

## How does the need for information 'From Information to Information'

Di Riley

CRS, December 2007

*.....Better information on cancer services and outcomes will enhance patient choice, drive up service quality and underpin stronger commissioning;*  
[Chapter 8]

### *High quality data on:*

- Clinical outcomes, including survival
- adjustments for co-morbidity and stage of disease.

### *Collection of defined datasets*

- all cancer patients
- mandated through the National Contract.
- PCTs responsible for ensuring delivery



## NHS Priorities



patients at the heart of everything we do  
**focus on improving outcomes for patients –  
not inputs or processes, but results.**  
**empower clinicians to deliver improvements.**  
prioritise prevention and create a public health  
service.  
closer integration in how services are  
commissioned and provided.

## Improving outcomes: our ambition



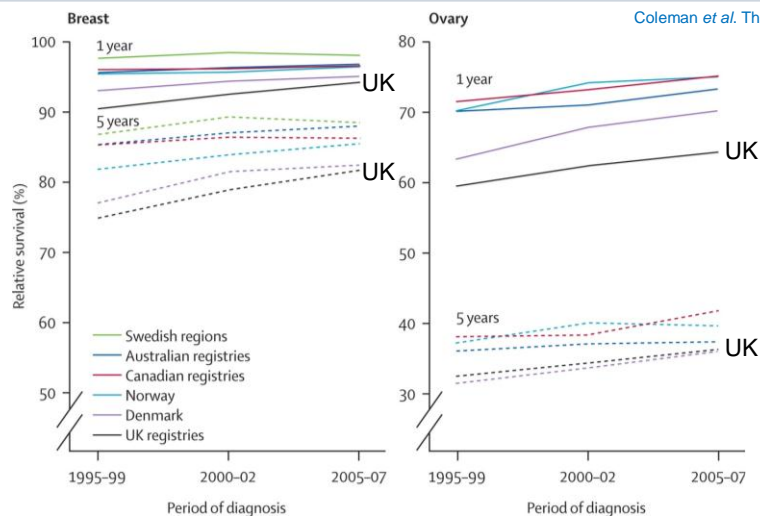
“Our aspiration is that England  
should achieve cancer outcomes  
which are comparable with the  
best in the world”



“Quite simply, we want to have the  
best cancer information service  
in the world by 2012”

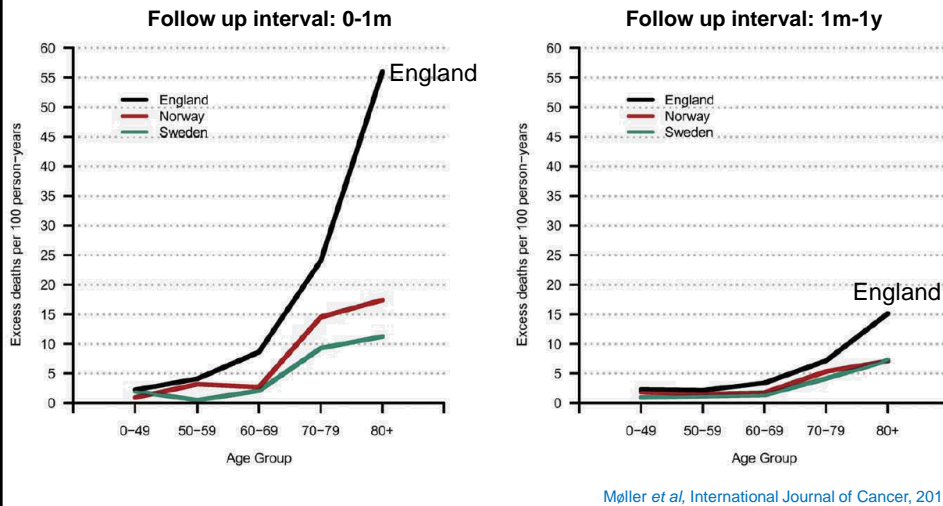
**Mike Richards**  
**Britain against Cancer**  
**Dec 2007**

