MDT Based Service Profiles for cancer
Guidance for Commissioners, Providers and Cancer Networks

Overview

Following the successful launch of GP practice profiles last year, MDT based service profiles for breast and colorectal cancer have now been developed and released to the NHS. Similar profiles for other tumour sites will be developed. These profiles provide comparative information for benchmarking the tumour specific Multidisciplinary Teams (MDTs) across England in a format very similar to the GP practice profiles. Although much of the data within these profiles is already available within the NHS, it is the first time this range of indicators has been brought together in a profile format.

The profiles help quantify the variation across the cancer specific MDTs for both the patient experience and the quality of patient care. The indicators included have been discussed with cancer commissioners and clinicians working in MDTs as being important elements for objective dialogue in terms of clinical practice and service delivery. The profile will highlight areas where an MDT is doing well and may also highlight other areas for improvement, although it is also important to consider recent progress against the indicators in the dialogue. We hope the profiles will form an integral part of discussions between providers and commissioners to help improve local cancer services

1. Using the Profile

Basis for dialogue
There is no right way to use these service profiles; it is envisaged that commissioners and providers of services will find them useful in providing a basis for greater understanding of services in an objective way. Experience in using the GP practice profiles suggests that the profiles provide a rich source of comparative data in a short, simple format. It is not recommended that major commissioning decisions are taken without detailed bilateral dialogue to understand the local service in more detail and what local improvements can be made. As such the service profiles might be seen as the entry point for meaningful dialogue.

Benchmarking
The inclusion of an indication as to whether a particular indicator is significantly at variance to the national mean is a helpful way to identify those aspects of service delivery which might be the focus of initial discussion. We anticipate many services being significantly different to the mean on one or two indicators. In general, the more indicators that are significantly at variance, the more likely the need for discussion with the provider about the services being delivered. Discussion should not, however, be focused entirely on these indicators; it is important for this dialogue to include the full range of indicators included within the profile. There are other important areas of service delivery which are not included in these profiles simply because data are not collected centrally. Data in areas such as use of diagnostic tests and chemotherapy drug usage should be available locally.

The profiles are not intended to be used as a performance management tool but can supplement regular discussions about performance. Every effort has been made to include the most up to date data available in the profiles, but the timeliness of the data should also be taken into account. The validity of the data is not nullified simply because it is not the most recent month or quarter.

Format

The format of the profiles has been deliberately based on the format of the GP practice profiles. Feedback from use of those profiles was that the availability of absolute numbers, quartiles and significant variations from the mean in diagrammatic presentation, all on one side of A4, was positively received. As many future commissioners of cancer services will have already become familiar with the format, this is seen as an additional advantage. See appendix A for further explanation.

Indicators

Some indicators are relatively straightforward to interpret (e.g. cancer waiting times) whereas other indicators may need more discussion and local intelligence to understand the context and case mix of patients managed within the particular service.

Cancer Networks

Local intelligence gathering has been a significant role for Cancer Network teams for many years; both commissioners and providers are used to approaching network teams for support in interpreting sets of analyses and for historic intelligence about how services are organised and perform. It is anticipated that many network directors will want to provide a commentary to accompany the service profiles to aid discussions.

MDTs

Many MDTs will be familiar with these profiles as there was a period of consultation with breast and colorectal MDT teams before they were released to the wider NHS.

2. Interpreting Specific Sections in the Profiles

The majority of indicators in the profiles are defined for the breast/colorectal service across the trust. Other indicators (some of those arising from National Cancer Peer Review measures) are instead defined at MDT level. Where there is more than one MDT for breast/colorectal at a trust, all indicators are identical for each MDT in the trust except for some of those sourced from the NCPR.

Size

There are two indicators in the profile for the size of the MDT. The first indicator (Number of new patients treated per year) shows the number of patients treated at the trust as reported for cancer waiting times by the trust in 2010/11. The second indicator (Number of newly diagnosed patients treated per year) measures the number of patients treated at the trust in 2009 (as reported for cancer waiting times) which are registered at a cancer registry. This indicator is used as a denominator to calculate the indicators in the demographics section and so has been included for reference.

