

National Cancer Intelligence Network

The NCIN Service Profiles

Profiles - Rationale

Service profiles:

- Benchmark and assess
- NHS Trust / multi-disciplinary team (MDT) based
- Assist clinical teams to reflect on outcomes
- Assist the commissioners of cancer services to
 - understand the variation across the MDT's (local service) for both patient experience and patient care.
- Indicators included have been
 - discussed with commissioners and MDT's as being important and form the basis for objective dialogue about clinical practice and service delivery.

Profiles - structure

NCIN / PHE KIT team (formally Thames Cancer Registry) co-production

Hosted in the Cancer Commissioning Toolkit –

Public view – open access

Professional view - access registration required



www.cancertoolkit.co.uk

What Profiles are there?

- Breast
- Lung
- Colorectal
- Gynaecology
- Upper GI
- Head and Neck
- Sarcoma

What profiles will there be?

- October
 - Haematology
 - HPB

- December
 - Brain/CNS
 - Urology
 - Skin

Lung Profile

- First Published March 2013, updated March 2014 (problem with HES data), released into public domain
- Data cancer registry, CWT, NLCA, CPES, HES, Peer Review
- Roughly half indicators generic, half specialist.
- Specialist indicators largely drawn from NLCA
- Indicators incorporate previous Clinical Lines of Enquiry
- A NCIN / Thames Cancer Registry (now London KIT) coproduction

What do profiles show?

- Size
- Demographics
- Specialist Team
- Throughput
- Waiting Times
- Practice
- Outcomes and Recovery
- Patient Experience

Profiles...

