**NHS Digital**

**Indicator Supporting Documentation**

**IAP00440 People with urgent GP referral having first definitive treatment for cancer within 62 days**

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| IAP Code | IAP00440 |
| Title | People with urgent GP referral having first definitive treatment for cancer within 62 days of referral |
| Published by | NHS England |
| Reporting period | Quarterly |
| Geographical Coverage | England |
| Reporting level(s) | England, CCG |
| Based on data from | Cancer Waiting Times Database (CWT-Db) |
| Contact Author Name | Rafael Goriwoda (Senior Analytical Manager, Medical and Nursing Analytical Unit, NHS England) |
| Contact Author Email | Rafael.Goriwoda@nhs.net |
| Rating | Fit for Use with Caveats |
| Assurance date | 04/10/2017 |
| Review date | 05/04/2018 |
| Indicator set | CCGIAF |
| Brief Description | Measures the proportion of people who were treated following an urgent GP referral for suspected cancer, i.e. those referred with the expectation to be seen by a specialist within two weeks, who began their first definitive treatment within 62 days of referral. |
| Purpose | To ensure CCGs achieve and maintain the constitutional standard for waiting times from urgent GP referral for suspected cancer to first definitive treatment, all patients should receive high-quality care without any unnecessary delay. Shorter waiting times can lead to earlier diagnosis, quicker treatment, a lower risk of complications, enhanced patient experience and improved cancer outcomes. Shorter waiting times can also help to ease patient anxiety and improve experience.  The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment covering the length of time from urgent GP referral, first outpatient appointment, decision to treat and finally first definitive treatment. It will be used as part of a set of indicators to assess CCG performance on cancer (one of 6 clinical priority areas). |
| Definition | Overall: Measures the proportion of people who were treated following an urgent GP referral, for suspected cancer, i.e. those referred with the expectation to be seen by a specialist within two weeks, who began their first definitive treatment within 62 days of referral.  Exclusions: Note that this means patients not recorded as beginning treatment will not be included in the indicator. This would be the case for patients who are found not to have cancer in the diagnostic test that follows the urgent referral.  In particular, it is worth noting that patients who go directly onto a palliative pathway and receive either a palliative intervention (such as stenting) or palliative care (e.g. pain relief) will not be included in the denominator.  Furthermore, patients with non-invasive cancers are excluded. |
| Data Source | NHS England Statistics (<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>), derived from Cancer Waiting Times Database (CWT-Db) |
| Numerator | The number of people with an urgent GP referral for suspected cancer who received first treatment in the quarter and where the referral to first treatment is within 62 days, by CCG. |
| Denominator | The total number of people receiving first treatment for cancer within the quarter, who have had an urgent GP referral for suspected cancer, by CCG |
| Calculation | 100% \* (Numerator/Denominator); the proportion (as a percentage) of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days |
| Interpretation Guidelines | A given CCG’s value indicates what percentage of patients receiving their first definitive treatment for suspected cancer following an urgent GP referral for suspected cancer did so within 62 days of that referral. CCGs are assessed against an operational standard of 85%; this makes allowance for cases where the 62 day limit is exceeded for allowable reasons (e.g. patient chooses to delay treatment, patient is unfit for treatment or treatment within 62 days of referral is clinically inappropriate).  The measure covers only urgent GP referrals and therefore is not a comprehensive measure of all referral routes which are ultimately treated for cancer. It covers completed pathways, therefore does not measure those on the waiting list.  Beginning with 2017/18, the indicator will be covering the last four quarters of data in both numerator and denominator).  Past data for Primary Care Trusts (PCTs) (April 2011 to March 2013) is presented. |
| Caveats | These indicators should not be used for comparisons until confidence intervals are added.  Does not include patients not traced to a CCG. No mechanism to revise monthly or quarterly data once published.  The indicator is not sensitive to clinical priority, patients with other conditions and other case mix issues; some cancers will require more and varied diagnostic tests before treatment. |

