

## The National Cancer Intelligence Network

Di Riley  
Director for Clinical Outcomes

## NCIN Goal (1)

Goal for NCIN: To develop the best cancer information service of any large country in the world

Why?

- To provide feedback on performance to clinical teams
- To promote stronger commissioning
- To provide informed choice for patients
- To provide a unique opportunity for health services research

i.e. To improve outcomes

*Using information to improve quality & choice*

# NCIN Objectives



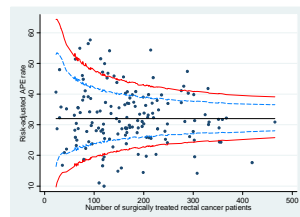
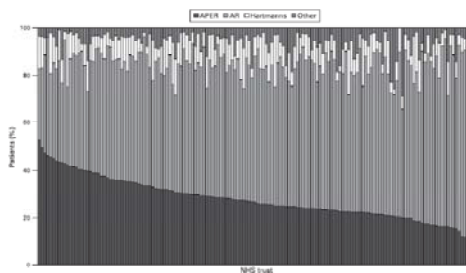
- Promoting efficient and effective data collection throughout the cancer journey
- Providing a common national repository for cancer datasets
- Producing expert analyses, based on robust methodologies, to monitor patterns of cancer care
- Exploiting information to drive improvements in standards of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

Using information to improve quality & choice



## Unacceptable variation in abdominoperineal excision rates for rectal cancer: time to intervene?

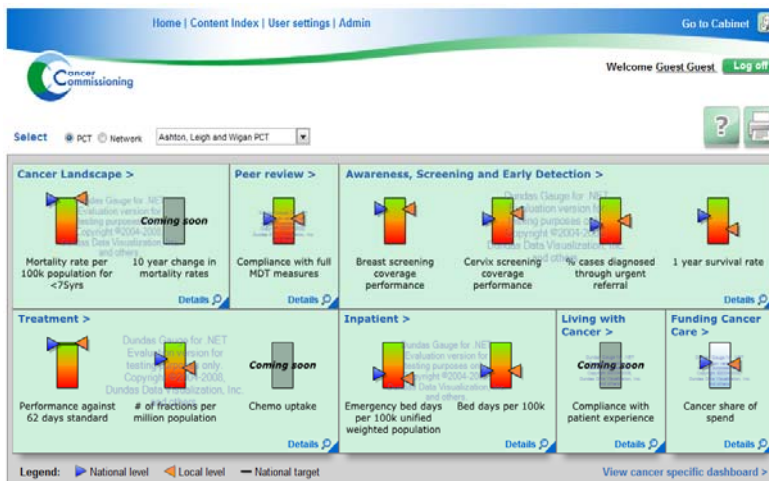
E Morris,<sup>1,2</sup> P Quirke,<sup>2</sup> J D Thomas,<sup>1,2</sup> L Fairley,<sup>4</sup> B Cottier,<sup>3</sup> D Forman<sup>1,4</sup>



Using information to improve quality & choice



# The Cancer Commissioning Toolkit (CCT)



Using information to improve quality & choice



## Focus on.....

- MDTs
- Patient Management
- Aligning datasets
- Coordinate processes
- Gaps in Knowledge and data



**COLLECT ONCE**

Using information to improve quality & choice



## NCIN: Looking forwards



- Site Specific Clinical Reference Groups
  - National Dataset Project - 'inputs' & 'outputs'
- Dealing with gaps in currently available data
  - Primary care
  - Staging, co-morbidity
- Developing partnership working
  - Peer Review, NCAT, NHS I, NICE, etc
  - Specialist 'cross-cutting' groups
  - NCRI Clinical Studies Groups
- Making best use of opportunities

*Using information to improve quality & choice*



## National Cancer Dataset Project Progress



*Using information to improve quality & choice*



## Project Purpose



- To redevelop the National Cancer Dataset for use as a full operational standard in England (*mandate in NHS*)
- To review the current business needs for the collections and make sure that the output is fit for purpose (*clinical requirement*)
- To align datasets together and understand data availability and flows (*core, specific data plus linkage*)
- Not to develop new standalone datasets, databases and processes (*use standard NHS data with 'SS add-ons'*)

