Pan London and Greater Manchester metrics

Stephen Scott  
Head of Informatics – RM Partners  
stephenscott@nhs.net
• RM Partners led on project developing comparable metrics across Cancer Vanguard, across London and Greater Manchester.

• Covering 4/19 Cancer Alliances nationally with a population of 11.3m (21% of England)

• Data obtained from national sources where possible. Worked with providers to improve their feeds where there are data quality/completeness issues. In particular this has involved partnership working with Public Health England.

• Steps to developing metrics
  1) Establish access to datasets required (e.g. CWTs, HES, Cancer Registry)
  2) Produce a set of metrics for each subject area tumour type (7 categories for 13 tumour types such as CWTs, treatments, incidence/mortality/survival)
  3) Shared with NHS stakeholders on secure cloud – over 6,500 downloads and 400 users since launch in May 2016
Areas covered

1. Cancer Waiting Times
   - Performance by tumour type/sub type (e.g. Prostate separate)
   - Trends in 2 week wait referrals
   - Comparisons by treatment modality

Example – RM Partners 62 day performance July 2016 to June 2017 by 1st treatment modality
   - Palliative care only – 93.4%
   - Hormones – 89.2%
   - Surgery - 86.3%
   - Active Monitoring – 86.7%
   - Chemotherapy – 79.0%
   - Radiotherapy – 55.8%

Example – Head and Neck 62 day performance October 2016 to September 2017
   - RM Partners/West London – 66.2%
   - South East London – 60.5%
   - UCLH Cancer Collaborative/North East and Central London – 72.7%
   - Greater Manchester – 86.4%
2. Data Quality
   • COSD data completeness reports (Cancer Stats)
   • SACT data quality
   • National Audit data quality reports

3. Patient Experience
   • Analysis of National Cancer Patient Experience Survey
     – National League tables
     – Question by question analysis
     – Breakdowns for breast, colorectal & lung
     – National NHSE region, Cancer Alliance & STP breakdowns for each question
     – Request for full data extract to allow further analysis
Graph showing NCPES 2016 results by Cancer Alliance for Q50 - During your cancer treatment, were you given enough care and support from health or social services (For example nurses, home helps or physiotherapists)?

- Lancashire and South Cumbria: 61.6%
- North East and Cumbria: 59.0%
- Cheshire and Merseyside: 59.9%
- West Yorkshire: 57.2%
- Peninsula: 57.1%
- South Yorkshire, Bassetlaw, North Derbyshire and Rotherham: 56.4%
- Greater Manchester: 54.5%
- East of England: 53.8%
- Wessex: 53.0%
- West Midlands: 52.5%
- Somerset, Wiltshire, Avon & Gloucestershire: 52.2%
- Thames Valley: 51.8%
- Kent and Medway: 51.4%
- Humber, Coast and Vale: 50.7%
- East Midlands: 50.2%
- Surrey and Sussex: 48.9%
- South East London: 47.6%
- West London: 47.0%
- North Central and East London: 38.8%

England average: 53.1%
Cancer Vanguard

Areas covered

4. Prevention, Early Diagnosis, and Diagnostics
   • Smoking rates
   • Screening rates
   • Stage distribution
   • Routes to diagnosis
   • 6 week diagnostic waits

5. Treatment
   • Measures included in national audits
   • 30 day chemotherapy mortality rates
   • Surgical comparisons (using HES)
     – Minimal access surgical rates
     – Length of stay
     – Emergency readmission rates
     – Immediate reconstruction rates (breast)
Immediate breast reconstruction rates by Cancer Alliance

Graph showing the proportion of mastectomies for breast cancer undertaken with immediate reconstruction by Cancer Alliance (population) across England in 2016/17.

Source: Hospital Episode Statistics
Cancer Vanguard

Endometrial Cancer surgery undertaken using minimal access surgery by Cancer Alliance

Graph showing the proportion surgery for endometrial cancer is undertaken using minimal access surgery by Cancer Alliance region (population) across England in 2016/17

Source:- Hospital Episode Statistics
6. Living With and Beyond Cancer
   • Quarterly London audit of Recovery Package and Stratification into self management – quarterly trust returns
   • London analysis of E-HNA concerns data
     – Sourced from Macmillan for those trusts using Macmillan’s E-HNA tool
     – Direct feeds from trusts where trusts use other systems (eg. Somerset)

7. Incidence, Mortality, Survival and Prevalence
   • Based on Cancer Registration data
     – Cancer Stats
     – Or individual publications
       • PHE/NCIN websites
       • ONS
Cancer Vanguard

