Application Form

Indicator and Methodology Assurance Service

**Title: Cancers detected at stage 1 or 2**

**Set or domain: CCG OIS 1.18**

**IAS Reference Code: IAP00350**

**Version History**

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Changed By | Change |
| V0.1 | 03/07/2017 | Andy Besch | Commenced uplift to new application form |
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# Application Form

Section1: Introduction / overview

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| --- | --- | --- |
|  | **Title** | Cancers detected at stage 1 or 2 |
|  | **Set or domain** | CCG OIS 1.18 |
|  | **Topic area** | Cancer staging |
|  | **Definition** | The percentage of new cases of cancer which were diagnosed at stage 1 or 2 for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin, given by CCG. |
|  | **Indicator owner & contact details** |  |
|  | **Publication status** | Currently in publication |

Section 2: Rationale

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|  | **Purpose** | The intended audience for the indicator is CCGs, the Department of Health, Provider Managers, Commissioning Managers, Clinicians, Patients and the Public.This indicator forms part of Domain 1 - Preventing people from dying prematurely. Diagnosis at an early stage of a cancer’s development leads to dramatically improved survival chances. Specific public health interventions, such as screening programmes and information / education campaigns aim to improve rates of early diagnosis. An indicator on the proportion of cancers diagnosed at an early stage is, therefore, a useful proxy for assessing improvements in cancer survival rates.  |
|  | **Sponsor** |  |
|  | **Endorsement** | The methodology for this indicator has been developed in partnership with Public Health England’s National Cancer Registration and Analysis Service (NCRAS).NCRAS works with partners to deliver world-class population health cancer intelligence. This drives improvements in cancer awareness, prevention, diagnosis and clinical outcomes. By improving and using the information collected about cancer patients for analysis, publication and research NCRAS helps improve local, national and international public health systems. |
|  | **Evidence and Policy base**Including related national incentives, critical business question, NICE quality standard and set or domain rationale, if appropriate | From current (2017) Quality Statement:In January 2011 the Government published Improving Outcomes – a Strategy for Cancer. This document sets out how the Government plans to improve cancer outcomes, including improving survival rates through tackling late diagnosis of cancer, by encouraging symptom awareness in patients and recognition by doctors.This is now out of date (published under the coalition government) and has been superseded by:In July 2015, the independent body The National Cancer Transformation Workforce published Achieving World-Class Cancer Outcomes: Taking the Strategy Forward. Which sets out how the NHS plans to improve cancer outcomes including improving survival rates through tackling late diagnosis of cancer, by encouraging symptom awareness in patients and recognition by doctors. |