Demographics

This section is designed to give an indication for the case-mix of patients managed by the MDT as compared to the patients other MDTs manage. For example there may be a relatively large proportion of patients who present with cancer at a late stage which will strongly influence survival and mortality rates.

Specialist Team

This section mainly summarises the most recent results of the National Cancer Peer Review assessment of the MDT. It also identifies if there were any serious concerns or immediate risks with the service at the time of the last review. These issues may now be resolved or have an action plan in place for their resolution, but have been included to give a fuller understanding of pressures the service may have experienced. This section also shows the access to a Clinical Nurse Specialist reported by patients through the national cancer patient experience survey. In addition there is an indicator to show whether the recommended volume of cases is being managed by each surgeon. In the breast profile this indicator may be affected where a surgeon has only worked part of the year and is also dependent on the accurate recording of surgeon in the hospital system.

Throughput

Included in this section is information on emergency admissions as compared to other MDTs. Emergency presentation of cancer is strongly associated with poorer survival rates and is an important aspect to be explored between commissioners and service providers to understand what actions could potentially be required.

Waiting Times

Performance is shown against a number of cancer waiting time standards. There are additional waiting time standards that providers are also expected to meet which are not shown in this profile (e.g. subsequent treatment, when a patient is referred from screening and when a consultant upgrades the urgency of referral). These data are available within the Cancer Commissioning Toolkit (CCT), where they are updated quarterly.

Clinical Practice

This section shows how frequently recommended key areas of clinical practice are being used for patients at the MDT compared with other MDTs. It also shows how long patients with cancer are staying in hospital. It is suggested that reductions in inpatient stay could enable re-investment in other areas of the pathway to support the earlier diagnosis of cancer.

Outcomes and Recovery

This section includes information on a number of key outcomes for the service.

Patient Experience

This section summarises the results of the national cancer patient experience survey (2010) and helps identify how the trust was rated in the breast/colorectal service compared to other trusts.

3.   Accessing the Service Profiles and Further Information

The services profiles are available to NHS and can been accessed via the Cancer Commissioning Toolkit (CCT) at www.cancertoolkit.co.uk/Pages/ServiceProfile.aspx

If required see additional document (Accessing the Service Profiles) under the HELP menu option in the CCT; "How do I" section.

On the same website data definition (meta-data) documents are available for each profile. These documents describe the methodology to calculate the figures in the profile and the source of data for each indicator.

These profiles are part of a pack of support being developed nationally for commissioners of cancer services. In particular service specifications are currently being developed and will provide a concise description of characteristics of a high quality service. These will be available within the CCT at: www.cancertoolkit.co.uk

4.   Who to Contact for Support

As outlined above cancer networks will be able to support use of these profiles.

Alternatively please email service.profiles@ncin.org.uk

Confidence Intervals

For the majority of indicators, upper and lower confidence intervals are given. Confidence intervals provide a range around the trust rate or proportion being looked at. It is used to describe the uncertainty around the rate or proportion. This uncertainty arises as factors influencing the indicator are subject to chance occurrences that are inherent in the world around us. These occurrences result in random fluctuations in the numbers between different areas and time periods. Confidence intervals quantify the uncertainty in this estimate and, generally speaking, describe how different the trust rate or proportion could have been if the underlying conditions stayed the same, but chance had led to a different set of data. The wider the confidence interval the greater is the uncertainty in the estimate.

