

Evaluation and Impact plan for the cancer care registry


HealthIntent (HEI) Cancer care registry

A quality improvement tool for practices to use to identify gaps in care (across several predefined quality indicators) and address these.

Users can access the registry on a patient level or as a population level.

The Cancer Care Registry is intended to be used by staff in Primary care (GPs, Nurses, Practice managers).

NCLCA MISSION:



Where we want to get to by 2028

Mission statement	Our mission is to continuously improve cancer outcomes for the whole of our population through a high performing, innovative and sustainable cancer system that delivers the best patient and staff experience		
Strategic Aims 2023-2028	SA1. Improve survival, focusing on early diagnosis, and prevention	SA2. Deliver the highest standards of patient experience and improve quality of life	SA3. Support the operational delivery of high performing, innovative and sustainable cancer diagnostic and treatment services
	SA4. Reduce health inequalities across our whole population		
	SA5. Ensure we have the right workforce in place and that we deliver the highest standards of staff experience		
	SA6. Foster innovative approaches and practice in cancer diagnostics, care and treatment		
Strategic Objectives 2023-2028	SO1a. Consistently improve five year survival, in line with the 2028 NHS Long Term Plan ambition	SO2a. Continually improve our performance in the CPES to be in the top quartile nationally by 2028	SO3a. Deliver and sustain compliance with the 62 day standard by 2028 and 28 day standard by March 2024, with continuous improvement up to then
	SO1b. Detect 75% of cancers at Stage I or II by 2028		SO2b. Consistently improve quality of life for all cancer patients
	SO1c. Reduce smoking rates, rates of alcohol consumption and the number of people who have excess weight in NCL.		
	SO4a. Continually reduce inequalities across the whole cancer pathway until services are on par across our population		
	SO5a. Deliver year on year improvement in our staff satisfaction survey and retention		
	SO6a. Identify, support and evaluate a suite of innovations with the aim of contributing to improved outcomes		

REGISTRY LOGIC MODEL – With full list of evaluation metrics

Rationale	Inputs	Activities	Outputs Immediate	Outcomes	
The context in which the programme will be introduced and need to which the programme is seeking to address	What you need: resources and investments required to accomplish goals	What you do: activities undertaken to deliver change	What you produce and who you reach: demonstrable evidence of service delivery produced through activities undertaken	The measurable changes that are expected as a consequence of the programme	The longer-term impacts that are expected as a consequence of the programme

<p>There are more than 41k people LWBC in NCL and this is increasing year on year. PCC is not delivered universally and nor at a high quality. Reducing unwarranted variation and inequalities in care is a key focus.</p> <p>The cancer care registry is a population health management tool which could improve lives of people living with cancer. It is live and soft launch was in Feb 2023.</p>	<p>Project lead developing resources with team and HEI</p>	<p>Communication and engagement plan</p> <p>Implementation strategy</p> <p>Launch comms and roll out implementation plan</p> <p>Learning from data (PDSA cycle) and spread of tool</p>	<p>Uptake of registry in primary care post implementation work</p> <p>Usage data break down - practice, profession, page, frequency of access</p> <p>Data quality - cancer coding gaps and coding alignment</p> <p>Number of coded CCRs, HNAs, Care plans, Treatment summaries</p> <p>Data transaction – from secondary to primary care</p>	<p>The way the registry is used after training.</p> <p>Q.I. activity from implementing the registry e.g., identifying gaps in care then patient recall etc</p> <p>Impact on workflow and administrative process</p> <p>Spread of tool through to other clinicians/practices/s systems</p>	<p>Improved QOL</p> <p>Improved survival</p> <p>Improved understanding of the interventions that improve lives of those with cancer</p> <p>Reduction in inequalities in cancer care</p> <p>Policy influencing (population health management tools to support cancer care - national adoption of health registries)</p>
<p>Assumptions</p>		<p>The place-based PMs will be in post to be trained</p>	<p>HEI will have data.</p> <p>The DPA will be in place for system access</p> <p>Access to the</p> <p>QUALITY IMPROVEMENT dashboard will enable some information to be seen across provider/pcn</p>	<p>Resources and engagement to gather data</p>	
<p>Metrics/Dat source</p>			<p>HEI data extraction (cannot distinguish registries from one another)</p> <p>Practice data (EMIS Web codes)</p> <p>Lead feedback on coding changes</p>	<p>Qualitative data from practices – surveys, case studies, interviews.</p>	

EVALUATION AIM and PURPOSE:

The cancer care registry is a novel population health tool that is now live for use.

