

Using information to improve quality & choice

## What is the NCIN?

**Dr Mick Peake** 

Clinical Lead, NCIN www.ncin.org.uk





Using information to improve quality & choice

Goal for NCIN: "To develop the best cancer information service of any large country in the world – by 2012"

Mike Richards 2007

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## **NCIN** Partners





















NTELLIGENCE UNIT

Research Institute





NHS

Northern and Yorkshire Cancer Registry and Information Service



**DH** Department of Health







Cancer Screening Programmes

**Cancer Registry** 







West Midlands Cancer Intelligence Unit

Using information to improve quality & choice

## **NCRI** Members











































Medical

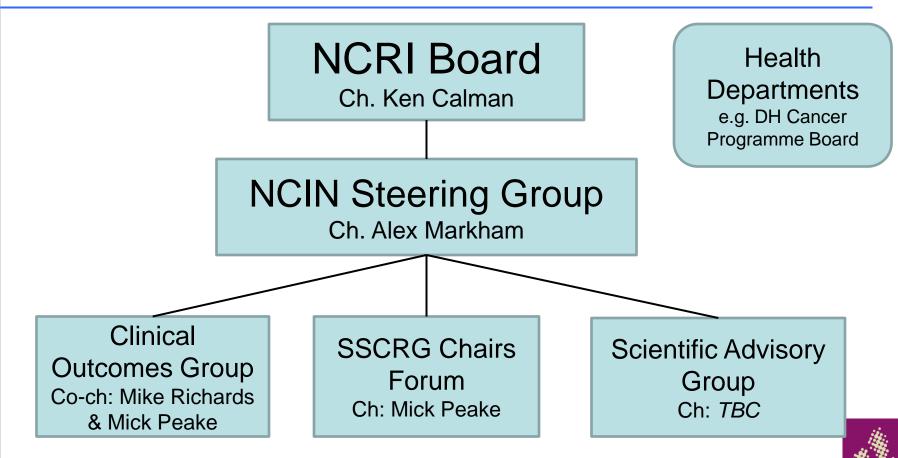
Research Council





# **NCIN** Governance





# NCIN core objectives



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



# Site-Specific Clinical Reference Groups



- Brain/CNS
- Breast
- Children, Teenage & Young Adults
- Colo-rectal
- Gynaecological cancers
- Haematological cancers (including lymphoma)
- Head & Neck (including thyroid)
- Lung (including mesothelioma)
- Bone & soft tissue Sarcoma
- Skin (including non-melanoma)
- Upper GI (including Hepato-biliary)
- Urology (all 4 sub-types)



# Site-Specific Clinical Reference Groups



- In place for almost 18 months
- All have met at least thrice
- Membership becoming stable (open recruitment over the next 9 -18 months)
- Strong links emerging with professional bodies
- Chairs' Forum meets 3 times a year
- 11 groups have held workshops with NSSG chairs to date
- Main work to date:
  - National Cancer Dataset
  - Review of merged HES/CR data
  - Work programmes
  - Some 'data briefings'
  - Supporting Peer Review (Clinical Lines of Enquiry)



# 'Cross-cutting' Clinical Issue Groups



- Radiotherapy (RES sub-group → RT Clinical Information Group – sub-group of NRIG)
- Pathology (RCPath datasets)
- Radiology: Joint RCR/NCIN working party
  - Proforma-based (codable) reporting (diagnosis/stage)
  - Extraction of data from RIS systems
- Co-morbidity advisory group being formed
  - Call for bids to go out shortly



# National Cancer Dataset Review



- Managed by The Information Centre
- Chaired by NCIN
- Draft dataset in collaboration with SSCRGs by end September 2009
- 'Sign off' by Project Board, end December 2009
- Work with Information Standards Board 2010
- 'Data Set Change Notice' November 2011?
- Fully operational April 2012?



# National Cancer Data Repository (NCDR)



- Currently contains:
  - ONS 1971 2006 (9.2m tumours)
  - Registries 1990 2006, includes stage and treatments (5.3m tumours)
  - IP HES 1997 2007 (33m episodes, 4.9m patients)
  - GP Research Database linkage complete
- Being updated for
  - Registrations up to 2007
  - NCASP data (lung, colorectal, H&N)
  - HES outpatients
  - Radiotherapy data to follow 2010



# Expert analyses



- Cancer eAtlas: launched July 2008 www.ncin.org.uk/eatlas
  - Large and varied interest
  - International recognition
- Reports on:
  - UK incidence & mortality
  - One year survival
  - Deprivation
  - Prevalence
  - Ethnicity
  - Male cancers
  - Cancer in the Elderly
- Microsites



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## e-Products

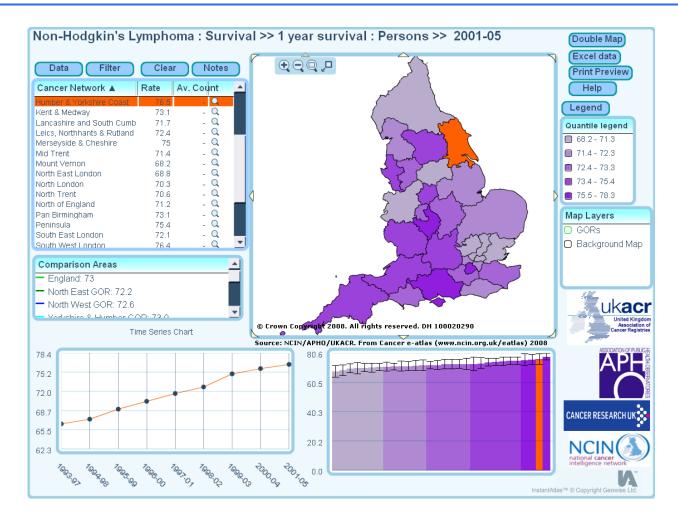


- UK Cancer Information Service (UKCIS)
- UK, 2006 Incidence, mortality and survival
- Updated Cancer e-Atlas (incl.prevalence)
- England, 2006 Incidence and mortality
- Cancer Commissioning Toolkit (updated)
- Various portals:
  - Inequalities portal (with National Cancer Equality linitiative): <a href="https://www.ncin.org.uk/inequalities">www.ncin.org.uk/inequalities</a>
  - Cancer mortality by PCT