Spine chart

The chart gives a visual presentation of how the trust rate/proportion compares to the national levels. The chart displays the range of indicator values for all trusts in England and shows where the selected trust is located. For each indicator, the highest and lowest Trust values are shown at either side of the bar column. Where relevant, the dark grey sections on the bar mark the range within which the middle half of the observed values lie (25th to 75th percentiles). The light grey areas on the left and right of the bar mark the lowest and highest quartiles of the range.
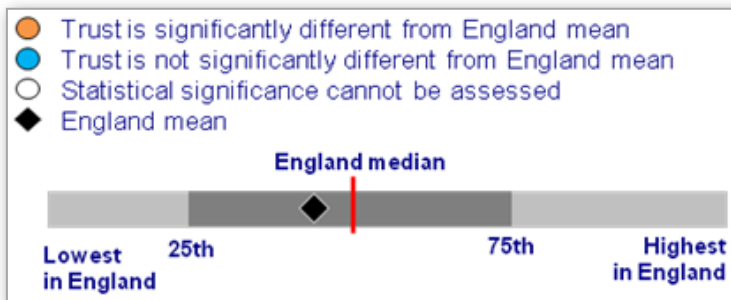
The black diamond represents the England mean and the red vertical line represents the England median

The round dot shows the point on the bar for the trust rate or proportion. The confidence intervals have also been used to make comparisons against the England mean. For the appropriate indicators, the confidence interval has been used to test whether the trust rate or proportion is statistically significantly different to the England mean. If the trust confidence interval includes the England mean, the difference is not statistically significant and the value is shown on the spine chart as a blue symbol. If the interval does not include the England mean, the difference is statistically significant and the value is shown on the spine chart with an amber symbol. The statistical significance calculations take into account small numbers and chance fluctuations.

The position of the trust with respect to the range of other trusts and the statistical significance indicators should be taken as possibly indicative of an effect of interest, but not conclusive. They are provided to aid discussion and the understanding of the data. It is also important when looking at the data to consider the context of the information and how it relates to the trust/MDT e.g. known fluctuations that have occurred year on year; changes in practice/resource and the impact this has had.

We anticipate many trusts being significantly different to the mean on one or two indicators. In general, for any trust, the more indicators that are significantly different the stronger the argument for understanding why this should be the case. This explanation may be grounded in the population age and socio-economic status. It is also important to note that it depends on the individual indicator whether a higher value or a lower value than the mean is regarded as "good".

Indicator
This column describes each indicator. For more information about the indicators, please refer to the 'Data Definition (meta-data) for profile indicators' document. This document provides a more detailed description of the indicators, how they have been calculated, interpretation, the source and the time periods they relate to.

Number of patients/cases or value
This is the number of people, cases, referrals, procedures, survey questions, category or source for the service in relation to the relevant indicator e.g. the number of new patients treated at the service aged 70 and over for the given year. Please refer to 'Data Definition (meta-data) for profile indicators' document for further information.

Proportion or rate
This displays a % or a rate (relevant to the indicator being looked at) e.g. % of new patients treated at the service aged 70 and over for the given year. A fuller description of how the rate and proportions have been calculated can be found in the 'Data Definition (meta-data) for profile indicators' document.

Source and Period Columns
The time period and data source that each indicator relates to. More information can be found in the 'Data Definition (meta-data) for profile indicators' document.

