



**Information in the new world:  
*can we make cancer data count?***

Brian Cottier Invitation Lecture

June 2011



**MHP** Health Mandate

## About me



- Managing Director, MHP Health Mandate
- Multi-award-winning specialist health policy consultancy
- Role in supporting the development of *Improving Outcomes: a Strategy for Cancer* and the *Cancer Reform Strategy*
- Work closely with the NCIN



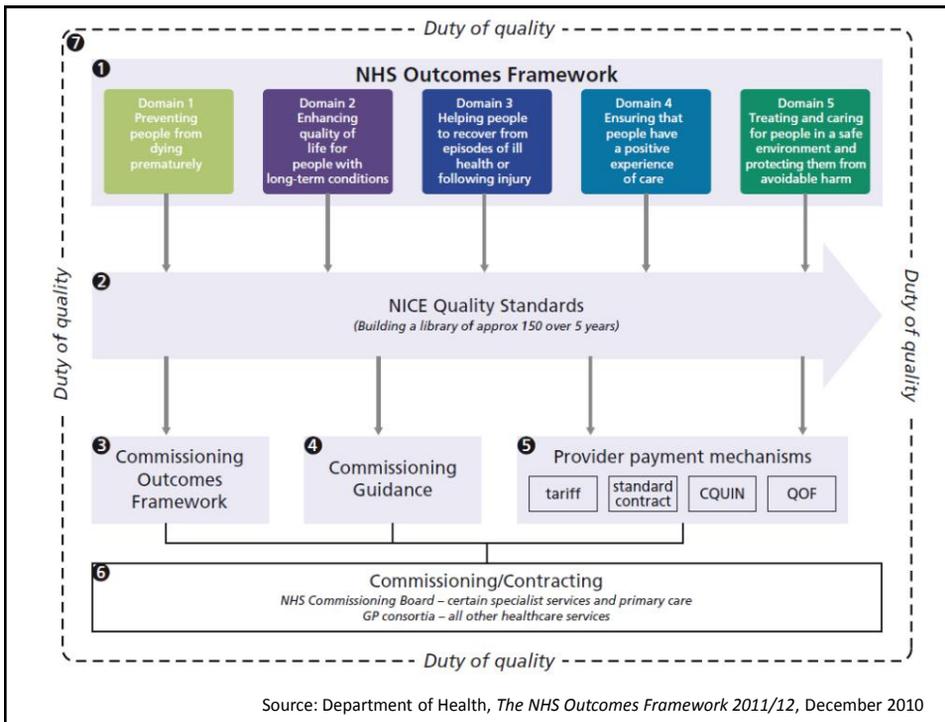
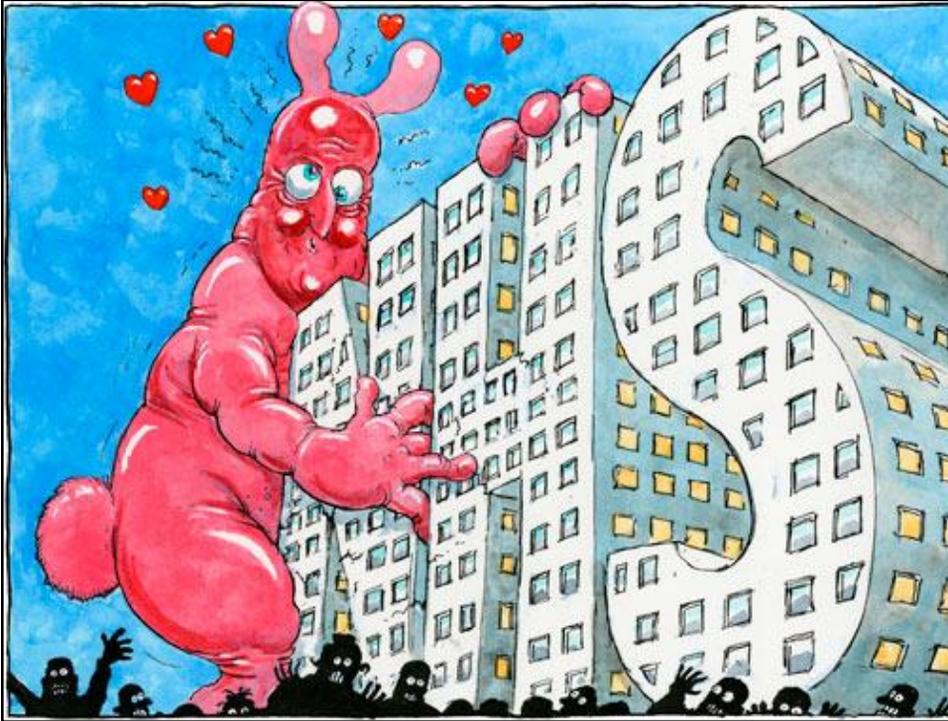
## What I'll cover