## How do UK outcomes compare internationally?





# Why is survival poorer in the UK?



## To match the Best in the World

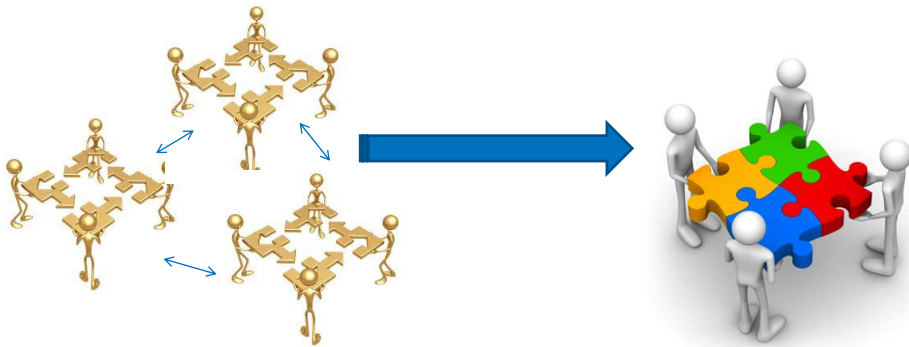
### Avoidable Deaths

Breast	~ 2000	Myeloma	250
Colorectal	~1700	Endometrial	250
Lung	~1300	Leukaemia	240
Oesophagogastric	~ 950	Brain	225
Kidney	~ 700	Melanoma	190
Ovary	~ 500	Cervix	180
NHL/HD	370	Oral/Larynx	170
Bladder	290	Pancreas	75



## Where does the data and information come from?

**Your patients, your MDTs, your hospital!**



What do we know  
or have access to  
already from  
existing data?

How do we  
communicate it?

What else  
needs doing?



# Routes to Diagnosis



Diagnosed via Screening

Diagnosed via Emergency

# Major Surgical Resections England, 2004-6



**Older cancer patients 'denied surgery'**  
Bias helps to explain low survival rates

**Falling off the operating table**

The survival of older patients with cancer is lower than for younger patients, but a new study suggests that this may be due to a bias against older patients being offered surgery. The researchers found that older patients were less likely to be offered surgery, even when they were fit enough to undergo the operation. This bias was found across all types of cancer, including breast, lung, and colorectal cancer. The researchers also found that older patients who were offered surgery had lower survival rates than younger patients who were offered surgery. This suggests that the bias against older patients may be leading to lower survival rates for older cancer patients.

**I was lucky. Many aren't**

It is a common misconception that older cancer patients are less likely to be offered surgery. In fact, a new study has found that older patients are often denied surgery, even when they are fit enough to undergo the operation. This bias was found across all types of cancer, including breast, lung, and colorectal cancer. The researchers also found that older patients who were offered surgery had lower survival rates than younger patients who were offered surgery. This suggests that the bias against older patients may be leading to lower survival rates for older cancer patients.

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## Beyond repair: how your age is a factor in the treatment of cancer

There are widespread inconsistencies over the decision to operate, a national audit found. *Sam Lister reports*



Most patients have different choices of surgery for cancer depending on where they are treated. The national audit has found that there are widespread inconsistencies over the decision to operate, a national audit found. The researchers found that older patients were less likely to be offered surgery, even when they were fit enough to undergo the operation. This bias was found across all types of cancer, including breast, lung, and colorectal cancer. The researchers also found that older patients who were offered surgery had lower survival rates than younger patients who were offered surgery. This suggests that the bias against older patients may be leading to lower survival rates for older cancer patients.

