

Local Issues & Challenges – NCIN Data Roadshow

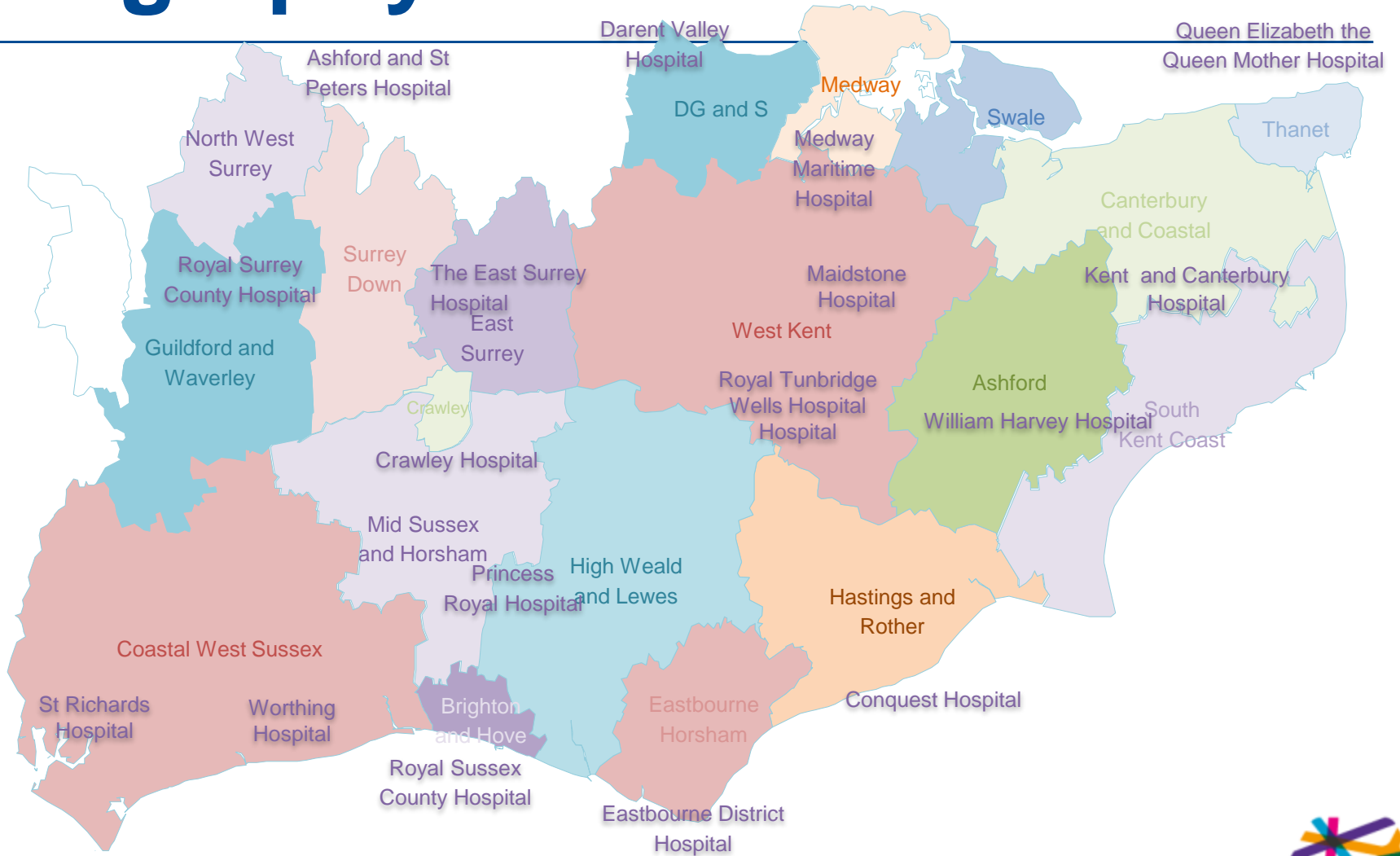
Ian Vousden –
Interim SE Cancer SCN Manager, October 2015