Application form

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| Section | Overview |
| Title | Application Form People with urgent GP referral having first definitive treatment for cancer within 62 days of referral |
| Set or domain | CCG Improvement and Assessment Framework (CCG IAF)  Note that this is an existing data publication which appears on NHS England’s cancer waiting times web page, but is being re-packaged for use in the CCG IAF. |
| Topic area | Better Care - Cancer |
| Definition | Measures the proportion of people who were treated following an urgent GP referral, for suspected cancer, i.e. those referred with the expectation to be seen by a specialist within two weeks, who began their first definitive treatment within 62 days of referral.  Note that this means patients not recorded as beginning treatment will not be included in the indicator.  Inclusions/exclusions are detailed in section 3.11  The indicator is a quarterly total (and is updated quarterly).  For cancer waiting times a first definitive treatment (FDT) is defined as the start of the treatment aimed at removing or eradicating the cancer completely or at reducing tumour bulk.  This covers all cancers as defined by ICD-10 codes C00 to C97 and D05.  Cancer Waiting Times statistics has been assessed by the UK Statistics Authority, and the quarterly provider data which is used to determine the finalised position of national performance is designated as a National Statistic. |
| **Indicator owner & contact details** | Rafael Goriwoda (Senior Analytical Manager, Medical & Nursing Analytical Unit, NHS England; Rafael.Goriwoda@nhs.net) |
| **Publication status** | Currently in publication |
| RATIONALE |  |
| **Purpose** | To ensure CCGs achieve and maintain the constitutional standard (see page 33 of the Handbook to the NHS Constitution: https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/474450/NHS\_Constitution\_Handbook\_v2.pdf) for waiting times from urgent GP referral for suspected cancer to first definitive treatment - all patients should receive high-quality care without any unnecessary delay. Shorter waiting times can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. Shorter waiting times can also help to ease patient anxiety and improve experience.  The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment covering the length of time from urgent GP referral, first outpatient appointment, decision to treat and finally first definitive treatment. It will be used as part of a set of indicators to assess CCG performance on cancer (one of 6 clinical priority areas). |
| **Sponsor** | Joanna Cottam (Cancer Programme Lead, Medical Directorate, NHS England; Joanna.cottam@nhs.net) |
| **Endorsement** | The CEO and Commissioning Committee of NHS England have endorsed the inclusion of this indicator in the CCG IAF. The indicator is a National Statistic by the UK Statistics Authority in 2010. |
| **Evidence and Policy base**  Including related national incentives, critical business question, NICE quality standard and set or domain rationale, if appropriate | The NHS Cancer Plan, published in the year 2000 (<https://www.thh.nhs.uk/documents/_departments/cancer/nhscancerplan.pdf>) set the objective of a maximum wait of two months (62 days) from urgent GP referral to treatment by 2005.  Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. Improving cancer survival and patient experience are two of the three key ambitions in the report, achieving world-class cancer outcomes: a strategy for England 2015-2020, published by the Independent Cancer Taskforce in July 2015. The report also recommended a new 4 week standard from GP referral to definitive diagnosis by 2020. The 62-day pathway indicator will be reviewed once data are available for the new standard.  Observational studies have found an association between time to diagnosis and mortality (<https://www.ncbi.nlm.nih.gov/pubmed/23453935>); the logic being that tumours can progress during the time taken to reach diagnosis and start treatment. Evidence suggests that the increased use of urgent referrals by GPs could improve survival of their cancer patients (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604216/>). |
| **DATA** |  |
| Data source | NHS England Statistics (<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>), derived from Cancer Waiting Times Database (CWT-Db) |
| Justification of source and others considered | The CWT-Db is an established data set covering cancer waiting times. |
| Data availability | Published monthly with a 6 week lag. |
| Data quality | Cancer Waiting Times statistics has been assessed by the UK Statistics Authority, and the quarterly provider data which is used to determine the finalised position of national performance is designated as a National Statistic. As a national statistic it complies with National Statistician’s Guidance on [Quality, Methods and Harmonisation](https://www.statisticsauthority.gov.uk/archive/national-statistician/ns-reports--reviews-and-guidance/national-statistician-s-guidance/quality--methods-and-harmonisation.pdf).  The quarterly commissioner statistics are designated as official statistics. This is due to commissioner data excluding patients which are unable to be traced to a commissioner in the records uploaded by providers of cancer services.  In addition to the quarterly published data, NHS England has from August 2015 published monthly data for both providers and commissioners, badged as official statistics. The monthly data are provisional and are subject to change as records are validated within the quarter. As a consequence, the sum of the standalone published monthly data for a given quarter does not equal the equivalent standalone quarterly published data.  Both monthly and quarterly statistics are published with a lag of 6 weeks after the period.  The development of this series of statistics has been subject to a process aimed at ensuring that the published data provide as accurate as possible a picture of the delivery of cancer services within the English NHS. This development process has also included amendments to the collection system and definitions, which more accurately and transparently reflect the user experience and waiting times of patients referred to or treated in NHS cancer services in England. These changes resulting from this development process were introduced from 01 January 2009 ensure that data on cancer services more consistent and interoperable with those data collected to monitor the timeliness of other services within the English NHS.  These statistics are shared as rapidly as possible, subject to the necessary validation checks and assurance that nationally reported performance figures for the various waiting times standards have been correctly calculated. |