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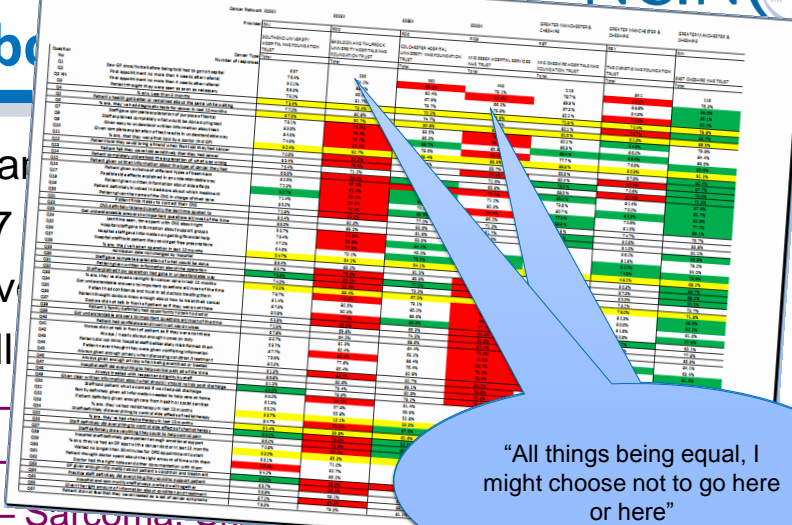
March 2011



# How do people feel about...



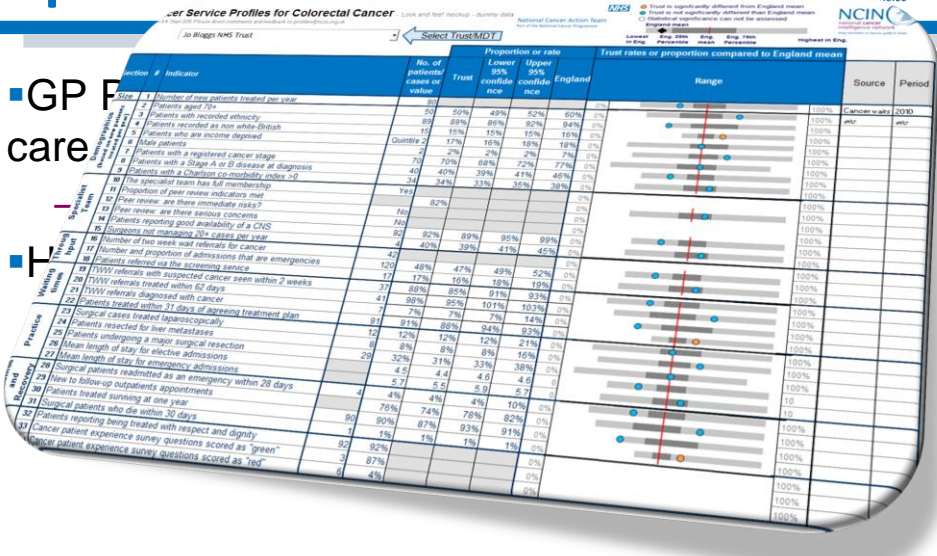
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- 67
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# Targeted cancer-profiles