South East

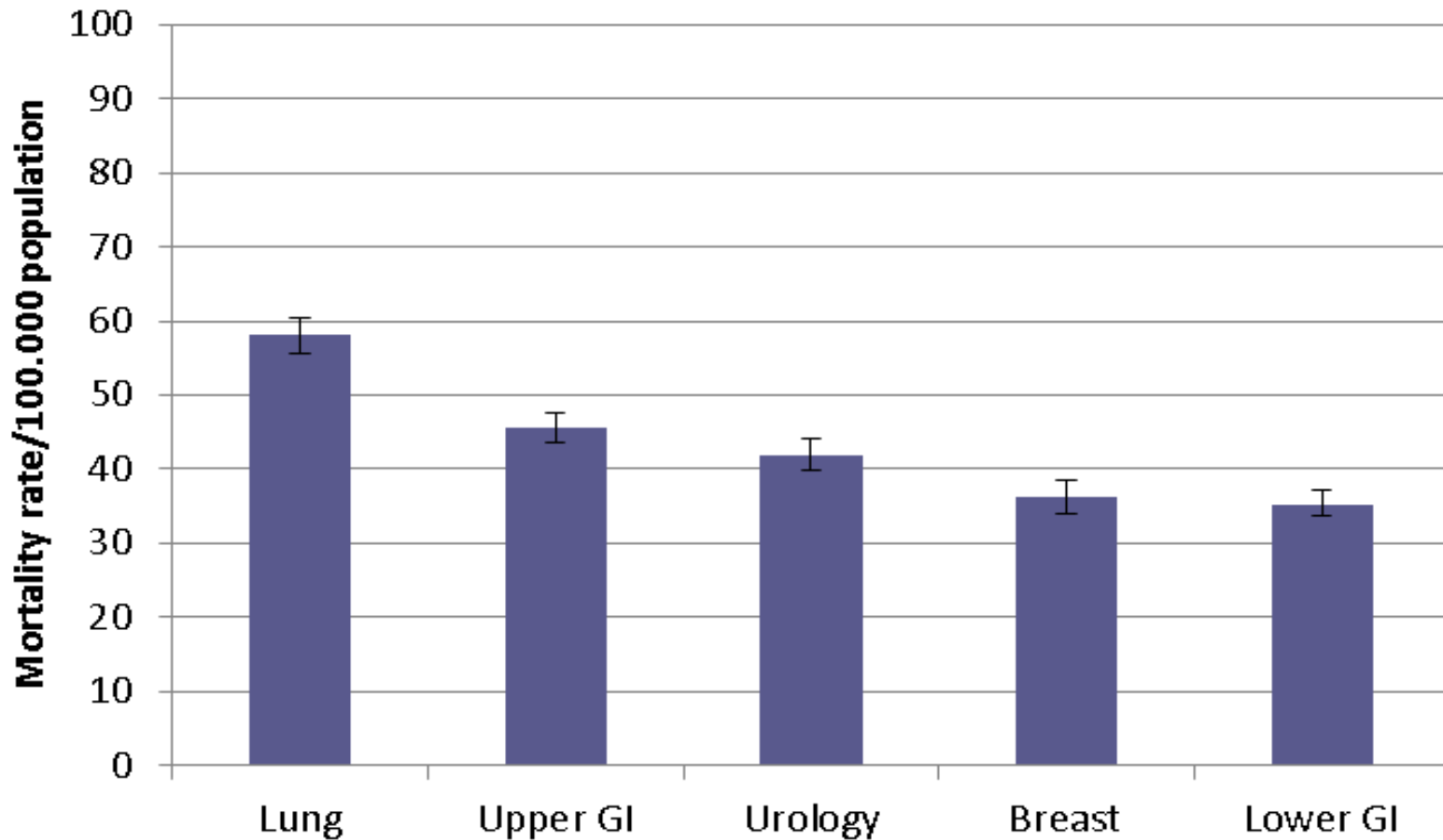
- Generally, areas within the South East Strategic Clinical Network (SCN) have low income deprivation scores and mainly higher percentages of residents aged 75 and older
- There are 5,645 people aged 75 and over, living for 15-20 years after cancer diagnosis
- Cancer incidence and mortality trends follow very closely the national trend although slightly lower
- Lung, Upper GI, Urology, Breast and Lower GI have the highest mortality rates amongst cancer groups within this SCN



Geography



Top 5 cancer deaths – Age standardised mortality rates – 2012 - South East SCN



Staging completeness

COSD Conformance Summary Level 2 - 2015 Data

Number of Cancers Diagnosed (L2.1a) of which are Stageable (L2.1i) and have a Full Stage at Diagnosis (L2.1j)