				Percentage or rate					ust rate or percentage compared to Eng	land		
Section	#	Indicator	No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period
	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)	304				207	41	• •	588	NCDR	2010
Size	2	Number of NLCA patients - lung cancer	329				191	1	• 0	585	NLCA	2011
	3	Number of NLCA patients - mesothelioma	11				10	0	* O	31	NLCA	2010 2011 2011 2011 2010 2010 2010 2010 2010 2010 2011 2011 2011 2011 2011 2010/11 2010/11 2010/11 2011/12 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011 2011
Demographics (based on newly gnosed patients, 2010)	4	Patients (from #1) aged 70+	188	62%	56%	67%	61%	39%	—	75%	NCDR	2010
<u>©</u>	5	Patients (from #1) with recorded ethnicity	295	97%	94%	98%	93%	66%	•	100%	NCDR	
s × 20	6	Patients (from #5) with recorded ethnicity which is not White-British	3	1%	0%	3%	7%	0%	○	46%	NCDR	2010
hic ewl	7	Patients (from #1) who are Income Deprived (2)		29%			16%	7%	→ ○	34%	NCDR	2010
rap on n	8	Male patients (from #1)	161	53%	47%	58%	55%	43%	0 •	72%	NCDR	2010
ed of bod	9	Number and proportion of patients (from #2) with a stage assigned	326	99%	97%	100%	92%	36%	•	100%	NLCA	2011
bas bas	10	Number and proportion of patients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	24%	10%	•••	68%	NLCA	2011
eg .	11	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	14%	4%	0	30%	NLCA	2011
ਚੌ	12	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned	167	58%	53%	64%	62%	13%	•	80%	NLCA	2011
	13	Proportion of patients (from #2) with a Performance Status assigned	286	87%	83%	90%	89%	2%	0	100%	NLCA	2011
	14	Peer review: Does the specialist team have full membership? (3)	SA	Yes							NCPR	2010/11
Specialist Team	15	Peer review: Proportion of peer review indicators met	SA	85%			89%				NCPR	2010/11
	16	Peer review: are there immediate risks? (4)	SA	No							NCPR	2010/11
	17	Peer review: are there serious concerns? (4)	SA	No							NCPR	2010/11
	18	Number and proportion of patients (from #2) seen by CNS (5)	206	63%	57%	68%	79%	0%	• ◆	100%	NLCA	2011
	19	Number of urgent GP referrals for suspected cancer	406				293	0	• •	853	CWT	2010/11
	20	Number and proportion of patients (from #2) with confirmed NSCLC	184	56%	52%	60%	62%	0%	• • • • • • • • • • • • • • • • • • •	93%	NLCA	2011
Throughput	21	Number and proportion of patients (from #2) with confirmed SCLC	40	12%	9%	16%	12%	0%	o	100%	NLCA	2011
and pathology	22	Number and proportion of patients (from #2) with confirmed NSCLC who are diagnosed NOS	21	11%	8%	17%	19%	0%	○ •	79%	NLCA	2011
pathology	23	Number and proportion of patients (from #2) with histological confirmation of diagnosis	228	69%	64%	74%	77%	52%	◆	100%	NLCA	2011
	24	Estimated proportion of tumours with emergency presentations [experimental]	94	47%	40%	54%	37%	2%	♦ 0	97%	HES	2011
	25	Q2 2012/13: Urgent GP referral for suspected cancer seen within 2 weeks	135	96%	92%	98%	97%	88%	○ ◆	100%	CWT	2012/13 Q2
	26	Q2 2012/13: Treatment within 62 days of urgent GP referral for suspected cancer	15	73%	52%	87%	80%	0%	O *	100%	CWT	2012/13 Q2
Naiting times	27	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]	103	25%	21%	30%	24%	4%	•0	46%	CWT	2011/12
	28	Cases treated that are urgent GP referrals with suspected cancer [experimental]	34	25%	19%	33%	39%	0%	• •	76%	CWT	2011/12
	29	Q2 2012/13: First treatment began within 31 days of decision to treat	14	100%	78%	100%	99%	91%	↑ 	100%	CWT	2012/13 Q2
	30	No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or radiotherapy	174	53%	47%	58%	60%	36%	0	100%	NLCA	2011
	31	No. and proportion resected of patients (from #2) excluding confirmed SCLC	50	17%	13%	22%	16%	0%	•••	38%	NLCA	2011
	32	No. and proportion resected of patients (from #2) with confirmed NSCLC	48	26%	20%	33%	21%	0%	• •	45%	NLCA	2011
Practice	33	No. and proportion resected of patients (from #2), excluding confirmed SCLC ,with stage I and II disease	40	48%	38%	59%	53%	0%	0	100%	NLCA	2011
	34		27	68%	52%	80%	68%	0%		100%	NLCA	2011
	35	, , , , , , , , , , , , , , , ,	28	58%	44%	71%	55%	0%	•	100%	NLCA	2011
	36		23,053	41%	41%	41%	32%	15%	•	68%	PBR SUS	2011/12
Outcomes	37	1 11 11 11	176	0.95	0.82	1.11	1.0		0 •	1.49	NLCA	2011
and Recovery	38		34%	1.43	0.97	2.11	1.0		• 0	2.67	NLCA	2011
Patient	39		13	n/a			83%	66%		100%	CPES	2011/12
Experience -	40	% Red		n/a			3370	0%		78%	CPES	2011/12
CPES (8)	41	Number of survey questions and % of those questions scoring red and green (7) % Green	- 아	n/a				0%		69%	CPES	2011/12