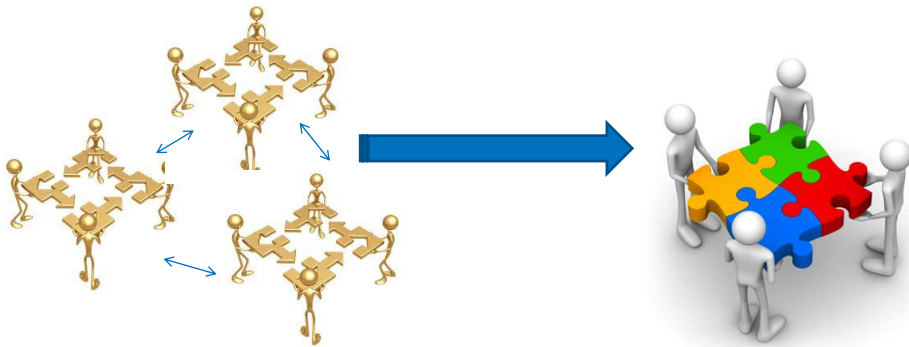
- GP
- care
- H





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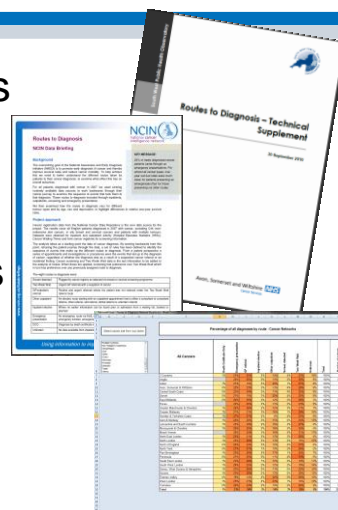
How do we  
communicate it?

What else  
needs doing?



# A range of information formats...

- Technical/Statistical Reports
- National Data Briefings
- Detailed profiles
- Peer Reviewed Publications
- NHS Toolkits
- Publicly available e-Tools



## How to Use Indicators and Data?

- Support Clinical Commissioning Groups to:
  - Understand 'cancer burden' (GP Profile)
  - Understand local services (Service Profile)
- Provide benchmarked information
  - Understand local services and variation
- Support Patients
  - Understand local services for ME!



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## Issues?

- Are we collecting the correct data
  - Is it specific enough?
  - Can we support the requirements in IOSC?
- Timeliness and quality of data
  - Publish & polish OR
  - Polish & publish
  - Two years old TOO OLD!