| Quality assurance | Each extract is checked to ensure that the correct number of columns and fields are present and that the totals on each row are correct. For example - the automatically generated “total treated” figure should match the number of patients reported in the columns detailing how long patients waited. This checks that the extract completed writing with no errors. The extract queries have all been rigorously tested, this additional process is to mitigate against the (small) risk of an error being created by an interruption to the extract process caused by faults within the wider computer environment. |
| Quality improvement plan  If appropriate | N/A |
| Data linkage | No linkage outside of Cancer Waiting Times Database |
| Quality of data linkage | N/A |
| Data fields | PERIOD  YEAR  MONTH  STANDARD  AREA TEAM  ORG CODE  CARE SETTING  CANCER TYPE  TOTAL TREATED  WITHIN STANDARD  BREACHES |
| Data filters | N/A |
| Justifications of inclusions and exclusions  and how these adhere to standard definitions | Does not include patients not traced to a CCG, as data is presented by CCG.  This covers all cancers as defined by ICD-10 codes C00 to C97 and D05. Children are included in the 62 day performance figures, though in the context of cancer waiting times these are classed as rarer cancers and are expected to be treated within 31 days.  If a patient is not recorded as beginning treatment, they are not included in the indicator. For patients who have no diagnosis of cancer recorded and no subsequent 62 day period data is entered it will be taken that there was a non-cancer diagnosis. The activity up to the date first seen would still be counted and needs to be uploaded. Such records can be closed down locally (see page 14 of the National Cancer Waiting Times Monitoring Dataset Guidance: http://systems.digital.nhs.uk/ssd/cancerwaiting/cwtguide9.pdf)  Cancer waiting times service standards are applicable to patients cared for under the NHS in England with ICD codes C00-C97 (excluding basal cell carcinoma) and D05 (All carcinoma in situ – breast). This includes those patients:   * being treated within a clinical trial * whose cancer care is undertaken by a private provider on behalf of the NHS i.e. directly commissioned by an English NHS commissioner * whose care is sub-contracted to another provider – including a private provider – (and hence paid for) by an English NHS provider i.e. commissioned by an English NHS commissioner but subcontracted out by the commissioned provider * diagnosed with a second new cancer * without microscopic verification of the tumour (i.e. histology or cytology) if the patient has been told they have cancer and/or have received treatment for cancer * with any skin squamous cell carcinoma (SCC).   Cancer waiting times service standards are not applicable to patients:   * with a non-invasive cancer i.e.:   + carcinoma in situ (with the exception of breast (D05) which is included) – local systems will need to be in place to notify cancer registries of carcinoma in situ cases except for D05   + basal cell carcinoma (BCC). * who die prior to treatment commencing – local systems will need to be able to flag this and forward the information to cancer registries * receiving diagnostic services and treatment privately. However:   + where a patient chooses to be seen initially by a specialist privately but is then referred for treatment under the NHS, the patient should be included under the existing 31 day standards   + where a patient is first seen under the two week standard, then chooses to have diagnostic tests privately before returning to the NHS for cancer treatment, only the two week standard and 31 day standard apply. The patient is excluded from the 62 day standard as the diagnostic phase of the period has been carried out by the private sector. * who refuse all reasonable offers of diagnostics or treatments, or opt to be treated outside of the NHS.   For cancer waiting times:   * a reasonable offer for diagnostics or treatments is counted as a service commissioned by an English NHS commissioner that is clinically appropriate as decided by the consultant. * a ‘reasonable’ offer of an appointment is defined by local policy and should be an offer for diagnosis or treatment in a cancer pathway. Part of being reasonable means that the patient has been consulted and listened to, taking into account what the patient would find reasonable. In cases of contention (such as treatments offered on the same day) the commissioner decides whether the offered appointment was reasonable.   While much of the total care pathway is covered by these cancer waiting times statistics some elements of the care pathway may not be as well represented. For example: activity after a patient with requiring End of Life Care has been referred to a community/voluntary palliative care team will not be fully included within these statistics. |
| * Data processing | * Data are extracted as numerator (within standard) and denominator (total treated) fields. |
| * **CONSTRUCTION** |  |
| * Numerator | * The number of people with an urgent GP referral for suspected cancer who received first treatment in the quarter and where the referral to first treatment is within 62 days, by CCG. |
| * Denominator | * The total number of people with an urgent GP referral for suspected cancer who received first treatment within the quarter, by CCG |
| * Computation | * 100% \* (Numerator/Denominator); the proportion (as a %) of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days |
| * Risk adjustment or standardisation type and methodology | * None * Variables and methodology: |
| * Justification of risk adjustment type and variables * or why risk adjustment is not used | * The indicator is designed to accurately reflect the true proportion of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days without any adjustment. |
| * Confidence interval / control limit use and methodology | * None * Methodology: N/A |
| * Justification of confidence intervals / control limits used | Confidence intervals / control limits are not included as these are not appropriate for this measure, which is based on administrative data.  In principle, this waiting time standard should be met for all patients. The operational tolerance of 85% is included on the MyNHS website; CCGs are assessed directly against this standard, which makes allowance for the fact that there will be cases in which the 62 day wait period is not achievable (patients may elect to delay treatment, may be unfit for their treatment or it may be clinically inappropriate to treat them within the standard time). |

