %	n/a	n/a	n/a	n/a	n/a	n/a	NOGCA	2011-2012
	OG14	Oesophageal cancer relative survival one year	n/a	42.5	36.4	46.6	n/a	36.8	36.8-46.9	46.9	UKCIS	2005-2009
	OG15	Stomach cancer relative survival one year	n/a	45.4	41.2	49.6	42.2	37.1	37.1-51.6	51.6	UKCIS	2005-2009
	OG16	Reoperation (adjusted)	43	13.2 %	n/a	n/a	n/a	n/a	n/a	n/a	NOGCA	2011-2012
	OG17	Anastomotic leak (adjusted)	43	4.4 %	n/a	n/a	n/a	n/a	n/a	n/a	NOGCA	2011-2012
	G20	Patients surveyed & % reporting always being treated with respect & dignity (5)	132	84 %	n/a	n/a	81 %	65 %	65-96	96 %	CPEs	2011/2012
	G21	Number of viable survey questions and % of those questions scoring red (6)	70	9 %	n/a	n/a	n/a	0 %	n/a	54 %	CPEs	2011/2012
For best (light blue)	G22	Number of viable survey questions and % of those questions scoring green (6)	70	59 %	n/a	n/a	n/a	4 %	n/a	100 %	CPEs	2011/2012

