



Resource impact statement

Resource impact

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Indicator

The percentage of patients with cancer diagnosed within the preceding 15 months who have had a review recorded as occurring within 3 months of the practice receiving confirmation of the diagnosis.

Introduction

This report covers 1 new indicator relating to cancer. This indicator is part of the NICE menu of potential Quality and Outcomes Framework (QOF) indicators for 2013/14, following the recommendations of the independent QOF advisory committee in June 2012. The indicator has been piloted as part of the NICE QOF indicator development process.

This report considers the likely cost impact of incentivising the clinical interventions associated with the proposed indicators in terms of the number of additional interventions provided and the cost of each intervention. Costs to NHS commissioners are outlined where relevant, along with the cost of additional activity at general practices.

It is proposed that the above indicator would replace current QOF indicator Cancer 3: 'The percentage of patients with cancer, diagnosed within the preceding 18 months, who have a patient review recorded as occurring within 6 months of the practice receiving confirmation of the diagnosis.'

Over the past 20 years average lengths of stay after treatment for most cancers have been declining, and evidence suggests that people quickly resume consultations in general practice. This indicator therefore aims to build a formal 3-month cancer review into cancer consultations.

The intent of the proposed new indicator is to amend the current QOF indicator Cancer 3 by decreasing the timeframe for review after confirmation of diagnosis from 6 months to 3 months.

Cost implication

Current QOF indicator Cancer 3 gives practices an incentive to undertake a review of people diagnosed with cancer within 6 months of their diagnosis being confirmed. Experts consider early face-to-face review with patients with cancer to be the method most likely to identify physical and psychosocial needs that will require managing and monitoring.

Undertaking a cancer review is already standard practice in primary care, as set out in 2012/13 QOF indicator Cancer 3. The proposed new indicator aims to reinforce good practice by bringing this review forward. Earlier review could lead to earlier identification of needs, and to earlier interventions. This could improve health and wellbeing and therefore be cost saving for the NHS.

There is no evidence to suggest that people with physical or psychosocial needs are not identified and managed under current QOF indicator Cancer 3 or that those needing earlier review are not in contact with their GP outside of the reviews incentivised in the QOF. Because there is no evidence of unmet need in this population, therefore the cost of implementing the proposed cancer indicator is not expected to be significant.

Conclusions

Cancer reviews are already undertaken as part of standard care under QOF indicator Cancer 3. The proposed indicator reduces the timeframe of the existing indicator from 6 months to 3 months. We cannot be sure that early review in people with cancer is not already part of current practice, or that there is unmet need in this population. There may be some additional costs in earlier identification of physical and psychosocial needs that require managing and monitoring but implementation of this indicator is not expected to result in significant costs.

Related QOF indicators

Current QOF indicator	Numerator	Denominator	Underlying achievement
CANCER 1 The practice can produce a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1 April 2003'	N/A	876,485	N/A

<p>CANCER 3. The percentage of patients with cancer, diagnosed within the preceding 18 months, who have a patient review recorded as occurring within 6 months of the practice receiving</p>	<p>136,136</p>	<p>145,336</p>	<p>93.7%</p>
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References

Health and Social Care Information Centre (2011) [QOF 2010/11 data](#) [online].

University of Birmingham and University of York Health Economics Consortium Health (NICE External Contractor), Development feedback report on piloted indicator, 2012