

MDT Coordinators A Stable Influence in a Changing World!

Di Riley

AD Clinical Outcomes, NCIN

- “Our aspiration is that England should achieve cancer outcomes which are comparable with the best in the world”
- “By 2014/15, **5000 additional lives can be saved each year**”

What is your role in supporting this?

How might this happen?

- Increased awareness of symptoms?
- Seeing GP earlier?
- Earlier diagnosis?
- More amenable to treatment?
- Better treatments?
- Better & responsive services?
- Better coordination between services?
- ***BUT every patient is different.....***
- ***AND the NHS has changed.....***

Firstly, the new NHS.....



- NHS England
 - Providers
 - Commissioners
 - Strategic Clinical Networks
- PHE (Public Health England)
 - Public Health
 - Screening
 - NCIN
 - Other Health Intelligence Networks

The Health & Social Care Bill



- **Public Health England (PHE)**

- Information & Intelligence to support local PH and public making healthier choices
- National Leadership to PH, supporting national policy
- Development of PH workforce
- Home to NCIN, and two 'main' cancer functions of former regional registries – registration, and analysis

Health & Wellbeing Boards



- Will develop Joint Strategic Needs Assessments and local health and wellbeing strategies
- Forum for local commissioners, public health, social care, elected representatives and Healthwatch (stakeholders and the public)
- These will set the local framework for commissioning health care, social care and public health services

The Health & Social Care Bill



- **NHS England – formerly the NHS Commissioning Board**
 - “The purpose of NHS England will be to use the £80bn commissioning budget to secure the best possible outcomes for patients.”
 - To ensure the whole commissioning architecture is in place and to commission some services

NHS the focus?

- Where the NHS needs to improve over the next 2 years.
- Focus on '5 Big Killers'
 - heart disease, stroke, cancer, lung and liver disease
 - >150,000 deaths a year among under-75s in England
 - Department of Health estimates 30,000 of these are entirely avoidable
- So how?

5 Domains of the NHS



- Based on 5 domains of the NHS outcomes framework
 - Preventing people from dying prematurely
 - Enhancing quality of life for people with long term conditions
 - Helping people recover from episodes of ill health or following injury
 - Ensuring people have a positive experience of care
 - Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS England & CCGs



- Clinical Commissioning Groups (212 CCGs)
- Strategic Clinical Networks
 - A whole system approach needed to achieve change in quality and outcomes of care for patients.
 - The first four areas are:
 - Cancer
 - Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal)
 - Maternity and children
 - Mental health, dementia and neurological conditions
- Specialist Commissioning

Mixed commissioning economy...



- CCGs
 - Diagnostics
 - 'general surgery & services'
 - Allied health services & supportive care
 - Palliative care & EOL

- Specialist commissioning
 - All care provided by Specialist Cancer Centres

Specialist Commissioning



- All care provided by Specialist Cancer Centres for specified **rare cancers** e.g. Brain, Anal, and head & neck cancers
- **Complex surgery** for specified common cancers provided by Specialist Cancer Centres e.g. **Gynae**, Urological
- **Certain specified interventions** provided by specified Specialist Cancer Centres e.g. Thoracic surgery, Mohs surgery
- **Radiotherapy** service (all ages)
- **Chemotherapy**: for specified rare cancers, the procurement and delivery of chemotherapy including drug costs
- **Chemotherapy**: for common cancers, the drug costs, procurement and delivery of chemotherapy

