

Service Profiles

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SSCRG Programme manager

Profiles - Rationale

- Service profiles:
 - Benchmark and assess
 - NHS Trust / multi-disciplinary team (MDT) based
 - Assist clinical teams to reflect on outcomes
 - Assist the commissioners of cancer services to
 - *understand the variation across the MDT's (local service) for both patient experience and patient care.*
 - Indicators included have been
 - *discussed with commissioners and MDT's as being important and form the basis for objective dialogue about clinical practice and service delivery.*

Profiles - Process

- Service profiles:
 - First developed for Breast and Colorectal profiles (published Dec 2011, Feb 2013, June 2013)
 - Based on latest nationally available data
 - cancer registration, CWT, NCDR, CPES, HES, Peer Review, National Audit
 - Part generic, part specialist indicators.
 - Indicators incorporate Clinical Lines of Enquiry

Profiles - structure

NCIN / PHE KIT West
Midlands team (*formally
West Midlands Cancer
Intelligence Unit*) co-
production

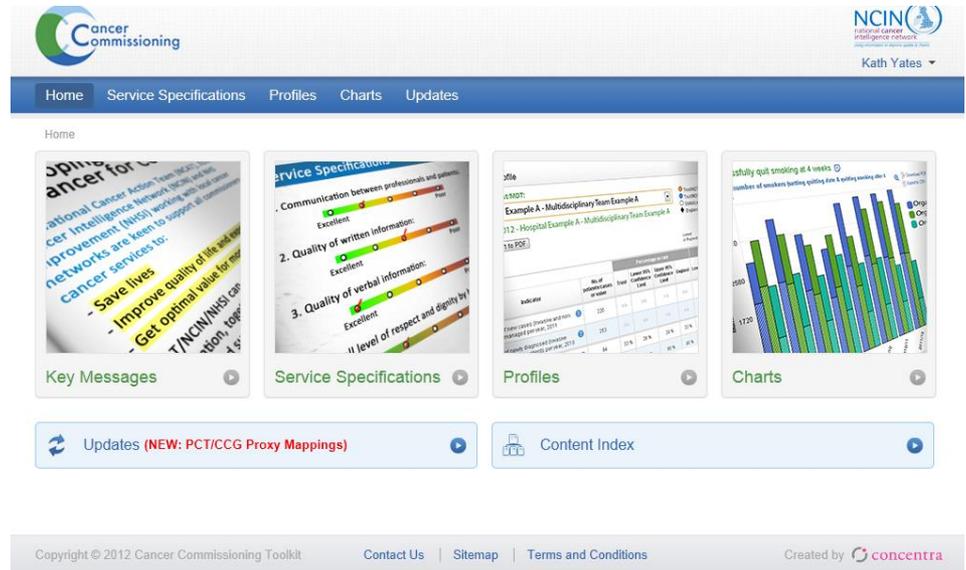
Hosted in the Cancer
Commissioning Toolkit –

Public view

open access

Professional view

access registration
required



The screenshot shows the 'Cancer Commissioning Toolkit' website. At the top left is the 'Cancer Commissioning' logo. At the top right is the 'NCIN national cancer intelligence network' logo with the name 'Kath Yates' and a dropdown arrow. Below the logos is a navigation bar with links: 'Home', 'Service Specifications', 'Profiles', 'Charts', and 'Updates'. The main content area is titled 'Home' and features four large, interactive tiles: 'Key Messages' (with a document icon), 'Service Specifications' (with a bar chart icon), 'Profiles' (with a table icon), and 'Charts' (with a bar chart icon). Below these tiles are two buttons: 'Updates (NEW: PCT/CCG Proxy Mappings)' and 'Content Index'. At the bottom of the page is a footer with copyright information: 'Copyright © 2012 Cancer Commissioning Toolkit', links for 'Contact Us', 'Sitemap', and 'Terms and Conditions', and a note 'Created by concentra'.