# National Cancer e-Atlas www.ncin.org.uk/eatlas







# Expert analyses



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  - Prevalence
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  - Male cancers
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# NCIN: Incidence and mortality



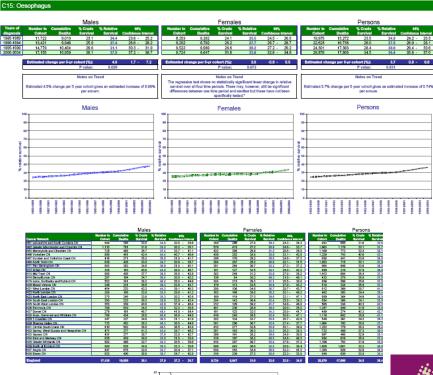
Trends in one year cancer survival, England, 1985-2004



New cancer cases, crude and age-standardised\* incidence rates per 100,000 (with 95% confidence intervals), Cancer Networks, UK, 2005



		N.	/ales			Fe	male	s		Pr	ersons	
	Number of	Crade	ARR	BIN confidence	Humber of	Crude	ABR	BINL confidence	<b>Humber of</b>	Crude	ARR	BIN confiden
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NOT Lencethire and South Currorie CH	4,417	583.5	600.9	492.0 - 459.3	4,157	504.2	301.0	344.4 - 387.5	8,576	508.1	400.2	202.1 - 400
NO2 Stream Manufactor and Charline CN	7,862	510.6	4808	640.4 - 680.8	7,128	515.1	307.2	348.5 - 380.0	10,075	500.0	400.0	307.2 - 410
ACT Management and Chaptine Cit		-	417.2	608.7 - 677.9	0.000	495.E	2013	315.2 - 365.6 345.2 - 364.0	1000	487.1	-	407.0 - 425
NOR Yanahin CH	2.005	520.0	400.2		2,650	502.5	2012		12,121	514.3	201.0	278.0 - 200
KIT Hamber and Yorkshire Coast CH		506.7			4.000			342.4 - 321.4			276.6	356.0 - 253
NOT Fan British CN	4.600	484.0	420.0	621.2 - 661.9	4.201	519.0	201.4	386.8 - 387.5 345.1 - 387.6	9.295	481.0	201.2	205.0 - 412 285.7 - 403
MIZAMIN CN	2,219	482.1	204.4	208.5 - 400.4	2,216	645.7	201.0	221.2 - 350.7	4,517	453.8	200.2	249.3 - 271
ets Med Trees CN	4,300	563.2	418.0	605.0 - 621.4	4,078	497.0	200.1	247.4 - 370.9	8,279	530.1	301.2	380.2 - 307
	1,362	517.9	428.4	605.4 - 645.4	1,010	670.4	201.0	232.0 - 389.0	3,407	488.8	388.2	276.7 - 601
NIN DWIGHTON ON	3.848	483.4	482.0	2024 - 410.8	3,620	660.5	2012	343.2 - 364.2	7.200	450.3	277.0	200.0 - 200
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OT West Landon ON	2.073	382.5	200.4	263.2 - 263.6 269.7 - 663.6	2.019	200.5	201.0	292.9 - 321.0	4.039	303.0	201.0	235.8 - 207
622 North Landon CN 623 North East London CN	2,412	125.2	204.2	249.T - 278.E	2,491	223.0	2017	289.2 - 31H.2	4,000	334.1	222.0	2224 - 242
Ot South Red London CN	2,807	325.8	4005	288.3 - 618.6	2,891	277.0	342.4	229.3 - 305.6	5,898	336.3	273.0	382.0 - 383
QE Sauth West London ON	2,512	3907	414.9	208.0 - 421.3	2,485	360.3	202.0	218.8 - 340.4	4,897	378.3	272.8	202.0 - 200
Of Parinada CN	4,776	907.3	412.4	600.4 - 626.5	5,018	802.2	382.1	279.5 - 388.7	9,790	004.7	207.2	288.0 - 405
CT Duriet CN	2,401	120.0	450.0	6310 - 650.0	2,394	830.1	201.7	200.5 - 404.0	4,705	621.2	418.5	405.0 - 631
Clinic Separat and Wilder Co.	5.004	552.8	424.0	622.4 - 640.E	5.010	512.8	200.0	209.5 - 202.1	10.016	542.6	407.7	229.4 - 411
201 Courte Ot	2.000	501.1	281.0	273.0 - 403.7	2.656	501.2	3411	229.5 - 257.5	5.348	517.0	207.0	257.5 - 277
600 Theres Wiles CN	4.817	427.0	400.4	289.1 - 611.6	5.083	425.4	202.0	252.5 - 373.2	9.899	421.2	201.5	275.0 - 260
01 Owner South Cost On	5.347	550.0	422.4	411.T - 435.0	5,812	515.1	275.0	385.0 - 386.E	10,559	542.8	201.5	201.6 - 607
CC Survey West Sussex and Hempsters CH	3.000	424.0	2627	340.8 - 360.5	3.197	622.1	220.4	308.5 - 302.2	0,100	438.1	227.0	228.3 - 245
CD Survey CH	2.90	522.7	3817	MT.6 - 375.8	2,907	510.0	2010	208.8 - 325.2	5,650	510.5	241.8	232.2 - 261
NOT KIND and Mediusy CN	3,301	421.0	381.9	202.5 - 204.4	3.816	484.0	340.7	229.2 - 352.2	7.539	489.2	201.2	352.0 - 369
COS Separate Michaela CM	4.812	501.3	200.4	252.0 - 402.0	4.000	480.2	245.0	215.3 - 356.5	9,312	490.0	270.7	202.8 - 278
NOR North of Financia Chi	7.730	501.2	424.5	616.0 - 636.1	T.880	516.0	221.4	282.T - 380.E	15,810	522.8	MIT A	221.5 - 401
GT AND CN	0.507	502.0	190.0	272.5 - 201.4	0.313	473.2	2010	228.1 - 345.6	12,829	407.4	201	252.0 - 265
NOR Flassi CN	1.007	427.7	277.2	205.5 - 209.1	3.003	400.0	222.4	218.5 - 240.4	7.005	4ET.D	****	345.2 - 361
England	110,000	400	407.0	400.0 - 410.2	110,240	413		200.0 - 200.2	239,812	4769	- 0.0	278.8 - 201
orth of Soction I CH	1.90	501.8	90.1	275.6 - 403.1	2.450	514.5	2012	250.0 - 325.7	0.000	518.4	276.1	386.T - 285
touth Electric Student CN	2.017	571.0	421.4	617.0 - 665.0	2.702	510.7	7077	274.2 - 400.2	7.179	520.0	470.7	200.0 - 410
West of Scotland CN	0.043	526.1	482.0	642.0 - 485.1	0.000	510.0	3014	273.0 - 388.2	12,542	532.7	418.5	410.0 - 620
turdand	12,749	818.5	400.0	ANA - ATA	13,360	601.5	279.2	213.0 · 215.0	36,800	800.0	au	200.0 - 400
Suff Works Ch	2.000	800.0	4812	611.0 - 670.0	2.083	514.0	301.1	273.9 - 430.4	4.152	010.0	617	408.8 - 435
ISSEN WHAT WAREN CH	2.817	596.1	418.2	208.7 - 422.0	2.428	545.4	201.0	251.1 - 262.7	4.045	570.1	201.0	273.0 - 402
fouth Electrificates CN	3,810	575.1	472.4	458.5 - 409.3	3,616	495.2	272.2	259.3 - 385.0	7,509	534.5	G11	412.0 - 632
Marie a	8,860	884	444	400.003	8,107	689.1	276.1	200.4 - 200.0	10,007	140.3	412.4	405.0 - 410
	-	-			*****				******	1000	-	
Sufficers Indeed	2.417	4047	382.3	279.1 - 489.4	3,807	401.0	207.4	225.2 . 246.5	6,864	403.3	204.0	398.2 - 273
	2.817	-	-	2011		-	2014	20121 2012		-	-	200.21
	_											
Miled Mandam	144.750	490.6	401.0	400.0 . 410.0	144.784		200	200.0 . 207.0	200.000	400.7	-	202. 20





