GP practice, PCT and Consortium profiles for cancer

What has been done?

NCIN's commitment to providing data and presentation tools

- GP practice profiles – launched October 2010
- PCT profiles – launched December 2010
- GP Consortium profiles – initial work
- Service/MDT profiles – initial work

Concept

- Good information is needed to help improve the understanding of early diagnosis of cancer and the outcomes of cancers
- Comparative information
- Indicators for a range of data

Who are they for?

Main audiences: General Practices, Cancer Networks, PCTs, SHAs, GP Consortia

Considerations:

- Presented in a digestible way
- Small numbers
- What is useful?
- Limitations of the data

Breaking down the data

Relevant, accurate, timely & clearly presented. And...

	Numbers	Rates	Age-sex standardised rates	Age-sex-deprivation/other standardised	All case-mix variable standardised
Audience	Clinicians; Service planners/ Commissioners		Epidemiologists		Central/regional management
Purpose	Service planning		Clinical audit/ improvement; 'Service epidemiology'		Performance management
Difficulty	Simple				V. Hard

Adding context

- Domain knowledge
  - Comparisons with other areas
  - Guidance for interpretation / worked examples
- Statistical knowledge
  - Measures of statistical significance
  - Guidance for interpretation
  - Clear design

GP practice profiles

- NCIN working with NCAT and other partners
- Profiles development group
- Consultation with GPs and stakeholders
- Feedback has been important

GP practice profiles

- GPs recruited by each cancer network to lead on the practice profiles project
  - Identify, engage with and support practices showing the greatest variation on their practices
  - Resource for practices seeking advice on interpretation
- Restricted access at this stage
- Support materials

Cancer indicators in DR SMITH's SURGERY (X46332), ANOTHER PCT (5XX)

These profiles provide comparative information for benchmarking and reviewing variations at a General Practice level. They are intended to help primary care think about clinical practice and service delivery in cancer and, in particular, early detection and diagnosis. They are not for the purpose of performance management and there are no 'right or wrong' answers.
PCT data are based on aggregated practice data and may not be comparable to other sources - see Metadata document.

Practice population (2008/09): 10,121
PCT population (all practices): 168,907 Please note: Bowel screening indicators are based on less than 30 but over 12 months of data.

Practice is significantly different from PCT mean
Practice is not significantly different than PCT mean
Statistical significance can not be assessed
England mean
Lowest in PCT | PCT 25th Percentile | PCT mean | PCT 75th Percentile | Highest in PCT

Domain		Indicator (Rate or Proportion in brackets)	Practice indicator value	Practice indicator rate or proportion	Lower 95% confidence limit	Upper 95% confidence limit	PCT mean	England mean	Practice rates or proportion in PCT: Lowest practice	Range	Highest practice
Demographics	1	Practice Population aged 65+ (% of population in this practice aged 65+)	1493	14.8%	14.1%	15.5%	17.0%	15.6%	10.1%		24.7%
	2	Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)	Quintile 4	19.6%	18.8%	20.4%	19.7%	15.9%	10.2%		32.8%
	3	New cancer cases (Crude incidence rate: new cases per 100,000 population)	51	504	375	663	504	412	235		973
	4	Cancer deaths (Crude mortality rate: deaths per 100,000 population)	26	257	168	376	278	236	66		503
	5	Prevalent cancer cases (% of practice population on practice cancer register)	158	1.6%	1.3%	1.8%	1.1%	1.3%	0.3%		2.1%
Cancer screening	6	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	837	70.1%	67.4%	72.6%	71.5%	71.8%	49.7%		79.6%
	7	Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	13	28.9%	17.7%	43.4%	65.5%	74.4%	0.0%		77.4%
	8	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	1964	80.2%	78.6%	81.8%	79.3%	75.4%	65.0%		88.5%
	9	Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	541	54.8%	51.7%	57.9%	51.6%	40.2%	35.3%		59.0%
	10	Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	292	60.2%	55.8%	64.5%	56.8%	55.1%	40.4%		64.8%
Cancer Waiting Times	11	Two-week wait referrals (Number per 100,000 population)	162	1601	1364	1867	1417	1610	157		2599
	12	Two-week wait referrals (Indirectly age standardised referral ratio)	162	100.9%	85.9%	117.7%	n/a	100.0%	10.5%		158.6%
	13	Two-week referrals with cancer (Conversion rate: % of all TWW referrals with cancer)	24	14.8%	10.2%	21.1%	14.5%	11.2%	5.7%		50.0%
	14	Number of new cancer cases treated (% of which are TWW referrals)	48	50.0%	36.4%	63.6%	44.5%	42.9%	12.5%		85.7%
	15	Two-week wait referrals with suspected breast cancer (Number per 100,000 population)	47	464	341	618	359	329	0		702
	16	Two-week wait referrals with suspected lower GI cancer (Number per 100,000 population)	38	375	266	515	270	251	0		771
	17	Two-week wait referrals with suspected lung cancer (Number per 100,000 population)	7	69	28	143	70	66	0		209
	18	Two-week wait referrals with suspected skin cancer (Number per 100,000 population)	10	99	47	182	146	280	0		566
Presentation & diagnostics	19	In-patient or day-case colonoscopy procedures (Number per 100,000 population)	103	1018	831	1234	877	513	302		1419
	20	In-patient or day-case sigmoidoscopy procedures (Number per 100,000 population)	40	395	282	538	324	380	55		682
	21	In-patient or day-case upper GI endoscopy procedures (Number per 100,000 population)	134	1324	1109	1568	1374	999	729		2385
	22	Number of emergency admissions with cancer (Number per 100,000 population)	48	474	350	629	583	691	239		1122
	23	Number of emergency presentations (% of presentations)	4	14.3%	5.7%	31.5%	33.7%	23.7%	12.5%		100.0%
	24	Number of managed referral presentations (% of presentations)	18	64.3%	45.8%	79.3%	46.8%	48.6%	0.0%		87.5%
	25	Number of other presentations (% of presentations)	6	21.4%	10.2%	39.5%	19.4%	27.7%	0.0%		50.0%