- Why information matters in the new world
- Do we need a supply or demand side information revolution?
- Translating intelligence into action

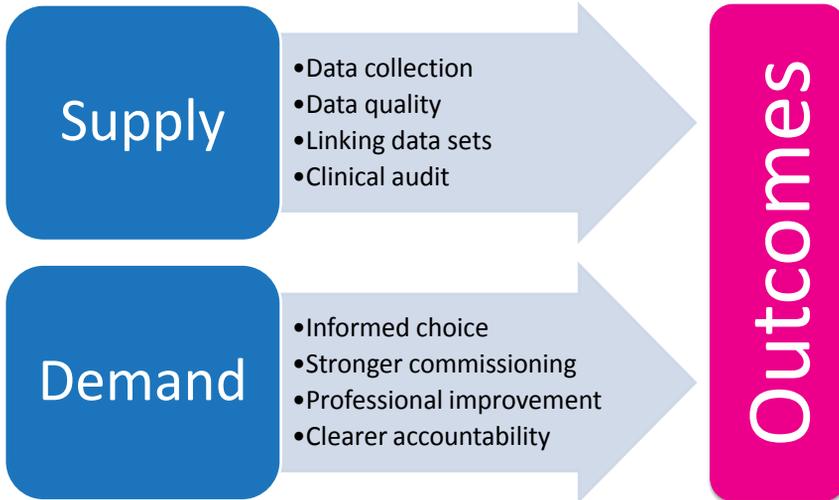


## Why information matters in the new world

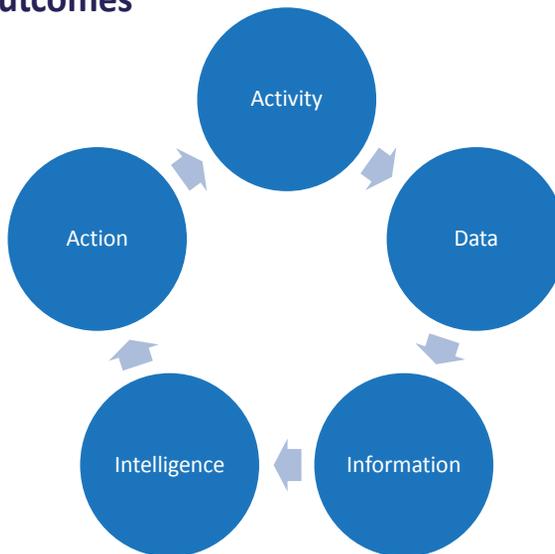




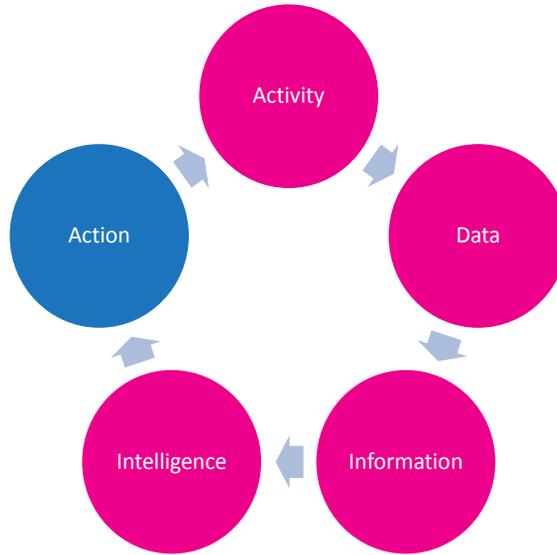
### Improving outcomes requires a supply and demand side revolution



### Using the information cycle to improve cancer outcomes



Good progress has been made on many aspects of information – but we need to translate this to action



Translating intelligence into action