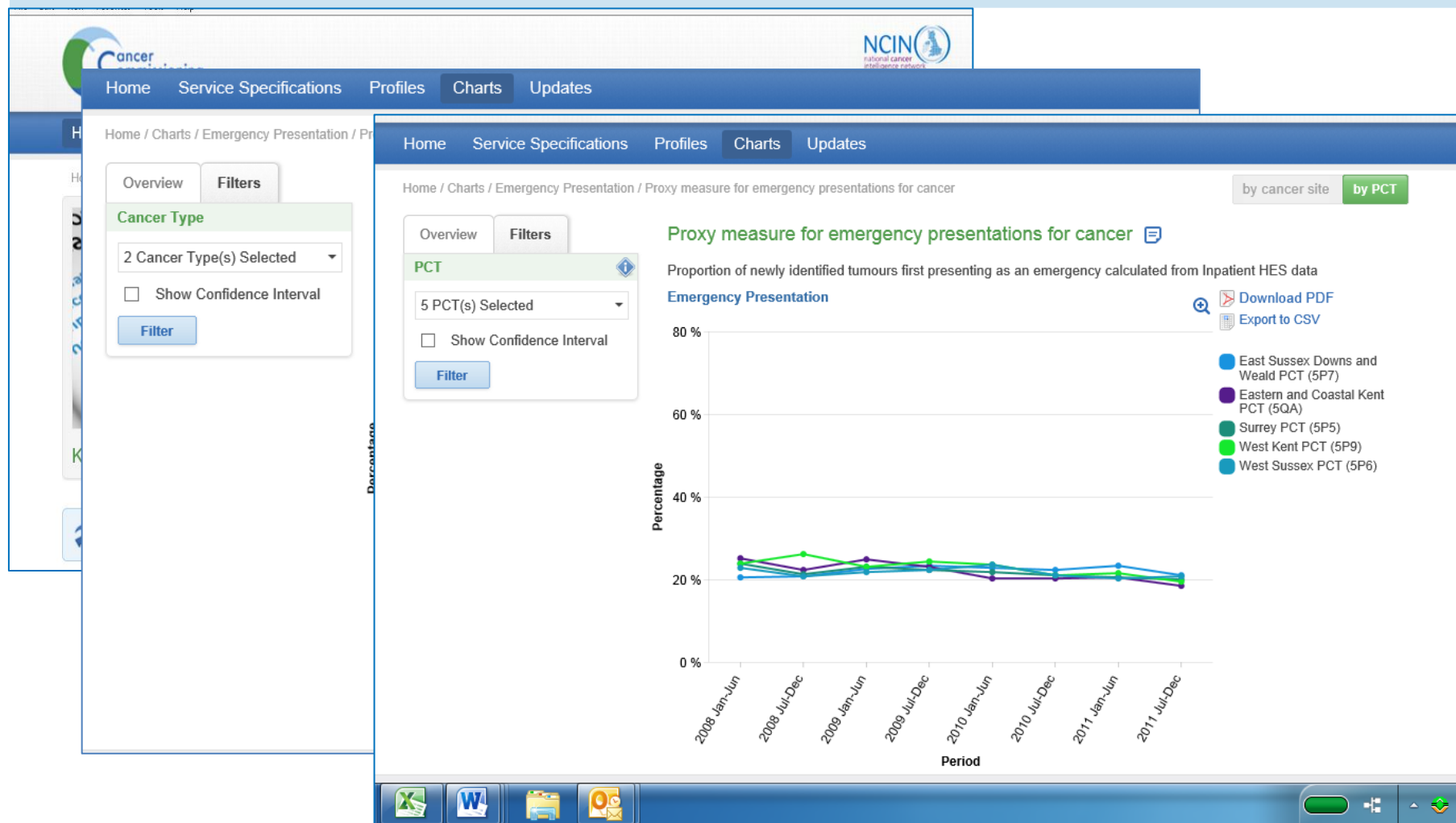
NCIN O-G Service Profile

			Trust rate or percentage compared to England	
Section	#	Indicator	Range	Highest
Size	OG1	Number of NOGCA patients		301
	G2	Number of newly diagnosed patients per year		199
Demographics	G3	Patients (from #G2) aged 70+		90 %
	G4	Patients (from #G2) with recorded ethnicity		100 %
	G5	Patients (from #G2) with recorded ethnicity which is not White-Bri		64 %
	G6	Patients (from #G2) who are Income Deprived (1)		33 %
	G7	Male patients (from #G2)		81 %
Specialist Team	G8	Peer review: Does the specialist team have full membership? (2)	n/a	n/a
	G9	Peer review: Proportion of peer review indicators met		97 %
	G10	Peer review: are there immediate risks? (3)	n/a	n/a
	G11	Peer review: are there serious concerns? (3)	n/a	n/a
	G12	CPES: Patients surveyed and % reporting being given name of a		100 %
Out	G13	Number of urgent GP referrals for suspected cancer		n/a

Service & other profiles

- Breast & Colo-rectal cancers - 2012
- Lung cancer (excluding highly specialised MDTs) – 2013
- September 2013: Sarcoma, Gynaecological, Head & Neck and Upper GI cancers
- PCTs/GPs/Radiotherapy

Cancer Commissioning Toolkit



NCIN 'work plan'

- Dialogue priority with all SCNs & NCD, etc
- Appointed NCIN 'NHS England' Liaison role
- Rapid review
 - What is needed?
 - How to present?
 - Static reports, interactive tools, etc?
 - How much interpretation?
- Timescales - outline spec by end 2013
 - Begin build 2014
- SCN needs v Cancer?

INPUTS – DATASETS, COLLECTION

- *COVERED BY TRISH?*

Understanding Cancer



Understanding Cancer

Oncology Training for NHS
and Public Health non-clinical staff

**Professionally accredited
by the Institute of Healthcare Management**

Free access for all UK users

Key features include:

- flexibility to work at your own pace from work or home
- ability to stop and resume at any point from any computer
- reference guides
- colourful images throughout
- glossary of terms
- learning objectives
- quizzes
- certificate of achievement
- free of charge to UK users

What to do next

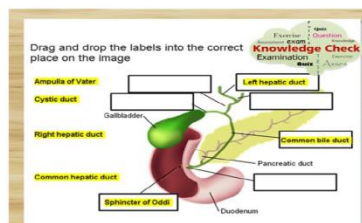
For more information, visit www.ncin.org.uk where you can self-register on to the mylearningspace website by creating a new account

Who it is for and what you will learn

This e-learning tool is aimed primarily at Multi-disciplinary Team Co-ordinators and Cancer Registration staff who need to know:

- about cancer – medical terminology, diagnoses, tests and treatments
- how cancer services are organised in the NHS
- about cancer types – key risks, including causes, risk factors, signs and symptoms, anatomy and physiology

Other NHS staff can also use the course to improve their understanding of cancer



Understanding Cancer

Oncology Training for NHS
and Public Health non-clinical staff

Launched Modules

<u>Cancer Surveillance</u>	Lower Gastrointestinal Tract
National Health Service	Respiratory System and Mesothelioma
Cancer Registration	Skin
Multidisciplinary Teams	Non Melanoma
Cancer Datasets	Melanoma
<u>Terminology, Tests and Treatments</u>	Hepatobiliary Tract Cancer
What is Cancer	Pancreas
Medical Terminology	Gallbladder
Basic Anatomy & Physiology	Liver and Intrahepatic Bile Ducts
Diagnostic Tests	Extrahepatic Bile Ducts
Cancer Treatment	Upper GI Tract Cancer
<u>Tumour site specific cancers</u>	Oesophagus
Brain and Central Nervous System	Stomach
Brain and Central Nervous System	Small Intestine
Pineal and Pituitary Gland	Urinary Tract Cancer
Breast	Bladder and other Urinary Tract
Female Reproductive	Kidneys (excluding Renal Pelvis)
Endometrial and Uterine	Male Reproductive Tract Cancer
Cervical	Prostate
Ovarian	Head and Neck
Placental	Lip and Oral Cavity
Fallopian Tubes	
Female External Genitalia	

