General Practice Profiles for cancer

Guidance for General Practice users
Version 3.0 Dec 2012

Overview

This is the 3rd release of General Practice Profiles, which provide comparative information for benchmarking and reviewing variations at a General Practice level. They are intended to help primary care think about clinical practice and service delivery in cancer and, in particular, early detection and diagnosis. The purpose of this document is to provide some guidance and things to consider when looking at the profiles and the data. A "General Practice Profiles for cancer: Meta-data for profile indicators" document is also available. This describes the datasets and methods used to generate the figures in your profile. This document is available on the NCIN website (http://ncin.org.uk/gpprofiles). The profiles are produced in collaboration with the Public Health Observatories in England.

We have worked with a wide range of stakeholders to try and ensure the profiles are useful for your practice, including consultation with GPs, PCTs and cancer networks. However we welcome comments and suggestions as to how to make future versions more relevant and useful for those who will use them.

Accessing the Profiles

Access to the profiles is required for governance purposes and by signing the Terms and Conditions you will be agreeing to keep the confidentiality of the data, not sharing, transferring or disclosing to any third party. The governance control consists of a Data Access Agreement Form that must be signed and returned to neil.hughes3@nhs.net before accessing the profiles. Signing this agreement commits anyone accessing the data not to distribute the data further or use it outside the scope of this guidance. This will already have been done by most Cancer Network GP leads for the previous releases of the profiles (and can be confirmed by contacting Neil Hughes).

There are four routes to access the profiles:

1. Network Data Access Agreement Form – (the cancer network director and GP lead sign on behalf of their CCG/ GP's and this form enables the GP lead to send the GP profiles via the PDF route – the majority of networks have returned this form and the rest have been followed up via email.
2. Via the Cancer Network GP lead who can administer individual data sharing agreements on a practice-by-practice basis if not handling collectively (i.e., as Route 1).
3. The Cancer Commissioning Toolkit (CCT): GP practices can register for access (if not already done so) – a GP practice Data Access Agreement Form will be sent electronically and once returned signed access will be automatically granted for all users within a practice who have registered for access. (The CCT includes a range of cancer information, as well as the General Practice Profiles that the users will be able access, hence the requirement to sign this form.
4. In addition, a version of the profiles with small numbers suppressed (to avoid any risk of identifying individual patients) is publicly available on the NCIN website: http://ncin.org.uk/gpprofiless

General Practice Leads are working with Cancer Networks as part of the NAEDI – Cancer Networks Supporting Primary Care initiative, which includes the use of the General Practice Profiles. The GPs, with support of staff in Cancer Networks, are working with key stakeholders and experts. They are ensuring that:

- GPs are aware of the General Practice Profiles and the routes to access them;
- The information governance processes (Data Access Agreement Form) are in place for the release of data to practices;
- Support with interpreting and acting on the information is offered, including a range of NAEDI resources information is being used to improve quality and outcomes.
- Any further local development and use of the profiles takes into account national developments and is shared across Networks

Audience

These profiles have been designed with three major groups in mind. These are the GPs and Cancer Networks' General Practice Leads; Commissioners; and other health professionals (including public health) implementing the National Awareness and Early Diagnosis Initiative (NAEDI). Each of these groups will use the profiles in different ways. Some data items or features of the profiles may be more useful to one of these groups than the others.

Data beyond these Profiles

Data that are collected nationally with a high degree of completeness are included in these national profiles.

Other data items that would be desirable but could not be included in the profiles at this stage (due to an absence of central collection or a low level of completeness at the national level includes): radiology information, ethnicity and cancer staging. These indicators may be available locally at GP or CCG/PCT level.

We recognise that similar and useful profiles have or are being developed by other organisations e.g. by your local cancer network and a more general Practice Profile by the English Public Health Observatories. Our profiles are intended to be a complement to other sources of information that you may be using. We are working to ensure that as far as possible, there is consistent information and reference to these different products to help users get the most benefit and also that the two national sets of profiles will be more fully integrated in future.

Other profiles that have been produced by NCIN / NCAT and are available via the CCT Profiles tab include:

- PCT profile (this is available via the CCT and the NCIN website and is updated quarterly)
- Service profile (initial release for Breast and Colorectal – December 2011, to be updated early 2013)
- HES data (updated quarterly)
- LAPCO (updated quarterly)
- Cancer Nurse Specialist (annual update)
- Radiotherapy – Fractions profile by cancer site (a radiotherapy profile is in development and will be available in a later release).

Things to consider when looking at the data for a Practice

How is the Practice doing?

Practice information is presented in a way that allows comparison with CCG and national figures. Some indicators, such as colonoscopy rate, have a low level of activity and so the practice position in relation to the mean may vary considerably year on year. Others, such as two week wait referrals or cervical screening coverage are more stable indicators and will have a narrower range of natural variation. There is no 'good' or 'bad', but you may choose to discuss with practices individual indicators where they are significantly different to the CCG mean.
These profiles are the 3rd publication, broken down by GP practice, of several cancer specific datasets. Accessing via the CCT will enable you now to view all iterations of GP profiles. Expansion of the range of information tools available to include trends over time and flexible benchmarking with other practices is being considered for 2013.