www.cancertoolkit.co.uk

A PERIODIC TABLE OF VISUALIZATION METHODS

C continuum												G graphic facilitation						
Tb table	Ca cartesian coordinates												Me meeting trace	Mm metro map	Tm temple	St story template	Tr tree	Ct cartoon
Pi pie chart	L line chart												Co communication diagram	Fp flight plan	Cs concept skeleton	Br bridge	Fu funnel	Ri rich picture
B bar chart	Ac area chart	R radar chart cobweb	Pa parallel coordinates	Hy hyperbolic tree	Cy cycle diagram	T timeline	Ve venn diagram	Mi mindmap	Sq square of oppositions	Cc concentric circles	Ar argument slide	Sw swim lane diagram	Gc gant chart	Pm perspectives diagram	D dilemma diagram	Pr parameter ruler	Kn knowledge map	
Hi histogram	Sc scatterplot	Sa sankey diagram	In information lense	E entity relationship diagram	Pt petri net	Fl flow chart	Cl clustering	Lc layer chart	Py minto pyramid technique	Ce cause-effect chains	Tl toulmin map	Dt decision tree	Cp cpm critical path method	Cf concept fan	Co concept map	Ic iceberg	Lm learning map	
Tk tukey box plot	Sp spectrogram	Da data map	Tp treemap	Cn cone tree	Sy system dyn./ simulation	Df data flow diagram	Se semantic network	So soft system modeling	Sn synergy map	Fo force field diagram	Ib ibis argumentation map	Pr process event chains	Pe pert chart	Ev evocative knowledge map	V Vee diagram	Hh heaven 'n' hell chart	I infomural	

Cy **Process Visualization**

Hy **Structure Visualization**

Overview
 Detail

Detail AND Overview

Divergent thinking

Convergent thinking

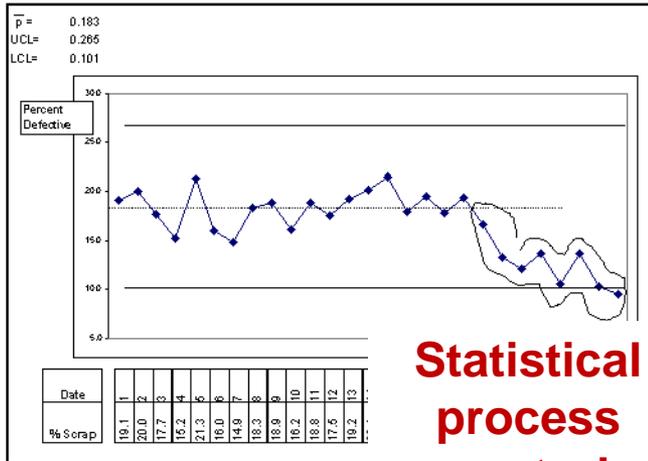
Note: Depending on your location and connection speed it can take some time to load a pop-up picture.

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version 1.5

Su supply demand curve	Pc performance charting	St strategy map	Oc organisation chart	Ho house of quality	Fd feedback diagram	Ft failure tree	Mq magic quadrant	Ld life-cycle diagram	Po porter's five forces	S s-cycle	Sm stakeholder map	Is ishikawa diagram	Tc technology roadmap
Ed edgeworth box	Pf portfolio diagram	Sg strategic game board	Mz mintzberg's organigraph	Z zwickly's morphological box	Ad affinity diagram	De decision discovery diagram	Bm bcg matrix	Stc strategy canvas	Vc value chain	Hy hype-cycle	Sr stakeholder rating map	Ta taps	Sd spray diagram

For example...