Age-standardised Cancer Mortality by Cancer Alliance – 2013-15 – All invasive cancers (exc. C44)

Graph showing the age standardised mortality of all cancers (C00-97, exc. C44) per 100,000 population by Cancer Alliance - 2013-2015

RAG rating (95% confidence interval):
- Green outline - Rate is lower than England average
- Red outline - Rate is higher than England average
## Cancer Vanguard

RM Partners/West London compared to England
Incidence and Mortality 2013-15

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers (exc NMSC)</td>
<td>C00-97 (exc. C44)</td>
<td>590.0</td>
<td>23.9</td>
<td>2/19</td>
<td>248.8</td>
<td>-16.4</td>
<td>1/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head and Neck -UAT</td>
<td>C00-14, C30-32</td>
<td>20.9</td>
<td>0.4</td>
<td>15/19</td>
<td>6.2</td>
<td>-0.5</td>
<td>11/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oesophagus</td>
<td>C15</td>
<td>11.7</td>
<td>-0.3</td>
<td>1/19</td>
<td>9.4</td>
<td>-1.2</td>
<td>1/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>C16</td>
<td>11.7</td>
<td>0.2</td>
<td>8/19</td>
<td>7.5</td>
<td>-0.3</td>
<td>8/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>C18-20</td>
<td>64.6</td>
<td>-2.9</td>
<td>2/19</td>
<td>24.0</td>
<td>-1.2</td>
<td>1/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td>C22</td>
<td>9.7</td>
<td>0.0</td>
<td>10/19</td>
<td>8.6</td>
<td>-0.5</td>
<td>10/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pancreatic</td>
<td>C25</td>
<td>16.3</td>
<td>0.1</td>
<td>5/19</td>
<td>14.8</td>
<td>0.4</td>
<td>5/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>C33-34</td>
<td>71.5</td>
<td>0.1</td>
<td>6/19</td>
<td>52.5</td>
<td>-3.6</td>
<td>6/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarcoma</td>
<td>C40-41, C46, C48-49</td>
<td>5.9</td>
<td>0.1</td>
<td>8/19</td>
<td>2.3</td>
<td>0.2</td>
<td>2/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>C43</td>
<td>19.8</td>
<td>3.2</td>
<td>3/19</td>
<td>3.6</td>
<td>-0.1</td>
<td>5/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>C45</td>
<td>3.6</td>
<td>-0.9</td>
<td>1/19</td>
<td>3.4</td>
<td>-0.5</td>
<td>1/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast (Female only)</td>
<td>C50</td>
<td>166.1</td>
<td>4.9</td>
<td>6/19</td>
<td>33.5</td>
<td>-3.5</td>
<td>6/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervix (Female only)</td>
<td>C53</td>
<td>7.9</td>
<td>1.1</td>
<td>3/19</td>
<td>2.5</td>
<td>0.1</td>
<td>9/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterine (Female only)</td>
<td>C54-55</td>
<td>29.4</td>
<td>2.0</td>
<td>12/19</td>
<td>7.1</td>
<td>0.2</td>
<td>15/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian (Female only)</td>
<td>C56-57</td>
<td>22.5</td>
<td>0.2</td>
<td>4/19</td>
<td>12.1</td>
<td>0.4</td>
<td>6/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate (Male only)</td>
<td>C61</td>
<td>190.2</td>
<td>23.8</td>
<td>14/19</td>
<td>42.5</td>
<td>-4.4</td>
<td>2/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>C64</td>
<td>18.8</td>
<td>6.2</td>
<td>10/19</td>
<td>4.6</td>
<td>-0.7</td>
<td>1/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td>C67</td>
<td>16.7</td>
<td>-2.7</td>
<td>1/19</td>
<td>8.1</td>
<td>-1.0</td>
<td>1/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>C71</td>
<td>8.4</td>
<td>0.2</td>
<td>4/19</td>
<td>6.4</td>
<td>-0.4</td>
<td>3/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer of Unknown Primary</td>
<td>C76-80</td>
<td>13.9</td>
<td>-2.3</td>
<td>4/19</td>
<td>15.8</td>
<td>-2.2</td>
<td>1/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>C82-85</td>
<td>24.5</td>
<td>3.2</td>
<td>14/19</td>
<td>8.2</td>
<td>0.3</td>
<td>7/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myeloma</td>
<td>C90</td>
<td>12.6</td>
<td>1.9</td>
<td>18/19</td>
<td>5.1</td>
<td>0.0</td>
<td>7/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leukaemia</td>
<td>C91-95</td>
<td>18.7</td>
<td>2.6</td>
<td>17/19</td>
<td>7.9</td>
<td>-0.8</td>
<td>4/19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RAG rating – Value**
*(95% confidence interval)*
GREEN shading – Alliance value is lower than England average
RED shading – Alliance value is higher than England average

