

What information do GP commissioners need?

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GP

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- A basis for discussion

Understand your population

- Age
- Deprivation
- Ethnicity
- Risk factors
- Cancer incidence and prevalence
- Cancer mortality

- Strategic Needs Analysis
- Collaboration with HWBs and PH
 - address cancer risk and cancer incidence

Good cancer care

I was diagnosed early	I understand, so I make good decisions	I get the treatment and care which are best for my cancer, and my life
Those around me are well supported	I am treated with dignity and respect	I know what I can do to help myself and who else can help me
I can enjoy life	I feel part of a community and I'm inspired to give something back	I want to die well

Early diagnosis

- NHS reforms: Focus on health outcomes
- Cancer outcomes to match “best in the world”
- Survival is the ultimate outcome marker
- Early diagnosis is key to improving cancer outcomes

Early diagnosis

- Screening
- Awareness
- Recognition in Primary Care

- Fast track referral
- Rapid diagnostics and MDT decision

Early diagnosis

Metrics

- Screening
 - Uptake & coverage
 - CAMs
 - Conversion rate
- Awareness
- Recognition in Primary Care

- Fast track referral
- Rapid diagnostics and MDT decision

Conversion rate

Dr A

- Anxious
- Low tolerance of clinical risk
- High levels of referral and investigation, incl 2WW

Dr E

Conversion rate

Dr A

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Dr E

- Wind down to retirement
- Has seen it all
- Low levels of referral incl 2WW

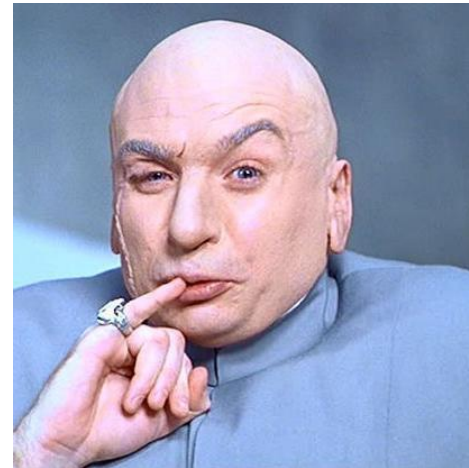
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Early diagnosis

- Screening
- Awareness
- Recognition in Primary Care

- Fast track referral

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Metrics

- Uptake & coverage
- CAMs
- Conversion rate
- Diagnosis by emergency admission route

- RCGP audit
- 2WW audit

- 2WW compliance
- 62 day compliance

Early diagnosis

GPs spot 80% of cancers within two consultations, audit shows

Susan Mayor

London

GPs refer more than three quarters of people who go on to receive a diagnosis of cancer after only one or two consultations, shows an audit of cancer diagnosis in England. The audit concludes that the number of consultations is a useful indicator of the time interval between a patient presenting with cancer symptoms and being referred to see a specialist.¹

But the results show that GPs have more consultations with patients who have cancers with non-specific symptoms, including multiple myeloma and stomach and lung cancer, typically seeing them at least three times before referring them to a specialist.

The researchers analysed data in the national audit of cancer diagnosis in primary care from 13 035 patients with 18 different cancers diagnosed in 2009-10. They looked at how the number of GP consultations before referral to a specialist was associated with the time interval from when patients first presented with symptoms to when they were referred, as part of finding strategies to diagnose cancers earlier.

But nearly one in 10 patients (9%) had three consultations with their GP before being referred, 4% had four consultations, and 5% had five or more. The median times between first presenting and being referred to a specialist among these patients were 34, 47, and 97 days, respectively.

Patients with multiple myeloma and lung cancer were especially likely to have three or more GP consultations before referral (46% and 33% of these patients, respectively) and the longest intervals between presentation with symptoms and a specialist referral (21 and 14 days). People with breast cancer and melanoma had the lowest number of primary care consultations and the shortest intervals before seeing a specialist (zero days for both).