Report Generated: September 12th, 2015

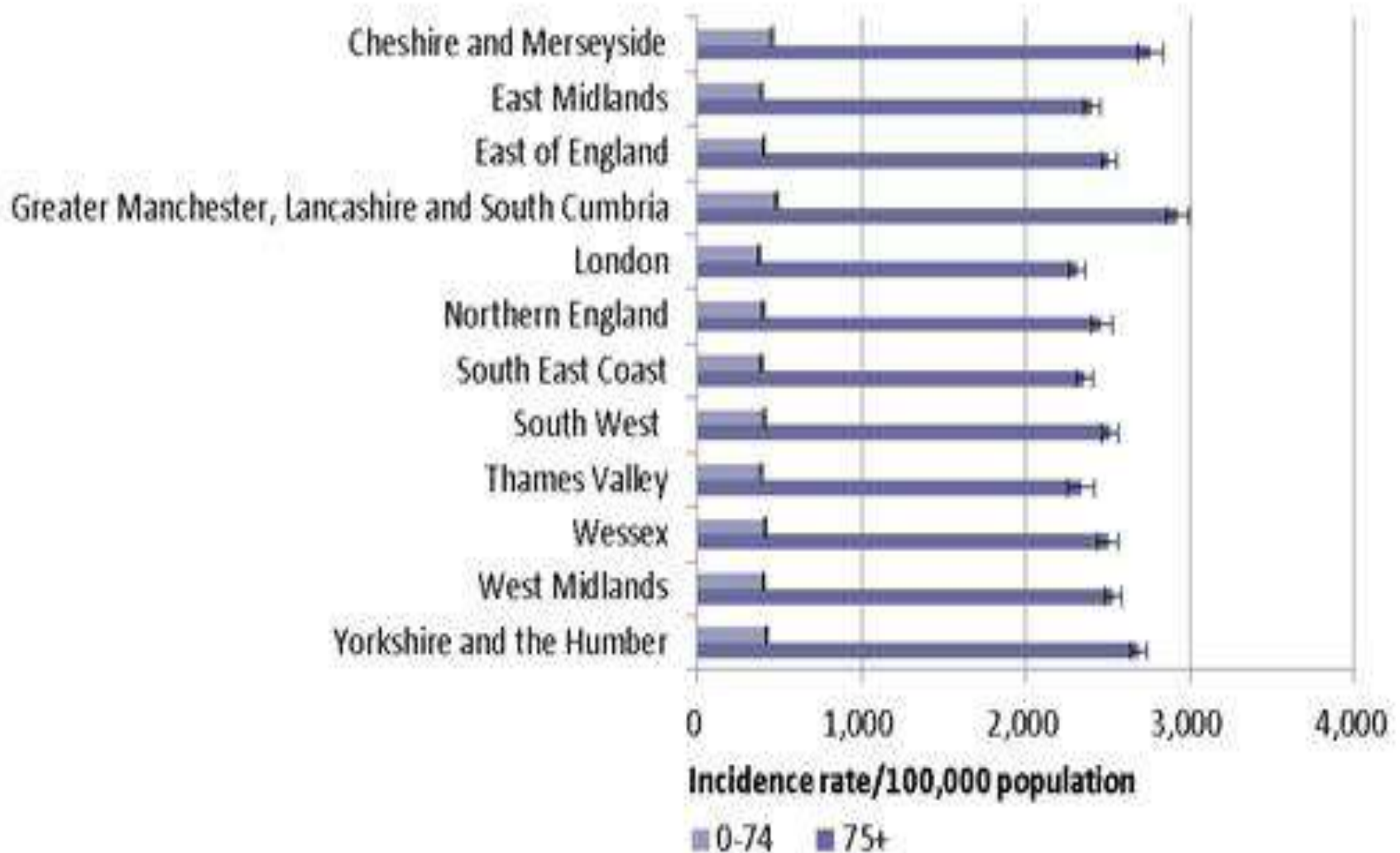
	Number of Cancer Diagnosed	Number of Cancers Diagnosed which are Stageable	Total of Stageable cancer with a Full Stage at Diagnosis	% Staged
Cheshire And Mersey	10492	9219	6732	73%
Greater Manchester, Lancashire & South Cumbria	21400	19243	12562	65%
London Cancer Alliance	15162	12687	8154	64%
Wessex	11749	10478	5878	56%
London Cancer	11083	9447	5216	55%
South West	26422	22880	11653	51%
East Of England	27432	24357	10876	45%
South East Coast	20465	18669	8230	44%
Yorkshire And The Humber	27933	23996	10407	43%
North East, North Cumbria, And North Yorks	16442	14177	5887	42%
East Midlands	14019	12441	4852	39%
West Midlands	23081	20120	7685	38%
Thames Valley	7282	6784	1571	23%
Total	232962	204498	99703	49%