**Presentation and Interpretation**

**Presentation of indicator**

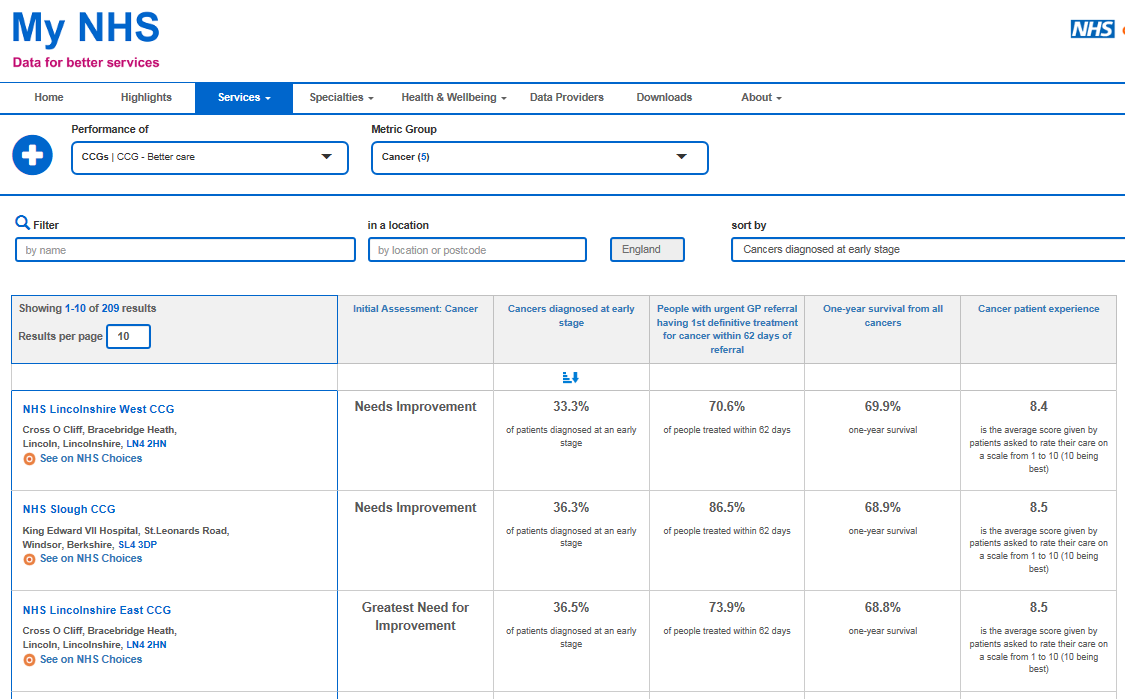
The indicator will be presented monthly in excel spreadsheets hosted on the NHS statistics website (<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>). These include numerator, denominator and percentage figures for each CCG and each month, as well as a reference to the operational standard.

The indicator will be released in public quarterly at CCG level through the MyNHS webpage. MyNHS standards will be followed to ensure that the presentation is in line with the usual presentation on MyNHS and appropriate to the audience.

The below example table demonstrates how the data is presented on MyNHS.

Updates to the My NHS website are planned for over the upcoming year to improve data visualisation.

In addition, the indicator is also included as part of a dashboard compromising all of the CCG IAF indicators that is shared with regional teams, who can forward on the dashboard to CCGs.