Small Numbers

For some indicators there may be small numbers at practice level. This should be taken into consideration when interpreting the practice data and caution is needed when comparing the practice level data to the CCG and national averages. Small changes in the count can lead to wide variance in the rate, and numbers can vary significantly year on year. The absolute numbers ('number at practice' column) are provided beside each indicator and these should be taken into account. A very wide confidence interval around the practice rate or proportion can also be used as an indicator for caution (see below). Locally you may also want to be reviewing the data for larger geographic areas, for example CCGs; Local Authorities; and Regions, which provide larger numbers and less year-on-year variability.

Interpreting specific sections in the Profiles

Demographic Indicators in the Profile

The percentage of the practice population aged 65 and above and the socio-economic deprivation of the practice population strongly influence the burden of cancer. These indicators give the context of cancer within the practice population. The incidence and mortality allow GPs to 'get a feel' for the numbers for their practice and can be aggregated by commissioners across multiple practices when assessing local health needs. The practice prevalence measures the number of persons recorded on the practice cancer register and can serve to inform the survivorship agenda.

Cancer waiting times indicators in the Profile

These provide information on the role of the two week wait referral pathway in cancer diagnosis for your patients. The total number of referrals and the percentage of the these referrals that are subsequently diagnosed with cancer give insight into the process of referral at the practice while the total cancer waiting times count gives the number of persons who have begun undergoing cancer care. The fraction of these persons who entered the system through the two week referral pathway is a measure of the relative importance of the two week pathway compared to other routes to care.

The rate of Two Week Referrals is also shown as an indirectly age-standardised ratio. This is the number of observed referrals at the practice divided by the expected number if the practice has the same referral rates as England. The number is expressed as a percentage, so a value of 100% indicates the same referral rate as England, standardised for age. Indirectly standardised ratios are designed for comparison for small areas or organisation s (i.e. the practices) to a larger area (i.e. England) for technical reasons comparisons between small areas are not valid. For this reason neither the CCG mean is calculated or a spine chart displayed.

Lastly, the total number of referrals is broken down into four major cancer groups to give a finer-grained understanding of the burden on and referrals from the practice.

Presentation and Diagnostics

These provide information on procedures and referral pathways associated with some of the common cancers, together with information on cancer presenting as an emergency. The numbers of three common diagnostic procedures are given to allow the uptake of these services to be gauged. The total number of emergency admissions is given for the practice population. This includes admissions at all points on the cancer pathway including those near the end of life.

Lastly, the routes taken to diagnosis for each of the newly diagnosed cancer patients in the practice are broken down into three categories. These are routes that follow emergency presentations; that are managed by a GP referral (either two week wait or routine); or fall into another category (screening, a 'death certificate only' presentation, an elective admission to secondary care, a diagnosis at another outpatient service, or an unknown route where little data is available).

Who to Contact for Support

For general queries about the profiles or about accessing them, please contact our helpdesk at the following email address cct@support.concentra.co.uk (please state "General Practice Profiles - GP lead query" in the email title). Alternatively you can email neil.hughes3@nhs.net or kathyates1@nhs.net

Understanding the Profile Format

Confidence Intervals

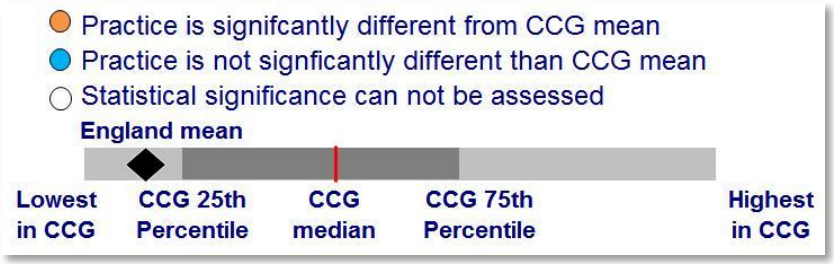
For each indicator, upper and lower confidence intervals are given. Confidence intervals provide a range around the practice rate or proportion being looked at. It is used to describe the uncertainty around the rate or proportion. This uncertainty arises as factors influencing the indicator are subject 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 much different the practice 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.

The confidence interval has been used to determine whether the practice rate or proportion is statistically significant different to the CCG mean.

Spine chart

The chart gives a visual presentation of how the practice rate/proportion compares to the local and national levels. The chart displays proportional bars which represent the range of indicator values within the CCG in which the selected practice is located. For each indicator, minimum/maximum CCG values are shown at either side of the bar column. The dark grey sections on the bar mark the range within which the middle half of the observed values lie (25th to 75th percentiles). Therefore the light grey areas on the left and right of the bar mark the lowest and highest quartiles of the range.

The central red vertical line represents the CCG average. The diamond on the proportional bar shows the England average.



The round dot shows the point on the bar for the practice rate or proportion. The confidence intervals have also been used to make comparisons against the CCG average. For this purpose the confidence interval has been used to test whether the practice rate or proportion is statistically significantly different to the CCG average. If the practice confidence interval includes the CCG average, 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 CCG value, the difference is statistically significant and the value is shown on the spine chart with an amber symbol.

