

A Brave New Information World: NCIN and PHE 6 months on....

Dr Mick Peake

Clinical Lead

National Cancer Intelligence Network

Main issues

- Transition to Public Health England
- Working with the 'New NHS'
- Development of a single English Cancer Registration System
- 'New' datasets (RTDS, Diagnostic Imaging [DIDs], COSD.....)



Public Health
England

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Move to Public Health England

- PHE is in Civil Service, rather than NHS
 - Part of the 'Knowledge' Directorate
 - Tenuous, but evolving links with NHS England
 - Loss of Clinical Network links
- Move to 'disease registration' and a range of 'Health Intelligence Networks' (Mental Health, Cardiovascular, Maternity & Child Health, etc.) - *dilution*
- Potential loss of identity and independence
- Stronger links with a new public health & local authority 'community'

Re-structuring - NCIN

- Di Riley now acting head of NCIN (Chris Carrigan leading on wider Health Intelligence Networks)
- Communications, press and events management part of PHE
- Central analytical resource maintained – but more and varied pressures
- New analytical posts funded by CRUK and Macmillan – agreed work programmes

Re-structuring - NCIN

- New 'Funders Group' – chaired by Sean Duffy
 - NHS England
 - PHE
 - DH
 - CRUK
 - Macmillan

Re-structuring – Cancer Registration (England)

- Cancer Registration split from data analysis – single National Cancer Registration Service, led by Jem Rashbass
- Analytical workforce moved into 8 Knowledge and Intelligence Teams (KITs)
- KITs responsible for delivering SSCRG Work Programmes; vary in size and expertise
- Threat of ‘dilution’ into non-cancer areas

The English National Cancer Registration System

- English National Cancer Registration System
 - Near real-time comprehensive data collection and quality assurance over the entire cancer care pathway on all patients treated in England
 - Single national system across England
 - Routine electronic sources in registry practice
- Single integrated workforce – Director of Disease Registration – Dr Jem Rashbass
- Strong operational links with network/trust leads
- Pan-England roll-out recently completed

Data sources - patient-level data

National Feeds



Radiotherapy Data (RTDS)

Cancer Waiting Times

Chemotherapy Dataset (SACT)

ONS - Cancer and non-cancer deaths

Cancer screening programmes - Bowel, Cervix and Breast

National PET-CT imaging

National cancer audits - Lung, Head and Neck, Upper GI and Colorectal

Hospital Episode Statistics (HES)

Local Feeds



Data from MDT software systems

Pathology full-text reports

Local imaging systems

Patient Administration Systems

Local clinical data systems

ENCRS

National Pilots

Recurrent/Meta static Breast Audit Pilot

CRUK Stratified Medicine (Sept 2011)



Datasets

- Radiotherapy Dataset (RTDS), 2009.....
- Diagnostic Imaging Dataset (DIDs), 2012..
- Systemic Anti-Cancer Therapy Dataset (SACT), 2012....
- Cancer Outcomes & Services Dataset (COSD), 2013.....

Staging completeness - 2012

Table No. & Parameters	England Average	ECRIC	NWCIS	NYCRIS	OCIU	SWCIS	Thames	Trent	WMCIU
All Invasive (xnmsc)	51%	76%	54%	46%	24%	72%	30%	34%	73%
Breast	66%	92%	68%	78%	36%	87%	29%	50%	87%
Colorectal (inc' anal canal)	70%	90%	76%	66%	35%	84%	63%	61%	85%
Gynaecological	61%	89%	56%	71%	4%	80%	59%	54%	77%
Haematological	25%	60%	20%	4%	6%	41%	15%	12%	41%
Head & Neck	58%	75%	62%	64%	31%	78%	44%	28%	82%
Hepatobiliary & Pancreas	32%	35%	30%	27%	20%	55%	10%	16%	63%
Lung	71%	86%	68%	54%	67%	84%	54%	62%	90%
Male Reproductive Organs	49%	84%	55%	56%	1%	73%	20%	12%	89%
Malignant Melanoma of Skin	57%	89%	64%	42%	36%	89%	5%	35%	92%
Prostate	44%	94%	53%	25%	4%	80%	15%	7%	74%
Sarcoma	12%	7%	24%	4%	10%	17%	4%	6%	25%
Upper Gastro Intestinal	49%	63%	66%	53%	19%	68%	25%	22%	78%
Urological	44%	91%	37%	31%	5%	79%	13%	10%	84%