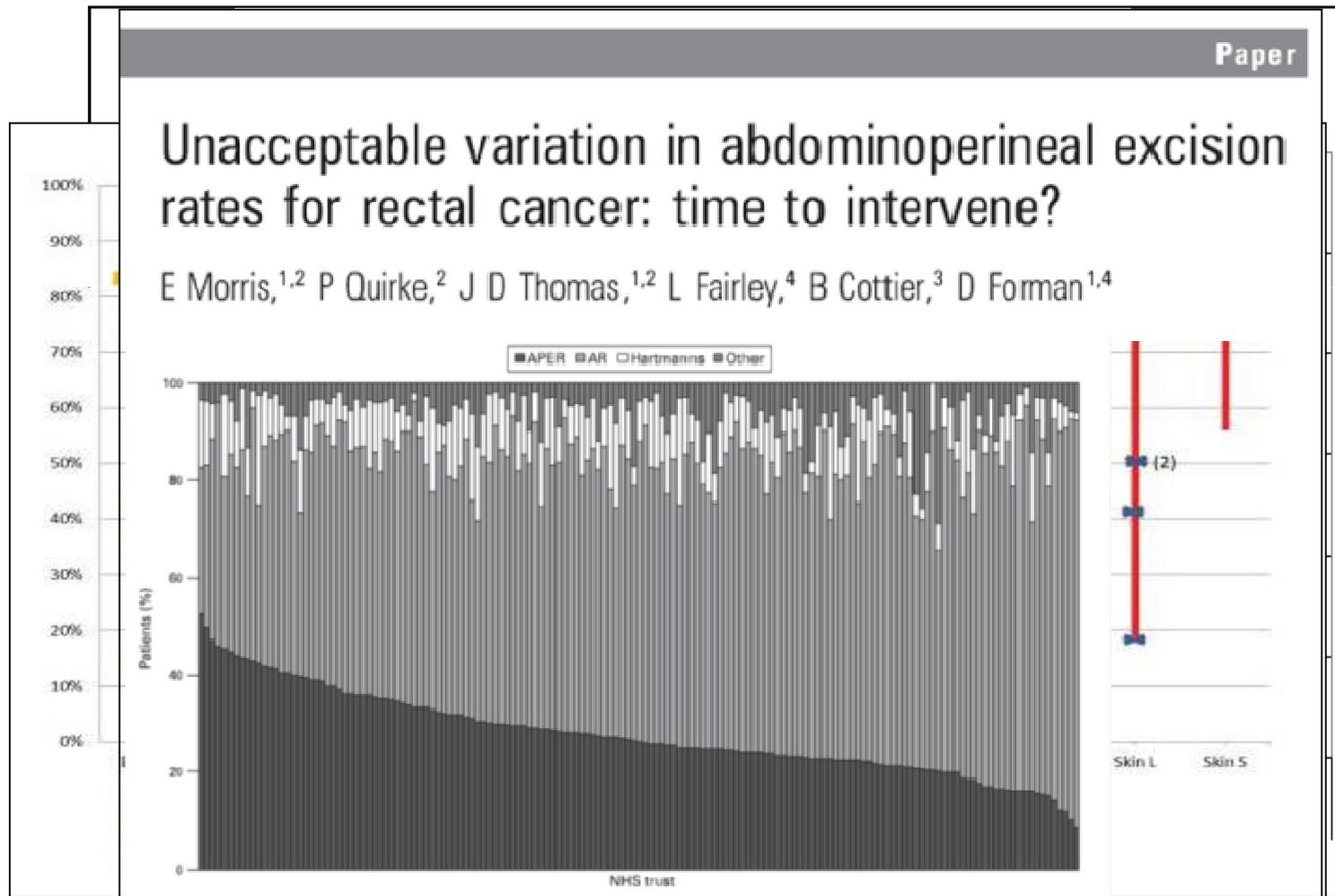
What makes a Good Service?



- Latest treatments
- Expert teams
- Good outcomes
- Value for money
- Meets standards
- Close to home
- Access to new drugs
- Good patient support
- Clinical Trials
- Everyone is unique

Everyone wants the best services & best outcomes

Impact of information?



Newer Information?

THE TIMES | Friday March 19 2009

News

Older cancer patients 'denied surgery'

Bias helps to explain low survival rates

Sam Lister Health Editor

Thousands of cancer patients are being denied potentially life-saving surgery because of a cultural reluctance to operate on tumours in the middle-aged and elderly, an official study suggests.

The first research to track rates of cancer surgery around the country shows that the likelihood of patients having operations falls off markedly as they get older.

Clinicians leading the study, to be published shortly but which has been seen by *The Times*, described the finding as a "striking indicator" of why England's cancer survival rates are poor by international standards.