Profiles... rationale

					Percenta	ge or rate		Tru	st rate or percentage compared to Engla	ınd		
Section	#	Indicator	No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low- est	Range	High- est	Source	Period
	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)	304				207	41	• •	588	NCDR	2010
Size	2	Number of NLCA patients - lung cancer	329				191	1	• • •	585	NLCA	2011
	3	Number of NLCA patients - mesothelioma	11				10	0	 ◆O	31	NCDR NLCA NLCA NLCA NCDR NCDR NCDR NCDR NCDR NCDR NLCA NLCA NLCA NLCA NLCA NLCA NLCA NLCA	2011
	4	Patients (from #1) aged 70+	188	62%	56%	67%	61%	39%	•	75%	NCDR	2010
aphics newly ients, 2010)	5	Patients (from #1) with recorded ethnicity	295	97%	94%	98%	93%	66%		100%	NCDR	2010
201 201	6	Patients (from #5) with recorded ethnicity which is not White-British	3	1%	0%	3%	7%	0%	○	46%	NCDR	2010
Demographics (based on newly gnosed patients, 20	7	Patients (from #1) who are Income Deprived (2)		29%			16%	7%	→ ○	34%	NCDR	2010
rap atie	8	Male patients (from #1)	161	53%	47%	58%	55%	43%	O •	72%	NCDR	2010
bot ed o	9	Number and proportion of patients (from #2) with a stage assigned	326	99%	97%	100%	92%	36%	(*)	100%	NLCA	2011
Den (bas	10	Number and proportion of patients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	24%	10%	□	68%	NLCA	2011
jagu	11	Number a								_		2011
D	12	Number a	_							_	NLCA	2011
	13	Peer revit • Assess and benchma	ark	2 V	vida	ra	na	2 0	of information			2011
	14	Peer revie A33C33 and DCIICIIII	ain	a v	viut	, Ia	нуч	5 U	n illiorillation		NCPR	2010/1
Specialist	15	Peer revie									NCPR	2010/1
Specialist Team 11	16	Peer revie									NCPR	2010/1
	17	Peer revit										2010/1
	18	Number at organisation level								_	NLCA	2011
	19	Number c								_	CWT	2010/1
Throughput	20	Number a								_	NLCA	2011
and	21	Number a	_				_			_	NLCA	2011
pathology	22	Number • Allows a 'at a glance'	, ac	CO	eem	and	l Af	21	1	_	NLCA	2011
	23	Number a Allows a at a glatice	as	3 53	2011		LUI	aı		_		2011
	24	Estimated								_	HES	2011
	25	Q2 2012/								_	CWT	2012/13
		Q2 2012/								_	CWT	2012/13
aiting times	27	Urgent G organisation								_	CWT	2011/12
	28	Cases te								_	NCDR NLCA NCDR NCDR NCDR NCDR NCDR NCDR NCDR NCDR	2011/1
	29	Q2 2012/								_		2012/13
		No. and p								_		2011
	31	No. and p								-		2011
Practice	32	No. and p								-		2011
	33	No. and pr										2011
		No. and proportion of patients (from #2) with confirmed SCLC receiving chemotherapy	27	68%	52%	80%	68%	0%		100%		2011
	-	No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy	28	58%	44%	71%	55%	0%		100%		2011
Outcomes	36	First outpatient appointments and proportion of all outpatient appointments	23,053	41%	41%	41%	32%	15%	I	68%		2011/1
d Recovery	37	NLCA: Median survival in days and adjusted hazard ratio for mortality	176	0.95	0.82	1.11	1.0	0.57		1.49		2011
	-	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year	34%	1.43	0.97	2.11	1.0	0.10		2.67		2011
Patient	1	Patients surveyed & % reporting always being treated with respect & dignity (6)	13	n/a			83%	66%		100%		2011/1
xperience - CPES (8)	40	Number of survey questions and % of those questions scoring red and green (7)	0	n/a n/a				0% 0%	F	78% 69%		2011/1:
		% Green										2011/12