Issues

- Resources stretched; need for prioritisation
- Need to re-build the links with the NHS clinical and commissioning community
- Need to make information of more direct relevance to the NHS
- Need to make better use of data for research – clinical trials
- Huge potential of the new NCRS & datasets

Service profiles

- Breast & Colo-rectal cancers - 2012
- Lung cancer (excluding highly specialised MDTs) – 2013
- September 2013: Sarcoma, Gynaecological, Head & Neck and Upper GI cancers

www.cancertoolkit.co.uk

Cancer Service Profiles for Lung Cancer

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- Trust is significantly different from England mean
- Trust is not significantly different from England mean
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- ◆ England mean



NHS Acute Trust				Select Trust/MDT	Percentage or rate			Trust rate or percentage compared to England				
Section	#	Indicator	No. of patients/cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Lowest	Range	Highest	Source	Period
Size	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)	304				207	41				
	2	Number of NLCA patients - lung cancer	329				191	1				
	3	Number of NLCA patients - mesothelioma	11				10	0				
Demographics (based on newly diagnosed patients, 2010)	4	Patients (from #1) aged 70+	186	62%	56%	67%	61%	53%				
	5	Patients (from #1) with recorded ethnicity	295	97%	94%	98%	93%	66%				
	6	Patients (from #5) with recorded ethnicity which is not White-British	3	1%	0%	3%	7%	0%				
	7	Patients (from #1) who are Income Deprived (2)		29%			16%	7%				
	8	Male patients (from #1)	161	53%	47%	58%	55%	43%				
	9	Number and proportion of patients (from #2) with a stage assigned	326	99%	97%	100%	92%	36%				
	10	Number and proportion of patients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	24%	10%				
	11	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	14%	4%				
	12	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned	167	58%	53%	64%	62%	13%				
	13	Proportion of patients (from #2) with a Performance Status assigned	286	87%	83%	90%	89%	2%				
Specialist Team	14	Peer review: Does the specialist team have full membership? (3)	SA	Yes								
	15	Peer review: Proportion of peer review indicators met	SA	85%			89%					
	16	Peer review: are there immediate risks? (4)	SA	No								
	17	Peer review: are there serious concerns? (4)	SA	No								
Throughput and pathology	18	Number and proportion of patients (from #2) seen by CNS (5)	206	63%	57%	68%	79%	0%				
	19	Number of urgent GP referrals for suspected cancer	406				293	0				
	20	Number and proportion of patients (from #2) with confirmed NSCLC	184	56%	52%	60%	62%	0%				
	21	Number and proportion of patients (from #2) with confirmed SCLC	40	12%	9%	16%	12%	0%				
	22	Number and proportion of patients (from #2) with confirmed NSCLC who are diagnosed NOS	21	11%	8%	17%	19%	0%				
	23	Number and proportion of patients (from #2) with histological confirmation of diagnosis	228	69%	64%	74%	77%	52%				
	24	Estimated proportion of tumours with emergency presentations [experimental]	94	47%	40%	54%	37%	2%				
	Waiting times	25	Q2 2012/13: Urgent GP referral for suspected cancer seen within 2 weeks	135	96%	92%	98%	97%	88%			
26		Q2 2012/13: Treatment within 62 days of urgent GP referral for suspected cancer	15	73%	52%	87%	80%	0%				
27		Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]	103	25%	21%	30%	24%	4%				
28		Cases treated that are urgent GP referrals with suspected cancer [experimental]	34	25%	19%	33%	39%	0%				
29		Q2 2012/13: First treatment began within 31 days of decision to treat	14	100%	78%	100%	99%	91%				
Practice	30	No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or radiotherapy	174	53%	47%	58%	60%	36%				
	31	No. and proportion resected of patients (from #2) excluding confirmed SCLC	50	17%	13%	22%	16%	0%				
	32	No. and proportion resected of patients (from #2) with confirmed NSCLC	48	26%	20%	33%	21%	0%				
	33	No. and proportion resected of patients (from #2), excluding confirmed SCLC, with stage I and II disease	40	48%	38%	59%	53%	0%				
	34	No. and proportion of patients (from #2) with confirmed SCLC receiving chemotherapy	27	68%	52%	80%	68%	0%				
	35	No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy	28	58%	44%	71%	55%	0%				
Outcomes and Recovery	36	First outpatient appointments and proportion of all outpatient appointments	23,053	41%	41%	41%	32%	15%				
	37	NLCA: Median survival in days and adjusted hazard ratio for mortality	176	0.95	0.82	1.11	1.0	0.57				
	38	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year	34%	1.43	0.97	2.11	1.0	0.40				
Patient Experience - CPES (4)	39	Patients surveyed & % reporting always being treated with respect & dignity (6)	13	n/a			83%	66%				
	40	Number of survey questions and % of those questions scoring red and green (7)	% Red	n/a				0%				
	41	% Green	n/a				0%					