Networks above 99.8% control limit: NOS Yorkshire

Networks below 99.8% control limit:

# Trends in 1 year survival: England 1985-2004



#### C00-C97 excl. C44: All malignant neoplasms (excl. non-melanoma skin cancer)

#### over ever extension and the second of the se

#### Males Years of Number in Cumulative % Crude % Relative 95% diagnosis Cohort Survival Confidence Interval 1985-1989 414.345 221,027 49.5 1990-1994 445.012 219,778 50.6 53.6 53.7 1995-1999 468,127 206,001 56.0 58.9 58.7 -59.0 2000-2004 504,166 196,766 64.1 64.2 61.0

Number in	Cumulative	% Crude	% Relative	95%
Cohort	Deaths	Survival	Survival	Confidence Interval
423,315	172,317	59.3	61.4	61.3 - 61.6
453,522	172,691	61.9	64.2	64.0 - 64.3
475,530	168,215	64.6	67.0	66.8 - 67.1
498,802	164,881	66.9	69.4	69.3 - 69.5

Females

Number in	Cumulative	% Crude	% Relative	95%
Cohort	Deaths	Survival	Survival	Confidence Interval
837,660	393,344	53.0	55.5	55.4 - 55.6
898,534	392,469	56.3	59.0	58.9 - 59.1
943,657	374,216	60.3	63.0	62.9 - 63.1
1,002,968	361,647	63.9	66.7	66.6 - 66.8
-1				

Persons

Estimated change per 5-yr cohort (%):	5.0	4.3 - 5.7
P value:	0.001	

Estimated change per 5-yr co	hort (%):	2.7	2.4 -	2.9
	P value:	< 0.001		

Estimated change per 5-yr cohort (%):	3.8	3.5 -	4.1
P value:	< 0.001		

Notes on Trend

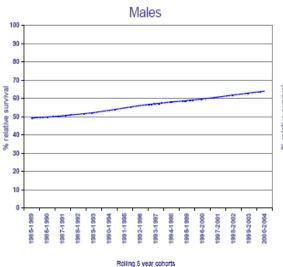
Estimated 5.0% change per 5 year cohort gives an estimated increase of 1% per

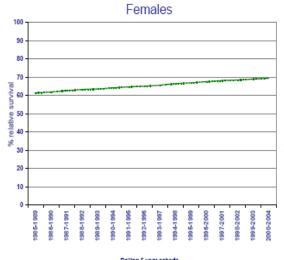
Notes on Trend

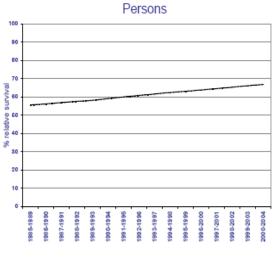
Estimated 2.7% change per 5 year cohort gives an estimated increase of 0.53% per annum.