Modules in development

Male Reproductive Tract	Haematopoietic Malignancies
Penis	Leukaemia
Testis	Lymphoma
Head and Neck	Bone and Soft Tissue
Larynx	Bone
Pharynx	Soft Tissue
Nasal Cavity	Cancer of Unknown Primary (CUP)
Major Salivary Glands	Children, Teenagers and Young Adults (CTYA)
Thyroid	

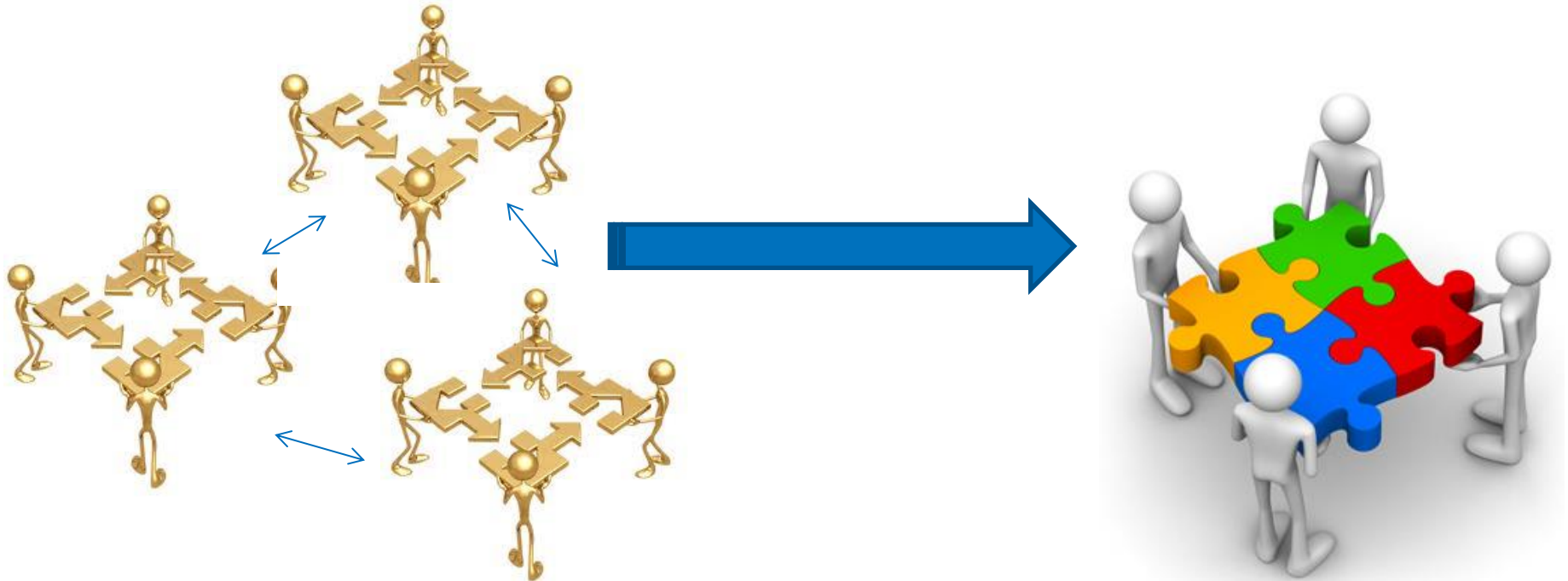
GOING FORWARD

Where Next?

- Understand needs of our users
- Define and develop a prototype 'output' tool/s
- Pilot with the SCNs & NCD
- Maintain focus on data collection
- Specific focus on stage data
- Work through the organisation changes
- Re-establish previous relationships

Where does the data and information come from?

Your patients, your MDTs, your hospital!



NCIN Conference 2014:

‘The Power of Information’

9-10th June 2014

Birmingham Metropole Hotel