Notes: (1) Large differences between indicators #1 and #2 are likely to indicate a large fraction of patients referred to or from the trust (2) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (3) Peer Review (NCPR) source - IV=Internal Verification, PR=Peer Review, SA=Self-Assessment; Ann=Amnesty; (4) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (5) CNS = Clinical Nurse Specialist; (6) value = total number of survey respondents for tumour group. (7) Based on scoring method used by the Department of Health - red/green scores given for survey questions where the trust was in the lowest or highest 20% of all trusts. Questions with lower than 20 respondents were not given a score. Italic value displayed = the total number of viable survey questions, used as the denominator to calculate the % of red/greens for the trust; (8) CPES = Cancer Patient Experience Survey.

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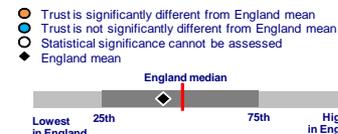
NHS Acute Trust

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				Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Lowest	Range			Highest
Demographics	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)										
	2	Number of NLCA patients - lung cancer										
	3	Number of NLCA patients - mesothelioma										
	4	Patients (from #1) aged 70+										
	5	Patients (from #1) with recorded ethnicity										
	6	Patients (from #5) with recorded ethnicity which is not White-British										
	7	Patients (from #1) who are Income Deprived (2)										
	8	Male patients (from #1)										
	9	Number and proportion of patients (from #2) with a stage assigned										
	10	Number and proportion of patients, excluding SCLC, with stage I or II assigned										
	11	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned										
	12	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned										
	13	Proportion of patients (from #2) with a Performance Status assigned										
Waiting times	27	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]	103	25%	21%	30%	24%	4%		46%	CWT	2011/12
	28	Cases treated that are urgent GP referrals with suspected cancer [experimental]	34	25%	19%	33%	39%	0%		76%	CWT	2011/12
	29	Q2 2012/13: First treatment began within 31 days of decision to treat	14	100%	78%	100%	99%	91%		100%	CWT	2012/13 Q2
Practice	30	No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or radiotherapy	174	53%	47%	58%	60%	36%		100%	NLCA	2011
	31	No. and proportion resected of patients (from #2) excluding confirmed SCLC	50	17%	13%	22%	16%	0%		38%	NLCA	2011
	32	No. and proportion resected of patients (from #2) with confirmed NSCLC	48	26%	20%	33%	21%	0%		45%	NLCA	2011
	33	No. and proportion resected of patients (from #2), excluding confirmed SCLC, with stage I and II disease	40	48%	38%	59%	53%	0%		100%	NLCA	2011
	34	No. and proportion of patients (from #2) with confirmed SCLC receiving chemotherapy	27	68%	52%	80%	68%	0%		100%	NLCA	2011
	35	No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy	28	58%	44%	71%	55%	0%		100%	NLCA	2011
Outcomes and Recovery	36	First outpatient appointments and proportion of all outpatient appointments	23,053	41%	41%	41%	32%	15%		68%	PBR SUS	2011/12
	37	NLCA: Median survival in days and adjusted hazard ratio for mortality	176	0.95	0.82	1.11	1.0	0.57		1.49	NLCA	2011
	38	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year	34%	1.43	0.97	2.11	1.0	0.40		2.67	NLCA	2011
Patient Experience - CPES (4)	39	Patients surveyed & % reporting always being treated with respect & dignity (6)	13	n/a			83%	66%		100%	CPES	2011/12
	40	Number of survey questions and % of those questions scoring red and green (7)	0	n/a				0%		78%	CPES	2011/12
	41			n/a				0%		69%	CPES	2011/12