Source – COSD portal level 2 reports

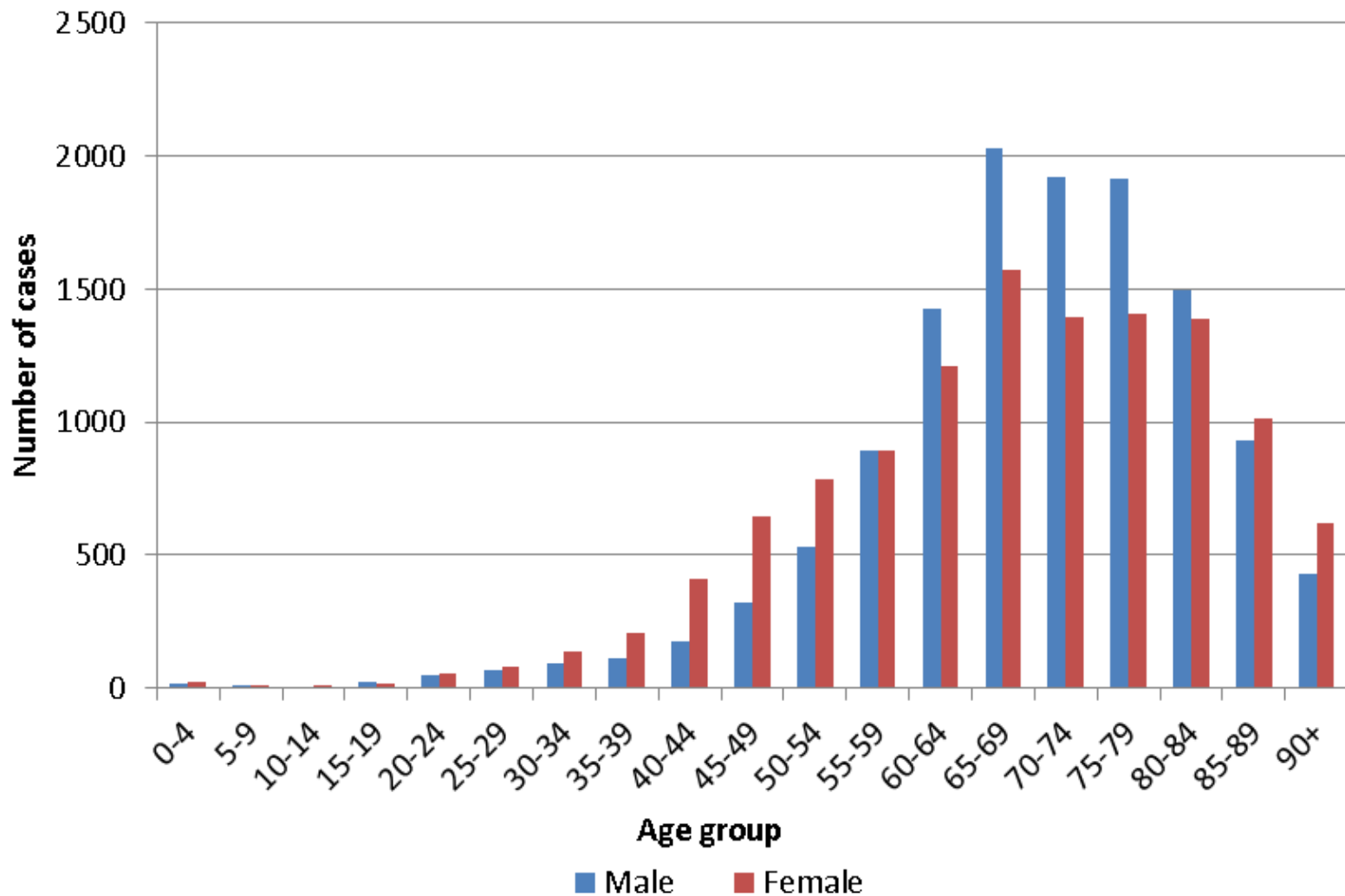
Benchmark set – 70%