It is well understood that it is challenging to get primary care users to implement population health tools into practice, without the right incentives and support.

We have 3 overall AIMs of this evaluation:

1. To understand what quality improvement work arises, following the NCLCA implementation training, usage guidance and support.
2. To understand if the quality improvement work then leads to improvement in completion of quality indicators recorded.
3. Finally, to understand if this work is improving the quality of care for those people with cancer in the community.

Purpose:

A local evaluation will provide much needed baseline data on population health tools, its uses to improve care and in particular in the context of cancer. As well help provide evidence for the support that underpins any novel digital/population health management tool

The findings may support the wider case for dissemination of population health tools for cancer care outside of NCL.

It may support national policy development in the use case for cancer care registries.

It will help further development of the registries.

DETAILED MEASURES

Process and Outcome Measures	Data source - OPTIONS	Quantitative/Qualitative
General implementation measures		
Uptake of registry in primary care post implementation work	via HEI data requests (note they cannot differentiate registries)	QUAN
Usage data break down - practice, profession, frequency of access (what else)	via HEI data requests	QUAN
Service evaluation measures		
Registry quality indicators coding <ul style="list-style-type: none"> - Coded CCRs, HNAs, Care plans, Treatment summaries - Overall QI coding for the registry* - QOF codes/scoring across cancer metrics 	Practice data or HEI either internal or via QI dashboard (can look at whole registry QI codes). We may have access to QI data for NCL but not practice level. Practices can submit data via screenshot or spreadsheet download. QOF data can be downloaded via NHSE data pages	QUAN
The way the registry is used after training – both at an individual and population level.	Survey/Interviews	QUAL

Q.I. activity from implementing the registry e.g., identifying gaps in care then patient recall etc	Survey/Interviews/case studies	QUAL
Impact on workflow and administrative process <ul style="list-style-type: none"> - Impact on time - Impact on income 	Survey/Interviews/case studies	QUAL
Spread of tool through to other clinicians/practices/systems	Survey/Interviews/case studies	QUAL
Potentially: Improved understanding of the interventions that improve lives of those with cancer Reduction in inequalities in cancer care Improved patient satisfaction and quality of life	Survey/Interviews/case studies QOL survey Patient surveys	

* QI in the registry for reference

QI measures in the cancer care registry

Cancer Care - Plan	HP - Alcohol Use Intervention
Cancer Care - End of Treatment Sum.	HP - Weight and BMI Measurement
Cancer Care - Holistic Needs Assessment.	HP - Weight Management & Diet Advice
Cancer Care - Comprehensive Review	HP - Alcohol Use Screening
Depression and Anxiety Screening	HP - Smoking Status & Cess. Advice
Cancer Care - Advance Care Plan	Vaccination - Flu
Cancer Care - Support Discussed	Screening - Cervical Cancer Routine
Cancer Care - Review	Screening - Breast Cancer Routine
Cancer Care -Treatments Coded	Screening - Bowel Cancer Routine
Cancer Care - Medication Review	Admin - Patient Contact Details
Frailty - Status	Admin - Carer Contact Details

QOF measures: Cancer (CAN) Indicator Points Thresholds Records

CAN001. The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003'

CAN004. The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis.

- The Cancer Care Review should be a holistic conversation that covers clinical, practical, emotional, psychological and financial (where appropriate) aspects of the person's cancer care
- Practices should use Macmillan's national, integrated electronic CCR template within your Primary Care IT system to support a well-structured review
- Verification – Commissioners may wish to review records where a review is claimed to confirm that the review has been completed using a structured template within twelve months of diagnosis.

