

## Cancer Network Breast Leads Workshop 26 April 2010



### What is the NCIN?

# Martin Lee Chair, Breast Site Specific Clinical Reference Group

## National Cancer Intelligence Network

- launched in June 2008, to bring together
  - cancer registries
  - clinicians
  - health service researchers
  - other interested parties, including
    - Office for National Statistics
    - National Clinical Audit Support Programme
    - NHS Information Centre
- under the auspices of the NCRI



## NCIN Core Objectives

- Promote efficient and effective data collection throughout cancer journey
- Provide common national repository for cancer datasets
- Produce expert analyses, to monitor patterns of cancer care
- Exploit information to drive improvements in cancer care and clinical outcomes
- Enable use of cancer information to support audit and research programmes



## Key Areas

- Support the Cancer Reform Strategy
  - collection, analysis and publication of high quality data on clinical outcomes
- Define National Cancer Datasets
  - MDTs
  - Networks
  - Registries



#### Using information to improve quality and choice

NCIN national cancer intelligence network

Google™ Custom Search Search

About NCIN Data Collection Data Repository Expert Analysis Improving Outcomes Audit & Research Tumour Sites

#### **UKACR & NCIN Joint Conference:**



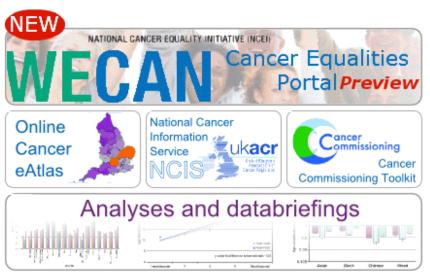
#### Latest NCIN news:



28th January 2010: NAO study on delivering the Cancer Reform Strategy

The National Audit Office is conducting a <u>study</u> on progress in delivering the Cancer Reform Strategy

#### NCIN resources:







NCIN is part of the National Cancer Research Institute (NCRI)

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#### Using information to improve quality and choice

Google™ Custom Search Search



About NCIN Data Collection Data Repository Expert Analysis Improving Outcomes Audit & Research Tumour Sites

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About NCIN

Who is in the Network?

Funders

National Strategies

England

Northern Ireland

Scotland

Wales

Conference

Launch Event (2008)

2009 Conference

2010 Conference

Calendar

Find us

Staff & Steering Group

News

Press Releases

FAQs

Who is in the Network?

**NCIN Funding Organisations** 









**NCIN Collaborators** 







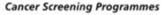


























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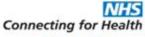
Fighting cancer with information



West Midlands Cancer Intelligence Unit







NHS

**Cancer Screening Programmes** 































Northern and Yorkshire Cancer Registry and Information Service





## Site Specific Reference Groups

TUMOUR GROUP	CLINICAL LEAD	LEAD REGISTRY	
Breast	Martin Lee	West Midlands Cancer Intelligence Unit	
Brain / CNS	David Levy	Eastern Cancer Registry & Information Centre	
Colorectal	Paul Finan	Northern and Yorkshire Cancer Registry & Information Service	
Gynaecological	Andy Nordin	Trent Cancer Registry	
Haematological	Hamish Ross	Northern and Yorkshire Cancer Registry & Information Service	
Head & Neck	Richard Wight	Oxford Cancer Intelligence Unit	
Lung (incl. Mesothelioma)	Mick Peake	Thames Cancer Registry	
Sarcoma	Rob Grimer	West Midlands Cancer Intelligence Unit	
Skin	Julia Newton-Bishop	South West Public Health Observatory	
Upper GI (incl. HPB)	Bill Allum	Thames Cancer Registry	
Urology	Roger Kockelberg	South West Public Health Observatory	
Children & TYA	Mike Stevens	North West Cancer Intelligence Service	

## SSCRG Membership

- Cancer Registry
- National Team
- Network Director
- Radiology
- Pathology
- Surgery
- Clinical & Medical Oncology

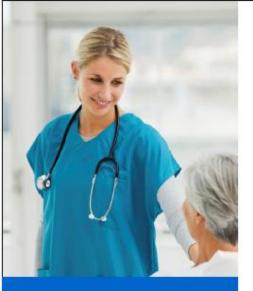
- Voluntary Sector
- Patient
- Screening
- Peer review
- NCRI
- National Audits
- Staging
- Co-morbidity

### **Breast SSCRG**

- National Cancer Dataset
- West Midlands Cancer Intelligence Unit
- Work programme
- Data briefings
  - Deprivation
  - Ethnicity
  - Elderly

## Site Specific Reference Groups

- 1. Identify and prioritise clinical outcome measures
- Identify key variables which contribute to achieving high standards relating to these outcomes.
- Establish what is already known about the disease group within the UK and international variation in outcomes.
- 4. Support the definition of a core data set
- 5. Advise on what relevant audit and research activity is currently being undertaken, within the UK and internationally.
- 6. Promote the linkage of relevant sources of data
- 7. Advise the NCIN on priorities for national analyses
- 8. Advise on minimum standards of data completeness and quality for the relevant datasets
- 9. Support commissioning and the implementation of Improving Outcomes and other national guidance.



