**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

Assurance date: December 2020

Review date: December 2023

# Indicator IAP00124

Under 75 mortality from cancer – (See also IAP00090 (Trust version))

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the CCG Outcomes Indicator Set domain 1 focussing on prevention of premature mortality, with the aim of lowering the numbers to improve health outcomes.  Only 3 years data published so far, national values have a slight downward trend over this period. Considerable variation by gender, and by CCG. | The indicator links to domain 1 of the CCG outcomes indicator set (Preventing people from dying prematurely)  Slight downward national trend so far but considerable variation sub-nationally. |
| Evidence base | From data quality statement for NHSOF equivalent[[1]](#footnote-1):  “The overarching indicators in domain 1 allow the Secretary of State to review how successful the NHS has been in preventing people from dying prematurely, and in particular, preventing deaths from causes considered ‘amenable’ to healthcare. 'Amenable' in this context relates to premature deaths that should not occur in most cases in the presence of timely and effective healthcare.  Not all deaths from these diseases are considered amenable to healthcare. Only 23 per cent of cancer deaths are considered amenable. However, the NHS does also contribute to reducing premature deaths from causes not considered amenable.” | Approximately 23% of cancer deaths thought to be amenable to prevention as a result of health care timeliness and effectiveness.  There are multiple contributions to variation in mortality rates from population level contributions such a lifestyle and community interventions (e.g. smoking, alcohol, obesity), clinical patient variables (co-morbidity, disease stage) patient behaviour (e.g. presenting to health care, treatment adherence), health systems effects (e.g. screening, early referral, early treatment). Some cancers are more amenable than others to health system impact on mortality. |
| Specification | Numerator: Death registrations where cancer (ICD10 C00-C97) is given as the underlying cause of death, based on the original cause recorded on the death certificate. Based on GP of registration.  Denominator: Registered patient counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year.  Exclusions: None  Methodology: Directly age and sex standardised rate  Geography: England, CCG  Data Source: Primary Care Mortality Database  Disclosure control: Indicator values from numerators under 10 are suppressed. Rates rounded to 1 decimal place. | The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions. |
| Feasibility | Both numerator and denominator come from reliable sources which will continue. | Uses readily accessible, reliable and valid routine data |
| Acceptability | In 2014 the ONS made changes to the way cause of death is categorised. However, no changes to methodology have taken place since 2014 so this does not affect NHS Digital’s published data for this indicator. | The indicator assesses performance that is attributable to or within the control of the audience.  The results of the indicator can be used to improve practice. |
| Risk | Local authority (upper and lower tier) level data for this indicator is produced by Public Health England for the Public Health Outcomes Framework (PHOF) as a 3 year pooled years total.  Methodology is not consistent with NHSOF version, so national values vary. | No risks specific to this indicator identified |

**Summary**: Indicator to be renewed.

**NHS Digital Indicator Reference:**

CCG Outcomes Indicator Set - 1.9 Under 75 mortality from cancer

1. NHS Digital. NHS Outcomes Framework, Indicator Quality Statement, 1.4 Under 75 mortality rate from cancer, Indicator reference I00730. Version 2.2, February 2019 [↑](#footnote-ref-1)