

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CLINICAL COMMISSIONING GROUP OUTCOMES INDICATOR SET (CCG OIS) INDICATOR DEVELOPMENT PROGRAMME

Consultation report on potential CCG OIS indicator(s)

CCG OIS indicator area: Cancer

Consultation period: 1 February – 1 March 2013

Potential output: Recommendations for NICE menu

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Introduction

The following report provides a summary of the responses received from the recent consultation on potential new indicators for the 2014/15 Clinical Commissioning Group Outcomes Indicator Set (CCG OIS). The Committee is asked to consider the results of consultation alongside testing reports produced by the Health and Social Care Information Centre.

Indicator(s) included in the consultation

| ID | Indicators | Domain | Overarching/Improvement area | Source |
|-----------|--|---------------|---|---------------|
| 1.9 | Cancers diagnosed via emergency routes | 1 | Reducing premature mortality from the major causes of death | Other |
| 1.10 | Cancer stage at diagnosis | 1 | Reducing premature mortality from the major causes of death | Other |
| 1.11 | Cancers detected at stage 1 or 2 | 1 | Reducing premature mortality from the major causes of death | Other |

Thematic analysis of consultation responses

Indicator

1.9 Cancers diagnosed via emergency routes

Thematic analysis

A number of stakeholders supported this potential new indicator for cancer but highlighted that the indicator will vary in its relevance depending on cancer type. The British Association of Dermatologists considered this indicator of limited relevance to skin cancer because only a small number present via emergency routes. Breakthrough Breast Cancer, however, welcomed the inclusion of this indicator in the CCG OIS as an important area of care because one year survival for all cancer types is lower for people presenting as an emergency. Prostate Cancer UK was also supportive of the indicator,

CCG OIS Indicator Advisory Committee

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commenting that cancers diagnosed through emergency routes are associated with greater cancer progression, which can result in lower survival rates.

Cancer Research UK commented that this indicator would be useful in allowing CCGs to assess their performance, and to act as an incentive to deliver real improvements in awareness and early diagnosis of cancer. They also commented that data for this indicator is already being reported at CCG level, and that the indicator would be straightforward to implement.

Indicator

1.10 Cancer stage at diagnosis

Thematic analysis

Stakeholders generally interpreted this indicator as measuring the stage at which a diagnosis of cancer was made. However, the indicator currently measures the proportion of diagnoses where a stage of cancer was also recorded. The stakeholder comments received during consultation reflect their interpretation of the indicator.

Stakeholders were generally supportive of the inclusion in the CCG OIS of an indicator on the stage at which a diagnosis of cancer is made. Cancer Research UK highlighted that the earlier a cancer is diagnosed the better the chance of successful treatment. Pancreatic Cancer UK was also strongly supportive of such an indicator but commented that a major barrier to implementation is the lack of clear staging definitions to allow consistent staging data to be reported and collected. Cancer Research UK commented that it would be useful to have the information broken down by cancer type and for the number and proportion of cancers diagnosed at each stage to be provided.

The British Association of Dermatologists noted that for skin cancer the stage of diagnosis is largely reliant on how quickly people present to primary care and how quickly primary care refers cases to secondary care. This means the

speed of referral for treatment by primary care would need to be the quality factor being measured.

Indicator

1.11 Cancers detected at stage 1 or 2

Thematic analysis

Stakeholders were supportive of this indicator, and the Royal College of Anaesthetists considered this easily achievable at CCG level.

Prostate Cancer UK noted that treatment is often more successful the earlier a cancer is diagnosed and considered this indicator important to ensure better outcomes for men with prostate cancer. Pancreatic Cancer UK supported the inclusion of this indicator, commenting that many people with pancreatic cancer are diagnosed too late to be eligible for curative treatment. They stated that one reason for this is the lack of clear, consistent staging definitions to allow the collection and reporting of consistent staging data.

Cancer Research UK commented that this indicator is a subset of 1.10 and was supportive of including indicators on staging. They also requested the inclusion of staging indicators for each of lung, breast, bowel and prostate cancer as soon as possible.

The Royal College of Anaesthetists considered a possible unintended consequence of this indicator was increased pressure on diagnostic services.