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**RM Partners**

Accountable Cancer Network



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# Cancer Informatics

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RM Partners

- RM Partners led Vanguard project developing comparable metrics across Cancer Vanguard, across London and Greater Manchester
- Covering 4/19 Cancer Alliances nationally with population of 11.3m (21% of England)
- Data obtained from national sources where possible
- Metrics shared with NHS stakeholders on secure cloud – over 6,500 downloads and 400 users since launch in May 2016

## Areas covered in metrics for each tumour type

1. Cancer Waiting Times
2. Data quality
3. Patient Experience
4. Prevention Early Diagnosis and Diagnostics
5. Treatment
6. Living With and Beyond Cancer
7. Incidence, Mortality, Survival and Prevalence

## Cancer Waiting Times

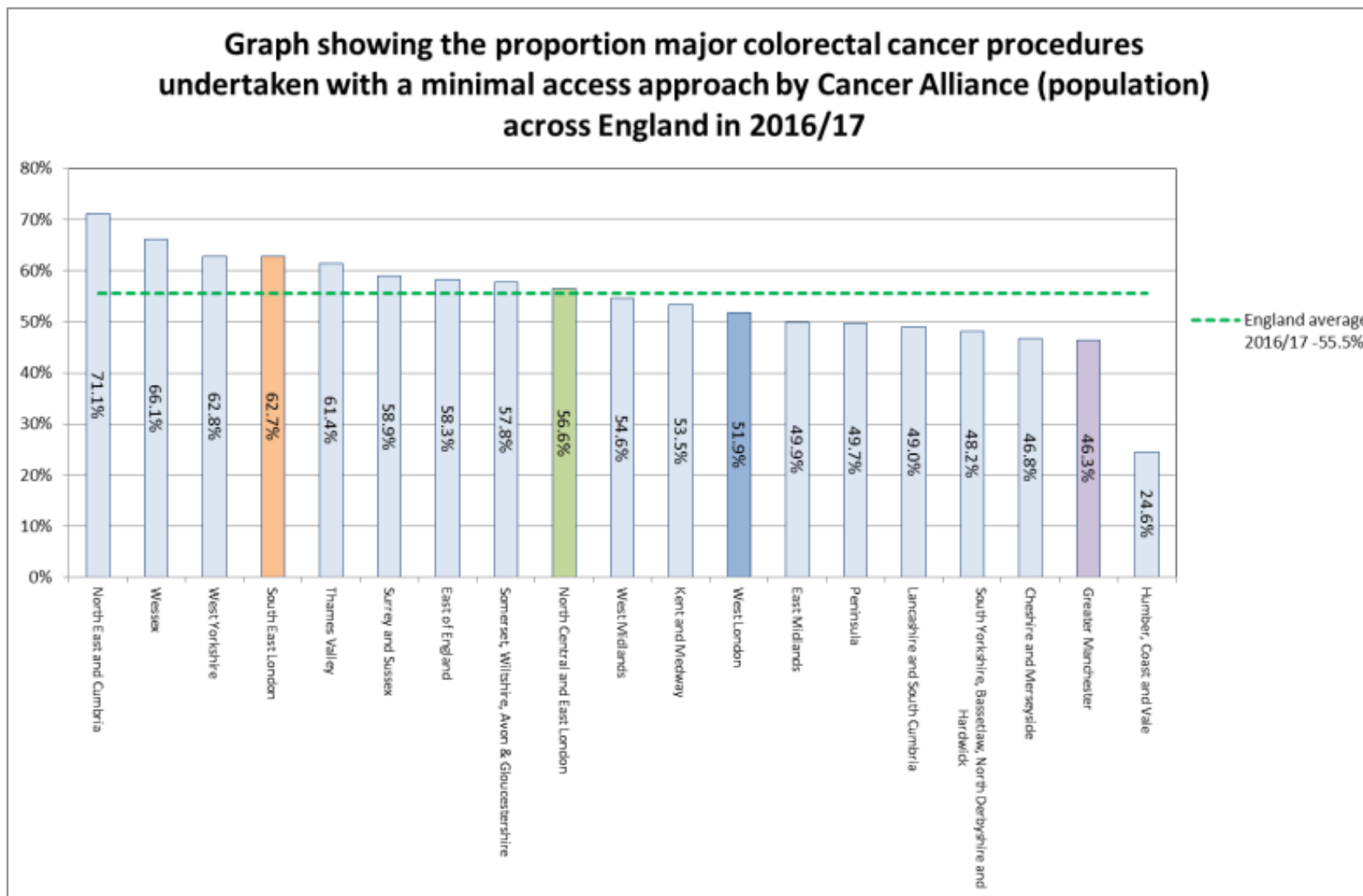
Example – RM Partners 62 day performance July 2016 to June 2017 by 1<sup>st</sup> treatment modality