Section 3: Data

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|  | **Data source** | Data will be provided by the NCIN from the CAS. The CAS contains a fully signed off extract of cancer registrations supplied by the National Cancer Registration Service.Data from this source has not yet been tested due to the current migration of cancer registration data to a single system. It is not yet of a sufficient completeness for use as a baseline and it will continue to evolve during 2013. It is expected that the data will be available to develop the indicator by October 2013.National Cancer Registration dataset based on a snapshot of Public Health England’s Cancer Analysis System, available at:<http://www.ncras.nhs.uk/> (Previously the National Cancer Intelligence Network (NCIN) <http://www.ncin.org.uk/home> )Postcode to CCG mappings have been derived from the National Statistics Postcode Lookup (NSPL), dated May 2015, maintained by the Office for National Statistics (ONS), available at: <https://data.gov.uk/dataset/national-statistics-postcode-lookup-uk>  |
|  | **Justification of source and others considered** |   |
|  | **Data availability** | From the NCRAS ‘Patient Info’ page:*The English cancer registries gather patient-identifiable data to support cancer epidemiology, public health, service monitoring and research. This data is collected under legal permissions granted to Public Health England (PHE) that were initially included under Section 60 of the Health and Social Care Act 2001 and more recently Section 251 of the NHS Act 2006. Renewal of this approval must be sought annually from the Confidentiality Advisory Group of Health Research Authority. Details of our current approval can be found on the HRA website.*This indicates that every cancer transaction is recorded at the patient level.More information is available at:<http://www.ncras.nhs.uk/patientinfo/>  |
|  | **Data quality** |  **i) What data quality checks are relevant to this indicator?****Coverage** [ ]  **Completeness** [ ]  **Validity** [ ]  **Default** [ ]  **Integrity** [ ]  **Timeliness** [ ]  **Other** [ ] **If you included ‘Other’ as a data quality check, please describe the check, how it will be measured, and its reason for use below:** **ii) What are the current values for the data quality checks selected?** The period of data the current values are calculated from should be stated. Current values should be recorded as a percentage and calculated as described below. **Period of data:** **Coverage:** **Calculation:** **Completeness:** **Calculation:** **Validity:** **Calculation:** **Default:** **Calculation:** **Integrity:** **Calculation:** **Timeliness:** **Calculation:** **Other:** **Calculation:****iii) What are the thresholds for the data quality checks selected?** **Coverage:** **Completeness:** **Validity:** **Default:** **Integrity:** **Timeliness:** **Other:** **iv) What is the rationale for the selection of the data quality checks and thresholds selected above?**  **v) Describe how you would plan to improve data quality should it not meet, or subsequently fall below, the thresholds required for this indicator.** **vi) Who will own the data quality risks and issues for this indicator?** **Name:** **Job Title:** **Role:** **Email:** **Telephone:** **vii) Describe how the data quality risks and issues will be managed for this indicator, including the escalation process.** **viii) Describe any assumptions you have made about data quality for this indicator.** **ix) Describe any data quality constraints you are aware of for this indicator.** **x) Additional data quality information:**  |
|  | **Quality assurance** | COSD provides level 1 to 3 reports |
|  | **Data linkage** | Linkage is a complex issue, which has become far simpler in recent years with the rollout in use of the NHS number. Registries use different linkage methods according to the type of data which is available. In essence, the more data that is available, the more confident that linkage is correct.In fact, linkage comprises two parts: blocking and weighting. Blocking takes an incoming record and uses a range of search criteria, determined by the incoming records content, to identify a series of possible matches in the database. Where the NHS number is available, that is used, but other blocking is usually also applied. In a manual context, these blocks tend to be sequential, but in an automated setting they tend to run consecutively, with all potential matches passing to the second stage, weighting.Weighting can be simple. Deterministic weighting is used for NHS number matching, but this is always augmented with at least one other identifier. Probabilistic techniques use a wider set of data matches and are usually used when the NHS number is not available on either the source record or the blocked record. It looks for the ‘commonness’ of the data value in the overall database, and then uses that to weight up or down based on a series of random control matches. Probabilistic weighting is a well-defined science, with robust methodologies, however it is used far less than in past years. |
|  | **Quality of data linkage** |  |
|  | **Data fields** |  The data fields that are supplied from the cancer registry dataset are shown below. Details of the cancer registration data is available at: <http://www.ncras.nhs.uk/patientinfo/> ORGANISATION CODEORGANISATIONPERIODC1.18 DENOMINATORC1.18 NUMERATORCANCER DETECTED AT EARLY STAGE PERCENTAGEEARLY FLAG LCIEARLY FLAG UCI |
|  | **Data filters** | Only people resident in England are included in the indicator. Non-residents that are treated in England are excluded.The filters applied to the cancer registration dataset held in PHE’s National Cancer Registration and Analysis Service (NCRAS) database to produce the indicator are detailed below. Variables are capitalised and encased in square brackets e.g. [DIAGNOSISYEAR].The extract was taken from the AV\_TUMOUR table based on a NCRAS snapshot.DenominatorCancer registry records where the following criteria are met:1. Field Name: [DIAGNOSISYEAR]Conditions: Is the respective diagnosis yearRationale: Selects patient records where the patient is diagnosed within the year of interest
2. Field Name: [POSTCODE]Conditions: Is in EnglandRationale: Selects patient records where the patient is resident in England, such that the postcode can be found in the postcode lookup and associated with an English CCG
3. Field Name: Site of tumour in body [SITE\_ICD10\_O2\_3CHAR]Conditions: Is equal to C18-C20, C34, C43, C50, C54, C56, C61, C64, C67 or C82-C85 (itemised below):Breast – C50Prostate – C61Colorectal – C18 – C20Lung – C34Bladder – C67Kidney – C64Ovary – C56Uterus – C54Skin – C43Non-Hodgkin Lymphoma – C82 – C85Rationale: Selects patient records where the cancer type is Breast, Prostate, Colorectal, Lung, Bladder, Kidney, Ovary, Uterus, Skin or Non-Hodgkins LymphomaField Name STATUSOFREGISTRATION
4. Conditions: Is equal to ‘F’Rationale: Only registrations that are finalised are included