Dummy profile - data are not real

Jo Bloggs NHS Trust

Section	#	Indicator	No. of patients/ cases or value	Trust	Lower 95% confidence limit	Upper 95% confidence limit	England	Low-est	Range	High-est	Source	Period
Size	1	Number of new patients treated per year, 2010-11	170					63		759	CWT	2010-11
	2	Number of newly diagnosed patients treated per year, 2009	190					8		754	CWT/NCDR	2009
Demographics (based on newly diagnosed patients treated, 2009)	3	Patients aged 70+	61	31%	25%	38%	30%	13%		57%	CWT/NCDR	2009
	4	Patients with recorded ethnicity	165	86%	80%	90%	91%	73%		99%	CWT/NCDR	2009
	5	Patients with recorded ethnicity which is not White-British	13	8%	5%	13%	9%	0%		71%	CWT/NCDR	2009
	6	Patients who are Income Deprived (1)		9%			14%	6%		29%	CWT/NCDR	2009
	7	Male patients	0	0%	0%	1%	1%	0%		2%	CWT/NCDR	2009
	8	Patients with a registered Nottingham Prognostic Index (NPI)	137	70%	63%	76%	45%	0%		79%	CWT/NCDR	2009
	9	Patients with a registered NPI in excellent or good prognostic	89	65%	57%	72%	62%	39%		73%	CWT/NCDR	2009
	10	Patients with Charlson co-morbidity index >0 (to be included in later profile release)									CWT/NCDR	2009
Specialist Team	11	Does the specialist team have full membership? (2)	PR	Yes							NCPR	2010-11
	12	Proportion of peer review indicators met	PR	65%			76%				NCPR	2010-11
	13	Peer review: are there immediate risks? (3)	PR	No							NCPR	2010-11
	14	Peer review: are there serious concerns? (3)	PR	Yes							NCPR	2010-11
	15	CPES (4): Patients surveyed and % reporting being given name of a CNS (5,6)	42	99%			93%	73%		100%	CPES	2010
	16	Surgeons not managing 30+ cases per year	1	10%	5%	15%	40%	0%		80%	HES	2008-09
Throughput	17	Number of urgent GP referrals for suspected cancer	936					307		4,126	CWT	2010-11
	18	Patients with invasive cancer and treated at this trust	164	95%	91%	98%	92%	52%		100%	CWT	2010-11
	19	Patients with non-invasive cancer and treated at this trust	8	5%	2%	9%	8%	0%		48%	CWT	2010-11
	20	Episodes following an emergency admission (new and existing cancers)	61	24%	19%	29%	37%	10%		71%	HES	2009-10
	21	Patients referred via the screening service	66	34%	28%	41%	33%	0%		64%	WMCIU	2009
Waiting times	22	Urgent GP referral for suspected cancer seen within 2 weeks	257	96%	93%	98%	97%	84%		100%	CWT	2011-12 Q1
	23	Treatment within 62 days of urgent GP referral for suspected cancer	24	100%	86%	100%	97%	80%		100%	CWT	2011-12 Q1
	24	Urgent GP referrals for suspected cancer diagnosed with cancer (to be included in later profile release)									CWT	2010-11
	25	Cases treated that are urgent GP referrals with suspected									CWT	2010-11
	26	First treatment began within 31 days of decision to treat	121	100%	97%	100%	99%	92%		100%	CWT	2011-12 Q1
	27	Urgent breast symptom referrals (cancer not suspected) seen in 2 wks	178	94%	90%	97%	95%	48%		100%	CWT	2011-12 Q1
Practice	28	Surgical cases receiving sentinel lymph node biopsy	75	38%	31%	45%	31%	0%		65%	HES	2010-11
	29	Day case or one overnight stay surgery	166	79%	73%	84%	71%	28%		96%	HES	2010-11
	30	Mastectomy patients receiving immediate reconstruction	10	27%	15%	43%	19%	0%		73%	HES	2010-11
	31	Major surgeries in breast cancer patients (including in-situ cases)	148	76%	69%	81%	74%	50%		87%	HES/NCDR	2009
	32	Surgical patients receiving mastectomies	45	23%	18%	29%	39%	22%		69%	HES	2010-11
	33	Mean length of episode for elective admissions		3.5			2.8	0.7		6.3	HES	2009-10
	34	Mean length of episode for emergency admissions		4.5			5.0	2.4		11.3	HES	2009-10
Outcomes and Recovery	35	Surgical patients readmitted as an emergency within 28 days	8	4%	2%	8%	4%	1%		15%	HES	2010-11
	36	First outpatient appointments of all outpatient appointments	2,000	58%	57%	60%	43%	23%		71%	PBR SUS	2010 Q2-Q4
	37	Patients treated surviving at one year (to be included in later profile release)										
Patient Experience - CPES (4)	38	Patients surveyed & % reporting always being treated with respect & dignity (6)	42	68%			83%	65%		95%	CPES	2010
	39	Number of survey questions and % of those questions scoring red and green (7) % Red	55	15%				0%		70%	CPES	2010
	40	% Green		32%				0%		79%	CPES	2010

Confidence Intervals
See above

England average
The average rate or proportion for England. This is based on the mean.

Spine chart:
See above

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