- Palliative care only – 93.4%
- Hormones – 89.2%
- Surgery - 86.3%
- Active Monitoring – 86.7%
- Chemotherapy – 79.0%
- Radiotherapy – 55.8%

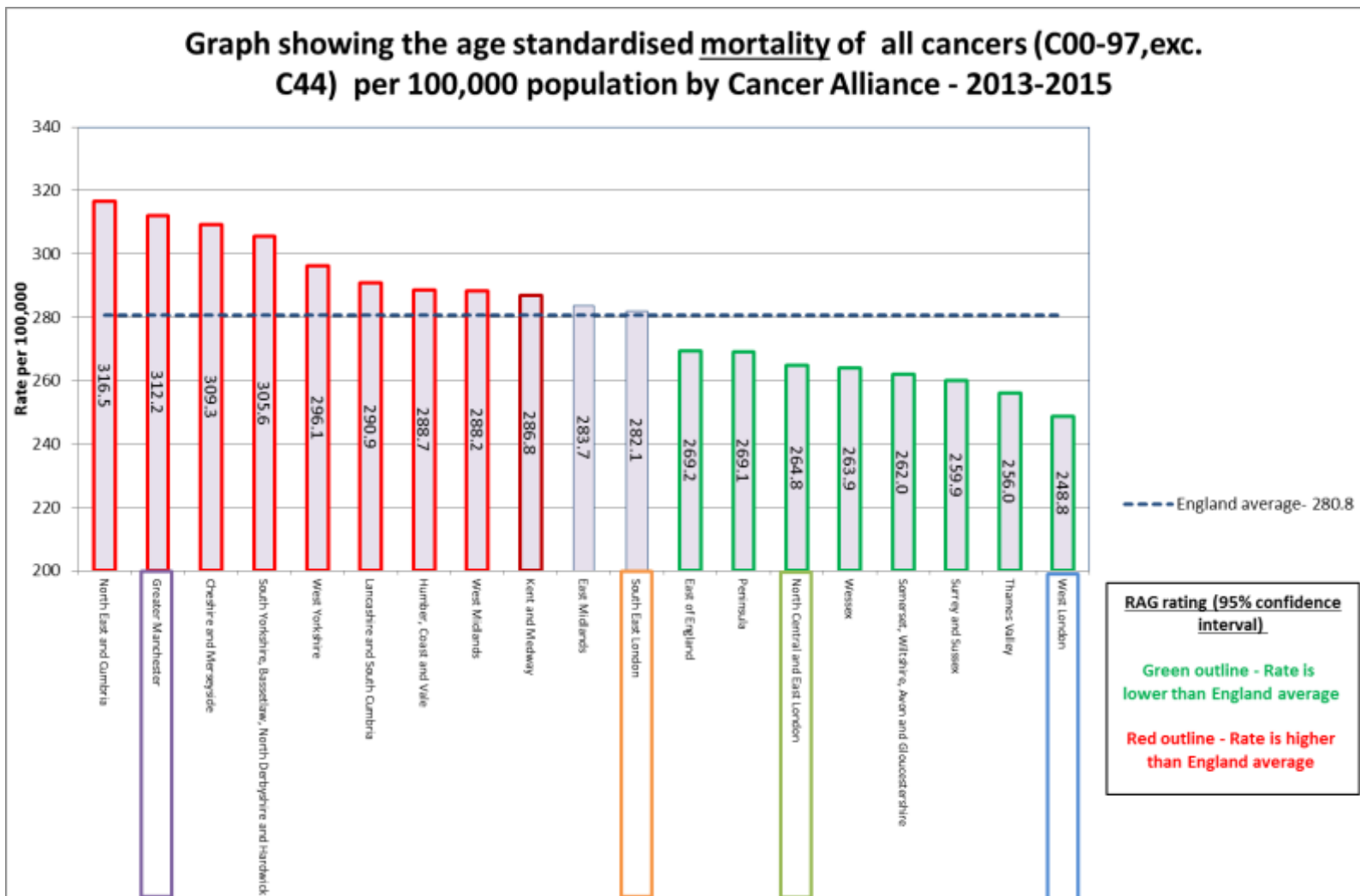
Example – Head and Neck 62 day performance October 2016 to September 2017

