

- The National Cancer Intelligence Network (NCIN) was launched in June 2008 to bring together cancer registries, clinical champions, health service researchers and a range of other interested parties (including the Office for National Statistics; National Clinical Audit Support Programme; NHS Information Centre) under the auspices of the NCRI

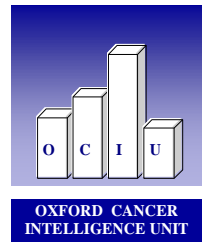
NCIN Core Objectives



1. Promoting efficient and effective data collection throughout the cancer journey
2. Providing a common national repository for cancer datasets
3. Producing expert analyses, based on robust methodologies, to monitor patterns of cancer care
4. Exploiting information to drive improvements in standards of cancer care and clinical outcomes
5. Enabling use of cancer information to support audit and research programmes

Using information to improve quality & choice

NCIN Partnership



Cancer Screening Programmes



Using information to improve quality & choice

Chris Carrigan *Head NCIN Coordinating Team*

Di Riley *Associate Director - Clinical Outcomes*

David Forman *Analysis and Information Lead*

Mick Peake *Lead Clinician*

Martine Bomb *CR UK Graduate Trainee*

Michael Chapman *Programme Manager (NCRI)*

Nicky Coombes *Analysis Programme Manager*

Linda Dutton *SSCRG administrator and PA*

to Di Riley

Lucy Elliss-Brookes *(On secondment from ASWCS)*

Catrina Jordan *NCRN*

Sue Knights *Cancer Peer Review*

Jon Shelton *Information Analyst*

Alison Stone *PA to Chris Carrigan*

Trish Watts *Administration*

Kath Yates *Electronic Cancer Information Tools*

Using information to improve quality & choice

NCIN Goal

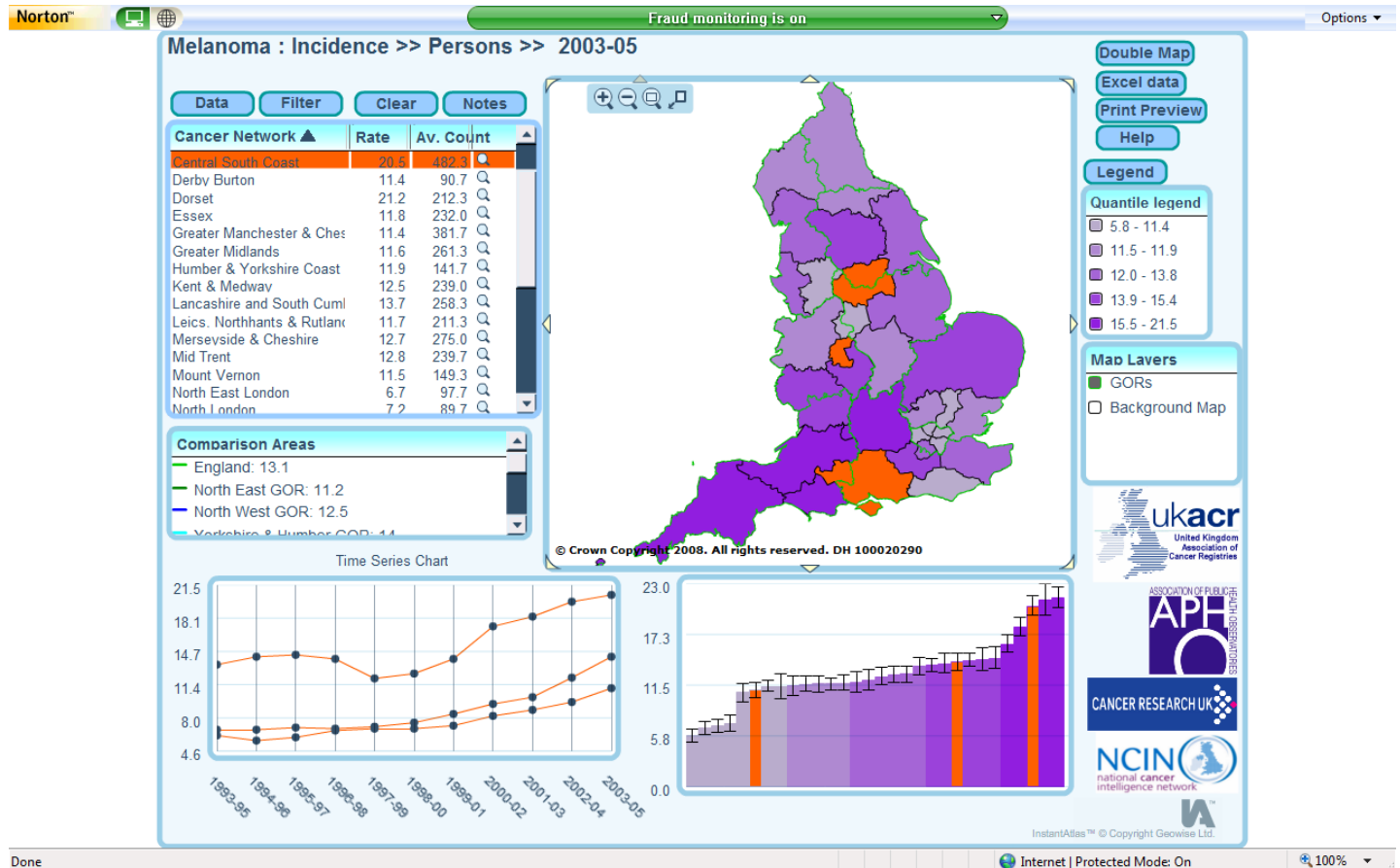


Why?

- To provide feedback on performance to clinical teams
- To promote stronger commissioning
- To provide informed choice for patients
- To provide a unique opportunity for health services research

i.e. To improve outcomes

National Cancer e-Atlas




Using information to improve quality & choice


THOUSANDS OF OLDER PEOPLE DYING PREMATURELY FROM CANCER, SAY RESEARCHERS






- As many as 15,000 people over 75 could be dying prematurely from cancer each year in the UK, according to research presented today at the National Cancer Intelligence Network (NCIN) conference.
- These premature deaths could be prevented if cancer mortality rates in the UK dropped to match countries in Europe and America which have the lowest rates.














Improve Commissioning

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Select PCT Network  