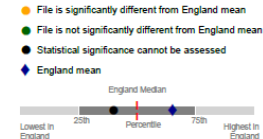
The researchers said that their findings showed that the number of pre-referral GP consultations was valid as a measure of the delay between a patient with cancer first presenting with symptoms and being referred to a specialist (Spearman's correlation coefficient 0.7).

BMJ

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PCT Profile
 Oldham PCT (Trust:5J5)
 2012/13 Q2 North West SHA

File population (2012/13): 218,766
 File SHA population (2012/13): 6,331,804
 File total population (2012/13): 51,669,512



Section	#	Indicator	PCT indicator value	PCT indicator rate or proportion	Lower 95% Confidence Limit	Upper 95% Confidence Limit	SHA mean	England mean	PCT rates of proportion in England				Source	Period
									Lowest PCT	Range	Highest PCT			
Headline Cancer Figures	1	PCT Population aged 65+ (% of population in this practice aged 65+)	32512	14.9 %	14.6 %	15.2 %	16.5 %	15.8 %	6.9 %		25.1 %	ONS	2009	
	2	New Cancer Cases (Crude incidence rate: new cases / 100,000 population)	1182	540	510	572	620	578	299		798	NCDR	2009	
	3	Age Standardised Incidence rate	n/a	457	430	484	495	478	313		617	NCDR	2009	
	4	Number of Cancer Deaths (Crude incidence rate: deaths / 100,000 population)	583	257	237	279	289	248	122		379	ONS	2010	
	5	5 year rolling age standardised mortality rate	n/a	203	196	211	190	181	120		244	ONS	2006-2010	
1 Year Relative Survival	6	1 Year Relative Survival Rate (Breast)	n/a	94.4 %	91.7 %	97.2 %	96.2 %	96.2 %	92.5 %		98.8 %	UK-CIS	2007-2009	
	7	1 Year Relative Survival Rate (Lower GI)	n/a	74.7 %	69.7 %	79.7 %	74.7 %	74.5 %	64.4 %		82.7 %	UK-CIS	2007-2009	
	8	1 Year Relative Survival Rate (Lung)	n/a	26.1 %	21.9 %	30.2 %	29.3 %	30.5 %	20.4 %		44.7 %	UK-CIS	2007-2009	
5 Year Relative Survival	9	5 Year Relative Survival Rate (Breast)	n/a	82.6 %	77.6 %	87.5 %	83.6 %	84.7 %	74.6 %		90.8 %	UK-CIS	2003-2005	
	10	5 Year Relative Survival Rate (Lower GI)	n/a	52.0 %	45.2 %	58.8 %	51.9 %	52.7 %	40.4 %		68.3 %	UK-CIS	2003-2005	