## Making data count – some examples



### Commissioners

*finding the 5,000 lives  
to save*

### Providers

*improving patient  
experience*

### Patients

*enabling informed  
choice*

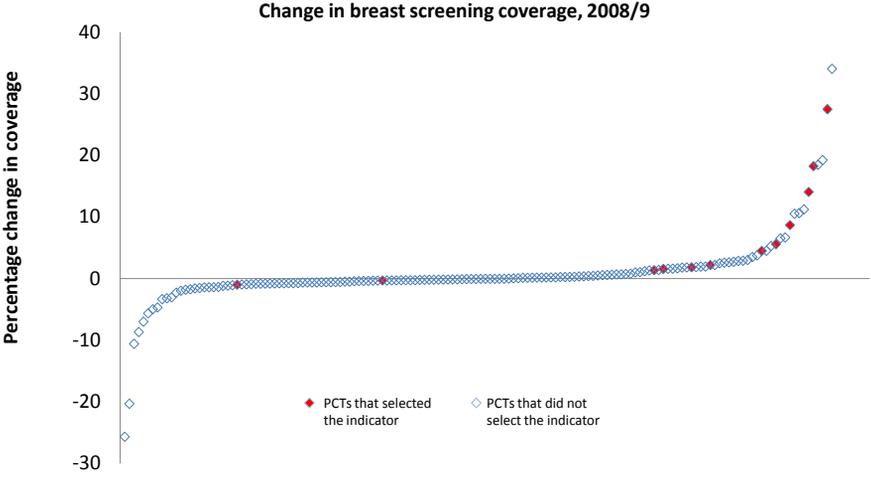
## Why commissioners need information



To:

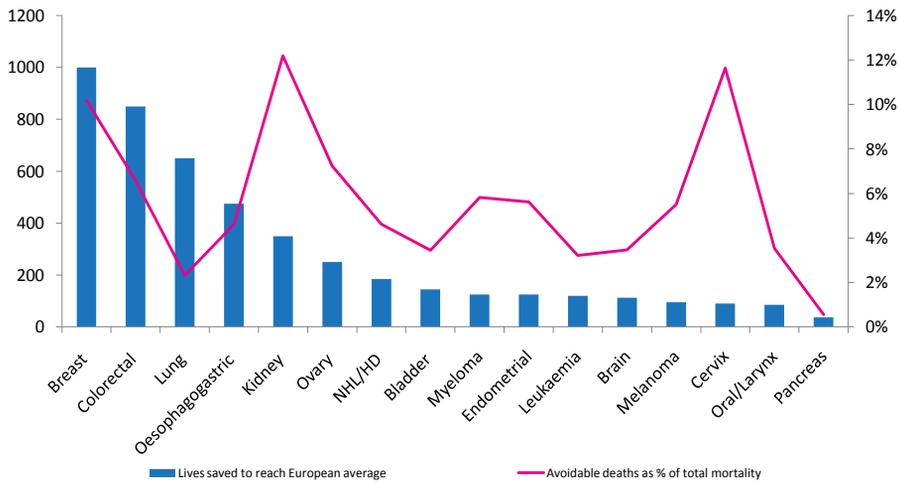
- Identify priorities
- Scrutinise the performance of providers (quality and cost)
- Respond to the needs of patients / the public
- Enable informed scrutiny

### Commissioning prioritisation works – but can we use data to get the next generation of commissioners to prioritise the right issues?