Profile anatomy

					Percenta	lage or rate		Te	ust rate or percentage compared to Engl	and		
Section		Indicator	patients/ cases or value	Trust	Lower 1914. confidence text	Upper 96% confidence and	England	Low- ent	Range	High- ent	Source	Period
		founder of newly diagnosed lung cancer potents per year, 2010 (supermental) (1)	304				200	45		588	MCDR	2010
Skipe		Number of NLCA patients - lung cancer	329				197	- 1		181	NUCA	2011
	-	Number of NLCA patients - mesothetions	- 11				- 10	- 0	-	34	NUCA	2011
		Patients (from #1) ages 10+	188	62%	56%	67%	657	30%		75%	MCDR	2010
		Pallents (from F1) with recorded ethnicity	296	97%	54%	96%	901	66%	Della	100%	MCDR	2010
0.65		Patients (from R) with recorded ethnicity which is not White-British		1%	9%	3%	75	- 0%	94-0	46%	MODR	2010
231		Patients (from F1) who are Income Deprived (2)		29%			169	7%		34%	MCDR	2010
511		Male patients (from PT)	161	53%	47%	58%	55%	43%	0.0	12%	MCDR	2010
111		Number and proportion of patients (from KC) with a stage assigned	326	99%	97%	100%	925	36%	× **	100%	NUCA	2011
3.13		Number and proportion of patients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	241	10%		68%	NUCA	2011
		Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	167	4%	0.+	30%	NUCA	2011
-		Number and proportion of patients, excluding SCLC, with a stage IIIB and N assigned	167	58%	53%	64%	621	13%	0.0	80%	NUCA	2011
	138	Proportion of gatients (from #2) with a Performance Status assigned	286	87%	83%	90%	899	2%	0.	100%	NUGA	20011
	34	Peer review: Doe			_						MOPR	2010/11
Specialist Team	10	Indicator Indicator Author review are descriptions	rotec and ar						Spine chart &	S	our	ces
	110	Number of organi Number and prop	•		•		70		range of data	a Dates		
throughput. and	21	Number and prop	E G	om.	para	ltor:	- 15	975		Same.	1700001	8000
esthelessy		Number and prop are diagnosed MOS	_		•		100	0%	0.040	79%	NUCA	2011
		Number and proportion of patients (from KII) with Natological confirmation of diagnosis.	228	69%	64%	74%		52%	0	100%	NUCA	2011
	34	Estimated proportion of tumours with emergency presentations (experimental)	94	47%	40%	54%	375	2%	0400	97%	HES	2011
	26	G2 2013/13. Urgani GP referral for suspected cancer seen within 2 weeks	136	96%	90%	98%	975	885	IGH III	100%	CWT	2012/13/02
	36	CL2 2012/13: Treatment within 62 days of urgent GP referral for suspected cancer	16	73%	52%	87%	801	9%	0.431	100%	CWIT	2012/13/02
	dar	Urgent GP referrals for suspected caroor diagnosed with caroor [experimental]	103	29%	211%	30%	249	- 4%		46%	CWT	2011/12
many transfer											CWT	2041/12
ating times		Cases treated that are urgent GP referrals with suspected cancer (experimental)	34	29%	19%	33%	3979	0%	0	Terra.	10,00000	
ating times	38	Cases treated that are urgent GP referrals with suspected cancer (superimental) 32 2012/13: First treatment began within 31 days of decision to treat	34	25% 100%	19%. 78%	100%	395	10%	*.0	100%	CHT	2012/13 (02
ating times	28 29		-		1000	100% 58%				1000		2012/13 G0 2011
ating times	26 29 30	02:2010/13: First treatment began within 31 days of decision to treat	14	100%	78%	100%	1975	100	* 4	100%	CRIT	
	29 29 30 31	Cd 2010/10: First resonant began within 31 days of decision to treat. No. and proportion of patients (from KS) receiving surgery, chemistreneys and/or radiotherapy.	14 574	100% 53%	78% 47%	100% 58%	997 977	97% 36%	one and	100%	CRIT NUGA	2011
	28 29 30 31 32	C2 2012/13: First treatment began within 31 days of decision to treat. No. and proportion of patients (from 62) receiving surgery, chamustienapy and/or radiotherapy. No. and proportion treated of patients (from 62) excluding confirmed SCLC.	14 174 50	100% 53% 12%	78% 47% 13%	100% 58% 22%	991 601 161	90% 36% 6%	* 0	100% 100% 36%	OWT NUCA NUCA	2011