**RAG rating – Change from 2010-12**
*(95% confidence interval)*
GREEN text – Alliance value for 2013-15 is lower than value in 2010-12
RED text – Alliance value for 2013-15 is higher than value in 2010-12
Local use of metrics – RM Partners/West London

• RM Partners produces a local scorecard for West London to support discussions at RM Partners governance board meetings:-
  – Executive group (Organisations CEOs)
  – Delivery group (Organisations COOs)
  – Clinical Oversight Group

• Focus is regional performance rather than individual trust or CCG

• Where possible national ranking against other Alliances is included

• Alongside this standing agenda item on informatics in each of the above meetings

• Priority pathway groups (Lung, Colorectal, Upper GI & Prostate) identified using data

• Data used to support transformation fund bids
<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Benchmark</th>
<th>Period</th>
<th>North West London STP</th>
<th>South West London STP</th>
<th>RM Partners overall</th>
<th>Change since last period</th>
<th>Providers/sites meeting standard</th>
<th>CCGs meeting standard</th>
<th>England average</th>
<th>Ranking against other Alliances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best Practice Care</td>
<td>1. 2 week wait: Urgent suspected cancer GP referral to 1st seen (provider position)</td>
<td>93%</td>
<td>November 2017</td>
<td>95.1%</td>
<td>97.2%</td>
<td>96.0%</td>
<td>+0.4%</td>
<td>9/9</td>
<td>14/14</td>
<td>95.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. 62 day: Urgent suspected cancer GP referral to 1st treatment (DH provider position)</td>
<td>85%</td>
<td>November 2017</td>
<td>88.3%</td>
<td>86.1%</td>
<td>87.2%</td>
<td>+3.2%</td>
<td>7/10</td>
<td>9/14</td>
<td>82.3%</td>
<td>1/19</td>
</tr>
<tr>
<td></td>
<td>3. 62 day inter-trust referrals on or before day 38</td>
<td>Non set</td>
<td>Q2 2017/18</td>
<td>43.1%</td>
<td>55.3%</td>
<td>50.0%</td>
<td>-5.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Bowel screening coverage (60-74 year olds)</td>
<td>60%</td>
<td>January 2017</td>
<td>47.2%</td>
<td>53.8%</td>
<td>50.0%</td>
<td>+0.3%</td>
<td>0/14</td>
<td>58.9%</td>
<td>18/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Breast screening coverage (50-70 year olds)</td>
<td>70%</td>
<td>January 2017</td>
<td>65.3%</td>
<td>66.2%</td>
<td>65.3%</td>
<td>+0.6%</td>
<td>2/14</td>
<td>72.5%</td>
<td>18/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Cervical screening coverage (25-64 year olds)</td>
<td>80%</td>
<td>January 2017</td>
<td>61.1%</td>
<td>68.8%</td>
<td>64.3%</td>
<td>-1.7%</td>
<td>0/14</td>
<td>71.7%</td>
<td>19/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Proportion of patients waiting more than 6 weeks on endoscopy services waiting list</td>
<td>≤1%</td>
<td>October 2017</td>
<td>4.2%</td>
<td>0.6%</td>
<td>2.9%</td>
<td>-3.3%</td>
<td>5/8</td>
<td>5.0%</td>
<td>5.0%</td>
<td></td>
</tr>
<tr>
<td>Positive experience</td>
<td>8. NCPES - Q2 – How do you feel about the time you had to wait for your 1st appointment?</td>
<td>England average</td>
<td>NCPES 2016 - Admissions Q1 2016/17</td>
<td>78.7%</td>
<td>80.0%</td>
<td>79.0%</td>
<td>+1.4%</td>
<td>4/10</td>
<td>2/14</td>
<td>83.3%</td>
<td>18/19</td>
</tr>
<tr>
<td></td>
<td>9. NCPES – Q9 – How do you feel about the way you were told you had cancer.</td>
<td>England average</td>
<td>NCPES 2016 - Admissions Q1 2016/17</td>
<td>84.2%</td>
<td>81.1%</td>
<td>82.1%</td>
<td>-0.6%</td>
<td>6/10</td>
<td>8/14</td>
<td>84.2%</td>
<td>14/19</td>
</tr>
<tr>
<td></td>
<td>10. NCPES – Q59 – Overall, how would you rate your care?</td>
<td>England average</td>
<td>NCPES 2016 - Admissions Q1 2016/17</td>
<td>8.46</td>
<td>8.76</td>
<td>8.66</td>
<td>+0.02</td>
<td>4/10</td>
<td>4/14</td>
<td>8.74</td>
<td>17/19</td>
</tr>
<tr>
<td>Best Clinical Outcomes</td>
<td>11. Proportion of cancers stage 1 or 2 (Taskforce definition)</td>
<td>England average</td>
<td>2015</td>
<td>51.7%</td>
<td>56.5%</td>
<td>54.0%</td>
<td>-0.5%</td>
<td>6/14</td>
<td>54.0%</td>
<td>8/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Proportion of cancers stage 1 or 2 (CCG IAF definition)</td>
<td>England average</td>
<td>2015</td>
<td>46.5%</td>
<td>53.3%</td>
<td>49.7%</td>
<td>+0.4%</td>
<td>4/14</td>
<td>52.4%</td>
<td>18/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Proportion of patients diagnosed via an emergency (population based)</td>
<td>England average</td>
<td>July 2106 to June 2017</td>
<td>21.5%</td>
<td>16.8%</td>
<td>19.4%</td>
<td>-1.6%</td>
<td>7/14</td>
<td>19.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. 1 year cancer survival index</td>
<td>England average</td>
<td>2015</td>
<td>74.6%</td>
<td>74.6%</td>
<td>74.6%</td>
<td>+0.8/0.9%</td>
<td>72.3%</td>
<td>1/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of life</td>
<td>15. Proportion of patients receiving a Holistic Needs Assessment around diagnosis</td>
<td>70%</td>
<td>Q2 2017/18</td>
<td>62.6%</td>
<td>77.6%</td>
<td>70.4%</td>
<td>+12.9%</td>
<td>5/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. Proportion of patients receiving an End of Treatment Summary at end of treatment</td>
<td>70%</td>
<td>Q2 2017/18</td>
<td>12.8%</td>
<td>18.6%</td>
<td>15.9%</td>
<td>-13.5%</td>
<td>0/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data quality</td>
<td>17. % completeness of stage at diagnosis – COSD level 2</td>
<td>70%</td>
<td>Q1 2017/18</td>
<td>48.3%</td>
<td>64.9%</td>
<td>56.8%</td>
<td>-3.6%</td>
<td>1/10</td>
<td>55.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17. % completeness of performance status – COSD level 2</td>
<td>70%</td>
<td>Q1 2017/18</td>
<td>40.9%</td>
<td>60.9%</td>
<td>50.8%</td>
<td>-15.8%</td>
<td>2/10</td>
<td>44.7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Local illustration of where we have got to – Lung 1 year survival – North West London