	11	5 Year Relative Survival Rate (Lung)	n/a	6.7 %	3.8 %	9.5 %	8.7 %	8.6 %	4.4 %		22.7 %	UK-CIS	2003-2005	
Cancer Screening	12	Screening coverage (Breast < 3 years aged 53-70)	16327	73.2 %	n/a	n/a	75.0 %	75.5 %	59.4 %		84.9 %	IC	2010/11	
	13	Screening coverage (Cervical < 5 years aged 25-64)	44489	78.2 %	n/a	n/a	78.2 %	78.3 %	65.9 %		83.8 %	IC	2011/12	
Referrals	14	Two week wait exhibited (non-cancer) breast symptoms performance	195	96.5 %	93.0 %	98.3 %	96.4 %	95.7 %	85.6 %		100.0 %	CWT	2012/13 Q2	
	15	Number of two week wait referral (TWR) with cancer diagnosis	132	11.2 %	9.5 %	13.2 %	9.8 %	9.7 %	4.3 %		15.6 %	CWT	2012/13 Q2	
	16	Percentage of new cancer cases treated which were not TWW referrals	119	47.4 %	41.3 %	53.6 %	51.6 %	52.4 %	39.0 %		69.0 %	CWT	2012/13 Q2	
Cancer Wtts Compliance	17	Two week wait performance	1153	98.0 %	97.1 %	98.7 %	95.8 %	95.5 %	90.5 %		98.8 %	CWT	2012/13 Q2	
	18	31 day standard performance (first treatment)	247	98.4 %	96.0 %	99.4 %	98.8 %	98.3 %	93.0 %		100.0 %	CWT	2012/13 Q2	
	19	31 day standard performance (subsequent treatment)	184	100.0 %	98.0 %	100.0 %	98.3 %	98.5 %	93.3 %		100.0 %	CWT	2012/13 Q2	
	20	62 day standard performance (first treatment)	120	90.9 %	84.6 %	94.7 %	86.2 %	87.0 %	72.0 %		95.7 %	CWT	2012/13 Q2	
	21	62 day standard performance (screening)	20	100.0 %	83.9 %	100.0 %	95.5 %	93.2 %	0.0 %		100.0 %	CWT	2012/13 Q2	
	22	62 day standard performance (upgrade)	18	85.7 %	65.4 %	95.0 %	89.9 %	90.3 %	0.0 %		100.0 %	CWT	2012/13 Q2	
Cost Charged in Mortality Cancer	23	Change in mortality in last decade (0-74)	n/a	-4.3 %	n/a	n/a	n/a	n/a	8.2 %		-39.0 %	ONS	2010	
	24	Change in mortality in last decade (75 +)	n/a	-8.8 %	n/a	n/a	n/a	n/a	24.7 %		-37.5 %	ONS	2010	
	25	Change in mortality in last decade (all ages)	n/a	-5.9 %	n/a	n/a	n/a	n/a	4.2 %		-38.2 %	ONS	2010	
	26	Cancer share of spend	27	6.1 %	n/a	n/a	5.7 %	6.1 %	3.7 %		11.2 %	DH	2010/11	