The research, carried out by the National Cancer Intelligence Network (NCIN) set up by the Department of Health in 2005, suggests that a combination of poor access to specialist surgical opinion and a tendency within parts of the NHS to consider older patients as inappropriate for surgery are the main factors.

Mick Peake, who is based at Glenfield Hospital, Leicester, and led the study, said that, while it was not surprising that smaller numbers of the most elderly were undergoing surgery, the decline in rates among the middle-aged was particularly worrying.

Surgery remains the treatment with greatest impact on long-term survival

Falling off the operating table

Age group	Bladder	Cervix	Lung	Colorectal	Pancreas	Kidney	Stomach	Uterus	Ovary	Breast	Prostate	Liver	Oesophagus
40-49	30	20	15	50	60	70	80	65	55	60	75	85	90
50-59	28	18	14	48	58	68	78	63	53	58	73	83	88
60-69	26	16	13	46	56	66	76	61	51	56	71	81	86
70-79	24	14	12	44	54	64	74	59	49	54	69	79	84
80-89	22	12	10	42	52	62	72	57	47	52	67	77	82

I was lucky. Many aren't

Case study

between 2004 and 2006, with follow-up in 2007, might not reflect recent improvements. Dr Peake said, but the trends held for the situation today.

While 9 per cent of patients with lung cancers had surgery, the rate is

15% OF

GP & MDT Based Service Profiles



Cancer Service Profiles for Colorectal Cancer - "Look and feel" mockup - dummy data
© 2014, Sept 2011. Please direct comments and feedback to profiles@ncin.org.uk

NHS
 Trust is significantly different from England mean
 Trust is not significantly different than England mean
 Statistical significance can not be assessed
 England mean