Graph showing trend 1 year survival index by North West London CCGs for Lung Cancers (C33-34) for patients aged 15-99 diagnosed from 2000 to 2015.
• Lung Cancer 1 year net survival is higher than England average and has improved from 30% in 2000 to 45% in 2015.

• However variation in survival by CCG has increased from 7% (27%-34%) in 2000 to 21% (34%-55%) in 2015

• Negative outlier is Hillingdon CCG compared to England

• Unclear what reasons are
  – Can see patients are slightly later staged than other CCGs in West London (though Lung pathway group’s view is this doesn’t fully explain the difference). Westminster (highest survival) doesn’t have earliest stage patients
  – ? Other patient characteristics – e.g performance status
  – ? Treatment rates
Recommendations for CADEAS priorities for provider cancer intelligence services to Cancer Alliances

- Vanguard partners paper sent to National Cancer Programme CADEAS lead January 2018
- Recommends the following sequence of priorities for CADEAS
  - Production of Alliance data packs to establish the comparative baseline position
    - Range of data sources from PHE, ONS, NHS E and NHS D
    - Tumours; providers; external comparators; data quality
    - STPs; Alliances; CCGs; bespoke geographies if needed
    - Increased use of linked data/pathway analysis from PHE
  - Segmentation of national work at STP, Alliance, CCG level by PHE
    - Routes to diagnosis; incidence, mortality, survival; treatment rates
  - Establishing a collaborative Alliance structure to discuss and understand the data
    - System wide executive groups
    - Tumour level pathway groups
    - PHE analytical teams
  - Understanding outliers, variation and more granular analyses once the baseline is established and data quality understood