	29 29 30 31 32 33	CD 2012/13: First treatment began within 31 days of decision to treat. No. and proportion of patients (from KD) receiving surgery, shemisthnings and/or nedotherapy. No. and proportion resolved of patients (from KD) exiding confirmed SCLC No. and proportion resolved of patients (from KD) with confirmed NSCLC.	14 174 50 48 40	100% 53% 17% 26%	78% 47% 13% 20%	100% 58% 22% 33%	995 605 165 255	90% 36% 0% 0%		100% 100% 38% 45% 100%	CWIT NLCA NLCA NLCA	2011 2011 2011
Practice	28 29 30 31 32 33 34	CD 2012/13: First treatment began within 31 days of decision to treat. No. and proportion of patients (from KS) receiving surgery, observationary, and/or redistributely. No. and proportion resolved of patients (from KS) excluding confirmed SCLC No. and proportion resolved of patients (from KS) with confirmed MSCLC no. and proportion resolved of patients (from KS) with confirmed MSCLC no. and proportion resolved of patients (from KS), with confirmed MSCLC) with stage I and II disease	14 174 50 48	100% 53% 17% 26% 48%	78% 47% 13% 20% 38% 53%	100% 58% 22% 33% 56%	991 601 161 211 501	97% 36% 6% 6% 9%		100% 100% 38% 45%	CWT NLCA NLCA NLCA NLCA	2011 2011 2011 2011
Practice	26 29 30 31 32 30 34 35	CLI 2012/13: First treatment began within 31 days of decision to treat. No. and proportion of patients (from KI) motiving surgery, chemichangy, and/or nadotherapy. No. and proportion resouted of patients (from KI) avoluting confirmed SCLC. No. and proportion resouted of patients (from KI) with confirmed NSCLC. No. and proportion resourced of patients (from KI), excluding confirmed SCLC with stage I and II disease. No. and proportion of patients (from KI) with confirmed SCLC receiving chemicitary).	14 174 50 46 40 27	100% 53% 17% 26% 48% 68%	78% 47% 13% 20% 58% 53%	100% 58% 22% 33% 59% 80%	901 601 181 211 501 681 501	\$115. 515. 515. 515. 515. 515.		100% 100% 38% 45% 100% 100%	CMT N,CA N,CA N,CA N,CA N,CA	2011 2011 2011 2011 2011
Practice	26 29 30 31 32 30 34 36	CD 2012/13: First treatment began within 31 days of decision to treat No. and proportion of patients (from 82) recovering surgery, chemisthrough antition redictiverage No. and proportion resociated of patients (from 82) excluding confirmed NGCUC No. and proportion resociated of patients (from 82) with confirmed NGCUC No. and proportion resociated of patients (from 82) with confirmed NGCUC, with stage 1 and 1 discovering proportion resociated (from 82) with confirmed NGCUC receiving chemisthrough No. and proportion of patients (from 82) with confirmed NGCUC receiving chemisthrough No. and proportion of patients (from 82) with confirmed NGCUC receiving chemisthrough	14 174 50 45 40 27 28	100% 53% 17% 26% 48% 68% 58%	78% 47% 13% 20% 38% 52% 44%	100% 58% 22% 33% 59% 80% 71%	90% 60% 16% 21% 50% 68%	90% 36% 6% 6% 6% 6% 6%	• • • • • • • • • • • • • • • • • • •	100% 100% 38% 45% 100%	CNIT NLCA NLCA NLCA NLCA NLCA NLCA NLCA PRIT SUS	2011 2011 2011 2011 2011 2011 2011