Notes on Trend

Estimated 3.8% change per 5 year cohort gives an estimated increase of 0.76% per annum.





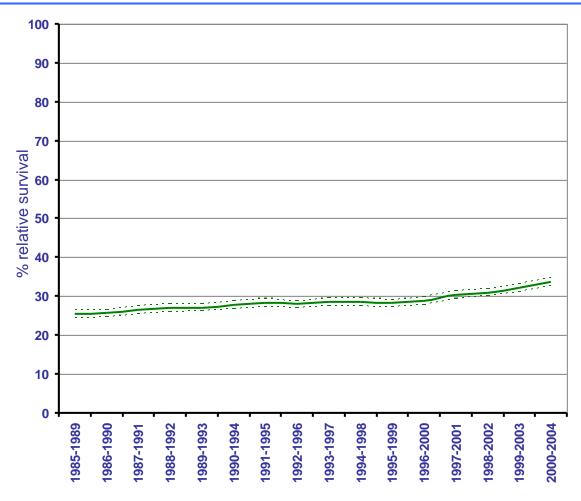


s Rolling 5 year

Rolling 5 year cohorts

# C15: Oesophagus Trends in 1yr survival



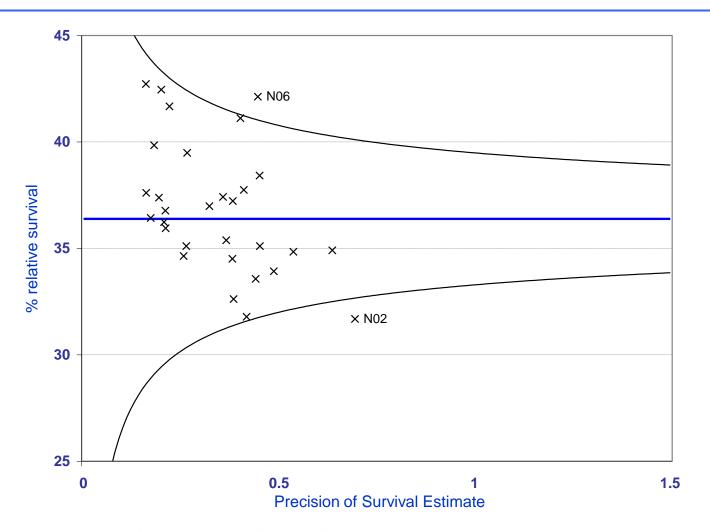




5 year cohort

# C15: Oesophagus 2005 by Cancer Network





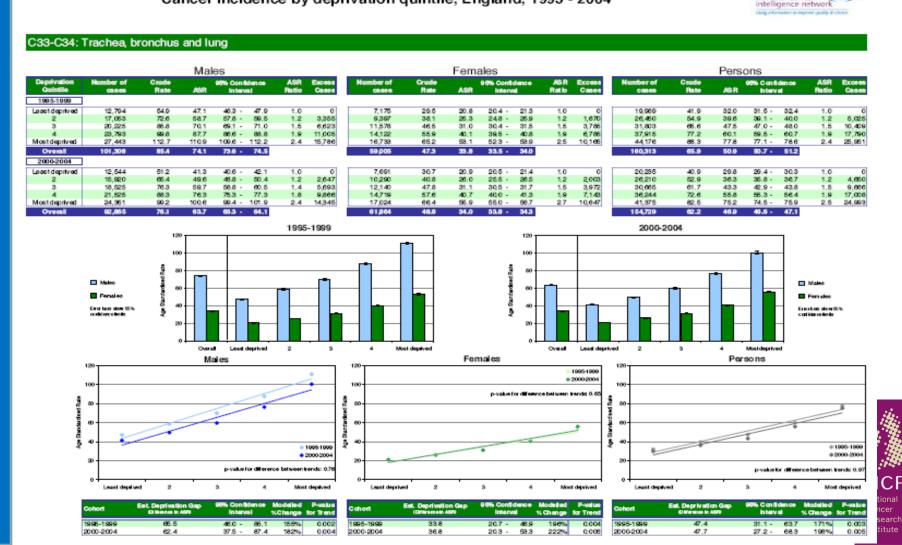


# Lung Cancer Incidence by deprivation



national cancer

Cancer incidence by deprivation quintile, England, 1995 - 2004



# Expert analyses



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- Reports on:
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- Microsites



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## Detailed "Microsites"



C Back				
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# Major LGIT Surgical Procedures: Any Diagnosis Procedures by Network of Trust and Consultant (Provider Based Analysis)

HES Cancer Data Extract 9 (1997/08 - 2006/07)

