



Public Health
England

Protecting and improving the nation's health

What does the cancer landscape look like now?

The national context for cancer intelligence

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National Cancer Intelligence Network (NCIN)

“We can only be sure to improve
What we can actually measure”

Lord Ara Darzi

High Quality Care For All

June 2008

The Health & Social Care Act 2012: two new organisations from April 2013

NHS England

- “The purpose of NHS England is to use the £80bn commissioning budget to secure the best possible outcomes for patients”
- To ensure the whole commissioning architecture is in place; will also commission some services directly

Public Health England (PHE)

- Use information & Intelligence to support local Public Health (PH) organisations and the public to make healthier choices
- National Leadership to PH, supporting national policy
- Development of PH workforce
- A civil service function, not NHS

Independent Cancer Taskforce

- The NHS Five Year Forward View (FYFV) presents a vision for improving health, including for all those diagnosed with cancer: - **better prevention - swifter diagnosis - better treatment, care and aftercare**
- Taskforce established in January 2015 to produce a new five-year national cancer strategy for England, delivering this vision
- Taskforce recommends that this strategy is adopted by the FYFV Board: Care Quality Commission, Health Education England, Monitor, NHS England, NICE, Public Health England, Trust Development Authority

ACHIEVING WORLD-CLASS CANCER OUTCOMES

A STRATEGY FOR ENGLAND
2015-2020



Report of the Independent Cancer Taskforce

Summary

Save many
thousands more
lives

Transform patient
experience and
quality of life

Invest to save

Slides courtesy of:



Six strategic priorities

Spearhead a radical upgrade in prevention and public health

Drive a national ambition to achieve earlier diagnosis

Establish patient experience on par with clinical effectiveness and safety

Transform our approach to support people living with and beyond cancer

Make the necessary investments required to deliver a modern, high-quality service

Overhaul the processes for commissioning, accountability and provision

Ambitions

Incidence

Discernible fall in age-standardised incidence

Adult smoking rates should fall to 13% by 2020

Survival

Increase in five and ten-year survival, with 57% of patients surviving ten years or more

Increase in one-year survival to 75%, with a reduction in CCG variation

Reduction in survival deficit for older people

Patient experience and quality of life

Continuous improvement in patient experience with a reduction in variation

Continuous improvement in long-term quality of life

Implementation

- Independent Taskforce has set out its recommendations
- FYFV board, comprised of ALB CEOs, has welcomed the report
- Government has welcomed
- Spending review will determine phasing of implementation
- ALBs will set out more detailed plans

Slides courtesy of:



Data Drivers

- **Government**
 - A spotlight on the role of data and transparency
- **Commissioning**
 - NHS Outcomes Framework
- **Regulation**
 - New regulation framework (CQC & Monitor)
- **The 'public', patients and families**
 - (e.g. 'NHSE Friends and Family Test')

Providers of information



Who do we produce intelligence for?

- Clinicians & Clinical Teams
- NHS England (e.g. specialist commissioning)
- Clinical Commissioning Groups
- Health Care Providers
- Local Government
- NICE
- CQC
- Research Community
- National Statistics
- International Cancer Benchmarking Partnership
- Pharmaceutical Industry
- Patients and the public
- Cancer charities

Cancer functions in Public Health England

- Prevention (smoking; obesity; HPV vaccination, etc.)
- Screening and its QA
- Environmental aetiology (including cluster analyses)
- Public Awareness Campaigns (Be Clear on Cancer Campaigns) – links with Local Authorities and Health & Well Being Boards
- Cancer Intelligence:
 - Registration
 - Analysis
 - Reporting
 - Support (e.g. e-learning)
- PHE heavily involved in the Cancer Taskforce





Chief Knowledge Officer's Directorate

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National Cancer Registration Service

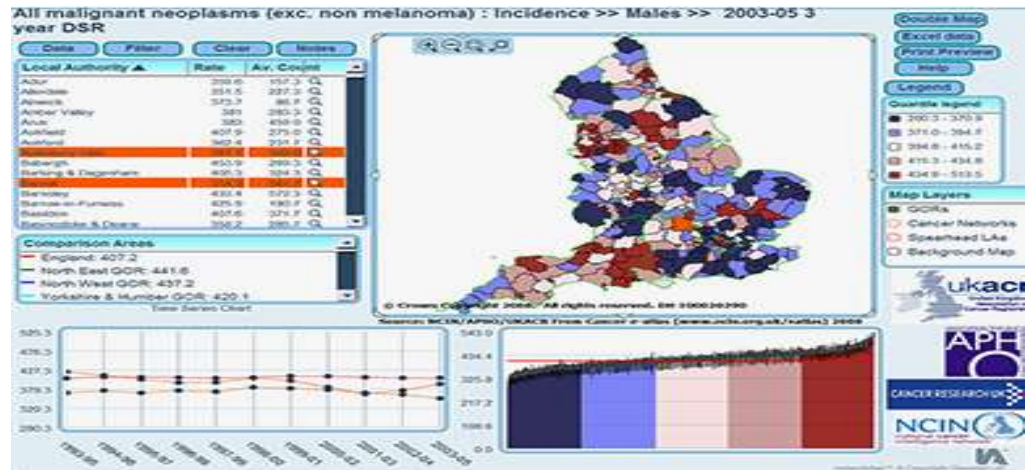
- 8 Regional Cancer Registries now incorporated into a National Cancer Registration Service for England
- 1 Director, 8 local offices
- Complete migration 'normalisation' of 8 legacy systems with 11m cancer registrations to ENCORE
- Same practice and processes, single national system
- Standardised data, consistency, comparability & efficiency