Notes: (1) Large differences between indicators #1 and #2 are likely to indicate a large fraction of patients referred to or from the trust (2) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010; (3) Peer Review (NCPR) source - IV=Internal Verification, PR=Peer Review, SA=Self-Assessment; Ann=Amnesty; (4) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution; (5) CNS = Clinical Nurse Specialist; (6) value = total number of survey respondents for tumour group. (7) Based on scoring method used by the Department of Health - red/green scores given for survey questions where the trust was in the lowest or highest 20% of all trusts. Questions with lower than 20 respondents were not given a score. Italic value displayed = the total number of viable survey questions, used as the denominator to calculate the % of red/greens for the trust; (8) CPES = Cancer Patient Experience Survey. n/a = not applicable or not available

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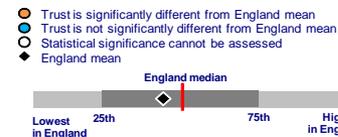
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Size	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)	304				207	41		588	NCDR	2010
	2	Number of NLCA patients - lung cancer	329				191	1		21	NLCA	2011
	3	Number of NLCA patients - mesothelioma	11				10	0		21	NLCA	2011
Demographics (based on newly diagnosed patients, 2010)	4	Patients (from #1) aged 70+	186	62%	56%	67%	61%	55%		75%	NCDR	2010
	5	Patients (from #1) with recorded ethnicity	295	97%	94%	98%	93%	66%		100%	NCDR	2010
	6	Patients (from #5) with recorded ethnicity which is not White-British	3	1%	0%	3%	7%	0%		46%	NCDR	2010
	7	Patients (from #1) who are Income Deprived (2)		29%			16%	7%		34%	NCDR	2010
	8	Male patients (from #1)	161	53%	47%	58%	55%	43%		72%	NCDR	2010
	9	Number and proportion of patients (from #2) with a stage assigned	326	99%	97%	100%	92%	36%		100%	NLCA	2011
	10	Number and proportion of patients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	24%	10%		68%	NLCA	2011
	11	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	14%	4%		30%	NLCA	2011
	12	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned	167	58%	53%	64%	62%	13%		80%	NLCA	2011
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Specialist Team	14	Peer review: Does the specialist team have full membership? (3)										2010/11
	15	Peer review: Proportion of peer review indicators met										2010/11
	16	Peer review: are there immediate risks? (4)										2011
	17	Peer review: are there serious concerns? (4)										2011
	18	Number and proportion of patients (from #2) seen by CNS (5)										2012/13 Q2
Practice	28	Cases treated that are urgent GP referrals with suspected cancer [experimental]	34	25%	19%	33%	39%	0%		76%	CWT	2011/12
	29	Q2 2012/13: First treatment began within 31 days of decision to treat	14	100%	78%	100%	99%	91%		100%	CWT	2012/13 Q2
	30	No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or radiotherapy	174	53%	47%	58%	60%	36%		100%	NLCA	2011
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Outcomes and Recovery	35	No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy	28	58%	44%	71%	55%	0%		100%	NLCA	2011
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	40	Number of survey questions and % of those questions scoring red and green		% Red				0%		78%	CPES	2011/12
	41	(7)		% Green				0%		69%	CPES	2011/12