<p>Cancer Landscape ></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Mortality rates per 100,000 pop (age <75)</p> <p style="color: red; font-size: small;">Data not validated</p> </div> <div style="text-align: center;">  <p>Percentage change in mortality rate since 1997</p> <p style="color: red; font-size: small;">Data not validated</p> <p style="color: blue; font-size: small;">Details</p> </div> </div>	<p>Peer review ></p> <div style="text-align: center;">  <p>Compliance with full MDT measures</p> <p style="color: blue; font-size: small;">Section Owners Validated</p> <p style="color: blue; font-size: small;">Details</p> </div>	<p>Awareness, Screening and Early Detection ></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Breast screening coverage performance</p> <p style="color: blue; font-size: small;">Section Owners Validated</p> </div> <div style="text-align: center;">  <p>Cervical screening (5 yr interval) coverage performance</p> <p style="color: blue; font-size: small;">Section Owners Validated</p> </div> <div style="text-align: center;">  <p>Percentage of cancers diagnosed through non urgent referral</p> <p style="color: red; font-size: small;">Data not validated</p> </div> <div style="text-align: center;">  <p>1 year survival rate</p> <p style="color: red; font-size: small;">Data not validated</p> <p style="color: blue; font-size: small;">Details</p> </div> </div>			
<p>Treatment ></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Performance against 62 day standards</p> <p style="color: red; font-size: small;">Data not validated</p> </div> <div style="text-align: center;">  <p>Number of radiotherapy fractions per million population</p> <p style="color: red; font-size: small;">Data not validated</p> </div> <div style="text-align: center;"> <div style="background-color: gray; width: 30px; height: 30px; margin: 0 auto;"></div> <p>Coming soon</p> <p>Chemo uptake</p> <p style="color: red; font-size: small;">Data not validated</p> <p style="color: blue; font-size: small;">Details</p> </div> </div>		<p>Inpatient ></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Cancer Emergency Bed Days per weighted population</p> <p style="color: red; font-size: small;">Data not validated</p> </div> <div style="text-align: center;">  <p>Total cancer bed days per 100k normalised population</p> <p style="color: red; font-size: small;">Data not validated</p> </div> </div>		<p>Living with Cancer ></p> <div style="text-align: center;">  <p>Compliance with patient experience measures</p> <p style="color: blue; font-size: small;">Section Owners Validated</p> <p style="color: blue; font-size: small;">Details</p> </div>	<p>Funding Cancer Care ></p> <div style="text-align: center;">  <p>Cancer share of PCT spend</p> <p style="color: red; font-size: small;">Data not validated</p> <p style="color: blue; font-size: small;">Details</p> </div>

Legend: ▶ National level ◀ Local level — National target Indicate upper and lower quartile performance [View cancer specific dashboard >](#)

Purpose

- Driving up the quality of care

Improve Outcomes

Low Graphics | Accessibility help

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Rectal surgeons using 'wrong op'

Claims that many rectal cancer patients receive an "inappropriate" operation have been rejected by surgeons.