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Cancer indicators in (P85010) WILKINSON PRACTICE, NHS OLDHAM CCG (00Y)										Practice rates or proportion in CCG			
Domain	Indicator (Rate or Proportion in brackets)	Practice indicator value	Practice indicator rate or proportion	Lower 95% confidence limit	Upper 95% confidence limit	CCG mean	England mean	Lowest practice	Range	Highest practice	Source	Period	
<p>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. CCG data are based on aggregated practice data and may not be comparable to other sources - see data</p> <p>Practice population (2011/12): 9,740</p> <p>CCG population (all practices): 240,773</p>										<p>Choose practice</p> <p>(P85621) SUN VALLEY MEDICAL PRACTICE (P85003) THE CHOWDHURY PRACTICE (Y01124) THE DURU PRACTICE (P85006) THE PARKS MEDICAL PRACTICE (P85601) TREWINARD PRACTICE (P85614) VILLAGE MEDICAL PRACTICE (P85612) WERNETH MEDICAL PRACTICE (P85010) WILKINSON PRACTICE</p>		<p>● Practice is significantly different from CCG mean ● Practice is not significantly different than CCG mean ○ Statistical significance can not be assessed England mean</p> <p>Lowest in CCG CCG 25th Percentile CCG median CCG 75th Percentile Highest in CCG</p>	
Demographics	1 Practice Population aged 65+ (% of population in this practice aged 65+)	1751	18.0%	17.2%	18.8%	14.5%	16.4%	3.9%		21.8%	ADS	April 2011	
	2 Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)	Quintile 4	18.0%	17.2%	18.8%	21.9%	15.1%	6.0%		43.0%	APHO	April 2011	
	3 New cancer cases (Crude incidence rate: new cases per 100,000 population)	63	647	497	828	478	471	0		1045	NCIN/UKACR	2010	
	4 Cancer deaths (Crude mortality rate: deaths per 100,000 population)	17	175	102	279	231	234	0		531	PCMD	2011/12	
	5 Prevalent cancer cases (% of practice population on practice cancer register)	201	2.1%	1.8%	2.4%	1.6%	1.8%	0.3%		2.6%	QOF	2011/12	
Cancer screening	6 Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	985	74.6%	72.2%	76.9%	68.2%	72.5%	32.8%		80.2%	Open Exeter	2010/11-2011/12	
	7 Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	956	75.9%	73.5%	78.2%	68.1%	74.3%	0.0%		100.0%	Open Exeter	2011/12	
	8 Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	1771	74.7%	72.9%	76.4%	75.0%	75.3%	57.4%		86.8%	Open Exeter	2006/07-2011/12	
	9 Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	726	58.0%	55.2%	60.7%	53.7%	57.4%	23.6%		61.5%	Open Exeter	2009/10-2011/12	
10 Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	402	51.7%	48.2%	55.2%	50.0%	55.7%	22.0%		58.4%	Open Exeter	2011/12		
Cancer Waiting Times	11 Two-week wait referrals (Number per 100,000 population)	184	1889	1626	2183	1769	1982	286		4231	CWT	2011/12	
	12 Two-week wait referrals (Indirectly age standardised referral ratio)	184	90.4%	77.8%	104.4%	n/a	100.0%	26.1%		236.8%	CWT	2011/12	
	13 Two-week referrals with cancer (Conversion rate: % of all TWW referrals with cancer)	30	16.3%	11.7%	22.3%	10.8%	10.6%	0.0%		27.7%	CWT	2011/12	
	14 Number of new cancer cases treated (% of which are TWW referrals)	54	55.6%	42.4%	68.0%	48.4%	46.5%	0.0%		83.3%	CWT	2011/12	
	15 Two-week wait referrals with suspected breast cancer (Number per 100,000 population)	50	513	381	677	352	372	0		668	CWT	2011/12	
	16 Two-week wait referrals with suspected lower GI cancer (Number per 100,000 population)	25	257	166	379	289	335	0		707	CWT	2011/12	
	17 Two-week wait referrals with suspected lung cancer (Number per 100,000 population)	8	82	35	162	101	78	0		263	CWT	2011/12	
	18 Two-week wait referrals with suspected skin cancer (Number per 100,000 population)	29	298	199	428	248	349	0		747	CWT	2011/12	
Presentation & diagnostics	19 In-patient or day-case colonoscopy procedures (Number per 100,000 population)	62	637	488	816	620	623	160		1307	HES	2011/12	
	20 In-patient or day-case sigmoidoscopy procedures (Number per 100,000 population)	33	339	233	476	407	433	96		726	HES	2011/12	
	21 In-patient or day-case upper GI endoscopy procedures (Number per 100,000 population)	89	914	734	1124	863	1003	266		1742	HES	2011/12	
	22 Number of emergency admissions with cancer (Number per 100,000 population)	57	585	443	758	606	587	59		1211	HES	2011/12 ^a	
	23 Number of emergency presentations (% of presentations)	6	13.3%	6.3%	26.2%	25.3%	23.7%	0.0%		57.1%	RIID	2008 ^b	
	24 Number of managed referral presentations (% of presentations)	28	62.2%	47.6%	74.9%	48.8%	49.2%	0.0%		100.0%	RIID	2008 ^b	
	25 Number of other presentations (% of presentations)	11	24.4%	14.2%	38.7%	26.0%	27.1%	0.0%		100.0%	RIID	2008 ^b	