NumeratorOf the denominator, patient records where the following criteria are met:The first character of [STAGE\_BEST] is one of ‘1’or ‘2’.CCG mappingCode of organisation is mapped from the National Statistics Postcode Lookup based on the [POSTCODE] of the patient at the time of diagnosis. |
|  | **Justifications of inclusions and exclusions** and how these adhere to standard definitions |  |
|  | **Data processing** | This indicator calculates the percentage of new cases of cancer which were diagnosed at stage 1 or 2 for the specific cancer sites, morphologies and behaviour: invasive malignancies or breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin, given by CCG.This indicator relates to a subset of the cancers covered by CCG indicator 1.17 Record of stage of cancer at diagnosis.A data period of 12 months is used to produce an annual output. |

Section 4: Construction

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|  | **Numerator** | Of the denominator, patient records where the following criteria are met:The first character of [STAGE\_BEST] is one of ‘1’or ‘2’. |
|  | **Denominator** | The number of new cases of cancer diagnosed during the respective year, at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin |
|  | **Computation** |  |
|  | **Risk adjustment or standardisation type and methodology** | Choose an item.*Variables and methodology:* |
|  | **Justification of risk adjustment type and variables**or why risk adjustment is not used |  |
|  | **Confidence interval / control limit use and methodology** | Confidence Intervals*Methodology:**Methodology:*Confidence intervals are calculated using the Wilson Score method, as specified in ‘Commonly used public health statistics and their confidence intervals’ (PHE, March 2008).The formulae for the 100(1 – α)% confidence interval limits for the proportion p are:Formulae for calculating the confidence intervalswhere:*O* is the observed number of individuals in the sample/population having the specified characteristic (i.e., the numerator);*n* is the total number of individuals in the sample/population (i.e., the denominator);*q* = (1 – *p*) is the proportion without the specified characteristic.*z* is the 100(1 – *α*/2)th percentile value from the Standard Normal distribution. For example, for a 95% confidence interval, *α* = 0.05, and *z* = 1.96 (i.e. the 97.5th percentile value from the Standard Normal distribution). |
|  | **Justification of confidence intervals / control limits used** | Confidence intervals are calculated using the Wilson Score method, as specified in “Commonly used public health statistics and their confidence intervals” (APHO, March 2008). |

Section 5: Presentation and interpretation

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|  | **Presentation of indicator** | Indicator is presented as an Excel spreadsheet and CSV data file. Current published versions have data for 2012 - 2015 |
|  | **Contextual information provided alongside indicator**with justification | This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources such as patient feedback, staff surveys and similar material. Until recently, the NCIN’s service provided profiles of indicators and was available from <https://www.cancertoolkit.co.uk/>. This service was decommissioned on 31 March 2016. Public Health England (PHE) is in the process of replacing the toolkit with a number of cancer information toolkits in the form of data and statistical services. The decommissioned service website will signpost users to the new tools when they become available (<https://www.cancertoolkit.co.uk>).When evaluated together, these will help to provide a holistic view of CCG outcomes and provide a more complete overview of the impact of the CCGs’ processes on outcomes.This indicator has been assured through the Indicator and Methodology Assurance Service which is managed by the NHS Digital on behalf of the wider Health and Social Care system. Under the regulations within the Health and Social Care Act, a national database of quality assured indicators has been established. Indicators registered in the database must have been firstly appraised under the assurance process.The full indicator methodology document is available through the NHS Digital Indicator Portal: <https://indicators.hscic.gov.uk/>. |
|  | **Calculation and data source of contextual information** |  |
|  | **Use of bandings, benchmarks or targets**with justification |  |
|  | **Banding, benchmark or target methodology**if appropriate |  |
|  | **Interpretation guidelines** |  |
|  | **Limitations and potential bias** | Data for this indicator will be extracted from the NCIN’s CAS. The CAS contains an extract of cancer registration data for analytical purposes once data have been signed off as complete by the cancer registries. Currently, the most recent year’s data available are for 2011. Data for 2013 will not be available until October or November 2014.The assignment of a CCG to a patient will be based on GP or practice code where possible and if not, then on the patient’s home postcode. Where the patient’s practice and postcode are both unavailable, the responsible CCG is the location of the hospital or trust. As the numerator is a subset of the denominator, the same method will be used for any particular patient. |
|  | **Improvement actions** | CCGs could impact on cancer stage recording by encouraging hospital trusts to record this information as soon as possible and to make sure it is passed on to the cancer registries. CCGs could stipulate this as part of the services they commission. |
|  | **Evidence of variability** |  |