**WHAT MUST WE CAPTURE AS A MINIMUM**

*Using information to improve quality & choice*



## NCIN Cancer Repository Data Views



### Patient Pathway

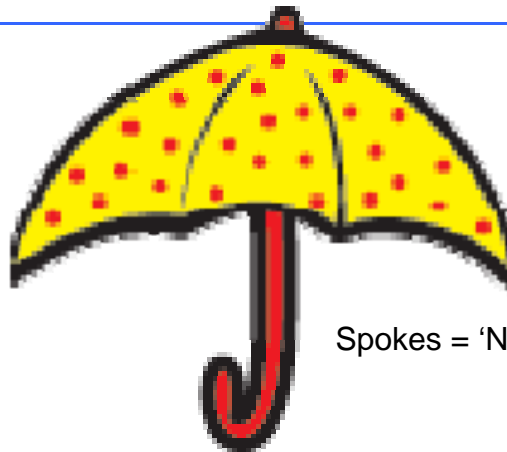
	Referral	Diag	Rx	Rec/Mets	Rx	Pall. Care	Death
CWT	Green		Green	Green	Green	Green	
RTDS			Green	Green	Green		
HES		Green	Green	Green	Green		Green
Diagnostics		Green					
Ca. Reg	Green	Green	Green	Green	Green	Green	Green
SS Add-on / MDTs	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
TOTAL	Green	Green	Green	Green	Green	Green	Green

**Datasets**

*Using information to improve quality & choice*



Cover = Data Repository



Spokes = 'NHS' Data Flows

Handle = MDT/Providers

*Using information to improve quality & choice*

## SSCRG progress

- Approved mandated datasets
  - Cancer registration – additional review
  - GFoCW
  - Radiotherapy
  - CDS
- 12 SSRGs identifying 'site specific' items
  - Link to 'output' requirements
  - Considering existing datasets e.g. NCASP, BAUS
  - Preliminary consultation with CN TSSGs lead clinicians
    - late 2009/2010

*Using information to improve quality & choice*

## Challenges....



- Clinical data from MDTs?
- Coded data from path/radiology/etc
- Transport via standard NHS data flows
  - SUS, Open Exeter (Cancer Waits)
  - Direct Cancer Registries & Nat. Repository
  - Direct to NCASP
- Linking activity and 'care record' data
  - OPCDS + radiotherapy
  - CWT + 'registration'
  - NHS number linked data views

*Using information to improve quality & choice*



## Other Challenges



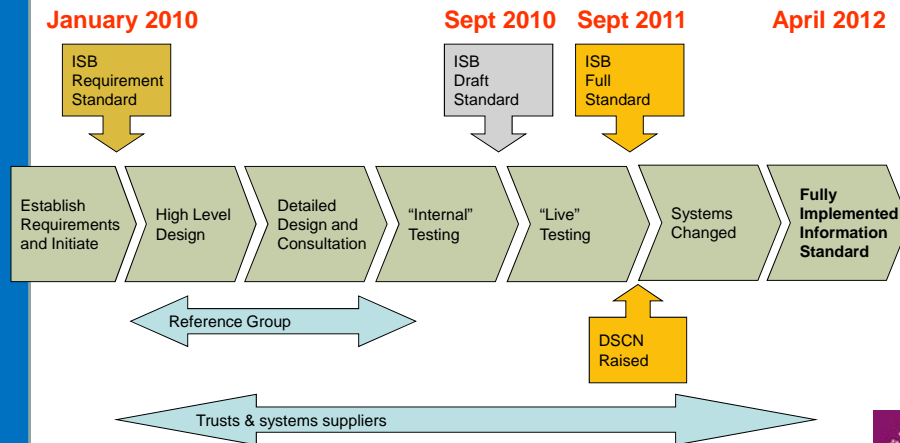
- Identifying 'business requirements'
- Future-proofing
- Adequate time for consultation & debate
- Specific issues – co-morbidity
- Impact on the service
- Promoting project to service

**If we get this right - minimal impact on the service  
But maximum impact on improving care**

*Using information to improve quality & choice*



## Process overview



Using information to improve quality & choice

## Summary of ISB Timescale

- Draft definitional work    September 2009
- Requirement submission to ISB    December 2009
- Consultation    May-June 2010
- Draft standard submission to ISB    September 2010
- Operational Testing to complete    April 2011
- Full standard submission to ISB meeting end of    September 2011
- Dataset change notice issued    October 2011
- Data collection starts in trusts    April 2012

Using information to improve quality & choice



## My Questions to You?



- How much data are already available?
  - RTDS, Cancer waits, CDS
- Can your database be populated electronically from existing sources?
- What extra do you require?
- How can NCIN help you?

*Using information to improve quality & choice*