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POPULATION			CANCER PATIENTS					SCREENING			REFERRAL				
Practice Population	Practice Population aged 65+	Socio-economic deprivation quintile	New cancer cases, per 100,000 pop	Prevalent cancer cases	Deaths per prevalent cancer case	Number of emergency admissions with cancer	Females aged 50-70 screened for breast cancer in last 36 months	Females aged 25-64 screened for cervical cancer in last 42/66 months	Persons aged 60-69 screened for bowel cancer in last 30 months	Two-week wait referrals - age standardised	Two-week wait referrals with cancer	Number of emergency presentations	% of new cancer cases treated which were Tw/W referrals	Number of managed presentations	Number of other presentations
5501	16%	Quintile 5	654	2.0%	10%	673	71%	74%	48%	48%	20%	20%	31%	54%	26%
4964	14%	Quintile 5	544	2.1%	21%	766	65%	63%	42%	74%	20%	36%	46%	46%	16%
6406	5%	Quintile 5	94	0.4%	21%	250	50%	62%	31%	30%	57%	23%	23%	14%	14%
5035	13%	Quintile 5	397	0.3%	30%	775	63%	68%	43%	50%	25%	33%	50%	40%	25%
9903	17%	Quintile 2	505	1.7%	10%	515	80%	81%	58%	78%	11%	9%	35%	66%	25%
6257	18%	Quintile 2	559	2.0%	10%	575	73%	70%	55%	43%	8%	14%	33%	57%	30%
2401	23%	Quintile 5	458	1.7%	25%	916	72%	72%	45%	44%	13%	37%	16%	47%	16%
13730	19%	Quintile 3	638	1.5%	21%	1037	67%	76%	52%	80%	13%	24%	46%	50%	26%
3808	14%	Quintile 4	420	1.1%	26%	788	72%	74%	48%	46%	26%	23%	50%	57%	14%
9684	17%	Quintile 4	434	1.8%	20%	878	74%	76%	56%	75%	18%	13%	45%	62%	24%
7856	15%	Quintile 4	407	1.8%	10%	446	86%	78%	48%	112%	11%	31%	61%	33%	36%
4836	14%	Quintile 5	494	0.8%	51%	910	52%	75%	110%	110%	30%	39%	50%	20%	20%
16391	17%	Quintile 2	636	2.4%	13%	742	74%	80%	58%	64%	18%	31%	44%	44%	25%
5887	3%	Quintile 5	408	1.1%	14%	391	63%	74%	42%	104%	4%	31%	42%	21%	21%
7468	14%	Quintile 5	428	1.6%	13%	509	67%	67%	43%	63%	12%	39%	35%	36%	25%
13564	18%	Quintile 1	434	1.7%	15%	641	80%	79%	57%	117%	3%	18%	43%	51%	30%
10401	21%	Quintile 3	644	2.1%	10%	615	73%	71%	56%	85%	12%	22%	43%	60%	18%
2425	14%	Quintile 5	660	2.1%	6%	495	53%	64%	24%	36%	42%	42%	82%	25%	33%
3978	13%	Quintile 3	428	1.1%	21%	478	86%	76%	56%	74%	12%	13%	50%	53%	33%
4165	16%	Quintile 4	529	1.4%	17%	457	75%	75%	48%	49%	14%	11%	36%	56%	33%
4450	11%	Quintile 5	427	0.9%	22%	404	63%	77%	49%	71%	18%	25%	50%	63%	13%
4149	15%	Quintile 4	603	1.6%	11%	723	64%	75%	45%	81%	17%	31%	50%	25%	44%
3231	5%	Quintile 5	93	0.3%	10%	124	36%	68%	26%	155%	5%	100%	67%	0%	0%
4236	5%	Quintile 5	165	0.4%	17%	260	51%	70%	25%	17%	0%	0%	100%	0%	0%
4425	16%	Quintile 3	452	1.7%	20%	994	68%	82%	45%	67%	14%	30%	38%	40%	30%
5182	14%	Quintile 5	579	1.8%	15%	521	70%	86%	53%	109%	12%	23%	46%	54%	16%
3676	11%	Quintile 5	409	1.2%	13%	326	85%	69%	32%	70%	19%	20%	39%	80%	0%
2223	14%	Quintile 5	315	1.3%	17%	405	62%	70%	40%	30%	64%	10%	50%	60%	30%
2312	11%	Quintile 4	346	1.3%	28%	476	69%	82%	50%	60%	5%	31%	20%	23%	46%
1808	12%	Quintile 5	277	1.4%	12%	553	67%	74%	49%	33%	0%	43%	0%	29%	29%
4137	10%	Quintile 5	48	0.7%	13%	387	49%	71%	43%	54%	14%	14%	57%	43%	43%