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● Trust is not significantly different from England mean
○ Statistical significance cannot be assessed
◆ England mean

England median

Lowest in England 25th 75th Highest in England

National Cancer Action Team
Part of the National Cancer Programme

NHS Acute Trust

Select Trust/MDT

Section	#	Indicator	No. of patients/cases or value	Percentage or rate			Trust rate or percentage compared to England			Source	Period	
				Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Lowest	Range			Highest
Size	1	Number of newly diagnosed lung cancer patients per year, 2010 [experimental] (1)	304				207	41		588	NCDR	2010
	2	Number of NLCA patients - lung cancer	329				191	1		241	NLCA	2011
	3	Number of NLCA patients - mesothelioma	11				10	0			NLCA	2011
Demographics (based on newly diagnosed patients, 2010)	4	Patients (from #1) aged 70+	186	62%	56%	67%	61%	55%		75%	NCDR	2010
	5	Patients (from #1) with recorded ethnicity	295	97%	94%	98%	93%	66%		100%	NCDR	2010
	6	Patients (from #5) with recorded ethnicity which is not White-British	3	1%	0%	3%	7%	0%		46%	NCDR	2010
	7	Patients (from #1) who are Income Deprived (2)		29%			16%	7%		34%	NCDR	2010
	8	Male patients (from #1)	161	53%	47%	58%	55%	43%		72%	NCDR	2010
	9	Number and proportion of patients (from #2) with a stage assigned	326	99%	97%	100%	92%	36%		100%	NLCA	2011
	10	Number and proportion of patients, excluding SCLC, with stage I or II assigned	83	29%	24%	35%	24%	10%		68%	NLCA	2011
	11	Number and proportion of patients, excluding SCLC, with a stage IIIA assigned	36	13%	9%	17%	14%	4%		30%	NLCA	2011
	12	Number and proportion of patients, excluding SCLC, with a stage IIIB and IV assigned	167	58%	53%	64%	62%	13%		80%	NLCA	2011
	13	Proportion of patients (from #2) with a Performance Status assigned	286	87%	83%	90%	89%	2%		100%	NLCA	2011
Specialist Team	14	Peer review: Does the specialist team have full membership? (3)	SA	Yes							NCPR	2010/11
	15	Peer review: Proportion of peer review indicators met	SA	85%			89%				NCPR	2010/11
	16	Peer review: are there immediate risks? (4)	SA	No							NCPR	2010/11
	17	Peer review: are there serious concerns? (4)	SA	No							NCPR	2010/11
	18	Number and proportion of patients (from #2) seen by CNS (5)	206	63%	57%	68%	79%	0%		100%	NLCA	2011

Through an pathology	Practice	30	No. and proportion of patients (from #2) receiving surgery, chemotherapy and/or radiotherapy								
		31	No. and proportion resected of patients (from #2) excluding confirmed SCLC								
		32	No. and proportion resected of patients (from #2) with confirmed NSCLC								
		33	No. and proportion resected of patients (from #2), excluding confirmed SCLC, with stage I and II disease								
		34	No. and proportion of patients (from #2) with confirmed SCLC receiving chemotherapy								
Waiting time	Practice	35	No. and prop. of patients (from #2) with stage IIIB/IV, PS 0-1 excl. conf. SCLC, receiving chemotherapy								
		36	First outpatient appointments and proportion of all outpatient appointments								
Outcomes and Recovery	Practice	37	NLCA: Median survival in days and adjusted hazard ratio for mortality								
		38	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year								
Patient Experience CPE	Patient Experience - CPES (4)	39	Patients surveyed & % reporting always being treated with respect & dignity (6)								
		40	Number of survey questions and % of those questions scoring red and green (7)							% Red	
		41								% Green	