Practice	26 29 30 31 32 33 34 35 36	CLI 2012/13: First treatment began within 31 days of decision to treat. No. and proportion of potents (from KS) recording surgery, observativinage and/or natiotherapy. No. and proportion resolved of patients (from KS) excluding confirmed SCLC. No. and proportion resolved of patients (from KS) with confirmed MSCLC. no. and proportion resolved of patients (from KS) with confirmed MSCLC. No. and proportion resolved of patients (from KS) with confirmed SCLC. and stage I and II decision. No. and proportion resolved of patients (from KS) with confirmed SCLC. Inconsiving chemicitierapy. No. and prop. of patients (from KS) with object MSMY, PS of seal, card. SCLC. receiving chemicitierapy. First outpatient appointments and proportion of all outpatient appointments.	14 674 50 48 40 27 28 23,063	100% 53% 17% 26% 48% 58%	78% 47% 13% 20% 50% 50% 44% 47% 0.82	100% 58% 22% 33% 59% 80%	901 601 181 211 501 681 501	\$115. 515. 515. 515. 515. 515.	• • • • • • • • • • • • • • • • • • •	100% 100% 38% 45% 100% 100% 100%	NLCA NLCA NLCA NLCA NLCA NLCA	2011 2011 2011 2011 2011 2011
Practice Outcomes d Recevery	26 29 30 31 32 33 34 35 36	CLI 2012/13: First treatment began within 31 days of decision to treat. No. and proportion of patients (from KS) receiving surgery, observativingly and/or natiotherapy. No. and proportion resected of patients (from KS) socializing confirmed SCLC. No. and proportion resected of patients (from KS) with confirmed MCCLC. No. and proportion resected of patients (from KS) with confirmed SCLC over stage I and II disease. No. and proportion of patients (from KS) with confirmed SCLC receiving chemotherapy. No. and proportion of patients (from KS) with confirmed SCLC receiving chemotherapy. No. and proportion of patients (from KS) with confirmed SCLC receiving chemotherapy. No. And proportion of patients (from KS) with confirmed confirmed spoorements. No.CA: Nacdam survival in days and adjusted heaped ratio for mortality. No.CA: Proportion of patients surviving at one year and adjusted olds ratio of surviving II year.	14 174 50 45 40 27 28 20,053 176	100% 53% 17% 26% 48% 68% 58% 0.95	78% 47% 13% 50% 50% 44% 41% 0.82	100% 58% 22% 33% 59% 80% 71% 41%	9015 6075 1815 2115 5075 6815 5075 1 1 1	975. 974. 975. 975. 975. 975. 975. 975. 975.	• • • • • • • • • • • • • • • • • • •	100% 100% 38% 45% 100% 100% 100% 1,49 2,67	CWT NLCA NLCA NLCA NLCA NLCA NLCA PINK SUS NLCA	2011 2011 2011 2011 2011 2011 2011 2011
	26 29 30 31 32 33 34 36 36 37 38	CLI 2012/13: First treatment began within 31 days of decision to treat. No. and proportion of patients (from KS) receiving surgery, chemisthrough and/or net/otherapy. No. and proportion resolved of patients (from KS) with confirmed NSCLC. No. and proportion resolved of patients (from KS) with confirmed NSCLC. No. and proportion resolved of patients (from KS) with confirmed NSCLC and stage 1 and 6 decision. No. and proportion resolved of patients (from KS) with confirmed NSCLC nonliving chemisthrough to and proportion of patients (from KS) with days (MSCLC nonliving chemisthrough the and proportion of patients (from KS) with days (MSCLC nonliving chemisthrough the and proportion of patients (from KS) with days (MSCLC nonliving themisthrough the supplement appointments and proportion of all outpetient appointments. NaCA, Neddom survival in days and adjusted hazard ratio for mortietly. NaCA, Proportion of patients surviving it can your and destured odds ratio of surviving 1 year instents survival & 5; reporting sinesys being treated with respect & dignify (6).	14 174 50 45 40 27 28 23,013 176 34%	100% 53% 17% 26% 48% 58% 58% 11%	78% 47% 13% 13% 13% 13% 13% 13% 13% 13% 13% 13	100% 58% 22% 33% 59% 80% 71% 41%	5011 5011 1615 2115 5015 6815 5015 1.1	90% 36% 6% 6% 6% 6% 6% 6% 6% 6% 6%	• • • • • • • • • • • • • • • • • • •	100% 100% 38% 45% 100% 100% 100%	CRIT NLCA NLCA NLCA NLCA NLCA NLCA PRIK SUS NLCA NLCA	2011 2011 2011 2011 2011 2011 2011 2011