Section 6: Risks

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|  | **Similar existing indicators** | CCG OIS 1.17 – Cancer Stage at Diagnosis (IAP00347) is being reviewed alongside this indicator, the two together should give a more holistic view of cancer staging.There are many other indicators looking at the incidence, mortality, survival, screening and other facets of cancer. However, these two are the only ones available that looked specifically at staging across many cancers. |
|  | **Coherence and comparability** | This indicator was published through the NCIN Cancer Commissioning Toolkit (CCT): <https://cancertoolkit.co.uk/> (decommissioned as at 31 March 2016, awaiting replacement cancer tools current listed at the above link).The indicator is a subset of CCG Outcomes Indicators ‘Record of stage of cancer at diagnosis’ indicator, which is published at CCG level. This indicator will also be published at Local Authority level via the Public Health Outcomes Framework.This indicator was constructed following consultation with clinical and cancer data experts. Whilst the data all come via the NCRAS, this is fed by numerous types of data from different sources, including hospital inpatient, outpatient and pathology data, GP data and ONS mortality data.Staging data from cancer registration has been used for this indicator to provide a consistent data source for each cancer site. For the majority of cancers, this is the definitive source of staging for newly diagnosed cancers at a national level. (One exception is the National Lung Cancer Audit which captures stage at decision to treat for Lung Cancer patients). In order to provide consistency with other CCG level cancer staging indicators, registration data is being used across all sites. |
|  | **Undesired behaviours and/or gaming** |  |
|  | **Approach to indicator review** | This indicator was previously assured by IGB in July 2014 with a review timescale of 3 years. IGB will once again set the review timescale. |
|  | **Disclosure control** | When publishing the data, if the indicator is calculated from a numerator of 1 to 5, the value is suppressed to ensure an individual’s identity is not at risk of being disclosed. If there is only one value suppressed in this way, the percentage based upon the next lowest numerator is also suppressed; this reduces the risk of the first suppressed number being identifiable in isolation. Percentages are rounded to one decimal place before publication. |
|  | **Copyright** | Copyright © 2010 National Cancer Intelligence Network. |

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| **IAS Ref Code** | **Cancers detected at stage 1 or 2** |
| **Indicator Title** | **Cancers detected at stage 1 or 2** |
| **Indicator Set** | **Cancers detected at stage 1 or 2** |

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| Version | Date | Changed By | Summary of changes |
| v.01 | 16/09/13 | Geoff Green | Document Created from Pipeline Application |
| v.02 | 02/06/17 | Andrew Besch | Updated to reflect decision from IGB meeting of 22/07/14 |
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**Assurance Summary**

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| --- | --- |
| **IAS Ref Code** | Cancers detected at stage 1 or 2 |
| **Indicator Title** | Cancers detected at stage 1 or 2 |
| **Indicator Set** | Cancers detected at stage 1 or 2 |

Assurance stage

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date(s) | Comments |
| Application Received |[x]  10/09/13 |  |
| Initial Appraisal Completed |[x]   |  |
| Peer Review Appraisal |[x]  25/09/13 |  |
| Methodology Review Group Discussion |[x]  07/10/13 |  |
| Indicator Governance Board Discussion |[ ]   |  |
| Signed-off |[ ]   |  |