HES Calicer Data Extract 9 (1997/08 - 2000/07)												
		1997- 1998	1998- 1999	1999- 2000	2000- 2001	2001- 2002	2002- 2003	2003- 2004	2004- 2005	2005- 2006	2006- 2007	Grand Total
East Kent Hospitals NHS Trust		162	178	163	174	158	144	145	148	142	139	1,553
	Excision of Rectum	98	137	106	117	84	136	121	142	123	146	1,210
_	Total	260	315	269	291	242	280	266	290	265	285	2,763
Maidstone and Tunbridge Wells NHS Trust	⊞ Colectomy	83	101	100	98	89	99	96	79	107	111	963
	Excision of Rectum	59	99	71	77	63	72	72	72	72	86	743
	Trust Total	142	200	171	175	152	171	168	151	179	197	1,706
Medway NHS Foundation Trust		49	63	50	71	63	66	74	67	59	48	610
	Excision of Rectum	49	48	49	39	49	52	49	60	63	63	521
	Trust Total	98	111	99	110	112	118	123	127	122	111	1,131
Dartford and Gravesham NHS Trust		33	42	42	49	47	43	52	46	47	48	449
	Excision of Rectum	37	16	24	37	36	27	35	38	41	49	340
	Trust Total	70	58	66	86	83	70	87	84	88	97	789
Grand Total		570	684	605	662	589	639	644	652	654	690	6,389

# ..with detailed "drill through"



Back

#### Major LGIT Surgical Procedures: Any Diagnosis

Procedures by Network of Trust and Consultant (Provider Based Analysis)

HES Cancer Data Extract 9 (1997/08 - 2006/07)

			1997- 1998	1998- 1999	1999- 2000	2000- 2001	2001- 2002	2002- 2003	2003- 2004	2004- 2005	2005- 2006	2006- 2007	Grand Total
East Kent Hospitals NHS Trust	<b>⊞</b> Colectomy		162	178	163	174	158	144	145	148	142	139	1,553
			98	137	106	117	84	136	121	142	123	146	1,210
	Trust Total	26	260	315	269	291	242	280	266	290	265	285	2,763
Maidstone and Tunbridge Wells NHS	☐ Colectomy C		37	28	37	30	34	32	40	33	57	50	378
Trust		C.	10	23	15	23	22	19	14	11	20	22	179
		C1412	10	8	10	17	10	18	21	8	15	9	126
	C155	12	13	13	7	4	7	5	3	2		66	
		C1 49°4	8	13	8	5	7	9	3	8	2		63
		C	4	11	9	3	_	-	5	4	3	3	52
		C.S.		3	7	10	2	2	2		2		28
		C					3	7	4	8	3		25
		C4										21	21
		C35777	2	2	1	3	1	1	2	4		1	17
											3	2	5
		c										1	1
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	■ Excision of Rectum		59	99	71	77	63	72	72	72	72	86	743
	Trust Total		142	200	171	175	152	171	168	151	179	197	1,706
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			49	48	49	39	49	52	49	60	63	63	521
	Trust Total		98	111	99	110	112	118	123	127	122	111	1,131

## June 2010



- Progress on Cancer Mortality Targets
- England by SHA, cancer network and PCT Mortality rates and trends
  - Analysis carried out by South West Public Health Observatory
  - Trends and rates by cancer network, PCT's and SHA's across England and whether they are on course to reduce mortality from cancer to the required levels.

## Mid 2010



- Routes to Diagnosis
- Complex analysis led by Lucy Elliss-Brookes with SWPHO and NatCanSat utilising combined data from multiple sources, to track routes to diagnosis for cancer patients



Routes to Diagnosis	GP/OP referral	Two Week Wait	Emergency presentation	Other outpatient	Screen detected	Inpatient elective	000	Unknown	Total	Number of patients
Acute leukaemia	17%	3%	61%	12%	0%	4%	0%	4%	100%	380
Bladder	22%	36%	18%	13%	0%	6%	1%	5%	100%	1,167
Brain & CNS	18%	2%	49%	20%	0%	5%	0%	5%	100%	740
Breast	8%	40%	5%	5%	28%	2%	0%	13%	100%	5,646
Cervix	21%	17%	12%	8%	23%	3%	1%	15%	100%	308
Chronic leukaemia	26%	6%	45%	13%	0%	4%	1%	4%	100%	629
Colorectal	19%	29%	24%	12%	0%	8%	0%	7%	100%	4,515
Kidney	22%	26%	23%	16%	0%	5%	0%	8%	100%	928
Larynx	35%	34%	8%	14%	0%	5%	0%	3%	100%	216
Lung	15%	26%	38%	10%	0%	4%	1%	7%	100%	3,893
Melanoma	23%	39%	4%	8%	0%	5%	0%	22%	100%	1,686
Multiple myeloma	20%	14%	44%	13%	0%	4%	1%	5%	100%	606
Non-Hodgkin's lymphoma	25%	22%	25%	13%	0%	6%	1%	9%	100%	1,349
Oesophagus	15%	32%	21%	14%	0%	13%	0%	4%	100%	912
Oral	32%	27%	5%	14%	0%	4%	1%	17%	100%	458
Ovary	20%	29%	28%	11%	0%	3%	1%	8%	100%	853
Pancreas	13%	20%	45%	10%	0%	5%	1%	7%	100%	917
Prostate	26%	28%	11%	11%	0%	7%	0%	16%	100%	4,865
Stomach	14%	24%	31%	13%	0%	11%	1%	6%	100%	801
tbc (other)	21%	18%	34%	12%	0%	4%	1%	9%	100%	4,323
Testis	14%	47%	9%	15%	0%	4%	0%	11%	100%	259
Uterus	28%	36%	8%	12%	0%	5%	0%	12%	100%	918
Total	19%	28%	22%	11%	5%	5%	1%	10%	100%	36,369