Profile – size and demographics

Section	#	Indicator	
	G2	Number of newly diagnosed patients per year *	
Size	L1	Number of NLCA patients - lung cancer	?
	L2	Number of NLCA patients - mesothelioma *	
	G3	Patients (from #G2) aged 70+ *	
	G4	Patients (from #G2) with recorded ethnicity *	
	G5	Patients (from #G2) with recorded ethnicity which is not White-British *	
99	G6	Patients (from #G2) who are Income Deprived (1) *	
Demographics	G7	Male patients (from #G2) *	
Dето	L3	Number and proportion of patients (from #L1) with a stage assigned	?
	L4	Number and proportion of patients, excluding SCLC, with stage I or II assigned	?
	L5	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	?
	L6	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned	?
	L7	Proportion of patients (from #L1) with a Performance Status assigned	?

Profile – Specialist team and throughput

	G8	Peer review: Does the specialist team have full membership? (2)	?
eam	G9	Peer review: Proportion of peer review indicators met	?
Specialist Team	G10	Peer review: are there immediate risks? (3)	?
Spec	G11	Peer review: are there serious concerns? (3)	?
	LN1	Number and proportion of patients (from #L1) seen by CNS	?
	G13	Number of urgent GP referrals for suspected cancer	?
	L8	Number and proportion of patients (from #L1) with confirmed NSCLC	?
Throughput	L9	Number and proportion of patients (from #L1) with confirmed SCLC	?
Throu	L10	Number and proportion of patients (from #L1) with confirmed NSCLC who are diagnosed NOS	?
	L11	Number and proportion of patients (from #L1) with histological confirmation of diagnosis	?
	G14	Estimated proportion of tumours with emergency presentations [experimental]	?

Profile - Waiting Times and Practice

	G15	Urgent GP referrals for suspected cancer seen within 2 weeks	?
mes	G16	Treatment within 62 days of urgent GP referral for suspected cancer	?
Waiting times	G17	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]	?
Wa	G19	First treatment began within 31 days of decision to treat	?
	G18	Cases treated that are urgent GP referrals for suspected cancer [experimental]	?
	L12	No. and proportion of patients (from #L1) receiving surgery, chemotherapy and/or radiotherapy	?
	L13	No. and proportion resected of patients (from #L1) excluding confirmed SCLC	?
Practice	L14	No. and proportion resected of patients (from #L1) with confirmed NSCLC	2
Ā.	L15	No. and proportion resected of patients (from #L1), excluding confirmed SCLC ,with stage I and II disease	?
	L16	No. and proportion of patients (from #L1) with confirmed SCLC receiving chemotherapy	?
	L17	No. and prop. of patients (from #L1) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy	?

Profile – Outcomes and Recovery + Patient Experience

comes and covery	L19	NLCA: Median survival in days and adjusted hazard ratio for mortality	?
Outcome and Recovery	L20	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year	?
rience	G20	Patients surveyed & % reporting always being treated with respect & dignity (5)	?
Patient Experience	G21	Number of viable survey questions and % of those questions scoring red (6) **	
Patier	G22	Number of viable survey questions and % of those questions scoring green (6) **	

How should they be used?

- What factors in the indicators may contribute to the picture (eg age, demographics, ethnicity, emergency presentation etc)
- What indicators are outside the national mean
 - Are these a 'good' indication or a 'bad' indication
- What indicators fall in the 'statistical significance cannot be assessed' but would still give cause for concern

How should they be used?

- Always use the whole basket of indicators:
 - Peer Review what is the percentage compliance, did the team have immediate risk?
 - Patient Experience is there CNS availability, are the patients treated with dignity and respect
 - Waiting Times are there problems in the patient pathway?
 - ■GP referral is it appropriate?

Specialist Lung profiles?

- Use a profile format to assess and benchmark organisations (?)
- Some challenges:
 - Only include cases referred for surgery?
 - Can we separate local/specialist cases at same provider?
 - Need a good understanding of how the pathway is represented in the data
- What are the important process, clinical and outcome variables?

Going Forward

- Comparison Reports
- Headline Narrative Reports (Mini-profiles)

- Review of indicators
 - Inclusion of new/other data sources (SACT, DIDs, COSD, Clinical Trials)
 - COSD Level 4 Reports
 - Awareness of other developments new Lung CRG etc