Source: MHP Health Mandate, *Commissioning in the new world*, August 2010

### Finding the 5,000 (cancer types)



\* Analysis does not include prostate cancer

Source: Data derived from Abdel-Rahman et al, BJC Supplement December 2009; ONS, *registrations of cancer deaths, 2009*

## Targeting action where it is needed most



Where do excess deaths occur?

- Geography
- Age
- Socioeconomic status
- Ethnicity
- Gender
- Sexuality
- Disability
- Religion

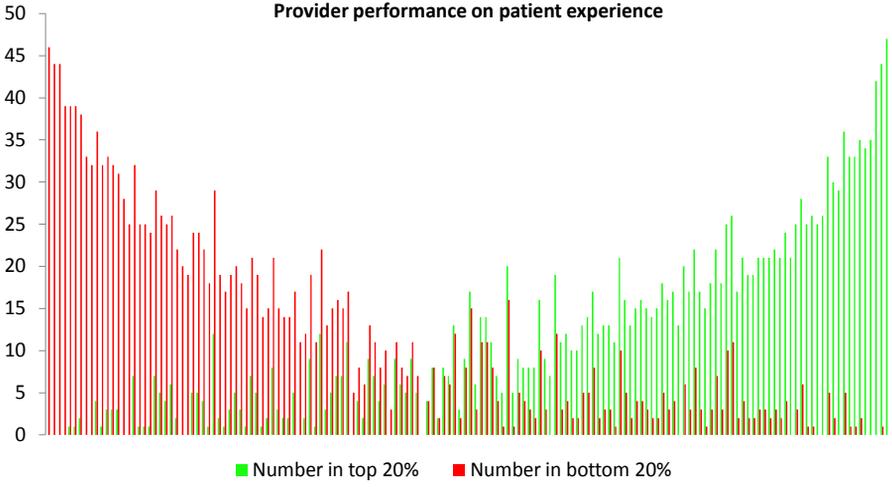
## Why providers need information



To:

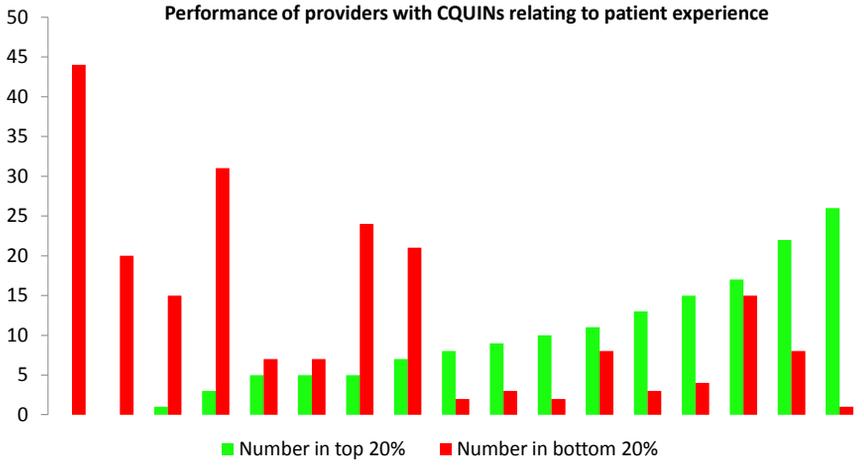
- Monitor quality
- Learn from good practice
- Target improvements (quality and cost)
- Respond to the needs of commissioners and patients

### Most providers have examples of good and poor practice – can we use data to enable them to target improvements in the right areas?



Source: MHP Health Mandate analysis of National Cancer Patient Experience Survey 2010

### Some providers are incentivised on improving patient experience – can we use this as a tool to encourage improvement amongst the ‘reds’?