Peer Review

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| Peer Reviewer(s) / Organisations : | The indicator was sent for peer review in a pack of five indicators. No comments were received for this indicator. |

Methodology Review Group (MRG)

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| *Outcome of MRG consideration:* | 1. **No significant issues identified**
 |[ ]
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[x]
|  | 1. **Some concerns expressed as caveats or limitations**
 |[ ]
|  | 1. **Significant reservations**
 |[ ]
|  | 1. **Unresolved issues**
 |[ ]

Indicator Governance Board (IGB)

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| --- | --- |
| *Final Appraisal Status* | 1. **Assured**
 |[x]
|  | 1. **Assured with Comments**
 |[ ]
|  | 1. **Failed Assurance**
 |[ ]

**Peer Review** Summary

|  |  |
| --- | --- |
| **Indicator Title** | Cancers detected at stage 1 or 2 |
| Indicator Set |  |
| IAS Ref Code: |  |
| Date of Peer Review | 25/09/13 |
| Peer Reviewer(s) / Organisations : | HSCIC |
| Peer Review Comments: | The indicator was sent for peer review in a pack of five cancer indicators. No comments were received for this indicator. |
| *Outcome of MRG consideration:* | 1. **Proposal signed off, with or without caveats**

[ ]  |
|  | 1. **Minor changes recommended**

[ ]  |
|  | 1. **Declined to sign-off**

[ ]  |
| Link to Peer Review Appraisal |  |

Indicator Methodology for Consideration - **Methodology Review Group**

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| --- | --- |
| **Initial Indicator Title** | **Cancers detected at stage 1 or 2** |
| Indicator Set | Cancers detected at stage 1 or 2 |
| Introduction | The Clinical Commissioning Group Outcome Indicator Set (CCG OIS) is an integral part of NHS England’s systematic approach to quality improvement. It is intended to provide clear, comparative information for CCGs, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. All of the CCG outcomes indicators have been chosen on the basis that they contribute to the overarching aims of the five domains in the NHS Outcomes Framework and it is intended as a tool for CCGs to drive local improvement and set priorities. Reference: CCG outcomes indicator set, NHS England: <http://www.england.nhs.uk/ccg-ois/>.NHS England has commissioned HSCIC to produce and disseminate the CCG OIS indicators; this is funded via the Grant in Aid funding to HSCIC.This indicator shows the percentage of new cases of cancer which were diagnosed at stage 1 or 2 for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin. Percentages are given by CCG.These cancers are those that can be staged at diagnosis. It might be expected that around 90% of these cancers are staged. There may be cases where determining a stage is not recommended, for example, where it would be detrimental to the patient’s health to carry out the necessary investigations.Collection of the data for the CCG OIS is via existing data collections, in this case the National Cancer Intelligence Network (NCIN) from the Cancer Analysis System (CAS). Testing and specification of this indicator was carried out by the Specification Development Service in conjunction with the NCIN. The construction of the indicators will be carried out by the NCIN.The indicator has been recommended by NICE for inclusion in the 2014/15 CCG OIS. |
| Indicator Details - Initial MRG Submission |  |
| Date of Initial Discussion: 07/10/13 |  |
| Rationale / usefulness Evidence and action ability of indicator [take this directly from the application if possible] | Cancer is a major cause of death, accounting for around a quarter of deaths in England. Currently, it is estimated that more than 40% children born today will develop cancer at some stage in their life. The stage of the tumour at diagnosis is a major determinant of patient outcomes from cancer.Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances. Specific public health interventions, such as screening programmes and information/education campaigns aim to improve rates of early diagnosis. An indicator on the proportion of cancers diagnosed at an early stage is, therefore, a useful proxy for assessing improvements in cancer survival rates.In January 2011 the Government published Improving Outcomes – a Strategy for Cancer. This document sets out how the Government plans to improve cancer outcomes, including improving survival rates through tackling late diagnosis of cancer.CCGs could impact on cancer staging recording by encouraging hospital trusts to record this information as soon as possible and to make sure it is passed on to the cancer registries. CCGs could stipulate this as part of the services they commission. |
| Data source | Data will be provided by the NCIN from the CAS. The CAS contains a fully signed off extract of cancer registrations supplied by the National Cancer Registration Service.Data from this source has not yet been tested due to the current migration of cancer registration data to a single system. It is not yet of a sufficient completeness for use as a baseline and it will continue to evolve during 2013. It is expected that the data will be available to develop the indicator by October 2013. |