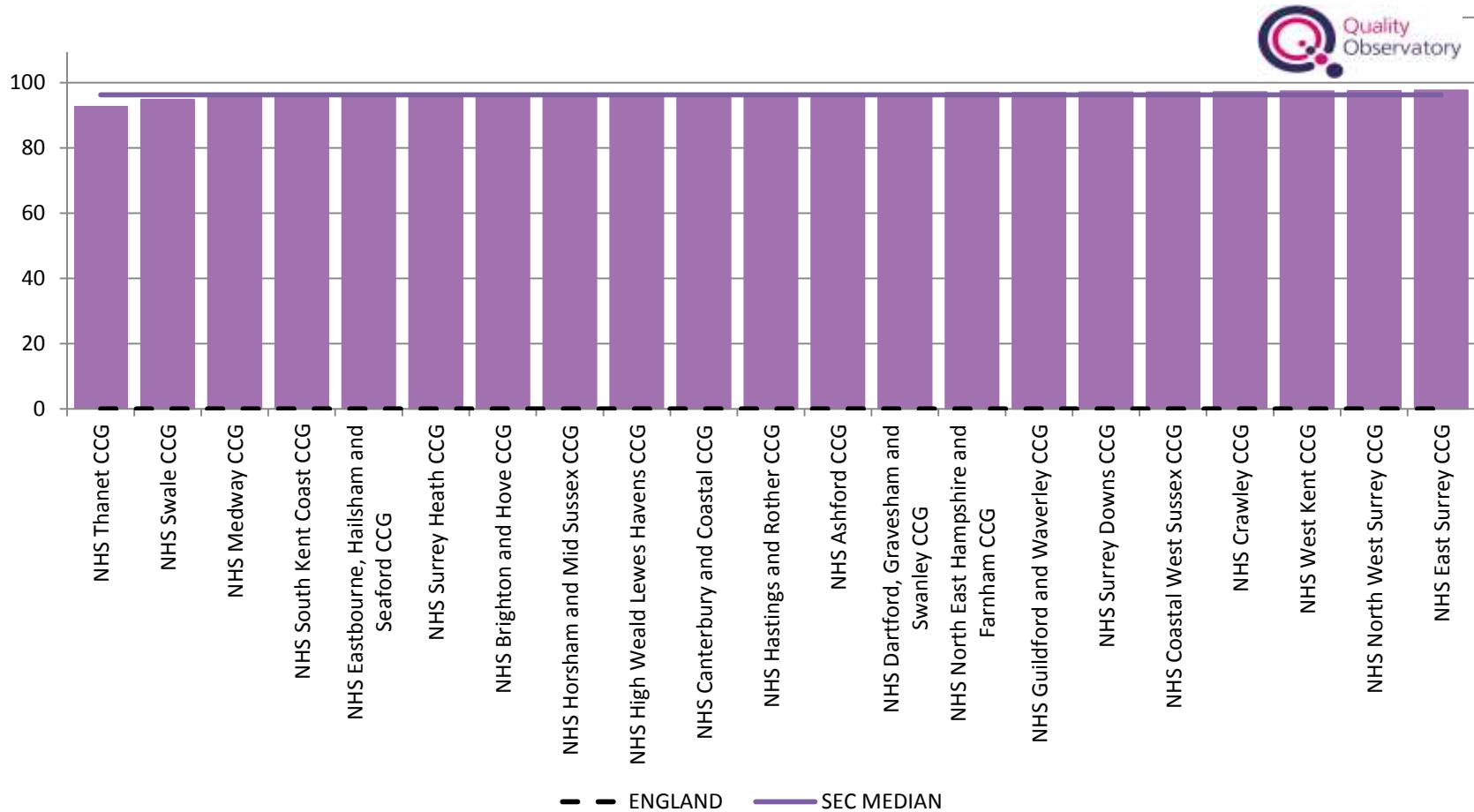
Age Standardised Incidence Rate (2012)