# All cancer Routes to Diagnosis: by cancer type

All malignant registrations South West 2007 excluding C44 and multiples





# Relative one year survival: by cancer type



Malignant registrations, South West 2007, excluding multiples and DCOs

	GP/OP refer	ral (+TWW)	Emerç	gency	Other	route	EUROCARE
Cancer type	Relative Survival	95% CIs	Relative Survival	95% Cls	Relative Survival	95% Cls	Relative Survival
Acute leukaemia	39.7	(28.1 - 51)	39.4	(32.9 - 45.8)	40.4	(29 - 51.5)	
Bladder	78.3	(74.6 - 81.5)	34.0	(27.3 - 40.8)	79.2	(73.2 - 84)	85.3
Brain & CNS	68.4	(60.1 - 75.4)	34.0	(29.1 - 38.9)	60.6	(53.6 - 66.8)	39.1
Breast	97.7	(96.8 - 98.4)	50.8	(44.4 - 56.9)	98.2	(97.5 - 98.8)	95
Colorectal	84.5	(82.7 - 86.2)	48.4	(45.2 - 51.5)	79.5	(76.9 - 81.9)	74.7
Kidney	81.1	(76.8 - 84.7)	24.0	(18.4 - 30)	72.4	(66.1 - 77.7)	74.7
Lung	39.8	(37.4 - 42.3)	8.9	7.6 - 10.3)	32.4	(29.1 - 35.7)	36.1
Multiple myeloma	83.6	(76.8 - 88.5)	53.1	(46.5 - 59.2)	73.0	(63.7 - 80.3)	70.5
Non-Hodgkin's lymphoma	86.6	(83.2 - 89.3)	43.7	(38.1 - 49.1)	80.9	(76 - 84.9)	73.1
Oesophagus	43.8	(38.9 - 48.6)	22.4	(16.7 - 28.7)	45.5	(39.5 - 51.4)	36.3
Other	81.1	(79.8 - 82.4)	27.2	(25.2 - 29.2)	77.8	(76.1 - 79.5)	
Ovary	83.4	(79.1 - 86.9)	38.8	(32.4 - 45.1)	72.1	(64.7 - 78.3)	70.7
Pancreas	21.0	(16.6 - 25.9)	6.0	(4.1 - 8.6)	22.3	(16.8 - 28.4)	19.2
Prostate	98.0	(97 - 98.7)	48.2	(43.6 - 52.7)	98.3	(96.9 - 99.1)	92.2
Stomach	49.1	(43.1 - 54.8)	17.7	(13.3 - 22.8)	47.6	(41 - 54)	44.1



## Mid - late 2010



- Joint Cancer Research UK and NCIN CancerStats report on cancer by ethnic group
- Joint Cancer Research UK, NWCIS, NCIN CancerStats Report on cancer in teenagers and young adults
- Major surgery rates



# Major surgery - by age\*



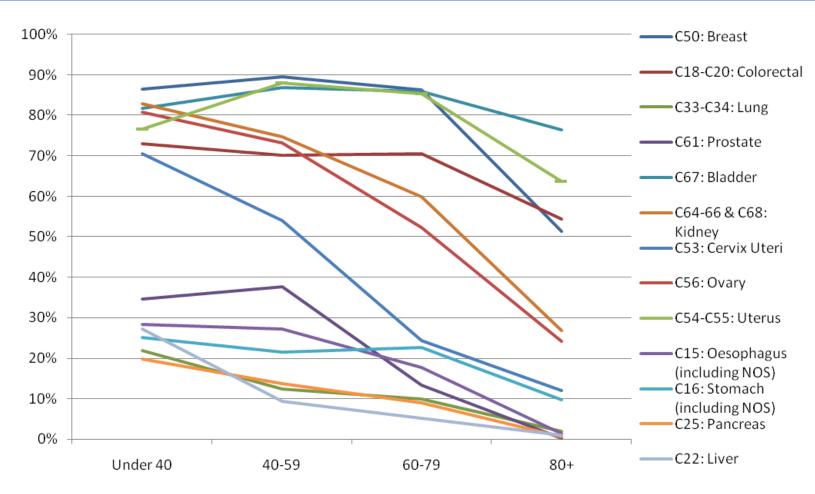
	All ages	Under 40	40-59	60-79	80+
Breast (f)	83%	87%	90%	86%	51%
Colorectal	66%	73%	70%	70%	54%
Lung	9%	22%	12%	10%	2%
Prostate	13%	35%	38%	13%	0%
Bladder	83%	82%	87%	86%	76%
Kidney	58%	83%	75	60%	27%

\*Provisional data



# By age



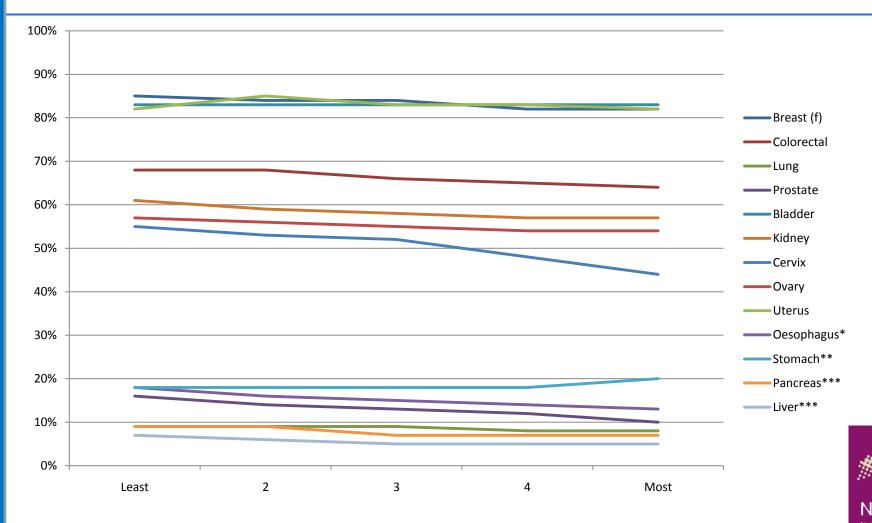




# Deprivation quintile



Research





# Scientific Advisory Group



- Agree analytical methodologies including the identification of outliers
- To review the 'scientific' content of NCIN reports
- To advise on the commissioning of methodological research
- To advise on Peer Review of analytical and research proposals put to the NCIN
- To liaise with the UKACR and other analytical bodies to, common approaches to the analysis and reporting of results

