Clinical Outcome Indicators Briefing Sheet 2013 – 2014

Following the release of the Service Profiles, these Service Profiles are being used as the entry point for meaningful dialogue on outcomes. The Service Profiles identify key metrics that reflect the quality of local cancer services, in line with the ethos of the previous Clinical Lines of Enquiry. Many MDTs will be familiar with these profiles as there was a period of consultation before they were released to the wider NHS.

The purpose of the Service Profiles
The profiles provide comparative information for benchmarking the tumour specific Multidisciplinary Teams (MDTs) across England. Although much of the data within these profiles is already available within the NHS, it is the first time this range of indicators has been brought together in a profile format.

The profiles help quantify the variation across the cancer specific MDTs for both the patient experience and the quality of patient care.

The indicators included have been discussed with cancer commissioners and clinicians working in MDTs as being important elements for objective dialogue in terms of clinical practice and service delivery. The profile will highlight areas where an MDT is doing well and may also highlight other areas for improvement, although it is also important to consider recent progress against the indicators in the dialogue.

Interpreting the Service Profiles
The inclusion of benchmarking to identify whether a particular indicator is significantly at variance to the national mean is a helpful way to identify those aspects of service delivery which might be the focus of initial discussion. It is anticipated that many trusts will be significantly different to the mean on one or two indicators. In general for any trust, the more indicators that are significantly at variance, the greater the need for understanding why this should be the case. This explanation may be grounded in the population, age and socio-economic status. It is also important to note that whether a higher value or a lower value than the mean is regarded as “good” is dependent on the individual indicator.

Some indicators are relatively straightforward to interpret (e.g. cancer waiting times) whereas other indicators may need more discussion and local intelligence to understand the context and case mix of patients managed within the particular service. Documents for both the general guidance on the service profiles, and the data definitions, are provided alongside the Service Profile to inform their interpretation and discussion.

MDTs should discuss their profiles with reference to the areas where benchmarking shows there are areas for improvement. All the profiles and further background information can be found on the Cancer Commissioning Toolkit www.cancertoolkit.co.uk.
Commentary on Clinical Outcomes/Indicators for National Peer Review Programme (NPRP) Reports

The service profiles in the Cancer Commissioning Toolkit (CCT) (www.cancertoolkit.co.uk) currently hold data on Breast, Colorectal, Lung, Oesophageo-Gastric, Head and Neck, Gynaecology and Sarcoma cancer services. The Lung Profiles were made available in the public domain for the first time in March 2014. Haematology is due to be released in September 2014, with the anticipated publication date for Skin, Central Nervous System (CNS) and Urology being December 2014.

In order to comment effectively on ‘What does this mean for this service’ from the Service Profile data, an automated Headline Narrative report is presently under development in collaboration with the Cancer Commissioning Toolkit Team. However, this will not be available until summer 2014, and therefore will not be accessible for the commencement of the self-assessment process.

This briefing therefore provides some guidance on compiling a commentary.

The automated report will include;

- Headline indicators that fall above or below the national mean
- Interpretation of those indicators extracted from the current documents on the CCT (NB a review of this interpretation will be taking place in order to make it more meaningful in a clinical context)
- A form on which team are able to record;
  - Local context
  - Comment on headline indicators
  - Actions or further investigations where the indicators give cause for concern

Below is a draft ‘mock up’ of the report;
It is therefore suggested that the commentary in the National Peer Review Programme (NPRP) reports in the ‘Clinical outcomes/indicator’ section of the reports follows a similar format.

The process for commenting on Clinical Outcomes/Indicators would therefore be:

- Access the relevant Service Profile on the CCT (www.cancertoolkit.co.uk)
- Note those indicators which differ significantly from the England mean (i.e. those that are shown as \(\textcolor{orange}{\text{Trust/MDT is significantly different from England mean}}\) on the profile)
- If further interpretation advice is required, please reference the Metadata documents on the Profiles – but please note that presently these often provide methodological rather than clinical interpretation
- Local Context: It is likely that any local context will already have been provided in the rest of the NPRP report, but it may be helpful to comment on any relevant factors here which could contribute to deviation from the England mean
- Comment on headline indicators: Comment on those indicators identified outside the England mean where these give cause for concern, or identify good practice
- Outline any actions or further investigations following on from the above

Further updates will be provided once the Headline Narrative Reports are available on the CCT.

NB

PLEASE NOTE that the Breast, Lung and Colorectal profiles have a number of indicators which have not as yet been able to be populated (as of May, 2014). Unfortunately these indicators are reliant on data sourced from the HSCIC which is reviewing its internal data release policies and procedures. While this review is underway, the HSCIC has suspended all new releases of record level data and the timetable for the completion of this review is unclear. The profiles will be populated as soon as the data is available. Although this is far from ideal, the decision was made to publish the available data so that it could be used where appropriate. Clinical Services have been encouraged to use any local data that they have, in combination with the data contained in the previous release of the profiles.