- RM Partners/west London – 66.2%
- South East London – 60.5%
- UCLH Cancer Collaborative/North East and Central London – 72.7%
- **Greater Manchester – 86.4%**

## Treatment – Minimal Access Surgery – Colorectal Cancer



## Cancer Mortality – By Cancer Alliance



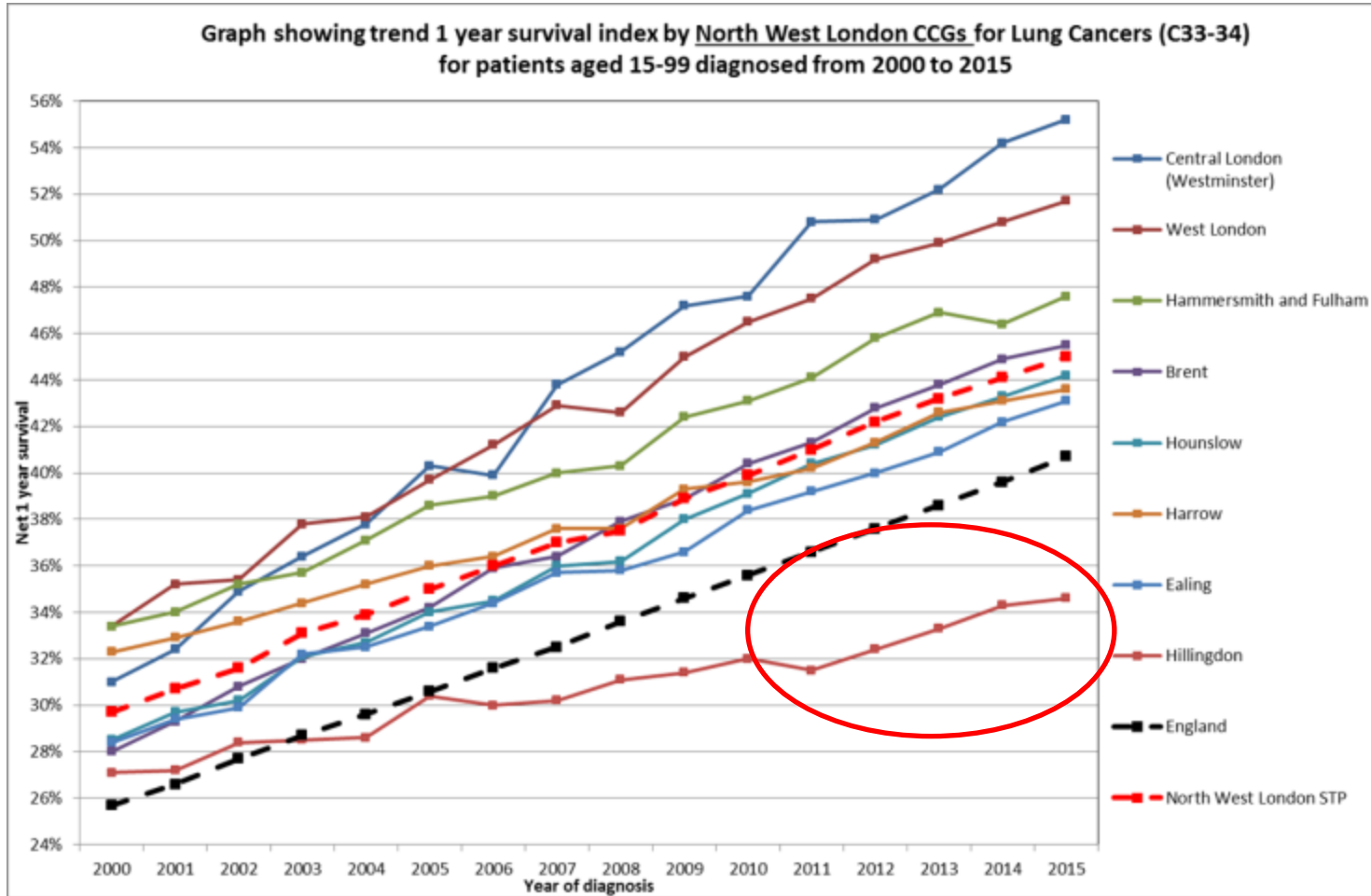
- National Cancer Programme is establishing CADEAS a resource of 15 analysts supporting Cancer Alliances with access to Cancer Registry data
- Early project for CADEAS is replicating metrics produced within RM Partners for the Vanguard, across England
- Cancer Vanguard has sent recommendation paper to CADEAS on national approach
  - Establish data packs for each Alliance
  - Segmentation of national work at STP, Alliance, CCG level
  - Establishment of a collaborative Alliance structure to discuss and understand data
  - Resource to investigate and understand outliers