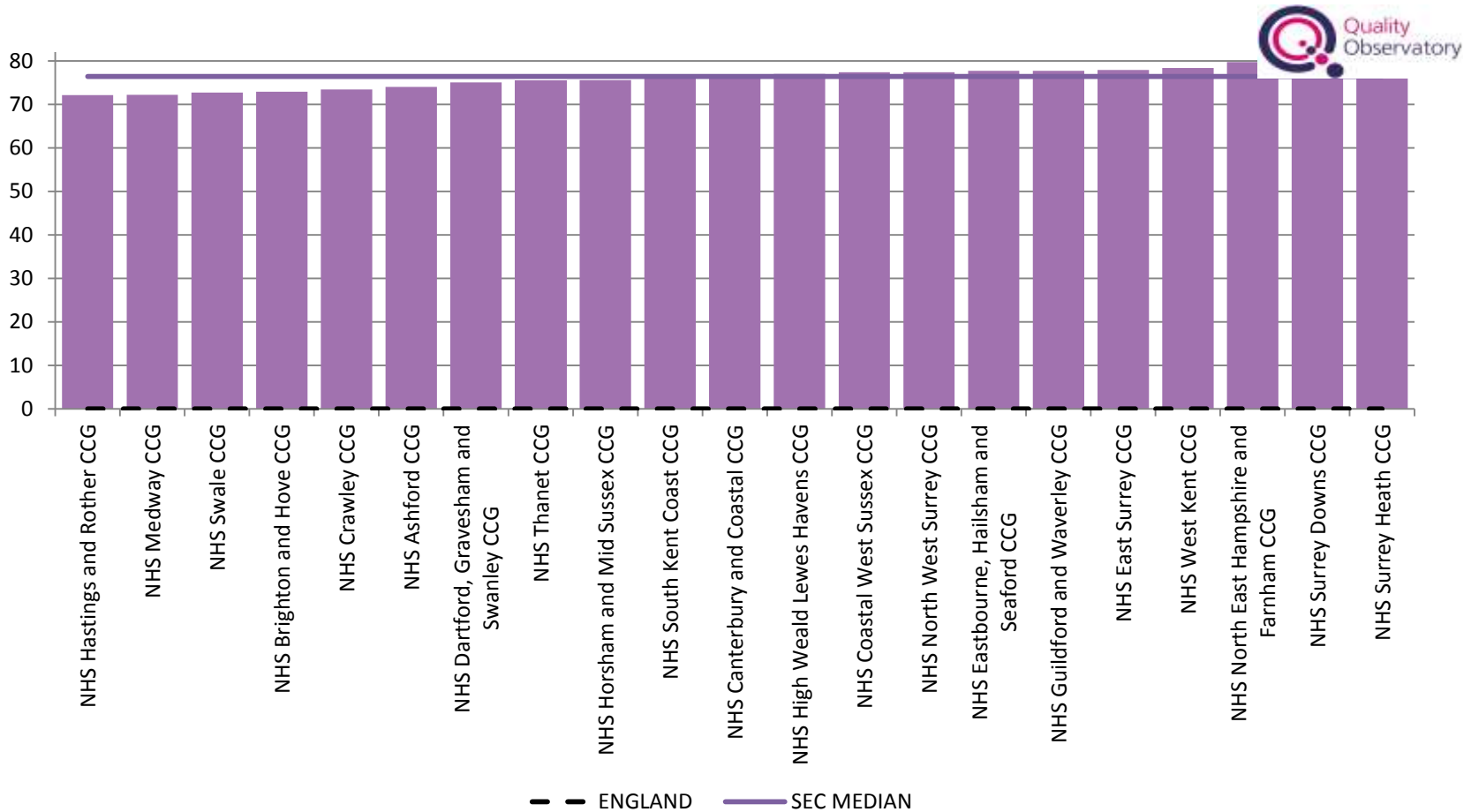
Number of cases- all cancers combined (excluding non-melanoma skin cancer) in 2012 by sex and age group - South East