| Construction Summary of construction, including the numerator, denominator, statistical method(s), presence of risk adjustment variables (age, sex, casemix etc.), specific codes and filters.For more complex indicators, summarise here and supply detail in an appendix | ***Summary description of the calculation:***The percentage of new cases of cancer which were diagnosed at stage 1 or 2 for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin, given by CCG. Stage will be determined by the National Cancer Registration Service based on the current staging system being used by clinicians for each site.***Calculation type:*** Percentage***Denominator:***The number of new cases of cancer diagnosed during the respective year, at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin.The full list of UKACR registration rules is available in a separate document.***Numerator:***Of cases of cancer in the denominator, the number diagnosed at stage 1 or 2.***Statistical Methods / Risk adjustment variables:***The data are not standardised .Confidence intervals are calculated using the Wilson Score method, as specified in “Commonly used public health statistics and their confidence intervals” (APHO, March 2008).The formulae for the 100(1 – α)% confidence interval limits for the proportion *p* are:$$p\_{lower}=\frac{2O+z^{2}-z\sqrt{\left.z^{2}+4Oq\right.}}{2\left(n+ z^{2}\right)}$$$$p\_{upper}=\frac{2O+z^{2}+z\sqrt{\left.z^{2}+4Oq\right.}}{2\left(n+ z^{2}\right)}$$where:*O* is the observed number of individuals in the sample/population having the specified characteristic (i.e., the numerator);*n* is the total number of individuals in the sample/population (i.e., the denominator);*q* = (1 – *p*) is the proportion without the specified characteristic;*z* is the 100(1 – α/2)th percentile value from the Standard Normal distribution. For example, for a 95% confidence interval, α = 0.05, and *z* = 1.96 (i.e. the 97.5th percentilevalue from the Standard Normal distribution).***Other (Quality assurance/interpretation/known limitations):***England is widely recognised as having one of the most comprehensive cancer registration systems in the world.All data included will have been signed off by the cancer registries and so will have reached the standard required for them to be recognised as newly diagnosed tumours. These data feed the official national cancer statistics at the Office for National Statistics.The assignment of staging conforms to the rules agreed in conjunction with the former UKACR rules.A high rate is desirable. A low rate is a cause for concern. |
| Potential Issues | Data for this indicator will be extracted from the NCIN’s CAS. The CAS contains an extract of cancer registration data for analytical purposes once data have been signed off as complete by the cancer registries. Currently, the most recent year’s data available are for 2011. Data for 2013 will not be available until October or November 2014.The assignment of a CCG to a patient will be based on GP or practice code where possible and if not, then on the patient’s home postcode. Where the patient’s practice and postcode are both unavailable, the responsible CCG is the location of the hospital or trust. As the numerator is a subset of the denominator, the same method will be used for any particular patient. |
| Supporting DocumentsProvide links to any additional documentation used to support discussion at MRG | Improving Outcomes: a strategy for cancer – <https://www.gov.uk/government/publications/the-national-cancer-strategy> |

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| Additional Information / Sample Data :Example data have been supplied, indicating the possible layout of the produced indicator.Percentage achievement could be presented per CCG with lower and upper confidence limits. |

MRG Recommendations, Comments & Updates:

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| --- | --- |
| **Indicator Title** | **Cancers detected at stage 1 or 2** |
| Indicator Set | Cancers detected at stage 1 or 2 |
| Summary of discussion | MRG felt it was not clear from the title that only certain cancers were measured and it was assumed that the list of cancers was the same as the other cancer indicators, therefore this should be made clearer. The applicant updated the group that the list of cancers used is the same as those used for the Public Health Outcome Framework indicator, with the same name. A wider issue of whether the PH indicator should be changed too was raised.It was questioned whether it was planned to aggregate all cancers on the list at CCG level, and the applicant confirmed this was the case.It was clarified by the applicant that the numerator is measuring the cases that are both diagnosed and recorded; therefore, there will be patients who did not have a stage recorded which will be in the denominator but not in the numerator. However, all cancers in the denominator have the potential to be recorded. |