Leeds University researchers said hospital data showed the APE operation, which leaves patients with a permanent colostomy, was being used too often.

In the journal Gut, they said introducing official targets would cut it further.

However, leading colorectal surgeons said it remained the best option for many - and targets would harm care.

Every year in the UK, approximately 13,000 people are diagnosed with rectal cancer, and 5,000 die from the disease.

Although radiotherapy and chemotherapy can be used to

Surgery can leave a patient needing a colostomy

SEE ALSO

- ▶ Why is the UK lagging on cancer? 21 Aug 07 | Health
- ▶ Fat hormone 'boosts colon cancer' 07 Apr 07 | Health
- ▶ Trial slashes bowel cancer risk 09 Oct 06 | Health

RELATED INTERNET LINKS

- ▶ Gut
- ▶ Association of Coloproctology of Great Britain and Ireland
- ▶ Cancer Research UK

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How will these data be collected?

- Build on current strengths of UK cancer registry system
- Collection of defined datasets on all cancer patients to be mandated through the national model contract. PCTs will be responsible for ensuring that this information is collected by MDTs and sent to cancer registries
- A new National Cancer Intelligence Network is being established to bring together relevant stakeholders and to act as a repository of cancer data.

Cancer Reform Strategy 2007

NCIN Governance

- Part of the NCRI Initiative
- NCRI Board
- NCIN Steering Group
- NCIN Coordinating Team
- **Clinical Reference Groups**
- Scientific Advisory Group

Skin Cancer Clinical Reference Group

- Melanoma
- SCC
- BCC
- Cutaneous Lymphoma
- Probably others eg Merkel

Skin Clinical Reference Group

- Julia Newton-Bishop
 - Dermatologist
University of Leeds
- John Lear
 - Dermatologist
Manchester
- Di Riley
 - NCIN Coordinating
Team
- Kathy Elliott
 - DOH
- Julia Verne
 - Director SW
Observatory
- Debbie Beirne
 - Nurse Consultant,
Leeds Teaching
Hospitals
- Will Merchant
 - Dermatopathologist
Leeds Teaching
Hospitals Trust

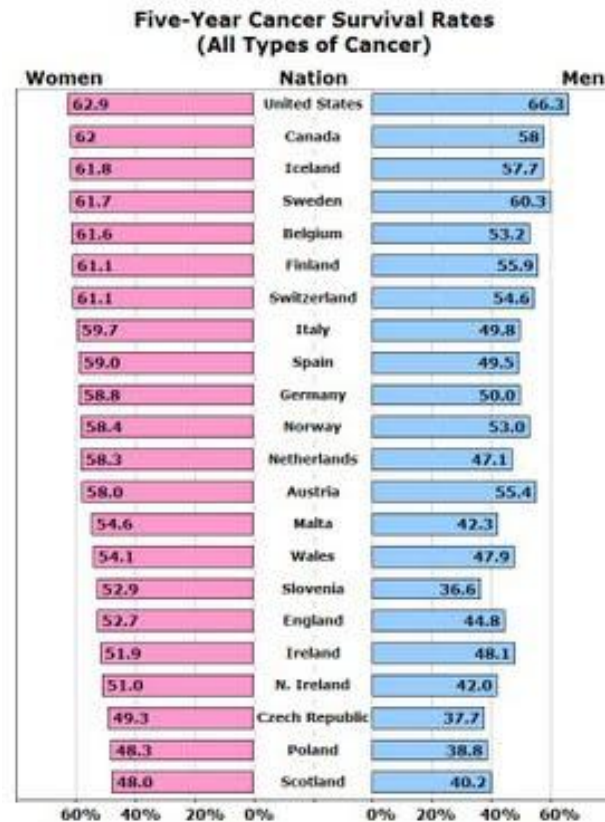
Skin Clinical Reference Group

- Pippa Corrie
 - Medical Oncologist Addenbrooke's
- Paul Nathan
 - Medical Oncologist Mount Vernon Hosp
- Pippa Torstevin
 - Consumer
- Vacancy
 - Network lead
- Andrew Jacks
 - Histopathologist, Leeds
- Barry Powell
 - Surgeon, St George's Hospital
- Dennis Crane
 - Consumer
- Julian Peace
 - Barnsley GP representing Primary Care and PCDS
- Sean Whitaker
 - Dermatologist Guys and St Thomas's

Main issues for SSCRGs

- Identification of current initiatives
- Support for data set development
- Identification of main clinical indicators
- Advising on co-morbidity
- Improving staging (engaging pathologists)
- Promoting clinical (and public) engagement
- Advising on reporting
- Making the most of links with the research community
- Supporting the use of data to change clinical practice