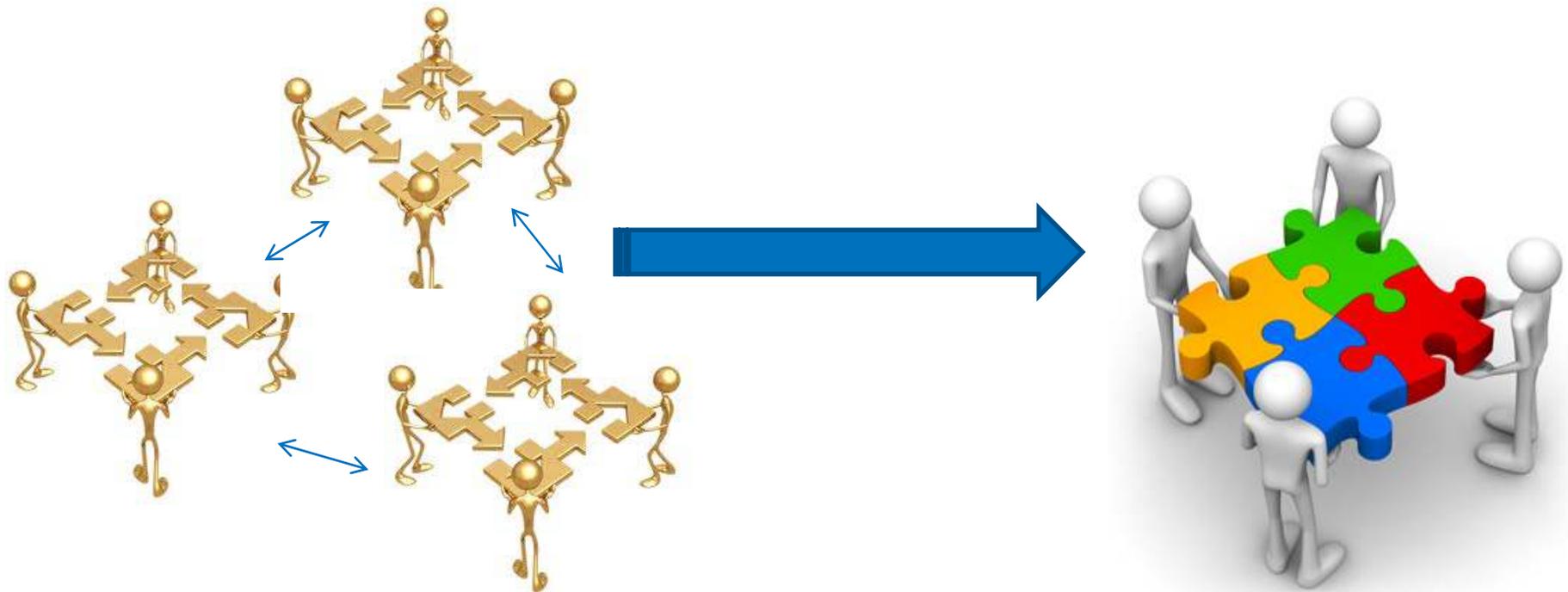


Jo Bloggs NHS Trust | Select Trust/MDT

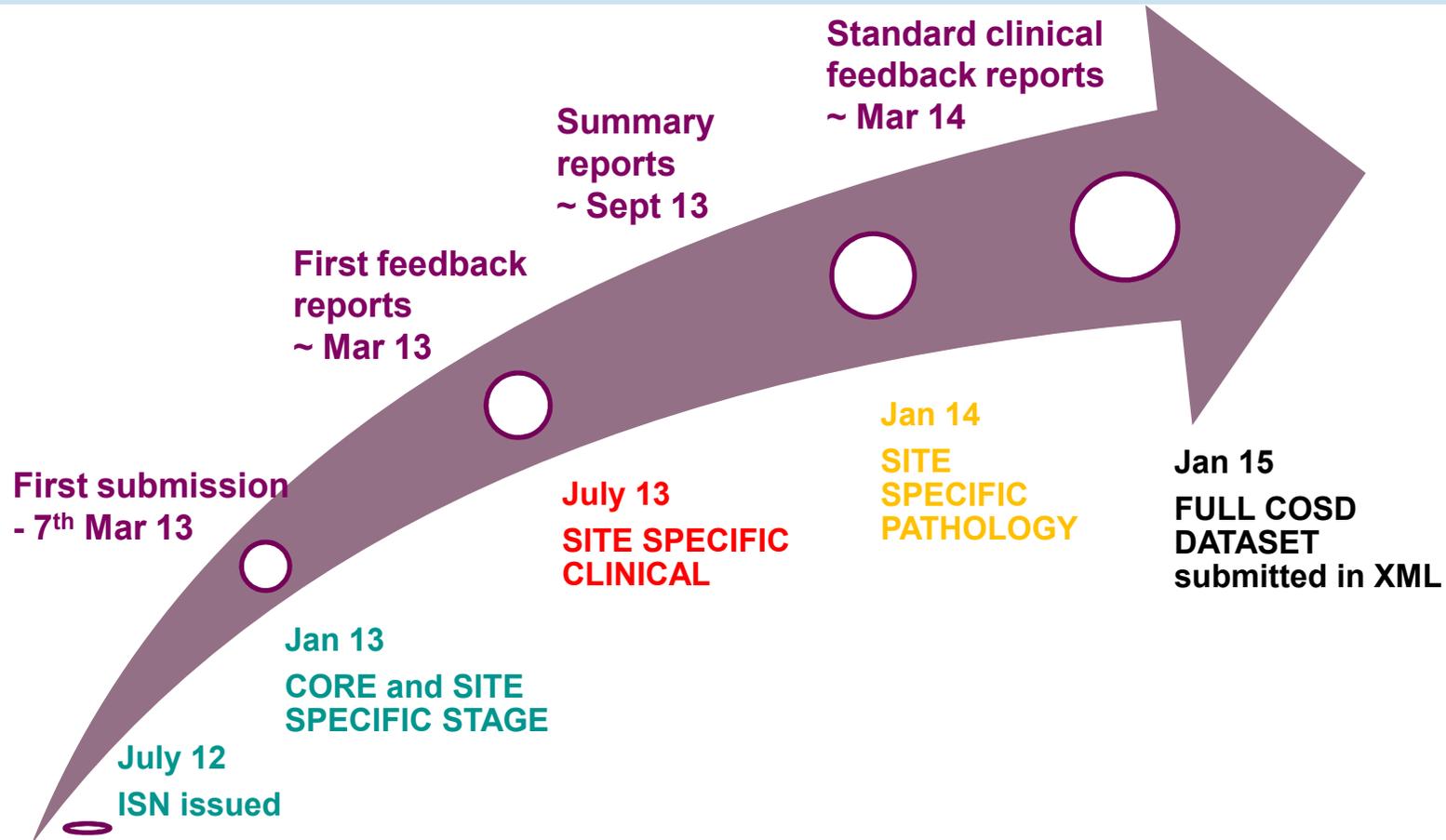
Section #	Indicator	No. of patients/cases or value	Trust	Proportion or rate		England	Trust rates or proportion compared to England mean				Source	Period	
				Lower 95% confidence	Upper 95% confidence		Range	Lowest in Eng.	Eng. 25th Percentile	Eng. mean			Eng. 75th Percentile
Size	1 Number of new patients treated per year	90											
Demographics (based on new patients treated per hour)	2 Patients aged 70+	50	50%	49%	52%	60%	0%			100%	Cancer waits	2010	
	3 Patients with recorded ethnicity	89	89%	86%	92%	94%	0%			100%	etc	etc	
	4 Patients recorded as non white-British	15	15%	15%	15%	16%	0%			100%			
	5 Patients who are income deprived	Quintile 2	17%	16%	18%	18%	0%			100%			
	6 Male patients	2	2%	2%	2%	7%	0%			100%			
	7 Patients with a registered cancer stage	70	70%	68%	72%	77%	0%			100%			
	8 Patients with a Stage A or B disease at diagnosis	40	40%	39%	41%	46%	0%			100%			
	9 Patients with a Charlson co-morbidity index >0	34	34%	33%	35%	38%	0%			100%			
	10 The specialist team has full membership	Yes	82%			0%				100%			
	11 Proportion of peer review indicators met	No				0%				100%			
Specialist Team	12 Peer review: are there immediate risks?	No				0%				100%			
	13 Peer review: are there serious concerns	No				0%				100%			
	14 Patients reporting good availability of a CNS	92	92%	89%	95%	99%	0%			100%			
	15 Surgeons not managing 20+ cases per year	4	40%	39%	41%	45%	0%			100%			
	16 Number of two week wait referrals for cancer	42				0%				100%			