- RM Partners produces a local scorecard – linked to an outcomes framework - for west London to support discussions at RM Partners governance board meetings:
  - Executive group (Organisations CEOs)
  - Delivery group (Organisations COOs)
  - Clinical Oversight Group
- Focus is regional performance rather than individual trust or CCG
- Alongside this standing agenda item on informatics in each of the above meetings
- Priority pathway groups (Lung, Colorectal, Upper GI & Prostate) identified using data
- Facilitated clinical discussions at data at clinical pathway groups
- Data used to support transformation fund bids

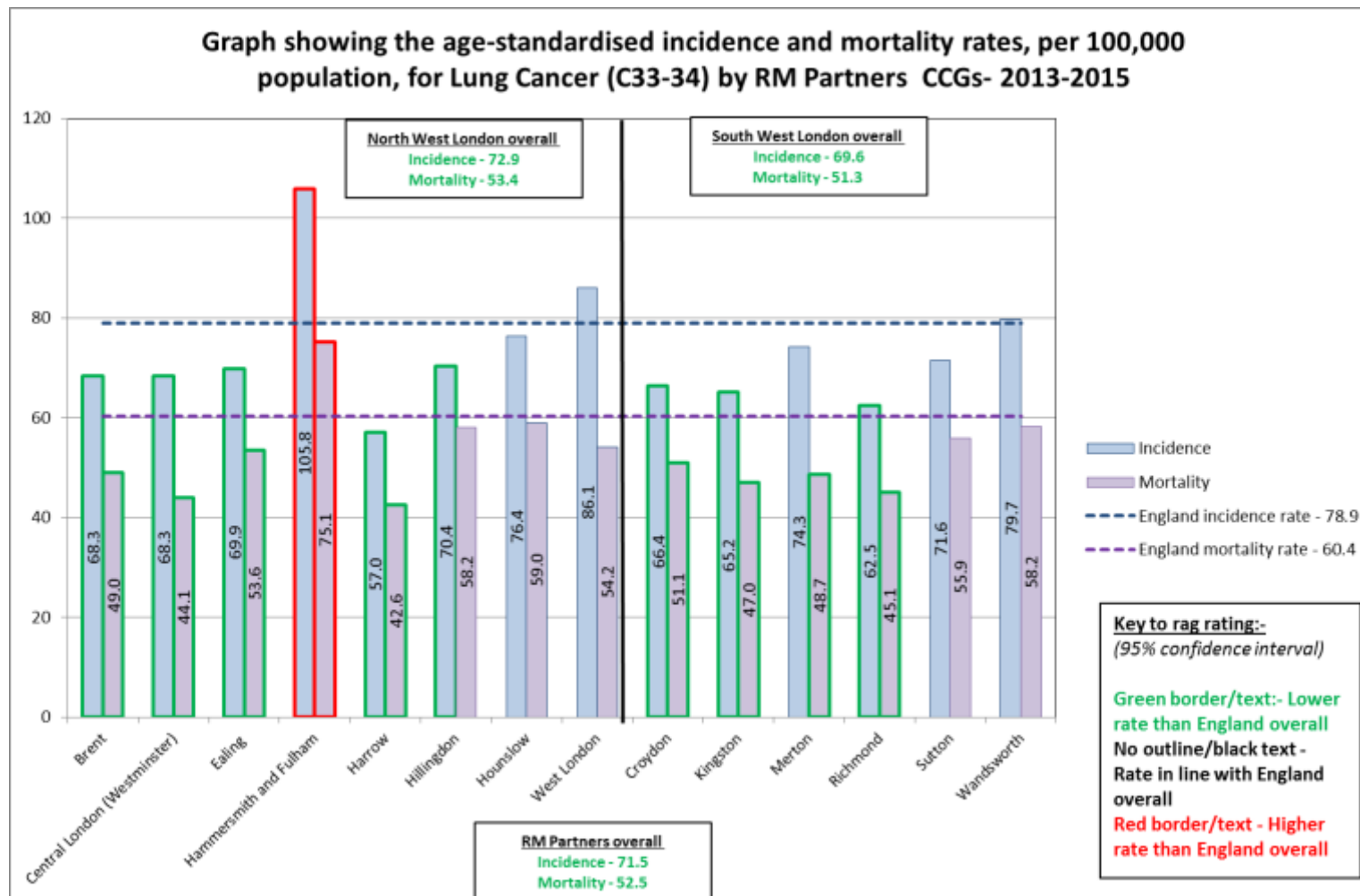


Vision	Domains	Description
<p><b>Working in partnership (to co-design and deliver the service)</b></p>	<p>Our population should have consistent access to <b>best practice care</b> across the whole pathway</p> <p>Our population should have a <b>positive experience</b> of our care</p>	<p><b>Best practice care:</b></p> <ul style="list-style-type: none"> <li>National access targets (e.g. 62 day / 28 day)</li> <li>Access to screening (measured through screening uptake rates)</li> <li>Time on waiting lists (e.g. endoscopy)</li> </ul> <p><b>Experience of care:</b></p> <ul style="list-style-type: none"> <li>PREMs (measured through new real-time feedback tool / NCPES)</li> </ul>
<p><b>We will achieve world class cancer outcomes</b></p>	<p>Our care should deliver the <b>best clinical outcomes</b></p> <p>Our care should <b>maximise the quality of life</b>, pre, during and post treatment</p>	<p><b>Clinical outcomes</b></p> <ul style="list-style-type: none"> <li>1 year survival</li> <li>Reducing cancers diagnosed through emergency presentation / improving the proportion of cancers diagnosed at stage 1 and 2</li> </ul> <p><b>Quality of life</b></p> <ul style="list-style-type: none"> <li>PROMs</li> <li>Recovery Package</li> </ul>
<p><b>For the population we serve</b></p>	<p>We should deliver <b>improved equity</b> by reducing variation in outcomes across different patient demographic groups</p>	<p><b>Improved equity</b></p> <ul style="list-style-type: none"> <li>Analysing variation in other metrics.</li> </ul>