Notes: (1) n/a = no response

NCIN Conference 2014:

‘The Power of Information’

9-10th June 2014

Birmingham Metropole Hotel

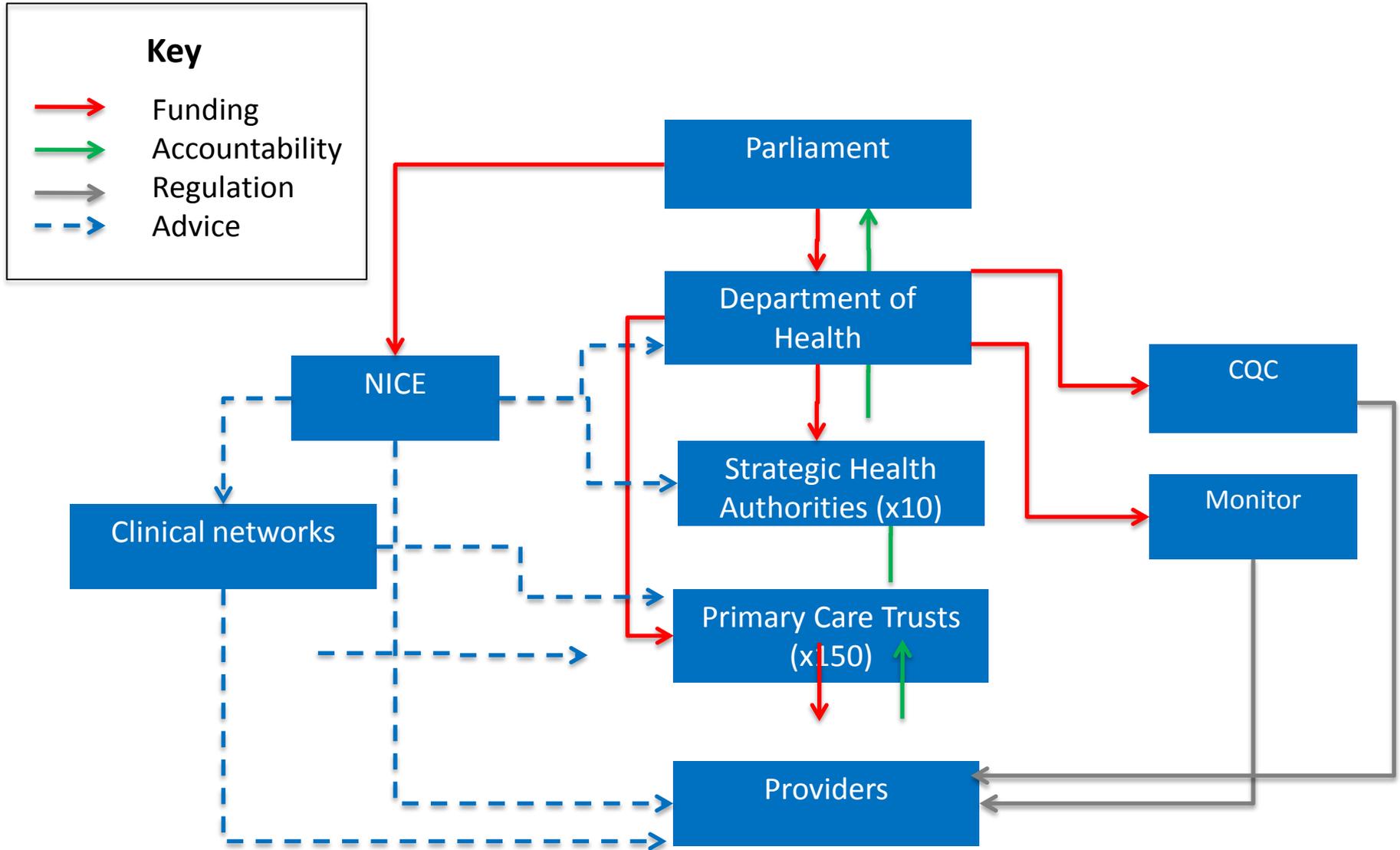