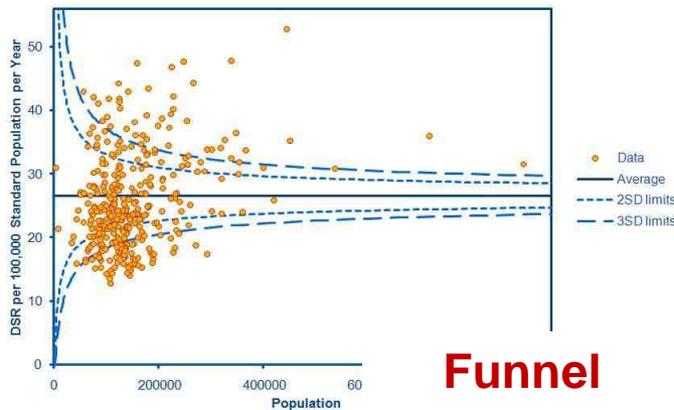


Statistical process control

PCT Name	updated	Year	East of England	Bedfordshire	Cambridgeshire	East & North Hertfordshire	Great Yarmouth & Luton	Mid Essex	Northfolk	North East Essex	Northampton	South East Essex	South West Essex	Suffolk	West Essex	West Hertfordshire	
Improving lives, saving lives: Pledge II	Percentage of eligible children in Reception with height and weight measurements	Y	2007/08	87.8	93.6	87.1	95.0	96.1	91.1	79.7	90.9	93.1	89.5	84.0	90.0	90.3	91.2
	Percentage of obese children in Reception	Y	2007/08	9.3	8.7	8.9	8.7	10.4	12.6	8.7	9.1	9.0	12.6	8.3	10.8	8.8	8.2
	Percentage of eligible children in Year 6 with height and weight measurements	Y	2007/08	84.0	88.8	83.2	86.8	83.7	92.5	83.4	88.5	80.3	87.0	83.2	87.4	85.7	86.5
	Percentage of obese children in Year 6	Y	2007/08	16.7	15.1	17.0	16.3	18.6	20.9	15.7	19.0	19.5	19.1	16.9	17.5	14.4	17.6
Child Health	Percentage of women smoking at delivery*	Y	2007/08	14.3	19.6	11.6	14.0	DNF	17.4	10.5	13.1	20.4	16.1	14.0	11.2	13.8	14.4
	Percentage of maternities with known smoking status	Y	2007/08	98.2	95.8	100.0	100.0	DNF	96.0	95.1	95.5	94.7	100.0	98.8	98.6	99.1	97.2
	Percentage of mothers known to initiate breastfeeding*	Y	2007/08	73.0	65.3	73.0	73.8	68.1	DNF	73.8	73.3	57.0	70.3	83.8	73.3	75.8	
Sexual Health	Percentage of maternities with known breastfeeding status	Y	2007/08	98.1	95.2	100.0	98.0	97.6	DNF	95.2	93.8	100.0	97.8	98.1	94.4	95.6	
	Number of tests for Chlamydia per 100,000 aged 15-24	Y	2009/09 Q2	130.4	189.1	121.4	149.1										
Immunisation	Tenage conception rates per 1,000 females aged 15-17	Y	2004-06	22.8	22.5	24.9	27.8										
	Percentage of children who have had their first dose of MMR by their second birthday	Y	2007/08	84	85.7	84.0	84.4										

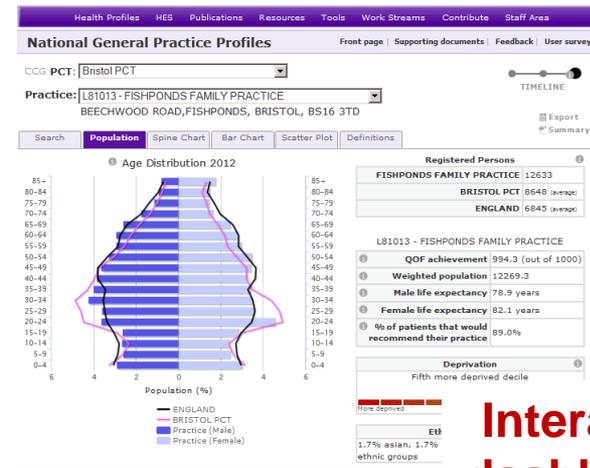
Tartan rugs

Lung Cancer Mortality in Under 75s, 2004-06



Funnel plots

Source: Compendium of Clinical and Health Indicators, I
Note: Population is adjusted due to Standardisation Calc



Health Profiles | HES | Publications | Resources | Tools | Work Streams | Contribute | Staff Area

National General Practice Profiles | Front page | Supporting documents | Feedback | User survey

COG PCT: Bristol PCT

Practice: L81013 - FISHPONDS FAMILY PRACTICE
BEECHWOOD ROAD, FISHPONDS, BRISTOL, BS16 3TD

Search | Population | Spine Chart | Bar Chart | Scatter Plot | Definitions | Export Summary