Domain	Measure	Benchmark	Period	NWL	SWL	RM Partners overall	Change since last period	Providers /sites meeting standard	CCGs meeting standard	England average	Ranking against other Alliances
Best Practice Care	1. 2 week wait: Urgent suspected cancer GP referral to 1 <sup>st</sup> seen (provider position)	93%	November 2017	95.1%	97.2%	96.0%	+0.4%	9/9	14/14	95.1%	
	2. 62 day: Urgent suspected cancer GP referral to 1 <sup>st</sup> treatment (DH provider position)	85%	November 2017	88.3%	86.1%	87.2%	+3.2%	7/10	9/14	82.3%	1/19
	3. 62 day inter-trust referrals on or before day 38	Non set	Q2 2017/18	43.1%	55.3%	50.0%	-5.4%				
	4. Bowel screening coverage (60-74 year olds)	60%	January 2017	47.2%	53.8%	50.0%	+0.3%		0/14	58.9%	18/19
	5. Breast screening coverage (50-70 year olds)	70%	January 2017	65.3%	66.2%	65.3%	+0.6%		2/14	72.5%	18/19
	6. Cervical screening coverage (25-64 year olds)	80%	January 2017	61.1%	68.8%	64.3%	-1.7%		0/14	71.7%	19/19
	7. Proportion of patients waiting more than 6 weeks on endoscopy services waiting list	≤1%	October 2017	4.2%	0.6%	2.9%	-3.3%	5/8		5.0%	
Positive experience	8. NCPES - Q2 – How do you feel about the time you had to wait for your 1 <sup>st</sup> appointment?	England average	NCPES 2016 - Admissions Q1 2016/17	78.7%	80.0%	79.9%	+1.4%	4/10	2/14	83.3%	18/19
	9. NCPES – Q9 – How do you feel about the way you were told you had cancer.			84.2%	81.1%	82.1%	-0.6%	6/10	8/14	84.2%	14/19
	10. NCPES – Q59 – Overall, how would you rate your care?			8.46	8.76	8.66	+0.02	4/10	4/14	8.74	17/19
Best Clinical Outcomes	11. Proportion of cancers stage 1 or 2 (Taskforce definition)	England average	2015	51.7%	56.5%	54.0%	-0.5%		6/14	54.0%	8/19
	12. Proportion of cancers stage 1 or 2 (CCG IAF definition)	England average	2015	46.5%	53.3%	49.7%	+0.4%		4/14	52.4%	18/19
	13. Proportion of patients diagnosed via an emergency (population based)	England average	July 2106 to June 2017	21.5%	16.8%	19.4%	-1.6%		7/14	19.4%	
	14. 1 year cancer survival index	England average (95% CI)	2015	74.6%	74.6%	74.6%	+0.8/0.9 %			72.3%	1/19
Quality of life	15. Proportion of patients receiving a Holistic Needs Assessment around diagnosis	70%	Q2 2017/18	62.6%	77.6%	70.4%	+12.9%	5/10			
	16. Proportion of patients receiving an End of Treatment Summary at end of treatment	70%	Q2 2017/18	12.8%	18.6%	15.9%	-13.5%	0/10			
Data quality	17. % completeness of stage at diagnosis – COSD level 2	70%	Q1 2017/18	48.3%	64.9%	56.8%	-3.6%	1/10		55.0%	
	17. % completeness of performance status – COSD level 2	70%	Q1 2017/18	40.9%	60.9%	50.8%	-15.8%	2/10		44.7%	



Hillingdon CCG selected due to relatively low 1 year survival



Hammersmith and Fulham CCG selected due to high age-standardised incidence and mortality

- Access to Pan Vanguard metrics through cloud
  - To gain access e-mail:-  
[rmpartners.informatics@nhs.net](mailto:rmpartners.informatics@nhs.net)
- Support with delivery Cancer Waiting Times
  - Data analysis
  - Advice on processes
- Facilitation of discussions with national organisations
  - National Cancer Programme
  - Public Health England/Cancer Registry
- Ad-hoc support (e.g data for business cases)

- Establishment of CADEAS nationally with input from RM Partners
- Expected national publications at regional level
  - Survival by stage
  - Treatment rates
- Work with PHE to understand survival outliers (Breast – Croydon, Colorectal – Sutton, Lung- Hillingdon)
- Build on collaboration with other cancer informatics team in London (e.g. TCST, other Cancer Alliances)
- Cancer Waiting Times – Introduction of 28 day standard