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| **Section** | **Overview** |
| Presentation (continued) |  |
| **Contextual information provided alongside indicator**  with justification | Past data for Primary Care Trusts (PCTs) (April 2011 to March 2013) is presented. |
| **Calculation and data source of contextual information** | This shows the results split by PCT, since CCGs did not exist prior to April 2013. |
| **Use of bandings, benchmarks or targets**  with justification | In principle, this waiting time standard should be met for all patients. The operational tolerance of 85% is included on the MyNHS website; CCGs are assessed against this standard, which makes allowance for the fact that there will be cases in which the 62 day wait period is not achievable (patients may elect to delay treatment, may be unfit for their treatment or it may be clinically inappropriate to treat them within the standard time).  The method of calculating the interval between urgent referral and treatment was revised from 1 January 2009 in order to bring cancer waiting times processes in line with the measurement and management of referral to treatment (18 week) pathways. Until this time, it was possible to adjust calculated waiting times to ‘suspend’ patients during intervals when they wanted time to think about treatment options or were medically unfit to progress to the next stage in the care pathway. This was often referred to by clinicians as ‘stopping the clock’. It was decided that it would be too complex and resource intensive for the NHS to run two systems in parallel. In addition, there were concerns that some providers might be using suspensions to improve their reported performance.  DH’s 2011 review of cancer waiting time standards (<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213787/dh_123395.pdf>) found that the decision to remove these adjustments had unintended consequences for the decision-making and planning of cancer treatments. The concern particularly relates to the achievement of the two month standard and the challenge to achieve this without causing a breach. Clinicians reported that they feel under pressure by managers to push patients through a pathway quicker than may be appropriate.  To compensate for removing the ability to adjust a patient’s calculated waiting time (where appropriate), the operational standard (the level against which local performance is assessed) for the two month standard was revised from 95% to 85%. This change was made so that achievement of the standard would neither be easier nor harder across the NHS following the removal of the ability to adjust patients’ calculated waiting times. |
| **Banding, benchmark or target methodology**  if appropriate | The operational standard of 85% is a published figure against which CCGs are already measured. |
| **INTERPRETATION** |  |
| **Interpretation guidelines** | A given CCG’s value indicates what percentage of patients receiving their first definitive treatment for suspected cancer following an urgent GP referral for suspected cancer did so within 62 days of that referral. CCGs are assessed against an operational standard of 85%; this makes allowance for cases where the 62 day limit is exceeded for allowable reasons (e.g. patient chooses to delay treatment, patient is unfit for treatment, or treatment within 62 days of referral is clinically inappropriate).  The measure covers only urgent GP referrals, and therefore is not a comprehensive measure of all referral routes which are ultimately treated for cancer. It covers completed pathways, therefore does not measure those on the waiting list. |
| **Limitations and potential bias** | Does not include patients not traced to a CCG. No mechanism to revise monthly or quarterly data once published. The indicator is not sensitive to clinical priority, patients with other conditions and other case mix issues; some cancers will require more and varied diagnostic tests before treatment. Tertiary trusts may receive late transfers that result in missing the 62 day standard (this is being remedied under the new Inter-Provider Transfer policy, which should better allocate breaches: https://www.england.nhs.uk/wp-content/uploads/2016/03/cancr-brch-allocatn-guid-2016.pdf) |
| **Improvement actions** | CCGs can engage with providers to address poor performance (e.g. by addressing demand/supply imbalances, by commissioning activity from the private sector etc.). Financial penalties in provider contracts can encourage providers to meet the operational standard. |
| **Evidence of variability** | Data is available from <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>. Variation in CCG results for December 2015 is evident, with results ranging from 58.3% to 100%. |
| **RISKS** |  |
| **Similar existing indicators** | Data are also published split by provider. |
| **Coherence and comparability** | The cancer waiting times statistics are published in similar format and in the same part of the DH website as other waiting times data, for example Referral to Treatment waiting time statistics in order to support a wider understanding of these services. These data are also derived from the National Cancer Dataset: Waiting Times Subset5 , which is a dataset specifically designed to be interoperable with both local management and clinical systems. This means that these data are of more relevance for supporting service improvement to enable better outcomes for NHS cancer services.  Results prior to April 2013 are presented for PCTs. For April 2013 onwards, they are presented for CCGs.  In both of these cases, the methodologies are aligned with those presented on MyNHS and in the technical annex published on NHS England’s website (https://www.england.nhs.uk/commissioning/ccg-auth/). |
| **Undesired behaviours and/or gaming** | Potentially CCGs could game the indicator by not treating patients who have passed the 62 day mark or by selectively validating their data. There’s also a risk that waiting lists could be managed in a way which is not based on clinical need. |
| **Approach to indicator review** | The indicator forms part of the CCG Improvement and Assessment Framework which will be subject to regular review. The Framework proposal was the subject of an engagement exercise during February 2016; feedback from this exercise has been considered in development of the final version for 2016-17.  The National Diagnostics Capacity Fund will award funding in early autumn 2016 to test more efficient diagnostic pathways. NHS England will test how to best deliver the Faster Diagnosis Standard with five local health economies in 2016/17, ready for roll out from 2017 onwards. This standard will mean that patients referred by their GP will find out whether or not they have cancer within 28 days. |
| **Disclosure control** | For monthly commissioner data, all cancer types are grouped, reducing disclosure risk.  Presentation of the indicator will comply with NHS Anonymisation Standard http://webarchive.nationalarchives.gov.uk/+/http://www.isb.nhs.uk/library/standard/128 |
| **Copyright** | NHS England. Open Government Licence applies http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/ |