This is the first time such an initiative has been undertaken nationally for cancer, and we welcome comments and suggestions as to how to make future versions and iterations more relevant and useful for those who will use them. You can email us with your feedback at profiles@ncin.org.uk

NCIN national cancer intelligence network
Using information to improve quality & choice

Metrics

Demographics	1	Practice Population aged 65+ (% of population in this practice aged 65+)
	2	Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)
	3	New cancer cases (Crude incidence rate: new cases per 100,000 population)
	4	Cancer deaths (Crude mortality rate: deaths per 100,000 population)
	5	Prevalent cancer cases (% of practice population on practice cancer register)
Cancer screening	6	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)
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	9	Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)
	10	Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)

Metrics

Cancer Waiting Times	11	Two-week wait referrals (Number per 100,000 population)
	12	Two-week wait referrals (Indirectly age standardised referral ratio)
	13	Two-week referrals with cancer (Conversion rate: % of all TWW referrals with cancer)
	14	Number of new cancer cases treated (% of which are TWW referrals)
	15	Two-week wait referrals with suspected breast cancer (Number per 100,000 population)
	16	Two-week wait referrals with suspected lower GI cancer (Number per 100,000 population)
	17	Two-week wait referrals with suspected lung cancer (Number per 100,000 population)
	18	Two-week wait referrals with suspected skin cancer (Number per 100,000 population)

Metrics

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	22	Number of emergency admissions with cancer (Number per 100,000 population)
	23	Number of emergency presentations (% of presentations)
	24	Number of managed referral presentations (% of presentations)
	25	Number of other presentations (% of presentations)

Presentation

Practice indicator value	Practice indicator rate or proportion	Lower 95% confidence limit	Upper 95% confidence limit	PCT mean	England mean	Practice rates or proportion in PCT: Lowest practice	Range	Highest practice
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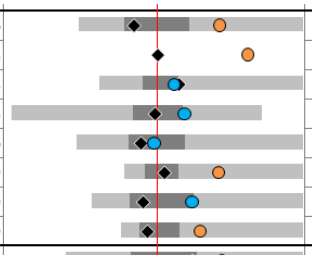
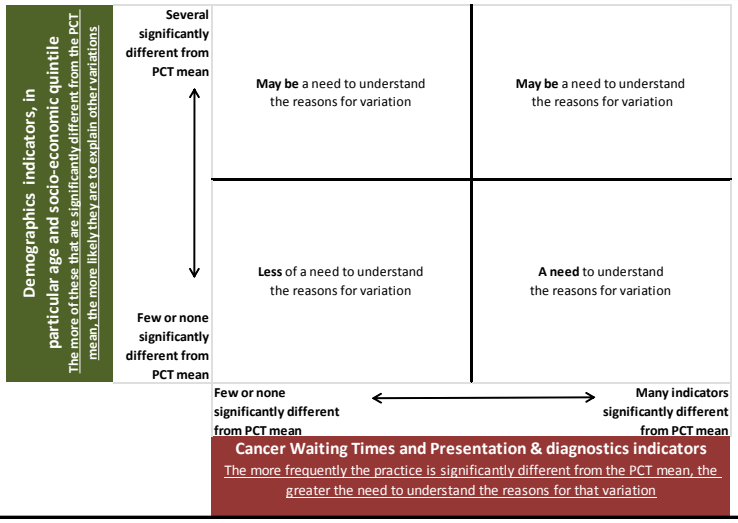
Presentation

Indicator (Rate or Proportion in brackets)	Practice rates or proportion in PCT: Lowest practice	Range	Highest practice
Practice Population aged 65+ (% of population in this practice aged 65+)	1.5%		23.0%
Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)	8.8%		47.4%
New cancer cases (Crude incidence rate: new cases per 100,000 population)	104		973
Cancer deaths (Crude mortality rate: deaths per 100,000 population)	0		546
Prevalent cancer cases (% of practice population on practice cancer register)	0.3%		2.3%

Presentation

Two-week wait referrals (Number per 100,000 population)	435		5207
Two-week wait referrals (Indirectly age standardised referral ratio)	27.6%		262.4%
Two-week referrals with cancer (Conversion rate: % of all TWW referrals with cancer)	0.0%		28.6%
Number of new cancer cases treated (% of which are TWW referrals)	0.0%		75.0%
Two-week wait referrals with suspected breast cancer (Number per 100,000 population)	45		1052
Two-week wait referrals with suspected lower GI cancer (Number per 100,000 population)	0		1123
Two-week wait referrals with suspected lung cancer (Number per 100,000 population)	0		273
Two-week wait referrals with suspected skin cancer (Number per 100,000 population)	0		1956

Supporting documents



GP practice profiles

The future

- Develop and improve
- Respond to feedback
- Meet with GPs and other users
- Next release in December, annual release
- Potential for unrestricted access

PCT profiles

- Support commissioning - PCTs, Cancer Networks, SHAs
- Launched December 2010
- Uses the GP practice profiles model
- Disseminated through the CCT
- Includes Survival, Cancer share of spend & Cancer waits
- Complements data that already exists in CCT
- Frequent updates

GP Consortium and Service/ MDT profiles

- Initial work and discussions with consortia
- Concepts and presentation being explored

Summary

- Challenge but a success
- Evolve and improve