CAN005. The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and informed of the support available from primary care, within 3 months of diagnosis

Baseline Data on CC Registry QI completion in NCL:

Registry	Measure Name	Report date:		01.10.2022		01.11.2022		01.12.2022		01.01.2023		01.02.2023		01.03.2023		30.07.2023		Variance	Variance %	
		Reported %	Number Met	Reported %	Number Met	Reported %	Number Met	Reported %	Number Met	Reported %	Number Met	Reported %	Number Met	Reported %	Number Met	Reported %	Number Met			
Cancer Care - General Practice	Admin - Cancer Contact Details	25%	513	-	-	25%	516	25%	517	25%	521	25%	520	24%	543	24%	543	1%	22	
Cancer Care - General Practice	Admin - Next of Kin Contact Details	19%	10915	-	-	19%	11105	19%	11177	19%	11171	19%	11308	19%	12159	19%	12159	1%	987	
Cancer Care - General Practice	Admin - Patient Contact Details	87%	50734	-	-	88%	50195	89%	50701	89%	50701	89%	50680	89%	50291	90%	50801	1%	4,121	
Cancer Care - General Practice	Cancer Care - Advanced Care Plan	2%	972	-	-	2%	1070	2%	1120	2%	1133	2%	1213	2%	1310	2%	1310	0%	237	
Cancer Care - General Practice	Cancer Care - Comprehensive Review	0%	83	-	-	0%	90	0%	93	0%	107	0%	108	0%	112	0%	112	0%	5	
Cancer Care - General Practice	Cancer Care - End of Treatment Sum	0%	0	-	-	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	
Cancer Care - General Practice	Cancer Care - Holdise News Assent	1%	28487	-	-	1%	164	1%	165	1%	170	1%	164	1%	164	1%	203	0%	33	
Cancer Care - General Practice	Cancer Care - Medication Review	46%	4593	-	-	47%	29104	47%	29670	47%	29655	48%	30311	47%	31205	47%	31205	1%	1,650	
Cancer Care - General Practice	Cancer Care - Plan	1%	2579	1%	222	1%	241	1%	236	1%	256	1%	260	1%	266	1%	266	0%	0	
Cancer Care - General Practice	Cancer Care - Review	19%	4600	-	-	20%	4862	20%	5036	21%	5158	22%	5456	19%	5222	19%	5456	0%	64	
Cancer Care - General Practice	Cancer Care - Support Discussed	11%	3042	11%	1929	12%	1978	13%	2168	13%	2302	13%	2502	13%	2398	13%	2398	0%	94	
Cancer Care - General Practice	Cancer Care - Treatments Coded	19%	148	-	-	19%	2634	19%	2658	19%	2656	19%	2663	19%	2681	19%	2681	0%	196	
Cancer Care - General Practice	Depression & Anxiety screening	6%	201	7%	3614	7%	3690	7%	3784	7%	3947	8%	4252	8%	4732	1%	786	1%	786	
Cancer Care - General Practice	Frailty - EFI documented	16%	1734	-	-	14%	4260	12%	3922	13%	3975	13%	4004	11%	2630	11%	2630	0%	-245	
Cancer Care - General Practice	Frailty - Status	62%	3528	-	-	64%	3045	66%	3112	66%	3109	66%	3164	66%	2980	66%	2980	0%	-128	
Cancer Care - General Practice	HP - Alcohol Use Intervention	31%	418	30%	399	30%	421	31%	442	31%	461	31%	478	31%	478	31%	478	0%	78	
Cancer Care - General Practice	HP - Alcohol Use Screening	32%	19026	32%	20519	34%	21350	35%	22266	37%	22911	39%	23791	39%	25076	39%	25076	0%	3,960	
Cancer Care - General Practice	HP - Smoking Status & Cella Advice	36%	12989	37%	13269	38%	13813	39%	14158	40%	14585	42%	15412	44%	16334	44%	16334	4%	2,249	
Cancer Care - General Practice	HP - Weight & BMI Measurement	60%	36306	60%	37463	61%	37996	62%	38742	63%	39187	64%	40041	66%	43987	66%	43987	4%	4,680	
Cancer Care - General Practice	HP - Weight Management & Diet Advice	37%	4907	37%	10045	37%	10779	37%	10489	38%	10880	39%	11300	41%	12902	41%	12902	0%	2,022	
Cancer Care - General Practice	Number of Primary Care Consultations	100%	61755	100%	62253	100%	62436	100%	62759	100%	63003	100%	62873	100%	66259	100%	66259	0%	2,656	
Cancer Care - General Practice	Screening - Bowel Cancer Routine	77%	18915	79%	19237	79%	19937	80%	19657	80%	20030	81%	20320	83%	21650	83%	21650	3%	1,820	
Cancer Care - General Practice	Screening - Breast Cancer Routine	29%	2935	29%	2916	29%	2912	29%	2910	29%	2923	29%	2994	31%	3369	31%	3369	3%	445	
Cancer Care - General Practice	Screening - Cervical Cancer Routine	67%	9318	67%	9386	67%	9429	68%	9530	68%	9475	67%	9537	69%	10394	69%	10394	1%	918	
Cancer Care - General Practice	Vaccination - Flu	4%	2480	40%	24554	53%	31532	59%	34165	60%	34829	62%	35415	62%	36090	62%	36090	2%	1,781	
Total number qualified for registry			61,755		62,253		62,436		62,759		63,003		62,873		66,259		66,259		1%	3,656