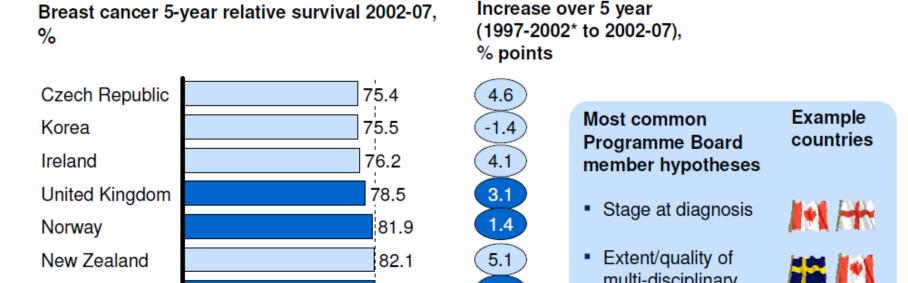




# International Cancer Benchmarking/Improvement Partnership

International Cancer Partnership Programme Board meeting 4 February 2010

#### A range of factors could be driving the large differences in survival rates



82.4

85.2

86.0

86.1

87.1

88.3

90.5

OECD 81.2

6.2

5.2

4.0

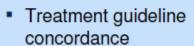
2.3

1.5

1.9

assessment

multi-disciplinary



Differences in screening uptake







Denmark

Finland

Sweden

Canada

Iceland

United States

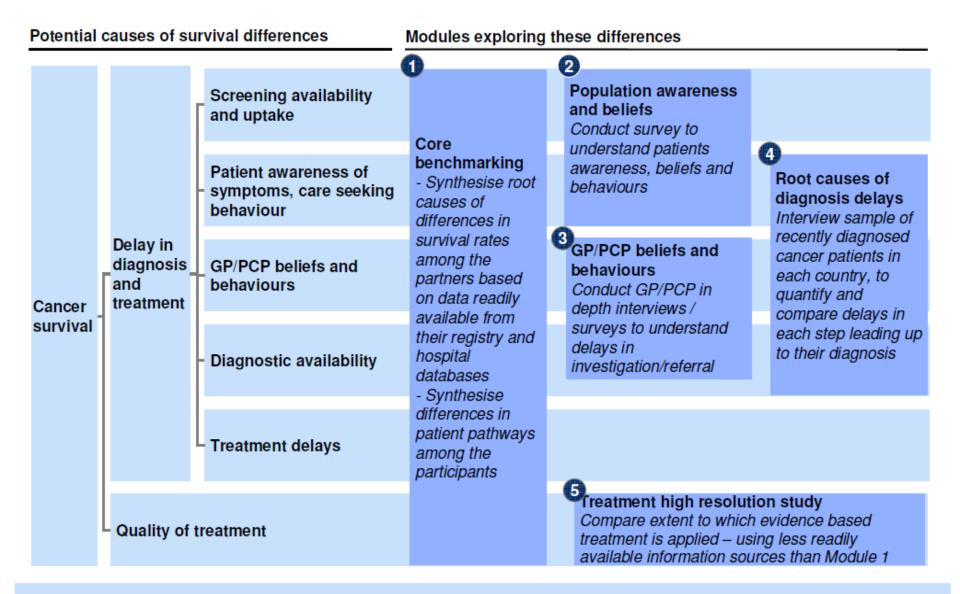
Netherlands

Quality of surgery

<sup>\*</sup> UK only improvement over 3 years, 1999-2004 vs 2002-2007

<sup>\*\*</sup> Based on data from 14 OECD countries

## The ICBP is split into 5 modules that each address potential causes of cancer survival differences



SOURCE: ICBP delivery plan

## Site Specific Reference Groups

- 10. Build links with the relevant NCRI Clinical Study Groups and other appropriate NCRI initiatives.
- 11. Promote clinical and voluntary sector engagement in all elements of the work of the NCIN.
- 12. Take every opportunity to promote the aims of the NCIN within their specialist field.
- 13. Assist in the writing, editing and interpretation of relevant site-specific NCIN reports.
- 14. Advise the NCIN on the handling of publications containing data naming specific institutions or clinicians.
- Support service improvement initiatives to achieve improved patient outcomes.
- 16. Help identify ways in which the public could be better informed about the quality of services available to enable informed choices.

## Cancer Reform Strategy 2<sup>nd</sup> Annual Report

Move to a 23-hour stay model and wound drains as the exception for breast cancer surgery (excluding reconstruction) across a cancer network

Potential cost savings in breast cancer treatment across Pan-Birmingham cancer network using baseline data

Site	Total number of episodes	Average length of stay (days)	Cost at £200 per day	Day case cost at £250 per day	Potential saving
Sandwell and West Birmingham	473	5.32	£503,272	£118,250	£385,022
University Hospital Birmingham	394	4.04	£318,352	£98,500	£219,852
Birmingham Heartlands and Solihull	270	5.19	£280,260	£67,500	£212,760
Good Hope	156	5.03	£156,936	£39,000	£117,936
Walsall	231	3.95	£182,490	£57,750	£124,740
Network total	1,524	4.70	£1,441,310	£381,000	£1,060,310

Source: Transforming Care for Cancer Inpatients: Spreading the Winning Principles and Good Practice. www.improvement.nhs.uk