



East Midlands Cancer Network



Data capture at MDT

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What does the patient want to know?

- Are you any good at treating what I've got or would I be better else where?



Bruce Keogh

- We have a moral and professional imperative to understand outcomes



What is the Aim of Data Collection?

- Outcomes that matter and not things that can be counted easily
- Collect the relevant – how much is enough?
- Integrated into mainstream of daily life
- Discriminatory
- Clear about utility



Why MDT data collection matters

- Data is core to answering the questions
- MDT is the place data comes together
- Data is central to treatment planning
- Data is the lever for change both internally and externally



For the MDT - prove you are good at what you do

- Benchmarking – clinically drive
- Validation
- National Audit
- Case mix – stage, co-morbidity
- Helps if you merge quality, administration and finance



What does the MDT need?

- Timely return of data in a useful form
- Trust in the analyses
- Opportunity to compare results in a supportive fashion
- Real time collection as much as possible
- Linkages to fill gaps
- Do once then the backroom sorts the uses



So

- Data should be key to everything
- MDTs need to be effectively run for this to happen
- It must be a force to drive standards not a stick to beat people
- Why are we still arguing about the value of this?