Source: MHP Health Mandate analysis of Provit database and National Cancer Patient Experience Survey 2010

# Why patients need information



To:

- Learn more about what happened to patients like them
- Assess their options

Make informed choices based on what matters to them

Source: MHP Health Mandate analysis of ProvIT database and National Cancer Patient Experience Survey 2010

# What do patients want to know?



In the dark days, before doctor-patient confidentiality.

*What clinical outcomes for my type of cancer are achieved here compared with other hospitals? [Would I have a better chance of surviving somewhere else?]*

Source: focus groups conducted by Joanne Rule (unpublished)



### What do patients want to know?



How well do patients with my type of cancer rate their experience of care? [No point telling me about general satisfaction levels]

Source: focus groups conducted by Joanne Rule (unpublished)



### What do patients want to know?

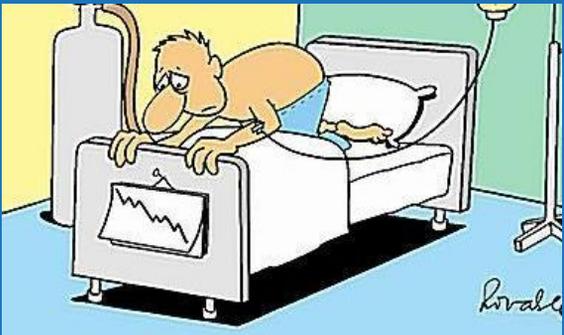


How will this diagnosis affect the rest of my life? What kind of back up will there be when I go home?

Source: focus groups conducted by Joanne Rule (unpublished)



### What do patients want to know?

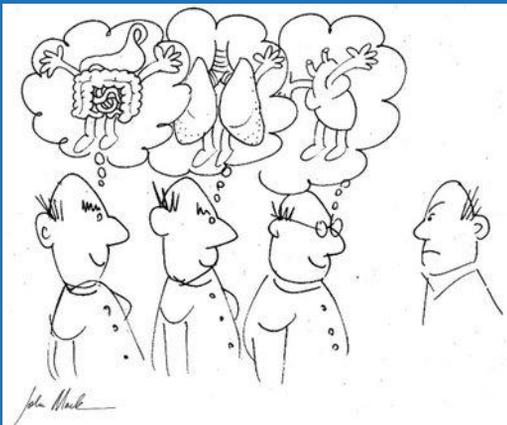


*Will the doctor listen to me? Will a nurse actually come if I use my call button?*

Source: focus groups conducted by Joanne Rule (unpublished)



### What do patients want to know?



*Do the professionals communicate well with each other? Will I be able to attend when they discuss my case?*

Source: focus groups conducted by Joanne Rule (unpublished)

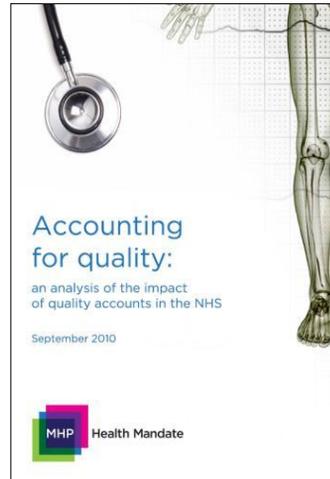
## How can we apply intelligence to inform patients about what they want to know?



Information on service quality is currently:

- Too general
- Out of date
- Available only from disparate sources
- Not contextualised
- Not easily comparable
- Presented poorly

**The work of the NCIN provides a platform to change this**



Source: MHP Health Mandate, *Accounting for quality*, September 2010

## In summary



- Cancer has led the Information Revolution, but there is a long way to go
- The NCIN has helped deliver a leap forward in terms of the intelligence available
- We all have a role to play in translating intelligence into action to improve outcomes

**Let's work together to make data count**



Health Mandate

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