An overview of cancer commissioning

Dr Mick Peake

Clinical Lead

National Cancer Intelligence Network

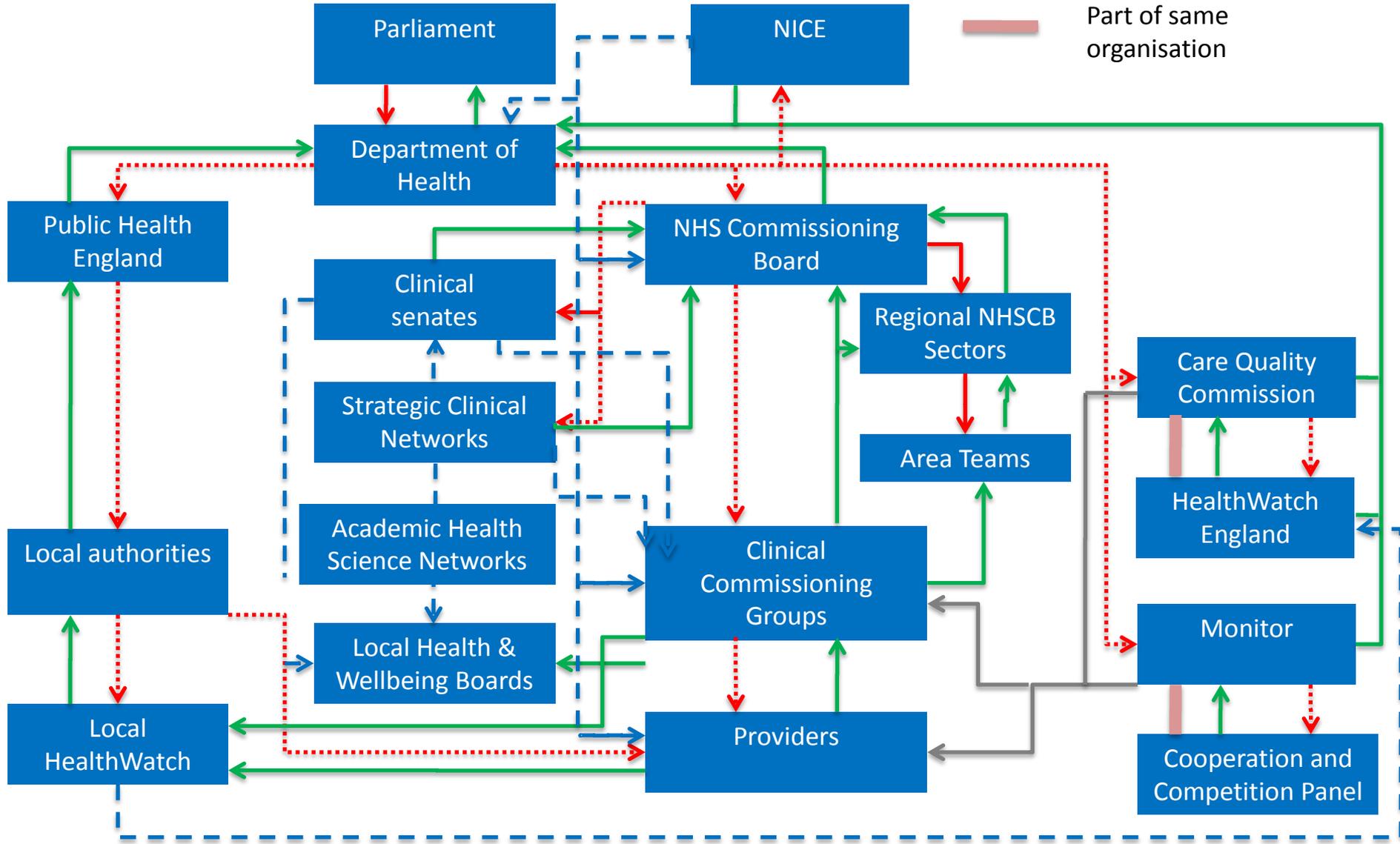
What was then...