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| Ref code**IAP00350-01**Made: 07/10/13 | Title to clarify that a subset of cancers are being measured which is different to indicators P1.9 – Cancer diagnosed via emergency routes and P1.10 – Cancer stage at diagnosis. |
| Update: Made: xx/xx/xx |  |
| Further Rec: Made: xx/xx/xx |  |
| Update: Made: xx/xx/xx |  |
| Rec Status: | **Further Information Required** [ ]  |
|  | **Resolved / No Action Required** [ ]  |

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| Ref code**IAP00350-02**Made: 07/10/13 | In the quality statement (assessment) it needs to be highlighted that different sources of data are used for different indicators, and that although there may be better sources of data for some cancers, these are not being used, as data for the other cancers is needed. |
| Update: Made: xx/xx/xx |  |
| Further Rec: Made: xx/xx/xx |  |
| Update: Made: xx/xx/xx |  |
| Rec Status: | **Further Information Required** [ ]  |
|  | **Resolved / No Action Required** [ ]  |

Revisions:

To be completed where changes to the methodology are made by the applicant during the appraisal [i.e. subsequent to the initial application form]

A new section is to be added for each new set of revisions to go to MRG.

|  |  |
| --- | --- |
| Revision Date: |  |
| General Comments / Reasoning: |  |
| Revisions: |  |
| Indicator Title |  |
| Data source |  |
| Construction |  |
| Updated Potential Issues |  |

Record of Assurance provided by **Indicator Governance Board**

|  |  |
| --- | --- |
| **Indicator Title** | **Cancers detected at stage 1 or 2** |
| Indicator Set | Cancers detected at stage 1 or 2 |
| Description | This indicator shows the percentage of new cases of cancer which were diagnosed at stage 1 or 2 for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin. Percentages are given by CCG.These cancers are those that can be staged at diagnosis. It might be expected that around 90% of these cancers are staged. There may be cases where determining a stage is not recommended, for example, where it would be detrimental to the patient’s health to carry out the necessary investigations. |

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| Initial IGB discussion  | xx/xx/xx | Further discussed |  |

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| **Strategic Considerations & Implications** |  |
| Applicant / Sponsor Organisation | NHS England |
| Assurance process funded? | Yes |
| Indicator rationale  | Cancer is a major cause of death, accounting for around a quarter of deaths in England. Currently, it is estimated that more than 40% children born today will develop cancer at some stage in their life. The stage of the tumour at diagnosis is a major determinant of patient outcomes from cancer.Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances. Specific public health interventions, such as screening programmes and information/education campaigns aim to improve rates of early diagnosis. An indicator on the proportion of cancers diagnosed at an early stage is, therefore, a useful proxy for assessing improvements in cancer survival rates.CCGs could impact on cancer staging recording by encouraging hospital trusts to record this information as soon as possible and to make sure it is passed on to the cancer registries. CCGs could stipulate this as part of the services they commission. |
| Basis for rationale [Details of quality statement, policy etc.] | In January 2011 the Government published Improving Outcomes – a Strategy for Cancer. This document sets out how the Government plans to improve cancer outcomes, including improving survival rates through tackling late diagnosis of cancer. |
| Calculation Summary | The percentage of new cases of cancer which were diagnosed at stage 1 or 2 for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin, given by CCG. Stage will be determined by the National Cancer Registration Service based on the current staging system being used by clinicians for each site.***Denominator:***The number of new cases of cancer diagnosed during the respective year, at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin.The full list of UKACR registration rules is available in a separate document.***Numerator:***Of cases of cancer in the denominator, the number diagnosed at stage 1 or 2. |
| Risks & assumptions | Data for this indicator will be extracted from the NCIN’s CAS. The CAS contains an extract of cancer registration data for analytical purposes once data have been signed off as complete by the cancer registries. Currently, the most recent year’s data available are for 2011. Data for 2013 will not be available until October or November 2014.The assignment of a CCG to a patient will be based on GP or practice code where possible and if not, then on the patient’s home postcode. Where the patient’s practice and postcode are both unavailable, the responsible CCG is the location of the hospital or trust. As the numerator is a subset of the denominator, the same method will be used for any particular patient. |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | *Data Source:* Data will be provided by the NCIN from the CAS. The CAS contains a fully signed off extract of cancer registrations supplied by the National Cancer Registration Service.Data from this source has not yet been tested due to the current migration of cancer registration data to a single system. It is not yet of a sufficient completeness for use as a baseline and it will continue to evolve during 2013. It is expected that the data will be available to develop the indicator by October 2013. |
| Potential impacts on other business areas [inc outstanding generic issues] |  |
| Implementation Method[inc production funding] | NHS England has commissioned HSCIC to produce and disseminate the CCG OIS indicators; this is funded via the Grant in Aid funding to HSCIC.Collection of the data required for the CCG OIS is via existing data collections, in this case by the NCIN from the Cancer Analysis System (CAS). Testing and specification of this indicator was carried out by the Specification Development Service in conjunction with the NCIN. The construction of the indicators will be carried out by the NCIN.Dissemination and presentation of the CCG OIS will be via a number of routes:• The indicators and their underlying data will be made publically available via the HSCIC website and the Indicator Portal. • The data will also be provided to NHS England for use in their internal Intelligence Tool.Subject to confirmation by NHS England, the calculated indicator, numerator and denominator for CCGs will be supplied by messaging to the Calculating Quality Reporting Service (CQRS) for use by CCGs as part of their management information. |