# Clinical Outcomes Group: Main purposes



- To provide a strategic link between the NCIN & the National Cancer Action Team
- To oversee & support the development of Peer Review
- To link between those producing data and those responsible for improving the quality of care
- To identify what data is required to support the strategic development of cancer services
- To support' intelligent commissioning'
- To promote the use of outcome data in service improvement
- To support the implementation of NICE guidance
- To support the development of care pathways



# Clinical Outcomes Group: Members



- NCIN
- National Cancer Action Team
- Peer Review Team
- DH Cancer Policy Team
- DH Quality Team
- SHA rep
- Specialist commissioner
- Network Director
- NHS Improvement
- NHS Information Centre
- NICE
- CQC



# Research potential



- Analysis of Data Repository (∞)
  - Hospital 'footprint'
  - Primary care data
- Follow up of longer term outcomes of patients in clinical trials:
  - OP visits/primary care data
  - Recurrence
  - Late effects
  - Survival
- Planning of clinical trials
- Biosample annotation
- Development of PROMS......





Using information to improve quality & choice

www.ncin.org.uk



# **Drivers for change**



- Cancer Peer Review ('Clinical Lines of Enquiry')
- CQC 'Annual Health Check'
- Peer pressure
- Voluntary sector pressure
- Cancer Reform Strategy
- DH 'Quality agenda' (Quality Accounts)
- Commissioning
- National Guidelines
- Patient choice



# **Drivers for change**



- Cancer Peer Review
- CQC 'Annual Health Check'
- Peer pressure
- Voluntary sector pressure
- Cancer Reform Strategy
- DH 'Quality agenda'
- Commissioning
- National Guidelines
- Patient choice

+ Data

Clinical
Outcomes Group



## Main issues for SSCRGs

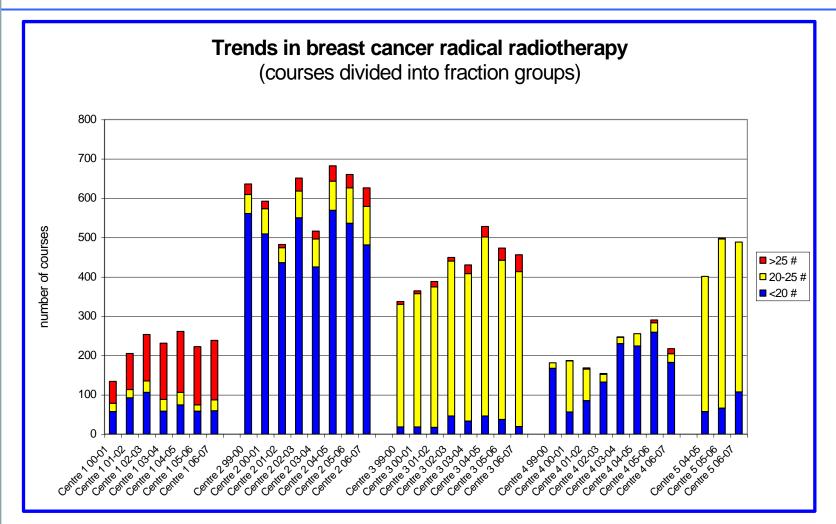


- Development of a work programme (linked to national priorities)
- Support for data set development
- Identification of main clinical indicators
- Supporting the development of Peer Review measures
- Advising on co-morbidity/radiology etc.
- Improving staging (engaging pathologists)
- Promoting clinical (and public) engagement
- Advising on reporting
- Making the most of links with the research community
- Supporting the use of data to change clinical practice
- Advising on care pathways (Map of Medicine)



