

Cancer MDT Metrics by James Owen

Background

In a period of pressure and change in the NHS it is more important than ever that staff in secondary care can review and share data with each other and be better informed when discussing the future of the service. At the Shrewsbury and Telford Hospital NHS Trust, we needed to devise a clear and concise clinical dashboard that provided an overview of each MDT meeting and trust performance.

Method

Working in close collaboration with Cancer Lead, Dr Srihari, the cancer team were able to define a range of clinically appropriate metrics and produce a ‘live’ report in Tableau, a data visualisation toolkit, using data contained in the Trust’s Somerset Cancer Registry (SCR) system combined with an Open Exeter report.



Results

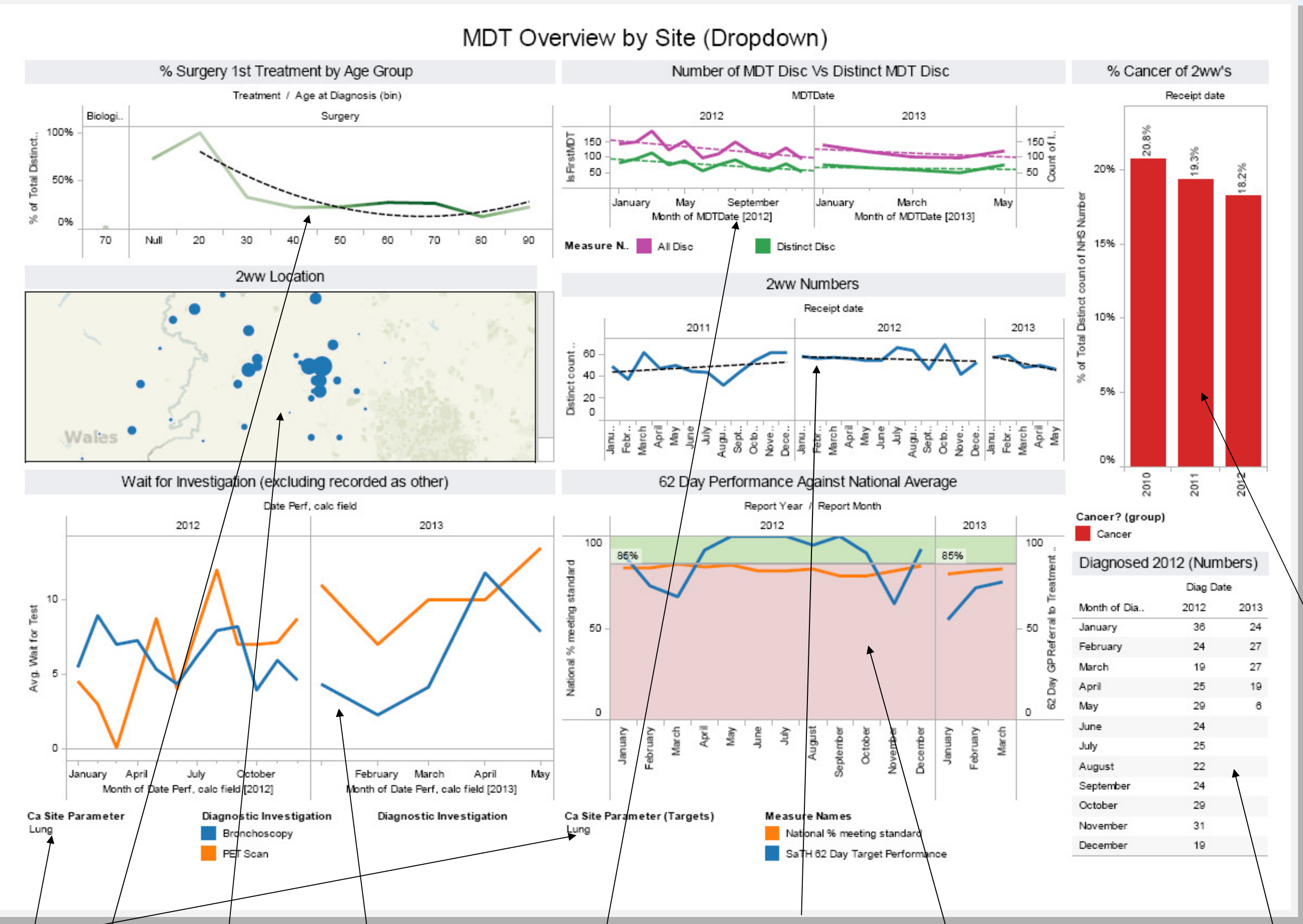
An interactive dashboard was created covering the following clinically defined metrics in a single A4 page document:

This report is built to be compatible with any Trust’s SCR system and is has easily been adopted in Trusts in the Greater Midlands and North West region.

% of 2 week wait referrals that go on to have cancer. Can see reduction as 2ww referrals increase.



SaTH Cancer Value Stream Team



Tumour Site Labels
Resection rate by age group. (25% for patients over the age of 40). Shade of line shows patient numbers (i.e. most lung patients between 60 and 80)

Location of 2ww Referrals (most from Telford where there is a higher incidence of smoking)

Average wait for Diagnostic Tests (Can see waits for PET Scans and bronchoscopy are increasing)

Numbers of MDT discussions (pink) and number that would occur if each patient was discussed once (green). Can provide feedback on changes made to the MDT to reduce number of discussions

Number of 2 week wait referrals (Observe peak after lung awareness campaign (October 12))

62 Day Referral to Treatment Target (again by site). Comparing SaTH against the 85% target and the national average performance for lung

Numbers of patients diagnosed though Lung MDT

Conclusion

When using this report, data has become more interactive and accessible to teams. Reports that would have taken hours to produce can now be used to provide instant clinical feedback, and if required, can be easily manipulated to serve the needs of individual teams. Clinical teams have become more engaged and interested in the data analysis side of cancer services and they have been given a dividend for the hard work that they invested in the collection and improvement of cancer data quality.

Cancer Outcomes Conference

Intelligence—the primary driver of cancer outcomes

Thanks:

GMCN Information Group
SaTH Cancer Value Stream Team
North West Tableau Group

Putting
Patients
First

Honesty
and
Integrity

Being a Clinically-Led
Organisation

Working and
Collaborating Together

Encouraging Individual
Ability and Creativity

Taking Pride in our
Work
and our Organisation