Logos of organisations:
Care Quality Commission
Department of Health
Health Education England
Health and Social Care Information Centre
NHS England
National Institute of Health and care Excellence
Public Health England
Trust Development Authority

**Final Assurance Rating from the Indicator Governance Board - Click here to enter date**

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| **Reason for assessment** | Initial assurance |
| **Iteration** | 1st IGB meeting |

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| **Ratings Against Assessment Criteria** |  | **Overall Rating** |
| Clarity | **Fit for use** | **Fit for use with caveats** |
| Rationale | **Fit for use** |  |
| Data | **Fit for use** |  |
| Construction | **Fit for use with caveats** |  |
| Presentation and Interpretation | **Fit for use with caveats** |  |
| Risks and Usefulness | **Fit for use** |  |

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| **Outcome** | **This indicator has been approved for inclusion in the National Library of Quality Assured Indicators** |

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| **Key findings from Assurance** |
| This indicator has been approved by IGB for 6 months after which the position will be reviewed. IGB recognises that the applicant intends to apply confidence intervals, but this is still in development. IGB therefore recommends that this indicator should not be used for comparisons until confidence intervals are added. |

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| **Approval date** | 04/10/2017 |
| **Review date** | 05/04/2018 |

**Details of Methodology Appraisal – 09/03/2017**

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| **Methodology appraisal body** | HSCIC's Indicator & Methodology Assurance Service |
| **Reason for assessment** | Initial assurance |
| **Iteration** | 2nd MRG meeting |

***Suggested Assurance Rating by Methodology Appraisal Body***

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| --- | --- | --- |
| **Ratings Against Assessment Criteria** |  | **Overall Rating** |
| Clarity | **Fit for use** | **Not fit for use** |
| Rationale | **Fit for use** |  |
| Data | **Fit for use** |  |
| Construction | **Not fit for use** |  |
| Presentation and Interpretation | **Fit for use with caveats** |  |
| Risks and Usefulness | **Fit for use** |  |

**Summary Recommendation to Applicant:**

MRG would like to thank the applicants for submitting a good quality application to the group for consideration.   
MRG recognize that work is already planned in relation to the use of confidence intervals for the whole of the CCGIAF indicators. However, despite the strength of the rest of the application, additional work on confidence intervals is required for the construction of this indicator to meet the indicator purpose to compare variation across CCGs. This is required before the group can recommend the indicator to the Indicator Governance Board (IGB) for final assurance. Additional background should also be added to the paperwork on the use of the 85% operational standard set by the Department of Health in 2009 and presentation of data on MyNHS.   
  
MRG have therefore given the indicator a rating of “Not fit for use” as they are not currently able to endorse its inclusion into the Library of Quality Assured Indicators. On the basis that updates are made to the paperwork the group would be pleased to update the assessment to “Fit for Use” and recommend the indicator to IGB.   
  
MRG does not approve an application directly but provides advice to the Indicator Governance Board to enable it to reach a view around approval. MRG will not therefore prevent the application progressing to IGB if the applicant wishes to submit the indicator without further amendment. The applicant may therefore wish to approach the Indicator Methodology Assurance Service at NHS Digital if it wishes to pursue this option.

**Summary Recommendation to IGB:**

The indicator is not currently being escalated to IGB.