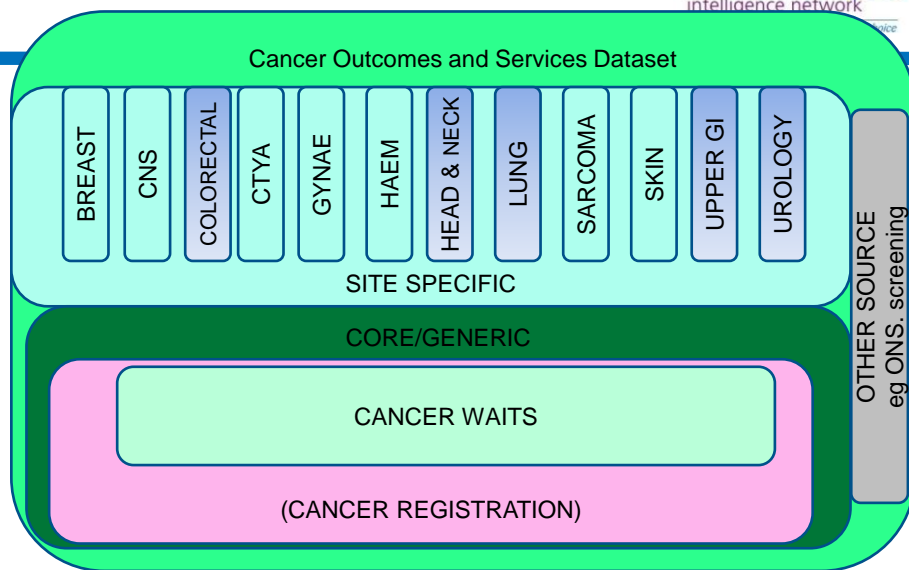


# Cancer Outcomes and Services Dataset (COSD)

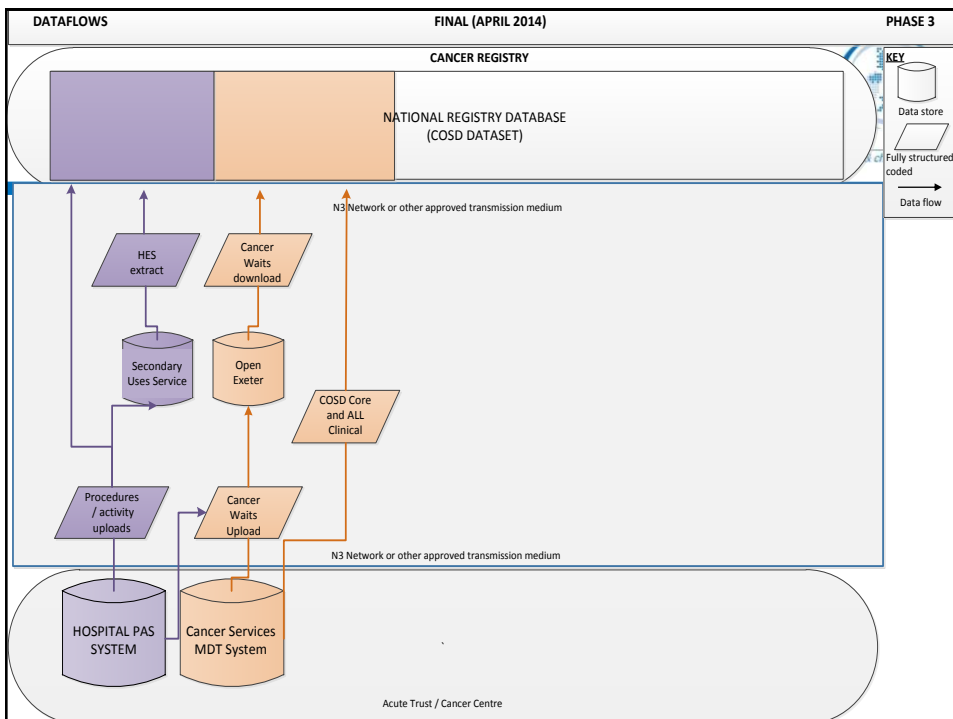
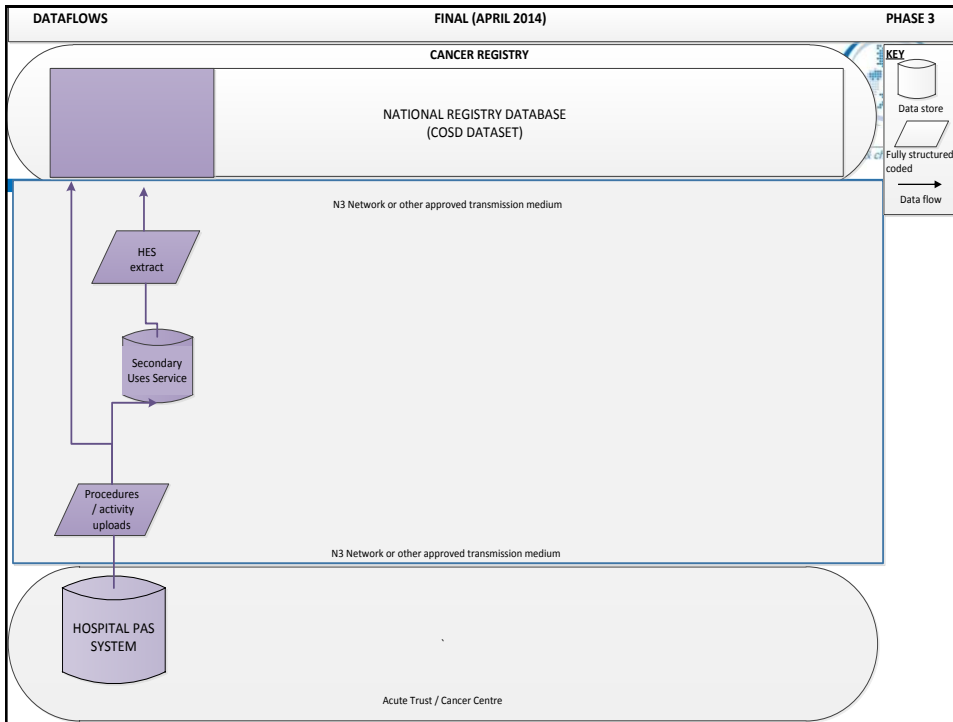