2640	11%	Quintile 4	227	0.6%	53%	644	66%	74%	43%	56%	22%	33%	38%	50%	17%
3210	12%	Quintile 3	592	1.2%	18%	1028	66%	83%	48%	70%	5%	20%	25%	50%	30%
2597	10%	Quintile 5	424	1.3%	30%	424	66%	74%	41%	10%	100%	42%	50%	25%	33%
2117	11%	Quintile 4	169	1.5%	8%	378	55%	74%	43%	42%	7%	33%	33%	22%	22%
3227	5%	Quintile 5	155	0.4%	15%	217	52%	67%	26%	42%	50%	0%	50%	0%	50%
1470	8%	Quintile 5	272	0.7%	10%	273	43%	64%	28%	0%	0%	0%	0%	50%	0%
2441	13%	Quintile 3	451	1.3%	0%	164	71%	83%	52%	62%	23%	33%	55%	56%	11%
4974	10%	Quintile 5	201	0.6%	26%	402	60%	67%	41%	112%	8%	25%	46%	42%	33%
2651	16%	Quintile 5	641	2.2%	14%	981	63%	82%	47%	36%	21%	13%	53%	63%	19%
3170	8%	Quintile 5	536	0.5%	69%	379	53%	61%	34%	121%	6%	33%	30%	33%	33%
3197	12%	Quintile 5	282	0.8%	20%	594	58%	72%	34%	61%	10%	25%	50%	56%	19%
3190	4%	Quintile 5	91	0.3%	0%	316	46%	73%	19%	17%	0%	50%	0%	50%	0%
1189	16%	Quintile 2	368	1.3%	18%	795	66%	79%	54%	83%	12%	18%	43%	45%	37%
3783	10%	Quintile 5	399	0.7%	31%	538	63%	60%	41%	57%	13%	33%	31%	47%	20%
1618	10%	Quintile 5	62	0.4%	57%	433	67%	88%	46%	125%	7%	NO DATA	40%	NO DATA	NO DATA
236592	14%	51660	443	1.4%	16%	612	69%	75%	50%	0%	13%	25%	42%	49%	26%
54615830	16%	8198344	446	1.6%	15%	583	72%	76%	51%	100%	11%	24%	45%	49%	27%
Practices in top 25% of PCT highlighted (>16%)	Most deprived in PCT highlighted (I&5)	Practices in top 25% of PCT highlighted (>53%)	Practices above PCT average highlighted (>2%)	Practices in top 25% of PCT highlighted (>22%)	Practices in top 25% of PCT highlighted (>73%)	Practices in bottom 25% of PCT highlighted (<61%) - National target is 70%	Practices in bottom 25% of PCT highlighted (<70%) - National target is 80%	Practices in bottom 25% of PCT highlighted (<47%)	Practices in bottom 25% of PCT for referral rate highlighted. (<47%)	Practices in top 25% of PCT for conversion rate highlighted. (>18%)	Practices in top 25% of PCT highlighted. (>37%)	Practices in bottom 25% of PCT highlighted. (<31%)	Practices in bottom 25% of PCT highlighted. (<36%)		

Early diagnosis

- Staging at diagnosis
- one-year survival rates
- For all cancers

- Breakdown by GP / practice / provider

Treatment

- IOG compliance
- Five-year survival rates
- For all cancers
- Clear pathway and performance against this

General

- Total spend
- Trends over time
- Benchmarking

- Usefulness of interventions: Up-to-date data, at the expense of some accuracy

Good cancer care

I was diagnosed	I understand, so I make good decisions	I get the treatment and care which are best for my cancer, and my life
Those around me are well supported	I am treated with dignity and respect	I know what I can do to help myself and who else can help me
I can enjoy life	I feel part of a community and I'm inspired to give something back	I want to die well

Support during treatment and into survivorship

- “Meaningful engagement with the public”
- National Cancer Patient Experience Survey
- Patient / user participation groups
- Holistic needs assessment incl carer needs
- Urgent care activity / LTC management approaches
- Soft intelligence

- Any questions?