NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

### Indicator NM204

The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had a discussion within 3 months of diagnosis about the support available from primary care.

### Importance

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| **Considerations** | **Assessment** |
| NHSE identified cancer in primary care as a topic for indicator development.  The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/) identifies cancer as a disease that more people are living with and surviving, and sets targets for personalised care and wellbeing information and support for people with a cancer diagnosis that includes maximising the potential of community-based support. It also prioritises the linking and coordinating of care. | The indicator reflects a specific priority area identified by NHS England. |
| Existing QOF indicator CAN003[[1]](#footnote-1) which focuses on review at 6 months has high levels of exception reporting, with exceptions over 25% in 2015/16 and 2016/17 and at 26% in 2017/18. | The indicator seeks to increase the number of people accessing support from primary care. |
| This indicator aims to encourage GP practices to proactively make patients aware of the support available from their GP and wider practice team. The intention is to facilitate early and supportive conversations and ensure patients are aware of what help is available. | The indicator will lead to a meaningful improvement in patient outcomes. |

### Evidence base

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| **Considerations** | **Assessment** |
| [Patient experience in adult NHS services](https://www.nice.org.uk/guidance/cg138) CG138 recommendations 1.1.1, 1.3.4 and 1.3.5 | The indicator is derived from a high-quality evidence base.  The indicator aligns with the evidence base. |

### Specification

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| **Considerations** | **Assessment** |
| Numerator: The number of patients in the denominator who have had a discussion within 3 months of diagnosis about the support available from primary care.  Denominator: The number of patients diagnosed with cancer in the preceding 12 months.  Exclusions: Patients with a diagnosis of non-melanomatous skin lesions | The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions. |
| This indicator would be reported at general practice level for practices with more than 20 eligible patients. | The indicator outlines the minimum numbers of patients needed to be confident in the assessment of variation. |

### Feasibility

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| **Considerations** | **Assessment** |
| The data could be collected annually from GP clinical systems. | The indicator is repeatable. |
| Data fields collected include:   * Date of cancer diagnosis * Date of discussion about the support available from primary care | The indicator is measuring what it is designed to measure. |

### Acceptability

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| **Considerations** | **Assessment** |
| Patients unable or choosing not to take part in the discussion within 3 months of diagnosis would prevent the delivery of the action. This could be overcome with personalised care adjustment reporting.  Secondary care not notifying primary care of a cancer diagnosis within 3 months would prevent the delivery of the action. This could be overcome by specifying that the discussion takes place within 3 months of primary care notification of the diagnosis. | The indicator assesses performance that is attributable to or within the control of the audience |
| Achievement data can be used to highlight patient awareness of cancer support in primary care at national and practice level. | The results of the indicator can be used to improve practice |

### Risk

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| **Considerations** | **Assessment** |
| There is risk that offering a discussion of support to a patient in a time when they have secondary care commitments is overwhelming. This can be mitigated by exception reporting of people declining the offer of a discussion. | The indicator has an acceptable risk of unintended consequences. |

### NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu.

1. The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the contractor receiving confirmation of the diagnosis. [↑](#footnote-ref-1)