- Replaces 'National Cancer' & 'Cancer Registration' datasets
  - **Compiled** dataset (data linked and assembled by Registries)
  - Defines data for direct submission by Trusts
  - All registerable conditions
  - Wider than CWT
- Components
  - Core (Registration and Cancer Waits)
  - Site specific – clinical & pathological

## COSD STRUCTURE







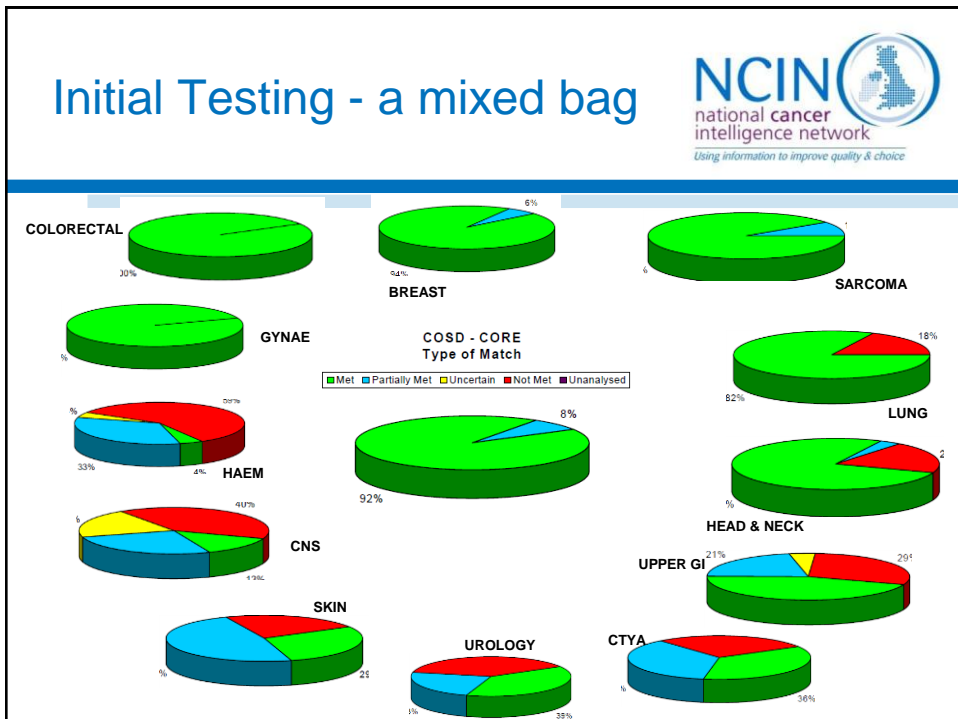
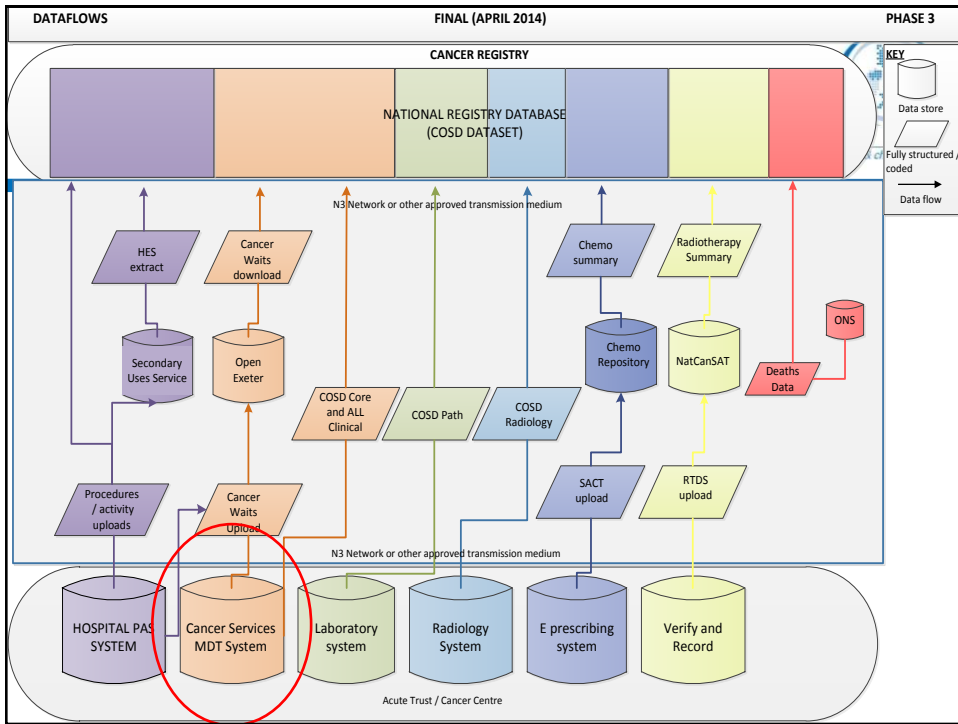








