Early diagnosis

CRUK Strategic Intelligence Forum (27th January 2020)
Amy Lee, CADEAS Lead
Purpose of the session

• Outline what CADEAS has done to date to support Cancer Alliances on early diagnosis

• Discuss what CADEAS has (provisionally) planned for 2020/21

• Understand from Cancer Alliances:
  
  o Any local analysis undertaking in this space
  o What further data, analytical and evaluation support they would like (from CADEAS or elsewhere)
  o How the data and analyses are and will be used to drive decision making and improvements locally
Background
We will continue to transform cancer care so that from 2028:

- An extra 55,000 people each year will survive for five years or more following their cancer diagnosis;

- Three in four cancers (75%) will be diagnosed at an early stage.
How we will get there

**Deliver the most comprehensive screening programme in the world**
- Introduce new, more effective screening programmes, including FIT and HPV tests.
- Identify more cancers before symptoms appear using AI, data and genomic testing.

**Ensure equitable and fast access to diagnostic tests and results**
- Create Rapid Diagnostic Centres that bring together modernised kit, expertise and cutting edge innovation.
- Implement the 28 day Faster Diagnosis Standard and optimal pathways.

**Provide faster, safer and more precise treatments**
- Deliver cutting edge and networked radiotherapy.
- Maximise access to new treatments, such as immunotherapy.
- Improve personalisation of treatments through genomics.

**Deliver personalised care for all patients and transform follow-up care**
- Empower patients to manage their care and the impact of their cancer and treatment.
- Maximise use of digital and community support.
- Provide individually tailored follow-up care.

**Harness the collaboration of academia, the NHS and industry**
- Develop and rapidly translate into practice the screening, early detection and targeted treatments of the future.
Early diagnosis

• **What’s the ambition?**
  • Nationally, we are aiming for an 8 percentage point increase by 2023.

• **What have Alliances been doing?**
  • Five year planning;
  • Setting trajectories, which builds on work over recent years to drive improvements in early diagnosis.
# Measurement of early diagnosis

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>75% ambition</th>
<th>Case-mix adjusted</th>
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</thead>
<tbody>
<tr>
<td>Crude or adjusted</td>
<td>Crude</td>
<td>Adjusted for tumour type, sex, age, deprivation</td>
</tr>
<tr>
<td>Tumours included</td>
<td>All stagable cancers (~90-95%)</td>
<td>Based on 21 cancer sites, where (i) stage completeness &gt;=70% and (ii) at least 1500 cancers diagnosed annually</td>
</tr>
<tr>
<td>Geography</td>
<td>Cancer Alliance, England</td>
<td>CCG, England</td>
</tr>
<tr>
<td>Denominator</td>
<td>Excludes unknown stage</td>
<td>Excludes unknown stage</td>
</tr>
<tr>
<td>Cohort</td>
<td>1-year</td>
<td>3-year cohort and 1-year</td>
</tr>
<tr>
<td>Updated schedule</td>
<td>Quarterly</td>
<td>Annual</td>
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Both new indicators exclude unknown cancers in the calculation (denominator). Data will be presented on the completeness of stage, including improved information on unknown: now split into unstageable and unstaged cancers.
Analytical support
Purpose and role of CADEAS

CADEAS was established during 2017/18. Our purpose is to help ensure Cancer Alliances:

• take a data-driven approach to support meeting and sustaining operational performance; and transforming cancer outcomes across their local cancer system;
• track the implementation of national transformation priorities and evaluate their impact to share evidence and spread best practice; and
• have access to the very latest analysis to support delivery of transformation activities.

Funded by the National Cancer Programme, CADEAS is a partnership between NHS England & NHS Improvement and Public Health England.

CADEAS is a nationally-coordinated service with a named contact for Cancer Alliances in each region.
Data provided

• Inequality indicators developed to identify variation
  o Cancer screening coverage by deprivation.
  o Early diagnosis by deprivation.
  o Emergency presentation by deprivation, ethnicity and tumour group.

• Summary grid of key indicators and CancerStat2 CADEAS section further developed and updated monthly.

• Continuing to share MI reports on screening and operational performance.
Analytical support provided

- Support to develop early diagnosis trajectories including a tool and briefing, plus review of trajectories.
- Rapid Diagnostic Centre (RDC) demand and capacity tool.
Evaluation support & work undertaken

- Local evaluation resources published.
- Targeted Lung Health Check evaluation commissioned.
- Publication of (draft) Rapid Diagnostic Centre minimum dataset.
- Interviews completed with Cancer Alliances for the evaluation of NICE DG30 (FIT in the low-risk symptomatic population).
What Cancer Alliances want

- Staging data by speciality and each treatment modality to help inform the impact on earlier diagnosis and then survival.
- More granular data
- Identify areas of a pathway that offer most opportunity for improvement.
- Stage of diagnosis at GP level
- Diagnostic rates (general and specific to cancer)
- Cancer diagnostic data – who, what, where
- Local evaluation support
- Demand and capacity analysis
## Plans for 2020/21 (provisional)

<table>
<thead>
<tr>
<th>Continuation</th>
<th>New</th>
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<tr>
<td><strong>Data</strong></td>
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<tr>
<td>• Continuing to develop inequalities work to identify small areas most derived with worst outcomes.</td>
<td>• Diagnostics data</td>
</tr>
<tr>
<td>• Developing and updating summary grid of key indicators and CancerStat2 CADEAS section.</td>
<td>• Trust-level summary grid of indicators.</td>
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<tr>
<td>• Continuing to share MI reports on screening and operational performance.</td>
<td>• Support NCRAS on producing TWW conversion rates by tumour site.</td>
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<td></td>
<td>• Explore providing more granular data via ODR</td>
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<tr>
<td><strong>Analysis</strong></td>
<td></td>
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<tr>
<td>• Updating the early diagnosis tool to support monitoring progress</td>
<td>• Understanding endoscopy activity</td>
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<tr>
<td></td>
<td>• Analysis to identify priorities for action including reducing variation and inequalities</td>
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<td>• Supporting LT work whole-system modelling to understand future demand for services</td>
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## Plans for 2020/21 (provisional) (2)

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<th>Continuation</th>
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<tr>
<td>Evaluation</td>
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<tr>
<td>• TLHC</td>
<td>• Innovation Fund</td>
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<tr>
<td>• RDC</td>
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<tr>
<td>• Track implementation of FIT in low-risk symptomatic population</td>
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<td>• Updating local evaluation framework</td>
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Discussion
Questions

• List three data/analytical/evaluation projects (in order of priority) that your Cancer Alliance would like to see in 2020/21 to support you in delivering the early diagnosis ambition. Please be as specific as possible.

• How is your Cancer Alliance monitoring progress against the early diagnosis ambition?

• What analyses has your Cancer Alliance undertaken or plan to undertake to support meeting the early diagnosis ambition?

• How are the data and analyses used to inform decision making, delivery, and drive transformation in your area (including with trusts/CCGs)?

• What have been the successes and has there been any challenges/barriers?