Age Distribution 2012

Registered Persons: FISHPONDS FAMILY PRACTICE 12633

BRISTOL PCT 8648 (average)
ENGLAND 6845 (average)

L81013 - FISHPONDS FAMILY PRACTICE

- QoF achievement: 994.3 (out of 1000)
- Weighted population: 12269.3
- Male life expectancy: 78.9 years
- Female life expectancy: 82.1 years
- % of patients that would recommend their practice: 85.0%

Deprivation: Fifth more deprived decile

1.7% asian, 1.7% ethnic groups

Interactive dashboards

Profiles...

Section	#	Indicator	No. of patients/cases or value	Percentage or rate			Trust rate or percentage compared to England		Range	Highest	Source	Period	
				Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low-est					
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		585	NLCA	2011	
	3	Number of NLCA patients - mesothelioma	11				10	0		31	NLCA	2011	
Demographics (based on newly diagnosed patients, 2010)	4	Patients (from #1) aged 70+	188	62%	56%	67%	61%	39%		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							N CPR	2010/11
		15	Peer review: Proportion of peer review indicators met	SA	85%			89%				N CPR	2010/11
16		Peer review: are there immediate risks? (4)	SA	No							N CPR	2010/11	
17		Peer review: are there serious concerns? (4)	SA	No							N CPR	2010/11	
Throughput and pathology	18	Number and proportion of patients (from #2) seen by CNS (5)	206	63%	57%	68%	79%	0%		100%	NLCA	2011	
	19	Number of urgent GP referrals for suspected cancer	406				293	0		853	CWT	2010/11	
	20	Number and proportion of patients (from #2) with confirmed NSCLC	184	56%	52%	60%	62%	0%		93%	NLCA	2011	
	21	Number and proportion of patients (from #2) with confirmed SCLC	40	12%	9%	16%	12%	0%		100%	NLCA	2011	
	22	Number and proportion of patients (from #2) with confirmed NSCLC who are diagnosed NOS	21	11%	8%	17%	19%	0%		79%	NLCA	2011	
	23	Number and proportion of patients (from #2) with histological confirmation of diagnosis	228	69%	64%	74%	77%	52%		100%	NLCA	2011	
Waiting times	24	Estimated proportion of tumours with emergency presentations [experimental]	94	47%	40%	54%	37%	2%		97%	HES	2011	
	25	Q2 2012/13: Urgent GP referral for suspected cancer seen within 2 weeks	135	96%	92%	98%	97%	88%		100%	CWT	2012/13 Q2	
	26	Q2 2012/13: Treatment within 62 days of urgent GP referral for suspected cancer	15	73%	52%	87%	80%	0%		100%	CWT	2012/13 Q2	
	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	
Practice	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	
	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 (8)	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	

Profiles... rationale

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	11	Number a									NLCA	2011	
	12	Number a									NLCA	2011	
	13	Proportion a									NLCA	2011	
Specialist Team	14	Peer review a									NCPR	2010/11	
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	21	Number a									NLCA	2011	
	22	Number a									NLCA	2011	
	23	Number a									NLCA	2011	
Waiting times	24	Estimated									HES	2011	
	25	Q2 2012/									CWT	2012/13 Q2	
	26	Q2 2012/									CWT	2012/13 Q2	
	27	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]	103	25%	21%	30%	24%	4%		46%	CWT	2011/12	
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	40	Number of survey questions and % of those questions scoring red and green (7)	0	n/a				0%		78%	CPES	2011/12	
	41	% Red						0%		69%	CPES	2011/12	
		% Green						0%		69%	CPES	2011/12	

- Assess and benchmark a wide range of information at organisation level
- Allows a 'at a glance' assessment of an organisation