**Please find a detailed description of recommendations and actions in the appraisal log at the end of the document.**

**Details of Methodology Appraisal – 08/12/2016**

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| **Methodology appraisal body** | HSCIC's Indicator & Methodology Assurance Service |
| **Reason for assessment** | Initial assurance |
| **Iteration** | 1st MRG meeting |

***Suggested Assurance Rating by Methodology Appraisal Body***

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| **Ratings Against Assessment Criteria** |  | **Overall Rating** |
| Clarity | **-** | **Not enough information provided** |
| Rationale | **-** |  |
| Data | **-** |  |
| Construction | **-** |  |
| Presentation and Interpretation | **-** |  |
| Risks and Usefulness | **-** |  |

**Summary Recommendation to Applicant:**

MRG recommend that the application is returned to the group once the recommendations listed in the appraisal log have been actioned.

**Summary Recommendation to IGB:**

The indicator is not currently being escalated to IGB.

**Please find a detailed description of recommendations and actions in the appraisal log at the end of the document.**

**What do the Assurance Ratings mean?**

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|  | **Rating** | **Description** |
|  | **Fit for use** | This indicator can be used with confidence that it is constructed in a sound manner that is fit for purpose. |
|  | **Fit for use with caveats** | The indicator is fit for use, however users should be aware of caveats and/or recommendations for improvement that have been identified during the assurance process. |
|  | **Use with caution – data quality issue** | The indicator is based on a sound methodology for which the assurance process endorse the use, however issues have been identified with the national data source which have implications for its use as an indicator. |
|  | **Not fit for use** | Issues have been identified with the indicator which have resulted in the assurance process currently not endorsing its use as a quality indicator. |
|  | **Not enough information provided** | There has not been enough information supplied to the assurance process to be able to accurately give the indicator a level of assurance. |

**Appraisal Log**

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|  | **Clarity** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 1a | The definition could be more explicit in terms of patients who are excluded from the denominator. It would also be useful to more explicitly state what activity or patient journey would result in patients being included in the denominator and numerator. This should also detail exactly when the time between referral and first definitive treatment for cancer starts and stops. | 08/12/16 | Added additional information on exclusions taken from later section in document.  Expanded comment on activities triggering inclusion.  Clarified time period. | 03/03/17 |  | MRG  09/03/17 |

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|  | **Rationale** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 2a | MRG asks the applicant to consider more thoroughly what the evidence base and cited observational study (Section 2.4) shows and supports. However, the group understand that it stands to reason that decreased waiting times will lead to quicker treatment and better outcomes generally. | 08/12/16 | Expanded on the limitation of the findings from the quoted study and added consideration of impact on patient experience. | 03/03/17 |  | MRG  09/03/17 |
| 2b | Please can the applicants include more information in the endorsement section (2.3) regarding the input from clinical experts into the development of the indicator and the role of the independent moderation panels , as discussed verbally during the meeting. Could this section please also reflect any endorsement by relevant clinical bodies. | 08/12/16 | Expanded on the role of the expert panel in agreeing indicators.  References to role of the waiting times standard in the NHS Constitution as well as the Independent Cancer Taskforce Report. | 03/03/17 |  | MRG  09/03/17 |
| 2c | Please can the applicant briefly summarise in the application form how this indicator will be used within the CCG IAF and how it contributes to the framework’s aim. | 08/12/16 | Expanded on the role of the indicator in the IAF. | 03/03/17 |  | MRG  09/03/17 |
| 2d | MRG ask the applicant to consider whether improving patient experience is one of the aims of decreasing waiting times. | 08/12/16 | Added reference to this. | 03/03/17 |  | MRG  09/03/17 |

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|  | **Data** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 3a | There is a lack of analysis of the data quality of the data source for the purposes of this indicator. Please can the applicants provide further information including quantitative analysis.  In general, when discussing data quality, applicants should refer to all domains of quality, rather than coverage alone. Other data quality domains include: Completeness, Integrity, Validity, Timeliness and Default. | 08/12/16 | Flagged up where the response referred to individual elements and clarified responsibilities for quality assurance in this and the following question. | 03/03/17 |  | MRG  09/03/17 |
| 3b | MRG suggests that the applicant includes information on whether the data that comes out of the collection system is accepted as correct or whether validations / processes are in place to verify it. | 08/12/16 | Responded to the question – following feedback from NHS Digital. | 03/03/17 |  | MRG  09/03/17 |
| 3c | The quality improvement currently states ‘Not applicable’. It would be useful for MRG to understand why this is the case, for example if the quality of data is high. | 08/12/16 | Expanded on the ongoing/ recurrent activity, such as guidance aimed at supporting and improving data submissions. | 03/03/17 |  | MRG  09/03/17 |
| 3d | MRG suggests the applicant considers whether it is appropriate to include children and rare cancers (where cancer waiting time should be 31 days rather than 62 days) in the indicator. | 08/12/16 | Added comment on this. | 03/03/17 |  | MRG  09/03/17 |
| 3e | In Section 3.2, please could the applicants outline whether any other data sources were considered for the indicator, and if so, the reasoning for the current selection. | 08/12/16 | Provided reasoning for use of this data source. | 03/03/17 |  | MRG  09/03/17 |