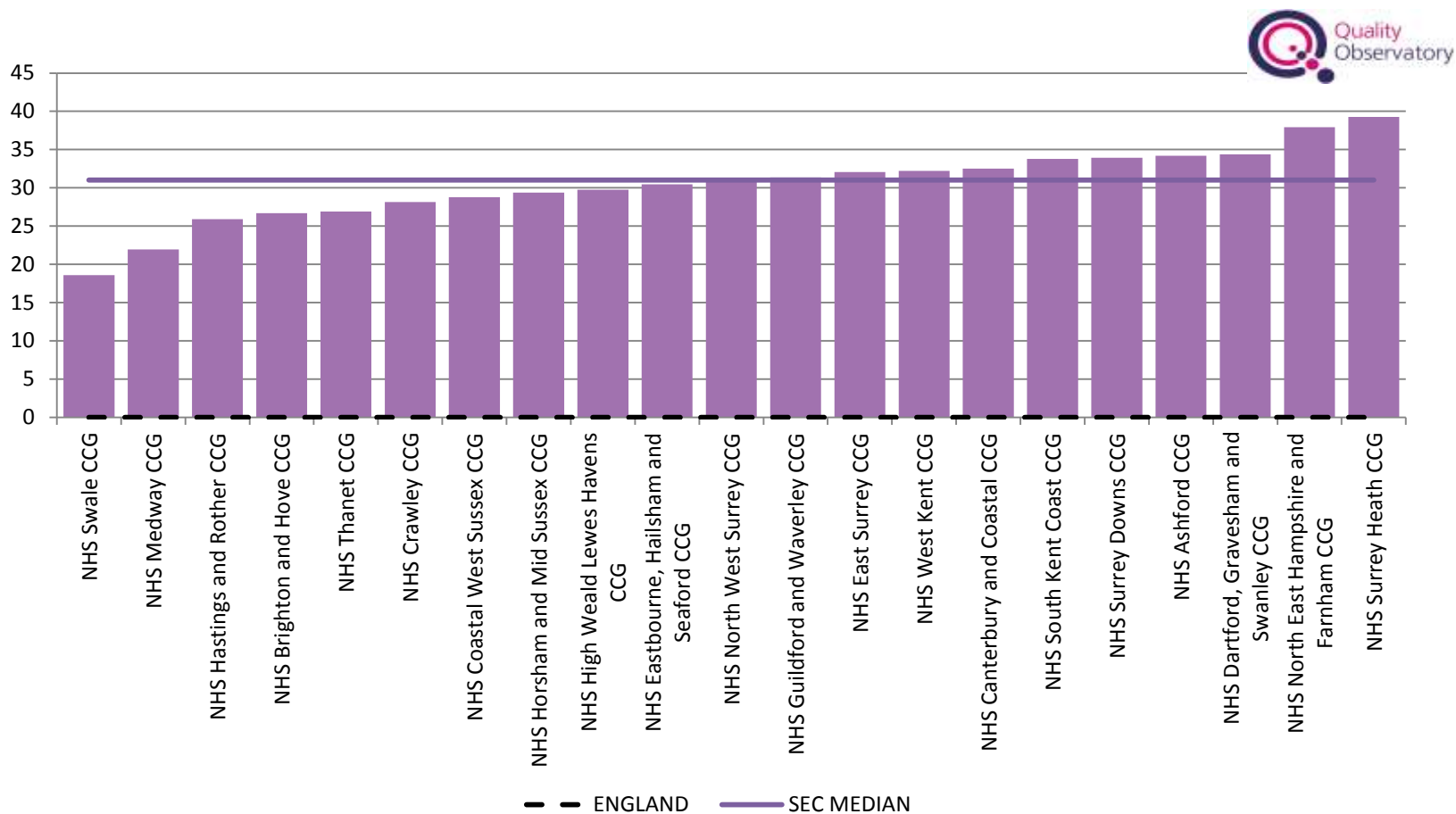
1 year survival: Breast - 2012



1 year survival: Lower GI - 2012



1 year survival: Lung - 2012



Early detection of cancer – Stage 1 or 2 - 2013



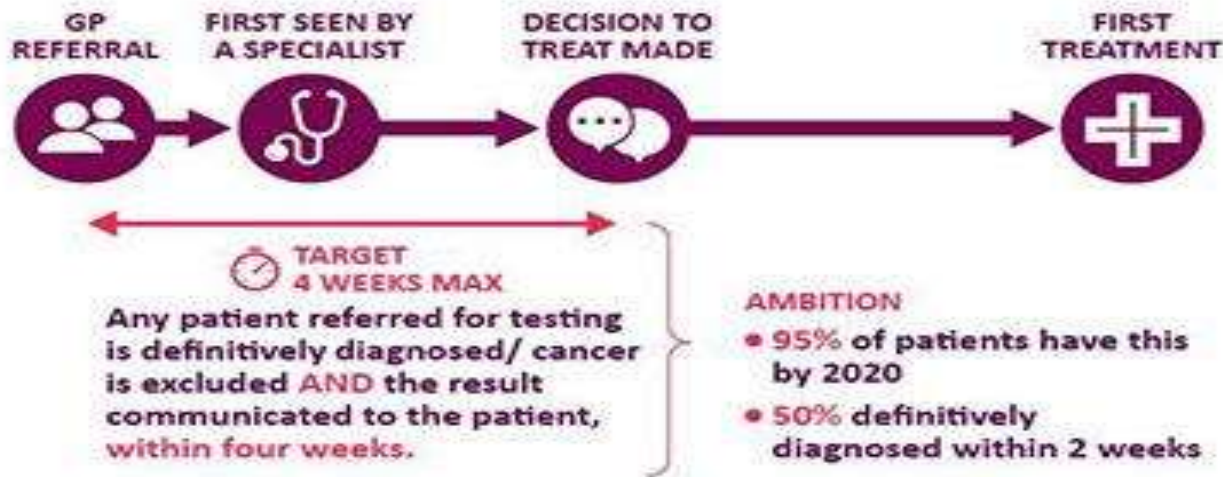
Cancer Waiting Times - Issues

- Diagnostic capacity – particularly endoscopy
- Workforce Issues
- Radiotherapy capacity
- Complex pathways (Lung, H&N, OG, Urology)
- Tertiary / specialist centres suffer from patients being sent to them late within pathway / shared breaches
- Patient choice
- Higher than average increase in 2ww referrals



Earlier Diagnosis

- By 2020 95% of patients diagnosed in 4 weeks.