Profile anatomy

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	Specialist Team	14	Peer review: Doe										
		15	Peer review: Pro										
16		Peer review: are											
17		Peer review: are											
Throughput and pathology	18	Number and prop											
	19	Number of urgent											
	20	Number and prop											
	21	Number and prop											
	22	Number and prop											
Waiting times	23	Number and proportion of patients (from #2) with histological confirmation of diagnosis	228	69%	64%	74%	77%	52%					
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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%					
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	37	NLCA: Median survival in days and adjusted hazard ratio for mortality	176	0.95	0.82	1.11	1.1	0.57					
Patient Experience - CPES (8)	38	NLCA: Proportion of patients surviving at one year and adjusted odds ratio of surviving 1 year	34%	1.43	0.97	2.11	1.1	0.40					
	39	Patients surveyed & % reporting always being treated with respect & dignity (6)	13	n/a			83%	66%					
	40	% Red	0	n/a				0%					
	41	% Green	0	n/a				0%					

Indicator descriptions (41)

Numbers, rates, and comparators

Spine chart & range of data

Sources & Dates

Profile anatomy

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Demographics (based on newly diagnosed patients, 2010)	4	Patients (from #1) aged 70+							75%	NCDR	2010	
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	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)	51	100%	100%	100%	100%	0%	100%	NCPR	2010/11	
	15	Peer review: Does the specialist team have full membership? (4)	51	100%	100%	100%	100%	0%	100%	NCPR	2010/11	
	16	Peer review: Does the specialist team have full membership? (5)	51	100%	100%	100%	100%	0%	100%	NCPR	2010/11	
	17	Peer review: Does the specialist team have full membership? (6)	51	100%	100%	100%	100%	0%	100%	NCPR	2010/11	
Throughput and pathology	18	Number and proportion of patients (from #2) seen by CNS (5)	206	62%	57%	68%	70%	0%	100%	NLCA	2011	
	19	Number of urgent GP referrals for suspected cancer	406					0	853	CWT	2010/11	
	20	Number and proportion of patients (from #2) with a confirmed diagnosis							93%	NLCA	2011	
	21	Number and proportion of patients (from #2) with a confirmed diagnosis							100%	NLCA	2011	
	22	Number and proportion of patients (from #2) with a confirmed diagnosis							79%	NLCA	2011	
Waiting times	23	Number and proportion of patients (from #2) with a confirmed diagnosis							100%	NLCA	2011	
	24	Estimated proportion of tumours with emergency presentations [experimental]	94	47%	40%	54%	37%	2%	97%	HES	2011	
	25	Q2 2012/13: Urgent GP referral for suspected cancer seen within 2 weeks	1351	98%	92%	98%	97%	88%	100%	CWT	2012/13 Q2	
	26	Q2 20								CWT	2012/13 Q2	
Practice	27	Urgent Cases								CWT	2011/12	
	28	Urgent Cases								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	
	31	No. and proportion resected of patients (from #2) excluding confirmed SCLC							16%	0%	NLCA	2011
	32	No. and proportion resected of patients (from #2) with confirmed NSCLC							21%	0%	NLCA	2011
Outcomes and Recovery	33	No. and proportion resected of patients (from #2), excluding confirmed SCLC, with stage I and II assigned							53%	0%	NLCA	2011
	34	No. and proportion of patients (from #2) with confirmed SCLC receiving chemotherapy							68%	0%	NLCA	2011
	35	No. and proportion of patients (from #2) with stage IIIB/IV, PS 0-1 and confirmed SCLC receiving chemotherapy	28	58%	44%	74%	55%	0%	100%	NLCA	2011	
Patient Experience - CPES (8)	36	First outpatient appointments and proportion of all outpatient appointments							68%	PBR SUS	2011/12	
	37	NLCA: Median survival in days and adjusted hazard ratio for mortality							1.49	NLCA	2011	
Patient Experience - CPES (8)	38	NLCA: Proportion of patients surviving at one year and adjusted odds ratio							2.67	NLCA	2011	
	39	Patients surveyed & % reporting always being treated with respect & dignity (6)							33%	66%	CPES	2011/12
Patient Experience - CPES (8)	40	Number of survey questions and % of those questions scoring red and green (7)							0%	78%	CPES	2011/12
	41	Number of survey questions and % of those questions scoring red and green (7)							0%	68%	CPES	2011/12

Size – no. patients diagnosed

Patient demographics (including stage/PS)