SERVICE EVALUATION PLAN:

Design:

Active recruitment of 10 practices across NCL with named clinical leadership to agree to support implementation of the registry in their practice. The recruitment will be open to any GP practice in NCL and aim to have 2 practices per borough. Their recruitment will be funded, and funding is linked to expected time taken for activities/deliverables. We will work with existing infrastructure in NCL to advertise/recruit - Noclor research network for primary care and education hubs. Data collection at specific points will be asked from practice. The SE will be over approximately 6 months from when

the training has occurred. We will work on the GP financial year to ensure the work is aligned to support their contractual requirements.

Controls – no active control practices will be onboarded. Pre-implementation data of each practice and NCL wide data can be used as comparison data.

Training:

Details and requirements - practice representative to attend the whole session.

Training will cover:
Background
What is the registry, its purpose and how to access it
Visualising the registry (walk through)
User video - taster
How the tool supports meeting QOF targets
Using the registry – who and why
Specific use cases (examples) - both at patient and population level
How to use the registry to track and analyse patient outcomes and work with the registry to address gaps in care.
FAQs will be available and training materials shared
Service evaluation aims and processes – sign-up, payments, activities over the timed schedule and how to submit data

Implementation of the registry in practice (activities against time taken):

Practice representatives will be responsible for leading on the registry use in their practice. They will review registry data to identify QI work. The workflow stemming from the review can be allocated to appropriate admin/clin staff as deemed necessary (e.g., coding, recalls etc).

After training, the practice representatives should use the cancer registry tool in their practices.

Table of requirements for practices in the SE:

[Practice requirements for the registry evaluation.xlsx](#)

METHODOLOGY - Documentation and data collection:

Throughout the implementation period, data (no PID to be contained) will be collected on how the practice representatives are using the registry.

This will include details on workflow, quality improvement initiatives, and outcomes for patients.

Include:

3 groups of questions – practice demographics, usage data, workflow start

Early surveys – exploratory

End polit – sustainability Qs

Check what we expected to happen to what occurred

Likert scales preferable on qualitative surveys

Test the surveys before 'live' (can do this with cancer leads)

Standardised surveys will be used for collection of qualitative data and we have a licence via NCLCA with typeform:

<https://admin.typeform.com/accounts/01FXAH1M04D16WQ66NG7HBJGA1/workspaces/LGEz3T>

--	--	--