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| **Development Advice & Peer Review** |  |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | Advice and input was received on indicator definitions from Dr Mick Peake, National Clinical Lead for NHS Cancer Improvement and Clinical Lead for the NCIN. |
| Peer Reviewers: |  |
| Peer Review summary: | The indicator was sent for peer review in a pack of five cancer indicators. No comments were received for this indicator. |

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| **Record of MRG Discussion** |  |
| Discussion dates:  | 07/10/13By:Heather Dawe (chair) HSCIC Programme Manager, Clinical IndicatorsPaul Fryers PHE Deputy Director, East Midlands Knowledge and Intelligence TeamAlyson Whitmarsh HSCIC Programme Manager, Clinical AuditChris Dew HSCIC Section Head, Clinical IndicatorsAndy Sutherland HSCIC Statistics Head of ProfessionJulie Henderson HSCIC Programme Head, Clinical Analysis |
| Summary of MRG discussions:  | * MRG felt it was not clear from the title that only certain cancers were measured and it was assumed that the list of cancers was the same as the other cancer indicators, therefore this should be made clearer.
* The applicant updated the group that the list of cancers used is the same as those used for the Public Health Outcome Framework indicator, with the same name. A wider issue of whether the PH indicator should be changed too was raised.
* It was questioned whether it was planned to aggregate all cancers on the list at CCG level, and the applicant confirmed this was the case.
* It was clarified by the applicant that the numerator is measuring the cases that are both diagnosed and recorded; therefore, there will be patients who did not have a stage recorded which will be in the denominator but not in the numerator. However, all cancers in the denominator have the potential to be recorded.
 |
| *Outcome of MRG consideration:* | **No significant issues on basis of completion of outstanding actions** |
| MRG statement of recommendation: | **This indicator was recommended for discussion by IGB on completion of the above recommendations.** |

IGB – Additional Recommendations:

[Add new section as necessary]

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| **Recommendations & Updates**Made: xx/xx/xx |  |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |
| Action required: | **IGB Update Not Required** [ ] **Further Update IGB** [ ] **Refer to MRG** [ ]  |
| Update:Made:  |  |

Review:

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| Review timescale 3 years The indicator methodology is signed off as assured for inclusion in the indicator library with a review date of 3 years on the basis that:• The indicator quality statement is to be clear that the indicator does not measure all cancers • With regards to the title, options for consistency with the equivalent PHOF indicator are considered (IGB will write to PHOF leads as part of this action). |

IGB Sign-off:

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| **Indicator Assurance Process Output** |  |
| *Final Appraisal Status* | **Assured** [x] **Assured with Comments** [ ] **Failed Assurance** [ ]  |
| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date | 22/07/2014 |