Specialist team – Peer Review concerns and CNS coverage

Throughput and pathology – patient breakdown

Waiting times performance and conversion/detection rates

Clinical practice

Outcomes and recovery

Patient Experience

Profiles – detail (1)

Size	G1	Number of new cases (invasive and non-invasive) managed per year, 2012
	G2	Number of newly diagnosed (invasive and non-invasive) patients per year, 2011
Demographics (based on newly diagnosed patients, 2010)	G2	Patients (from #G2) aged 70+
	G4	Patients (from #G2) with recorded ethnicity
	G5	Patients (from #G4) with recorded ethnicity which is not White-British
	G6	Patients (from #G2) who are Income Deprived (1)
	G7	Male patients (from #G2)
	BR1	Patients (invasive from #G2) with a nationally registered Nottingham Prognostic Index
	BR2	Patients (from #BR1) with nationally registered NPI in excellent or good prognostic groups
	G8	Patients with Charlson co-morbidity >0 (to be included in later profile)

Profiles - detail 2

Specialist Team	G8	Peer review: does the specialist team have full membership? (2)
	G9	Peer review: proportion of peer review indicators met
	G10	Peer review: are there immediate risks? (3)
	G11	Peer review: are there serious concerns? (3)
	G12	CPES (4): Patients surveyed and % reporting being given name of a CNS (5,6)
	BR4	Surgeons not managing 30+ cases per year
Throughput	G13	Number of urgent GP referrals for suspected cancer
	BR5	Cases (from #G2) managed at this trust with invasive cancer
	BR6	Cases (from #G2) managed at this trust with non-invasive cancer
	G14	Estimated proportion of tumours with emergency presentations [experimental]
	BR7	Newly diagnosed patients (from #G2) referred via the screening service
Waiting times	G15	Q2 2012/13: Urgent GP referral for suspected cancer seen within 2 weeks
	G16	Q2 2012/13: Treatment within 62 days of urgent GP referral for suspected cancer
	G17	Urgent GP referrals for suspected cancer diagnosed with cancer [experimental]
	G18	Cases treated that are urgent GP referrals with suspected cancer [experimental]
	G19	Q2 2012/13: First treatment began within 31 days of decision to treat
	GN1 (previously BR8)	Q2 2012/13: Urgent breast symptom referrals (cancer not suspected) seen in 2 wks

Profiles – detail (3)

Practice	BR9	Surgical cases (from #BR12) receiving sentinel lymph node biopsy (invasive only)
	BR10	Surgeries which are day case or one overnight stay (all cases from #G2)
	BR11	Mastectomy procedures (from #BR13) with immediate reconstruction (invasive only)
	BR12	Major surgeries in invasive breast cancer (from #BR5) (7)
	BR13	Surgical cases (from #BR12) receiving mastectomy (invasive only)
	BR14	Median length of stay (days) for elective surgical admissions (from #G2, all cases)
	BR15	Mean length of stay (days) for elective surgical admissions (from #G2, all cases)
Outcomes and Recovery	BR16	Surgical cases (from #BR12) readmitted as an emergency within 28 days
	BR17	Patients treated surviving at one year (to be included in later profile)
Patient Experience - CPES (4)	G22	Patients surveyed & % reporting always being treated with respect & dignity (6)
	G23	Number of survey questions and % of those questions scoring red(8)
	G24	Number of survey questions and % of those questions scoring green(8)

Profiles development

- **2013/2014**
 - Existing profiles converted to web format – Sept 2013
 - 4 further service profiles released (OG, Sarcoma, Gynaecology, Head & Neck) – Sept 2013
 - CCG profiles released – Dec 2013

Profiles development

■ 2014/2015

- Develop 4 further service profiles (Urology, Haematology, Skin, CNS) – Sept 2014
- Create web profile for Public view (Radiotherapy) – March 2014
- Create Tartan Rug – June 2014
- Create Comparison profile – June 2014
- Update existing Service profiles – Dec 2014

Profiles development

- Need for information output ('what does this mean for x'?) that meets needs of stakeholders
 - National Director for Cancer
 - Providers
 - Clinical teams
 - Network Groups
 - NPRP
 - SCNs, CCGs etc
 - Public/patients

