



North Central London
Health and Care
Integrated Care System



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Cancer Alliance

- **WHY USE THE CANCER CARE REGISTRY?** We provide some case study examples of how the tool can be used to benefit your work and improve patient care.

Scenario 1: Improving population health – reducing variation and improving outcomes for all Dr LM is a GP partner and in her role manages the cancer patient population. She is responsible for the contractual aspects of their care. She has been into the registries previously for reviewing her patients on the Serious Mental Illness and Asthma registry. She has seen the update about the cancer care registry and investigates further in her management session. She first goes into the dashboard for her practice and sees the how this group of patients are being cared for across the quality parameters. She is quickly able to see there are several red boxed indicators. The cancer indicators all align with the QOF contract requirements but also connect with other aspects of health that are important for GPs to be monitoring or assessing. 9 She drills down into the cancer care review indicator and can see a significant number of patients, who have not met this measure. She can review individual records of the patients and look at the various unmet indicators. She can also generate patient lists. Next steps - Dr LM produces a list of her patients who are due for cancer care reviews. She has been keen to improve the transition of care for cancer patients across secondary and primary care. She uses a ‘cancer care review’ template invitation on her surgery SMS system to make her eligible patients aware of this offer. Quality Improvement - In 6 months, Dr LM’s surgery is meeting the cancer care review requirements and other long term condition indicators, due to making more proactive contact with cancer patients. There has been verbal feedback from patients that they have been appreciative of the contact and consequent reviews.



Scenario 2: Improving patient level care, multimorbidity Mrs SM is a middle-aged professional woman who loves gardening. She developed breast cancer 1.5 years ago and has AF and asthma. She would consider herself an activated patient. Her GP, Dr BA, was reviewing her cancer care registry list and noted that Mrs SM had several indicators unmet in this registry, but also that Mrs SM spanned three registries. There was common ground across the three long term conditions and Dr BA thought a combined approach to review her holistically would benefit the patient and also be more efficient for the practice. She prepared a tailored SMS signposting the patient to the unmet indicators and to expect a follow up appointment to try and address these via an extended appointment. Next steps - Individual approach to patient with more complicated needs. Quality Improvement - Over time, the practice had less duplication in long term invites, and patients like Mrs SM had a personalised appointment slot to review her health needs and monitor her longterm conditions.



Scenario 3: Practice team onboarding to registry use A GP practice can implement registry use in several ways and can choose to have wide-ranging professionals use it, or only key people involved. Ideally, the practice should train two individuals in registry implementation and integration into practice workflow. Clinical and clerical members should be given time and support to use the registry. As practice staff onboard, the registry can be used to: • facilitate pre-visit planning • review gaps in care for this group and plan activities to close gaps • risk-stratify care management Quality improvement - Over time, this improves data reliability, consistency of care, reduces inequalities in care provision at the practice level.



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Scenario 4: Evaluating your QI approach The cancer care registry can be used to track and understand if the processes undertaken have improved the number of patients with completed care indicators for cancer. 10 For example, at time X you can download a report showing gaps in indicator A. You roll out the intervention needed to increase this activity. In month X+3 you can review your new spreadsheet on indicator A, and you can make comparisons with the two data sets. Quality improvement - This organised approach to tracking and reporting specific indicators will help you and your practice team reveal opportunities for improvement and the delivery of better and more efficient care to your patients.