Through Input	17 Number and proportion of admissions that are emergencies	120	48%	47%	49%	52%	0%			100%			
	18 Patients referred via the screening service	17	17%	16%	18%	19%	0%			100%			
	19 TWW referrals with suspected cancer seen within 2 weeks	37	88%	85%	91%	93%	0%			100%			
	20 TWW referrals diagnosed with cancer	41	98%	95%	101%	103%	0%			100%			
Waiting Times	21 Patients treated within 31 days of agreeing treatment plan	7	7%	7%	7%	14%	0%			100%			
	22 Surgical cases treated laparoscopically	91	91%	88%	94%	93%	0%			100%			
	23 Patients resected for liver metastases	12	12%	12%	12%	21%	0%			100%			
	24 Patients undergoing a major surgical resection	8	8%	8%	8%	16%	0%			100%			
	25 Mean length of stay for elective admissions	29	32%	31%	33%	38%	0%			100%			
	26 Mean length of stay for emergency admissions	4.5	4.4	4.6	4.6	0				100%			
	27 Surgical patients readmitted as an emergency within 28 days	5.7	5.5	5.9	5.7	0				100%			
Practice	28 New to follow-up outpatients appointments	4	4%	4%	4%	10%	0%			10			
	29 Patients treated surviving at one year	76%	74%	78%	82%	0%				10			
	30 Patients reporting being treated with respect and dignity	90	90%	87%	93%	91%	0%			100%			
	31 Cancer patient experience survey questions scored as "green"	1	1%	1%	1%	0%				100%			
	32 Cancer patient experience survey questions scored as "red"	92	92%			0%				100%			
	33 Cancer patient experience survey questions scored as "red"	3	87%			0%				100%			
Times and Recovery	34	6	4%			0%				100%			
	35					0%				100%			
	36					0%				100%			

Where does the data and information come from?