Profiles development

- Information output to include;
 - Trends over 3 years
 - Trends at each Service Profile update
 - Headlines
 - Narrative

Headline Narrative report

Service Profile

Show all indicators
 Show headline narrative indicators only

[Export to PDF](#)

Data displayed are for patients for which the trust of treatment can be identified. For a full description of the data and methods please refer to the 'Data Definitions' document. For advice on how to use the profiles, please refer to 'Profiles guidance'. Please direct comments/feedback to service_profiles@ncin.org.uk

#	Indicator	No. of patients/cases or value	Percentage or rate		Significantly Different	Commentary
			Trust	England		
G3	Patients (from #G2) aged 70+	146	27 %	32 %	Significantly Lower than England mean	The percentage of the population over the age of 70 may be expected to have a significant effect on the nature of their treatment and outcomes. Other
G5	Patients (from #G4) with recorded ethnicity which is not White-British	26	5 %	9 %	Significantly Lower than England mean	Recording of patient ethnicity allows treatment and outcomes to be assessed against the equalities agenda. This indicator refers only to those patients with a
BR1	Patients (invasive from #G2) with a nationally registered Nottingham Prognostic Index	364	74 %	59 %	Significantly higher than England mean	Recording of patient stage with a high completeness allows treatment and outcomes to be assessed against the NAEDI agenda. For the breast profile
BR2	Patients (from #G8) with nationally registered NPI in excellent or good prognostic groups	107	29 %	38 %	Significantly lower than England mean	Recording of Nottingham Prognostic Index allows treatment and outcomes to be assessed against the NAEDI agenda. A high proportion of cases in
BR5	Cases (from #G1) managed at this trust with invasive cancer	527	100 %	91 %	Significantly higher than England mean	This indicator measures the numbers of new cases managed at the trust that are invasive, as recorded by the cancer waiting times system
BR7	Newly diagnosed patients (from #2) referred via the screening service	205	38 %	31 %	Significantly higher than England mean	The proportion of screen detected cases can inform the understanding of subsequent treatment within different trusts.
BR9	Surgical cases (from #31) receiving sentinel lymph node biopsy (invasive only)	52	12 %	58 %	Significantly Lower than England mean	Some apparent variation in the proportion of cases for which sentinel lymph node biopsy is carried out could potentially be explained by coding
BR10	Surgeries which are day case or one overnight stay (all cases from #1)	289	63 %	73 %	Significantly Lower than England mean	The denominator of this proportion will in general be slightly higher than that of indicator #31 as all records are included, rather than first
BR17	First outpatient appointments and proportion of all outpatient appointments	12,603	60 %	43 %	Significantly higher than England mean	This indicator may be useful in examining the burden on services from followup appointments. Data is taken from the Payment By Results data mart

Local commentary on highlights:

Local Context
Any local factors impinging on service profile, eg MDT recently merged, impact of demographics, known case-mix etc.

Comment on headline indicators
Particular on 'red' indicators or good practice

Actions
Actions or further investigations where indicators give cause for concern

Version 2.2 - May 2013

Definitions:

(1) Based on patient postcode and uses the Index of Multiple Deprivation (IMD) 2010.
 (2) Peer Review (NCPRI) source - V=Internal Verification, PR= Peer Review, Amn=Amnesty.
 (3) The immediate risks or serious concerns may now have been resolved or have an action plan in place for resolution.
 (4) CPES = Cancer Patient Experience Survey.
 (5) CNS = Clinical Nurse Specialist.
 (6) Italic value = total number of survey respondents for tumour group.
 (7) The proportion of cases treated surgically may be 5-10% higher than reported due to the most recent data being unavailable at the time of publication.
 (8) 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 available survey questions, used as the denominator to calculate the % of red/greens for the trust.
 N/A = not applicable or not available

Profiles development

- In tandem with NCIN scoping exercise for SCNs
- Must dovetail with development of CRG indicators
- Rationalise with other information provision
- Must be relevant to NPR – clinical engagement, clinical narrative, reviewer reports, public/patients



Cancer Outcomes Conference
9 & 10 June 2014
Hilton Birmingham Metropole

www.ncin.org.uk/conference



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