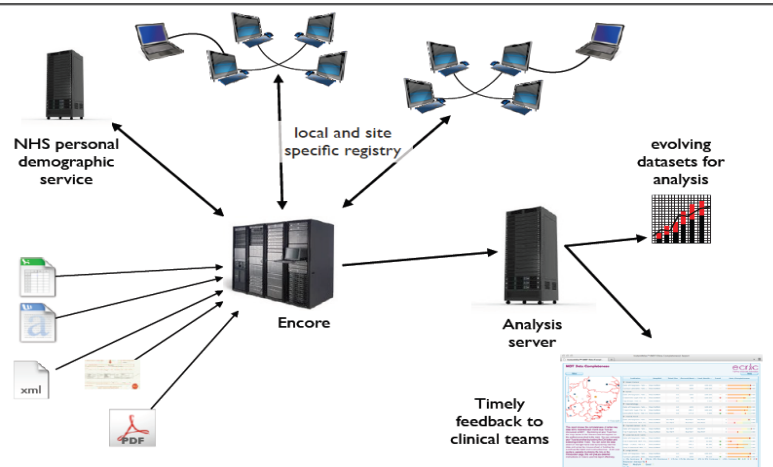






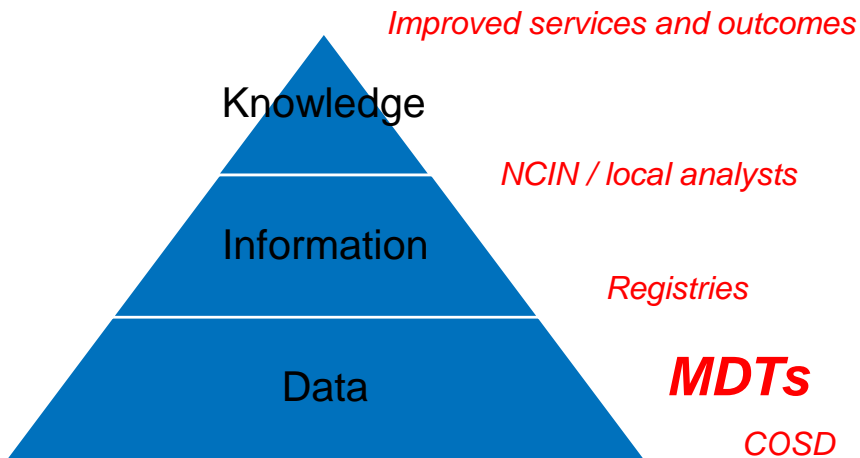
# A single Cancer Registration Service for England

- Now need more timely, coordinated data collection
  - By 2013 ONE single Registry for England
  - Central processing, local links
  - More timely, increased quality
  - Closer relationships with local MDTs
  - More rapid feedback processes





## The 'Intelligence' Pyramid



## In conclusion

- *The MDT is central for supporting services and patient care, but also for good data*
  - *Patient management & care*
  - *Understanding services*
  - *Understanding outcomes*
  - *Helping patients to choose.....*



# YOU

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