Your patients, your MDTs, your hospital!



'COSD' – the 'OMG' moment....



Level 1 Conformance to the COSD – April 2013 diagnosis/treatment data



	Number of Providers	Level 1.1 Percentage of files received as agreed in the Data Transfer Partnership Agreement (DTPA)	Level 1.3 Percentage of files that were received on time	<i>Percentage of MDT files that were received on time</i>	Level 1.4 Percentage of files that were received in the correct format	<i>Percentage of MDT files that were received in the correct format</i>
NCRS NORTHERN AND YORKSHIRE BRANCH	19	100%	100%	100%	95%	100%
NCRS TRENT BRANCH	10	80%	93%	100%	86%	86%
NCRS EASTERN BRANCH	18	100%	100%	100%	100%	100%
NCRS LONDON BRANCH	44	59%	84%	77%	58%	67%
NCRS OXFORD BRANCH	7	100%	100%	100%	100%	100%
NCRS SW BRANCH	21	91%	97%	100%	91%	100%
NCRS WEST MIDLANDS BRANCH	19	90%	94%	89%	89%	89%
NCRS NW BRANCH	29	76%	92%	97%	96%	96%
ENGLAND	167	87%	95%	95%	89%	92%

Understanding Cancer



Understanding Cancer
Oncology Training for NHS
and Public Health non-clinical staff

**Professionally accredited
by the Institute of Healthcare Management**

Free access for all UK users

Key features include:

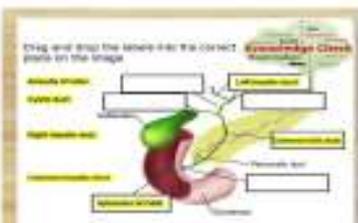
- flexibility to work at your own pace from work or home
- ability to stop and resume at any point from any computer
- reference guides
- colourful images throughout
- glossary of terms
- learning objectives
- quizzes
- certificate of achievement
- free of charge to UK users

Who it is for and what you will learn

This e-learning tool is aimed primarily at Multi-disciplinary Team Co-ordinators and Cancer Registrars staff who need to know:

- ⇒ about cancer – medical terminology, diagnosis, tests and treatments
- ⇒ how cancer services are organised in the NHS
- ⇒ about cancer types – key risks, including causes, risk factors, signs and symptoms, anatomy and physiology

Other NHS staff can also use the course to improve their understanding of cancer



What to do next

For more information, visit www.ncin.org.uk where you can self-register on to the mylearning space website by creating a new account.