# Links with treatment data



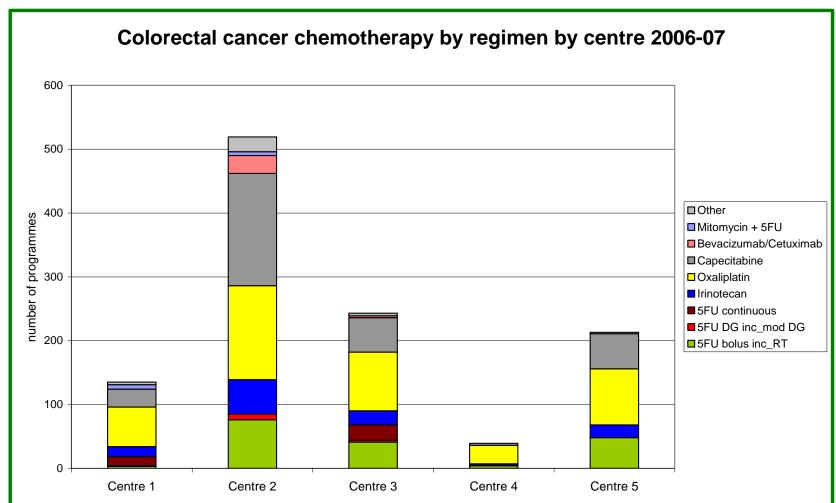




Source: Monica Roche: Oxford Cancer Intelligence Unit

## Links with treatment data



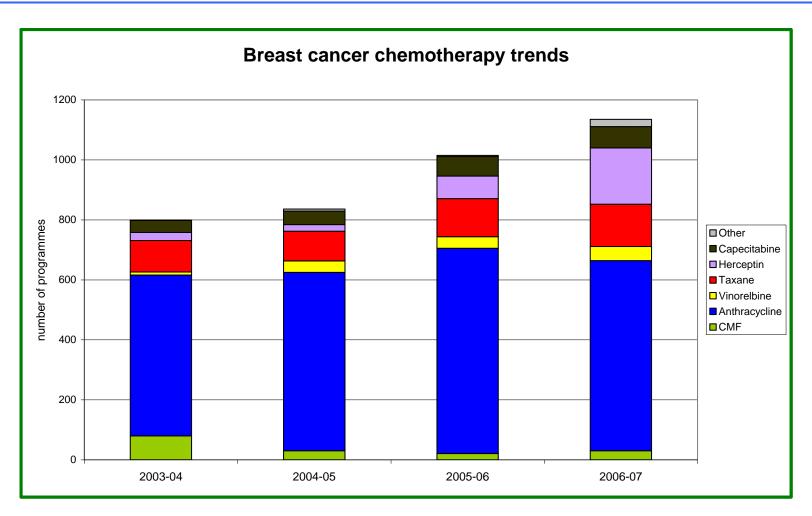




Source: Monica Roche: Oxford Cancer Intelligence Unit

# Links with treatment data







Source: Monica Roche: Oxford Cancer Intelligence Unit

# Coordinated National Data Management

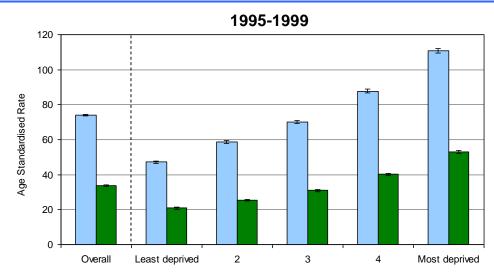


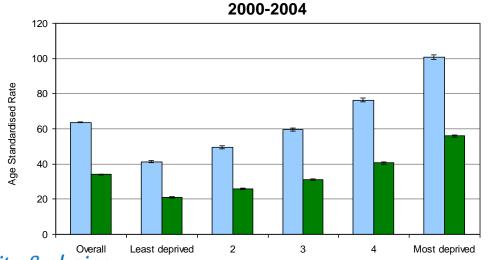
- Linked National Cancer Data Repository (NCDR)
  - ONS Registration record
  - Extended registry records (staging, treatments)
  - Hospital Episodes (IP)
  - Covers England only
- GPRD (controlled linkage)
- To Follow:
  - HES OP
  - National audit data
  - Cancer Waiting Times (referral data, recurrence)
  - Radiotherapy (mandated from April 2009)
  - HES A&E



# C33-C34: Lung cancer 2000 - 2004 by deprivation









Breast cancer	GP/OP referral	Two Week Wait	Emergency presentation	Other outpatient	Screen detected	Inpatient elective	DCO	Unknown	Total	Number of patients
15-19	0%	0%	0%	100%	0%	0%	0%	0%	100%	1
20-24	0%	0%	0%	0%	0%	0%	0%	100%	100%	1
25-29	27%	47%	0%	0%	0%	0%	0%	27%	100%	15
30-34	20%	43%	0%	4%	0%	4%	0%	30%	100%	56
35-39	14%	50%	3%	7%	0%	1%	0%	25%	100%	169
40-44	11%	53%	3%	8%	1%	1%	0%	23%	100%	318
45-49	12%	55%	2%	7%	6%	1%	0%	18%	100%	432
50-54	7%	27%	1%	4%	47%	1%	0%	13%	100%	545
55-59	6%	25%	1%	4%	50%	1%	0%	11%	100%	628
60-64	5%	25%	2%	5%	51%	2%	0%	10%	100%	772
65-69	4%	23%	3%	4%	57%	1%	0%	7%	100%	715
70-74	9%	45%	5%	5%	25%	1%	0%	10%	100%	480
75-79	7%	56%	7%	4%	9%	4%	0%	13%	100%	587
80-84	9%	56%	9%	6%	3%	3%	1%	13%	100%	433
85+	8%	54%	20%	2%	0%	2%	2%	13%	100%	494
Total	8%	40%	5%	5%	28%	2%	0%	13%	100%	5,646



# Breast Routes to Diagnosis: by age band

All malignant registrations South West 2007 excluding C44 and multiples





Using information to improve quality & choice

# Lung Routes to Diagnosis: by deprivation quintile



All malignant registrations, South West 2007, excluding C44 and multiples

Lung cancer	GP/OP referral	Two Week Wait	Emergency presentation	Other outpatient	Screen detected	Inpatient elective	DCO	Unknown	Total	Number of patients
5 (least deprived)	17%	24%	37%	10%	0%	4%	1%	7%	100%	631
4	16%	26%	37%	10%	0%	4%	1%	7%	100%	872
3	14%	26%	38%	11%	0%	3%	1%	7%	100%	1,041
2	14%	27%	40%	9%	0%	3%	1%	6%	100%	917
1 (most deprived)	13%	25%	41%	10%	0%	4%	1%	6%	100%	432
Total	15%	26%	38%	10%	0%	4%	1%	7%	100%	3,893