As of 1.4.13.....

Key

- Funding (Red dotted arrow)
- Accountability (Green solid arrow)
- Regulation (Grey solid arrow)
- Advice (Blue dashed arrow)
- Part of same organisation (Pink shaded area)



Specialist Commissioning

- **National Service Specifications** (e.g. radiotherapy, chemotherapy, mesothelioma, upper GI cancer, specialised urology, surgery....)
- **Clinical Reference Groups** (e.g. chemotherapy, radiotherapy, upper GI surgery, thoracic surgery.....)

Specialist Commissioning

- **National Service Specifications** (e.g. radiotherapy, chemotherapy, **mesothelioma**, upper GI cancer, specialised urology, PET....)
 - **Mandatory**
- **74 Clinical Reference Groups** – 12+ relating to cancer

Specialised Commissioning Portfolio

Three overarching national clinical portfolios:

- Acute Services
- Highly Specialised Services
- Mental Health (including Learning Disabilities)

Cancer & Blood [15 CRGs]

- **Specialised Cancer**^[£1225M]
(CRG of CRGs marked*)
- Radiotherapy*^[£TBN]
- **Chemotherapy***^[£TBN]
- HIV^[£657M]
- Haemophilia and other bleeding disorders^[£249M]
- Blood & Marrow Transplantation*^[£175M]
- Specialised Immunology and Allergy Services^[£144M]
- Infectious Diseases^[£93M]
- Haemoglobinopathies^[£17M]
- PET-CT*^[£TBN]
- Thoracic Surgery*
- **Upper GI Surgery***
- **Sarcoma***
- **CNS Tumours***
- **Specialised Urology***

Clinical Reference Groups - cancer

- Radiotherapy - *Nick Slevin*
- PET-CT - *Wai Lup Wong*
- Specialised Cancer - *Sean Duffy* **Mesothelioma**
- Blood and Marrow transplantation - *Antonio Pagliuca*
- Thoracic surgery - *Richard Page*
- Upper GI Surgery - *William Allum*
- Sarcoma - *Jeremy Whelan*
- CNS tumours - *Paul Grundy*
- Specialised urology - *Vijay Sangar*
- Chemotherapy - *Peter Clark*
- Complex Head & Neck - *Peter Thomson*
- Teenage and Young People Cancer - *Rachael Hough*

Clinical Commissioning Groups

- Diagnostics
- Referrals
- ‘Common cancers’
 - **Service specifications – advisory**
- Follow up
- Palliative Care

Clinical Commissioning Group Outcomes Indicator Set: Consultation

2013/14 CCGOIS

- under 75 mortality rate from cancer
- 1 and 5 year survival from all cancers
- 1 and 5 year survival from breast, lung & colorectal cancers

2014/15 potential additional indicators for cancer

- cancers diagnosed via emergency routes
- cancer stage at diagnosis
- cancers detected at stage 1 or 2
- lung cancer specific indicators
- breast cancer specific indicators



Commissioning Board

**Identification rules for
prescribed specialised
services: guide for trust
information managers**



Commissioning Support Units

NHS CSUs are designed to offer “an efficient, locally-sensitive and customer-focused service to CCGs”

Services offered include:

- **Business intelligence**
- Healthcare (clinical) procurement
- **Business support services**
- Communications and engagement services

18 CSUs, hosted initially by NHS England until CCGs procure their choice of future commissioning support

Issues & threats

- Linkage between specialist & CCG commissioning
- Lung cancer service specification ‘advisory’
- Lack of National Leadership; loss of -
 - Time & resource for new National Cancer Director
 - National Lung Cancer Clinical Lead post
 - Lung Cancer & Mesothelioma Advisory Group
- Threats to: diagnostics, MDT support, CNSs, follow up, research time, palliative care?