National Cancer Intelligence Network (2007 to date)

5 aims :

- Enabling use of cancer information to support audit and research programmes
- Exploiting information to drive improvements in cancer care and clinical outcomes
- Providing a common national repository for cancer datasets
- Producing expert analyses to monitor patterns of cancer care
- Promoting efficient and effective data collection

Goal for NCIN: “To develop the best cancer information service of any large country in the world – by 2012”



HSCIC Indicator Portal

The screenshot displays the HSCIC Indicator Portal interface. The main content area shows the following details for CCG Indicator 1.9 (NHS OF 1.4):

- Indicator:** Under 75 mortality from cancer
- Statistic:** Directly age and sex standardised mortality rate (DSR) per 100,000, 95% confidence intervals (CI)
- Period:** 2009 - 2012 (calendar years)
- Level of coverage:** England
- Breakdown:** All registered patients in England (National)
- Released:** September 2013
- Source:** GP registered population counts from NHAIS (Ereter), the Primary Care Mortality Database (PCMD) and ONS mid-year England population estimates

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Year	Breakdown	Level	Level Description	Gender	DSR	CI Lower	CI Upper	Population	Observed
2012	National	National	All registered patients in England (National)	Person	123.26	122.30	124.24	51450031	62358
2012	National	National	All registered patients in England (National)	Male	131.05	129.65	132.47	25999729	33461
2012	National	National	All registered patients in England (National)	Female	115.49	114.17	116.83	25450302	28897
2011	National	National	All registered patients in England (National)	Person	121.61	120.65	122.57	51450031	62229
2011	National	National	All registered patients in England (National)	Male	129.37	127.98	130.76	25999729	33446
2011	National	National	All registered patients in England (National)	Female	113.86	112.55	115.19	25450302	28783
2010	National	National	All registered patients in England (National)	Person	120.27	119.32	121.22	51450031	61711
2010	National	National	All registered patients in England (National)	Male	128.77	127.39	130.16	25999729	33380
2010	National	National	All registered patients in England (National)	Female	111.79	110.49	113.11	25450302	28331
2009	National	National	All registered patients in England (National)	Person	117.61	116.67	118.55	51450031	60734
2009	National	National	All registered patients in England (National)	Male	125.04	123.60	126.41	25999729	32646

CCG Outcomes Indicator Set (cancer)

2013/14

- 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 and 2015/16 additional indicators

- cancers diagnosed via emergency routes
- cancer stage at diagnosis
- cancers early detection (stage 1 or 2)
- record of lung cancer stage at diagnosis
- breast cancer mortality

NHS Outcome Framework 2015/16 Dashboard

Outcomes and corresponding indicators used by the Secretary of State to hold NHS England to account for improvements in health outcomes.



1 Preventing people from dying prematurely			
Overarching indicators			
	Latest data	Indicator value	Unit
1a.i Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare - Adults	2013	M - 3,167.8 F - 2,470.0	per 100,000 population
1a.ii - Children and young people	2013	M - 488.5 F - 478.9	per 100,000 population
1b.i Life expectancy at 75 - Males	2013	11.5	period expectations of life - years
1b.ii Life expectancy at 75 - Females	2013	13.3	
1c Neonatal mortality and stillbirths	2013	7.3	per 1,000 births
Improvement areas			
1.1 Under 75 mortality rate from cardiovascular disease	2013	76.6	per 100,000 population
1.2 Under 75 mortality rate from respiratory disease	2013	33.2	per 100,000 population
1.3 Under 75 mortality rate from liver disease	2013	17.7	per 100,000 population
1.4 Under 75 mortality rate from cancer	2013	141.5	per 100,000 population
1.4.i One-year survival from all cancers	2011_12	68.2	%
1.4.ii Five-year survival from all cancers	2007_12	47.9	%
1.4.iii One-year survival from breast, lung and colorectal cancer	2011_12	69.5	%
1.4.iv Five-year survival from breast, lung and colorectal cancer	2007_12	51.4	%
1.4.v and vi One- and Five-year survival from cancers diagnosed at stage 1&2	Indicators to be developed		
1.5.i Excess under 75 mortality rate in adults with serious mental illness	2012/13	347.2	SMR percentage
1.5.ii Excess under 75 mortality rate in adults with common mental illness	Indicator to be developed		
1.5.iii Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services	Indicator to be developed		
1.6.i Infant mortality	2013	3.8	per 1,000 live births
1.6.ii Five-year survival from all cancers in children	2006_11	81.3	%
1.7 Excess under 60 mortality rate in adults with a learning disability	Indicator to be developed		

Examples of the clinical value of new data

- Supporting 'intelligent commissioning'
- Demonstration of variation
- Teasing out the causes of variation
- Demonstrating value of specialisation
- Building data into quality improvement
- Adding outcome data into Quality Surveillance Team (Peer Review)
- More meaningful regulation - CQC
- Providing robust evidence behind National Guidelines and Quality Standards (NICE)
- Supporting Clinical Trials

Conclusions

- The quality and range of clinically relevant data on cancer is increasing rapidly
- The collection and intelligent use of data are at the heart of good clinical practice and commissioning
- We now have a large and expanding clinical and patient community engaged with cancer data
- Feedback and ongoing interaction with clinicians is an essential part of the process – peer pressure is powerful
- There is a need to improve how information is used at a local level, and we hope this roadshow can help to achieve that.

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