Cancer Commissioning

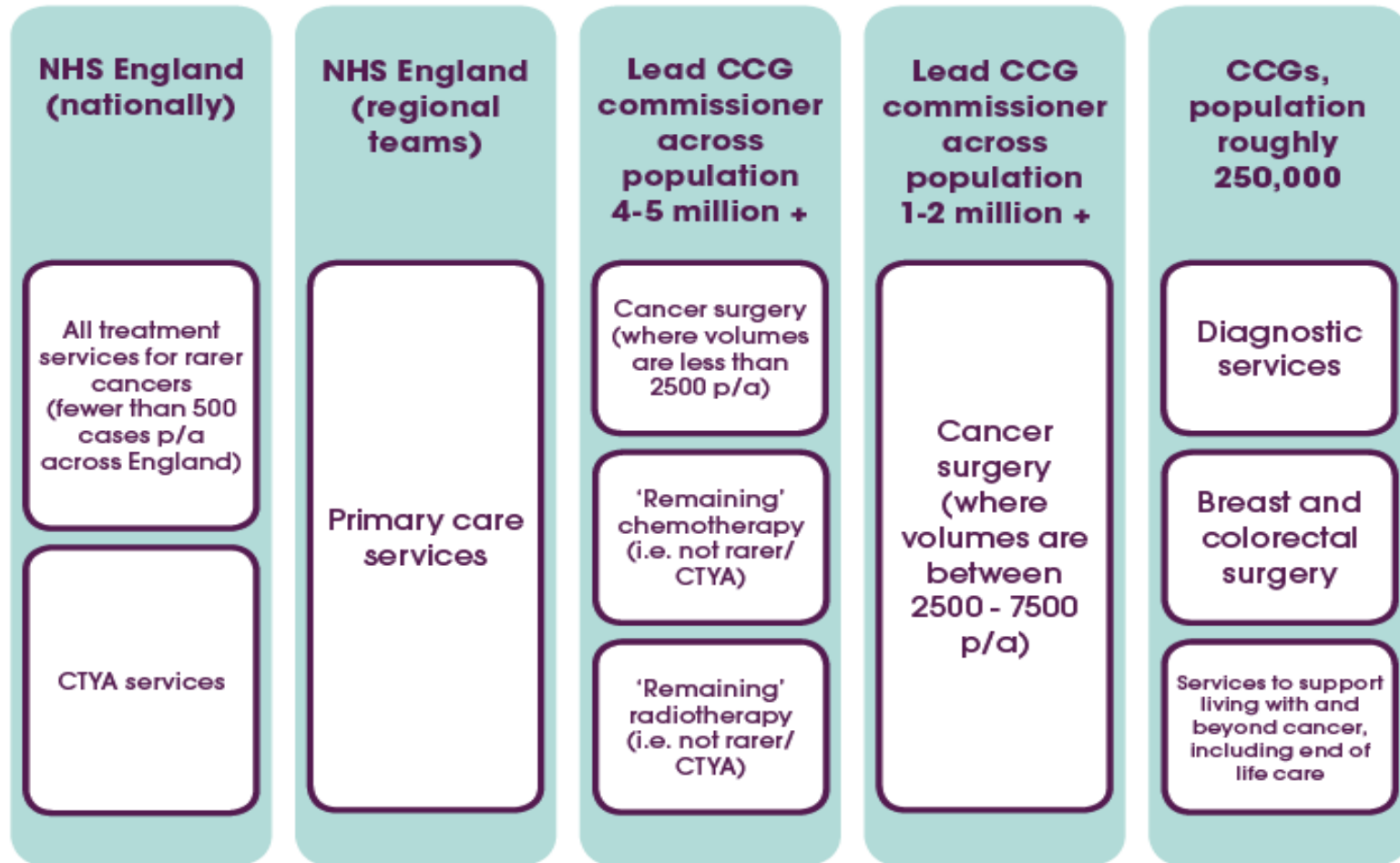


Figure 23: Proposed commissioning of cancer services



Cancer Alliances

- Integrated Cancer Alliances to be established
- Sub regional level – 2-3 million population
- Co-terminus with AHSN boundaries
- Bring together CCGs, Providers, PPE reps, AHPs, Nurses – Bi monthly
- Oversee key metrics, address variation and ensure effective integration and optimisation of treatment & pathways
- Accountable to new ‘National Cancer Team’



CCG Dashboards

- Proportion of patients referred by a GP with symptoms receiving a definitive cancer diagnosis or cancer excluded within 2 and 4 weeks, with a target of 50% at 2 weeks and 95% at 4 weeks by 2020
- Proportion of diagnoses through emergency presentation
- Proportion of cancers diagnosed at stage 1 or 2, with a target of 62% by 2020 for cancers staged, and an increase in the proportion of cancers staged
- Screening uptake, with an ambition of 75% for FIT in the bowel screening programme by 2020
- One-year survival



CCG Dashboards (cont)

- Proportion of patients meeting cancer waiting times targets: target of 96% meeting 31 day target and 85% meeting 62 day target
- CPES data
- Proportion of patients with patient-agreed written after-treatment plan, with a target of 95% by 2020
- Over-75 indicator (to be developed)
- Further patient experience and quality of life measures as they are developed, e.g. Patient Reported Outcome Measures (PROMs)
- Proportion of people who die who had a personalised end of life care plan



Provider Dashboards

- Proportion of patients meeting cancer waiting times targets: target of 96% meeting 31 day target and 85% meeting 62 day target
- CPES data
- Data from clinical audits
- Further patient experience and quality of life measures as they are developed, e.g. PROMs
- Proportion of cancer patients participating in research



NICE Guidance: Referral & Recognition (2015)

- It has been 10 years since the original guidance was published
- The new guidelines (NG12) build upon those published in 2005
- The document is far-reaching;
- Referral guidelines have been updated for almost every tumour group
- Recommendations broken down by tumour group & symptom clusters
- Symptoms durations gone



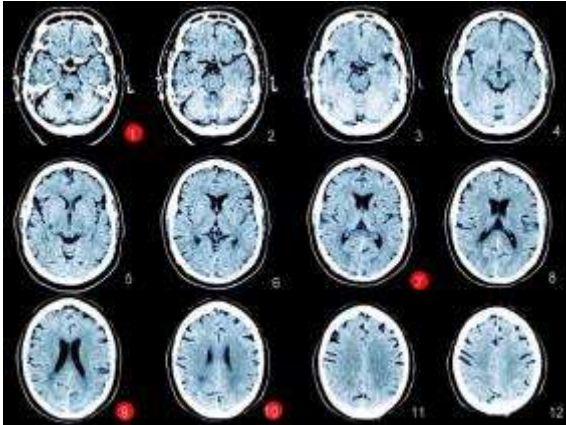
Direct Access to Diagnostics



The new guidance
advocates GP direct
access to;



➤ CXRs



➤ Non-obstetric USS

➤ Upper GI endoscopy

➤ CT scans (abdomen)

➤ MRI brain



➤ Non-imaging diagnostics recommended include; relevant blood tests, urinary Bence-Jones protein and faecal occult bloods

Challenges

Providers

- Ensuring high quality cancer data capture and reporting
- Greater transparency and granularity of published data e.g. provider level outcomes, clinician level outcomes

Commissioners

- Develop understanding of cancer data and analysis for their population - not just cancer waiting times
- Need to understand services at pathway and tumour level to improve services and outcomes

Public Health England

- High demand for data
- Timely access and feedback to clinical teams and continuing data improvement work

