NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

### Indicator NM205

The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template within 12 months of diagnosis.

### Importance

|  |  |
| --- | --- |
| **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. |
| One-year survival from cancer increased by almost 10% between 1999 and 2014, while mortality rates from cancer have been decreasing.  Existing QOF indicator CAN003[[1]](#footnote-1) which focuses on review at 6 months has high levels of exception reporting:   |  |  |  |  | | --- | --- | --- | --- | | **QOF Activity** | **Intervention** | **Exceptions** | **Achievement (net of exceptions)** | | 2017/18 | 69.26% | 26.00% | 93.59% | | 2016/17 | 70.33% | 25.31% | 94.16% | | 2015/16 | 71.02% | 25.02% | 94.73% | | 2014/15 | 80.06% | 15.43% | 94.67% | | The indicator seeks to increase the number of people accessing support from primary care. |
| This review represents an initial opportunity to address patients’ needs for individual assessment, care planning and ongoing support and information requirements. This indicator presents an alternative timepoint (vs 6 months) which will give greater flexibility to general practice to perform the review at a time which is more appropriate for the individual patient. | The indicator will lead to a meaningful improvement in patient outcomes. |

### Evidence base

|  |  |
| --- | --- |
| **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.  The timeframe of 12 months has been agreed by consensus as a potential timepoint for when discussions in general practice would most benefit patients. |

### Specification

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| Numerator: The number of patients in the denominator who have had a patient Cancer Care Review using a structured template recorded as occurring within 12 months of diagnosis.  Denominator: The number of patients diagnosed with cancer in the preceding 24 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

|  |  |
| --- | --- |
| **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 review   Use of a structured template would not be a specific component of the existing codes. | The indicator is measuring what it is designed to measure.  The indicator includes existing data fields. |

### Acceptability

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| Patients unable or unwilling to take part in the review within 12 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 12 months would prevent the delivery of the action. This could be overcome by specifying that the discussion takes place within 12 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 rates of review for patients at national and practice level. This can be used to identify areas where improvement is required. | The results of the indicator can be used to improve practice |

### Risk

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| There is risk that offering a review 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)