Data is only useful if its accurate and we collect information to explain it

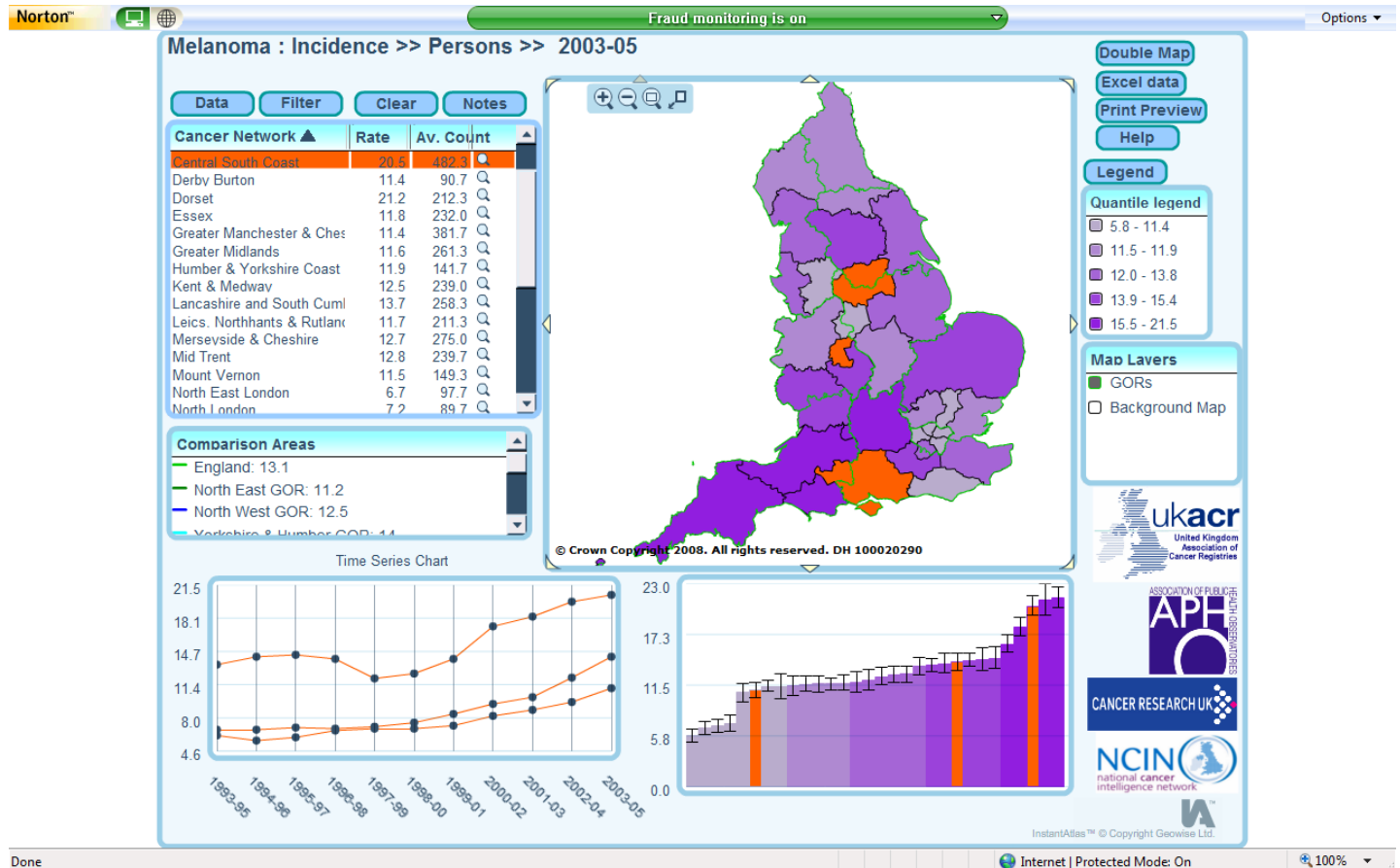


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And how useful are the data we have now in MDTs?

- And are the data we have now open to mis-interpretation?

National Cancer e-Atlas



3 year relative survival for males with melanoma 1999-2003

- Merseyside and Cheshire
 - 82.7% (95% CI 78.0, 87.4)
- Yorkshire
 - 93.7% (95% CI 90.7, 96.7)
- Humber and Yorkshire Coast
 - 83.9% (95% CI 77.2, 90.7)

But what does this mean?

- Do patients present later to GPs in Merseyside?
- Is diagnosis poorer in primary care?
- Is treatment in secondary care poorer?
- Is there something about general health/diet etc in these regions which accounts for variation in outcome?
- Are the data correctly collected?

So?

- Good quality data collection has the power to really improve health
- How can we do it?