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|  | **Construction** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 4a | MRG recommend the use of confidence intervals for this indicator.  As a minimum it would be useful to calculate confidence intervals to see how they relate to the fact that the operational target allows 15% for patients where the 62 day referral may not be achievable (i.e. the target is 85%). | 08/12/16 | Following discussion with MRG, this has been taken out of the application to reflect the fact that there is wider ongoing work on statistical significance for the wider IAF, which will need to be discussed separately. | 03/03/17 |  |  |
| 4b | MRG recognise that work is already planned in relation to the use of confidence intervals for the whole of the CCGIAF indicators. However, MRG reiterate that additional work on confidence intervals is required for the construction of this indicator to meet the purpose in section 2.1, which is to compare variation across CCGs. This is required before the group can pass the indicator to the Indicator Governance Board for final assurance. | 09/03/2017 |  |  |  |  |
| 4c | MRG ask that the applicants reconsider the wording of the denominator to accurately reflect the population of patients being included. A recommended denominator is as follows ‘The total number of people receiving first treatment for cancer within the quarter with an urgent GP referral for suspected cancer, by CCG ‘. | 08/12/16 | Accepted proposed wording. |  |  | MRG  09/03/17 |

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|  | **Presentation and Interpretation** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 5a | Within 4.7 the applicant has provided some background relating to the 85% waiting time operational standard. This should be moved to section 5.4 – use of benchmarks/targets. MRG have asked for additional clarity on the origin and use of this benchmark, for example reference to work on the Cancer Reform Strategy and subsequent Cancer Waiting Times Commitments - [dh\_103431.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103431.pdf). Is the 85% target still the consensus of professional opinion? | 09/03/2017 |  |  |  |  |
| 5b | MRG have made 3 recommendations in relation to presentation of the indicator on myNHS.   * Section 5.1 references that “updates to the My NHS website are planned for over the upcoming year to improve data visualisation” Can these be outlined in the paperwork * The description of this indicator on myNHS does not currently reference that the start date of the 62 day pathway is the date at which the (hospital) provider who first treated the patient received the urgent GP referral. This should be updated. * There is no reference to which time period the indicator results relate to on myNHS. MRG recommend that this is highlighted | 09/03/2017 |  |  |  |  |
| 5c | MRG suggest adding the standard deviation to the ‘Evidence of variability’, or including a chart plotting the spread of values by CCG. | 08/12/16 | Added a chart plotting the spread of value by CCG. | 03/03/17 |  | MRG  09/03/17 |

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|  | **Risks and Usefulness** |  |  |  |  |  |
| ***Rec. no*** | ***Issue or recommendation*** | ***Raised by / Date*** | ***Response or Action taken by applicant*** | ***Response date*** | ***Resolved*** | ***Sign off by / Date*** |
| 6a | In 6.3, MRG ask that the following text be removed  “Similarly, for providers, avoidance of recording a breach would be reflected in poorer patient experience scores.” | 09/03/2017 |  |  |  |  |
| 6b | MRG discussed that the risk that waiting lists could be managed in a way which is not based on clinical need would be a major concern (section 6.3), however unlikely. It is asked that this risk, likelihood of occurrence and any mitigation in place is included in the application form. | 08/12/16 | Added comments on why this is unlikely to happen and some existing evidence. | 03/03/17 |  | MRG  09/03/17 |
| 6c | MRG asks the applicants to reference other existing indicators in section 6.1, such as the 31 day waiting time indicator for rare cancers and the waiting time from referral to first seen indicator. Any differences between these indicators, such as cancers covered, should be included in 6.2. | 08/12/16 | Added information as requested. | 03/03/17 |  | MRG  09/03/17 |

**Any complaints or appeals against the decisions made during the assurance process should be made to the Indicator & Methodology Assurance Service (IMAS) Team at NHS Digital. Likewise, if you are unclear regarding any of the recommendations in this report, or have any queries about the assurance process in general, please contact the IMAS team.**

**Indicator and Methodology Assurance Service**

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