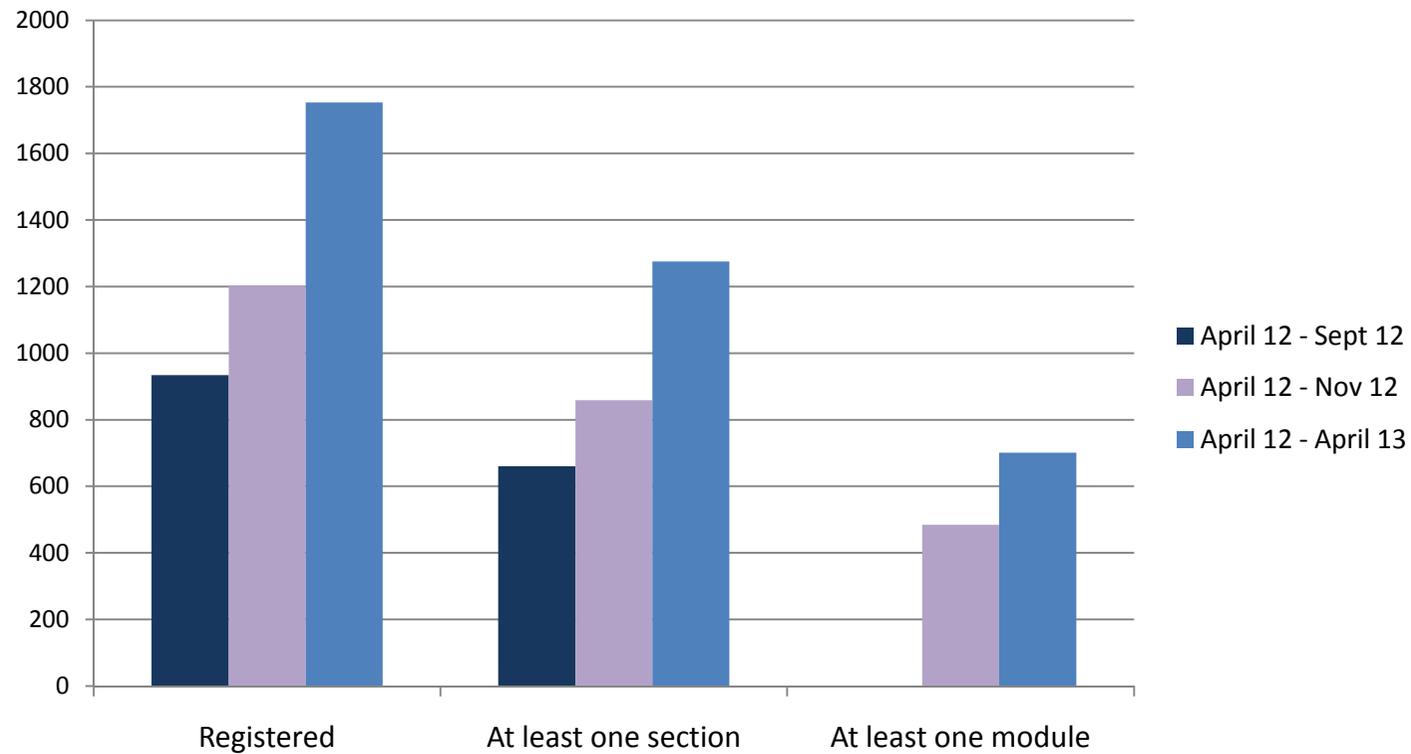

Understanding Cancer
Oncology Training for NHS
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Launched Modules	
Cancer Surveillance	Lower Gastrointestinal Tract
National Health Service	Respiratory System and Mesothelioma
Cancer Registration	Stomach
Subsidiary Teams	Non-Hodgkin's
Cancer DataLink	Melanoma
Terminology, Tests and Treatments	Respiratory Tract Cancer
What is Cancer	Pancreas
Medical Terminology	Gallbladder
Basic Anatomy & Physiology	Liver and Intrahepatic Bile Ducts
Diagnostic Tests	Extrahepatic Bile Ducts
Cancer Treatment	Upper GI Tract Cancer
Tumour site specific cancers	Oesophagus
Brain and Central Nervous System	Sensory
Brain and Central Nervous System	Small Intestine
Pituitary and Pituitary Gland	Urinary Tract Cancer
Breast	Bladder and other Urinary Tract
Female Reproductive	Kidneys (including Renal Pelvis)
Endometrial and Uterus	Male Reproductive Tract Cancer
Cervical	Prostate
Ovarian	Head and Neck
Placental	Lip and Oral Cavity
Papillary Thyroid	
Female External Genitals	
Modules in development	
Male Reproductive Tract	Haematopoietic Malignancies
Penis	Leukaemia
Testis	Lymphoma
Head and Neck	Bone and Soft Tissue
Larynx	Bone
Pharynx	Soft Tissue
Nasal Cavity	Cancer of Unknown Primary (CUP)
Major Salivary Glands	Children, Teenagers and Young Adults (CTYA)
Thyroid	

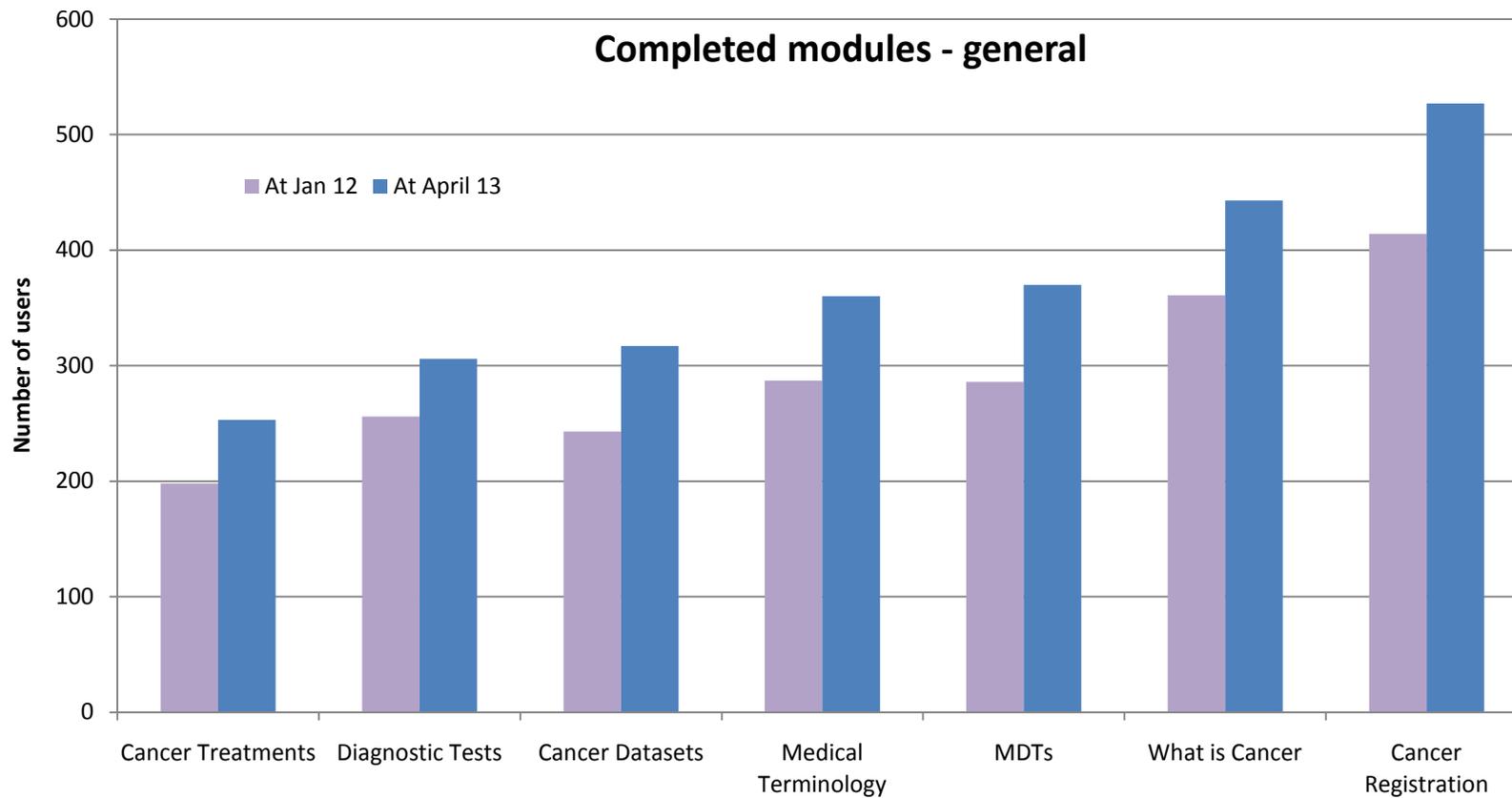
June 2013

Activity (1)

User activity



Activity (2)



So, in summary



- The healthcare landscape has changed
- Providers under the spotlight
- Focus on outcomes and service quality
 - Need a good evidence base to understand variation change over time
- For cancer the evidence comes from YOU and your clinical colleagues

THANK YOU – enjoy your day!