The position of the practice with respect to the range of other practices within the CCG should be taken as possibly indicative of an effect of interest, but not conclusive. You will want to particularly consider the indicators for which your practice is significantly different from the CCG mean, to better understand the reasons and if any actions need to be taken in the practice or by others providing services or interventions on that part of the patient pathway. These statistical significance calculations take into account the small numbers present for some of the indicators. However indications of statistical significance are again not conclusive – in some cases they are caused by chance fluctuations. We anticipate many practices being significantly different to the mean on one or two indicators. In general, for any practice, the more indicators that are significantly different the stronger the argument for understanding why this should be the case. This explanation will often be grounded in the population age and socio-economic status. The General Practice Profile/ Audit leads will be available to support the interpretation and actions being taken.

Comments and new development options – following the 1st iteration of the GP practice profiles, comments have been taken on board and future releases will include changes that have been requested (such as selecting a selection of individual GP practices and key metrics to review).

Indicator

This column describes each indicator. The information in brackets refers to how the rates and proportions have been calculated. For more information about the indicators, please refer to the 'Meta-data for profile indicators' document. This document provides a more detailed description of the indicators, how they have been calculated, the source and the time periods they relate to.

Practice Indicator Value

This is the number of people, referrals or procedures for the practice in relation to the relevant indicator e.g. the number of people aged 65 and over that are registered at the practice. The socio-economic deprivation indicator is slightly different as it provides the socio-economic quintile that the practice is in e.g. Quintile 1 is the most affluent. Please refer to 'Meta-data for profile indicators' document for information.

Domain		Indicator (Rate or Proportion in brackets)	Practice indicator value	Practice indicator rate or proportion	Lower 95% confidence limit	Upper 95% confidence limit	CCG mean	England mean	Practice rates or proportion in CCG: Lowest practice	Range	Practice rates or proportion in CCG: Highest practice	Source	Period
Demographics	1	Practice Population aged 65+ (% of population in this practice aged 65+)	2096	21.9%	21.1%	22.8%	23.4%	16.4%	12.4%		31.6%	ADS	April 2011
	2	Socio-economic deprivation, "Quintile 1" = affluent (% of population income deprived)	Quintile 3	13.0%	12.3%	13.7%	15.2%	15.1%	9.0%		22.0%	APHO	April 2011
	3	New cancer cases (Crude incidence rate: new cases per 100,000 population)	58	607	461	785	629	471	338		969	NCIN/UKACR	2010
	4	Cancer deaths (Crude mortality rate: deaths per 100,000 population)	25	262	169	386	310	234	44		490	PCMD	2011/12
	5	Prevalent cancer cases (% of practice population on practice cancer register)	243	2.5%	2.2%	2.9%	2.3%	1.8%	0.8%		3.6%	QOF	2011/12
Cancer screening	6	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	1025	78.4%	76.1%	80.6%	72.6%	72.5%	33.6%		78.4%	Open Exeter	2010/11-2011/12
	7	Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	1007	79.4%	77.1%	81.6%	76.0%	74.3%	29.4%		81.2%	Open Exeter	2011/12
	8	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	1693	77.1%	75.3%	78.8%	77.9%	75.3%	70.6%		86.2%	Open Exeter	2006/07-2011/12
	9	Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	787	65.3%	62.6%	67.9%	63.2%	57.4%	53.3%		70.0%	Open Exeter	2009/10-2011/12
	10	Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	382	64.2%	60.3%	68.0%	62.0%	55.7%	50.2%		68.7%	Open Exeter	2011/12
Cancer Waiting Times	11	Two-week wait referrals (Number per 100,000 population)	301	3150	2804	3527	2440	1982	1266		4092	CWT	2011/12
	12	Two-week wait referrals (Indirectly age standardised referral ratio)	301	137.9%	122.7%	154.3%	n/a	100.0%	64.7%		172.3%	CWT	2011/12
	13	Two-week referrals with cancer (Conversion rate: % of all TWW referrals with cancer)	31	10.3%	7.4%	14.2%	13.3%	10.6%	5.4%		26.0%	CWT	2011/12
	14	Number of new cancer cases treated (% of which are TWW referrals)	78	39.7%	29.6%	50.8%	43.6%	46.5%	22.6%		71.4%	CWT	2011/12
	15	Two-week wait referrals with suspected breast cancer (Number per 100,000 population)	31	324	220	461	453	372	276		1070	CWT	2011/12
	16	Two-week wait referrals with suspected lower GI cancer (Number per 100,000 population)	57	597	452	773	409	335	205		716	CWT	2011/12
	17	Two-week wait referrals with suspected lung cancer (Number per 100,000 population)	9	94	43	179	76	78	0		138	CWT	2011/12
	18	Two-week wait referrals with suspected skin cancer (Number per 100,000 population)	77	806	636	1007	526	349	143		974	CWT	2011/12
Presentation & diagnostics	19	In-patient or day-case colonoscopy procedures (Number per 100,000 population)	65	680	525	867	730	623	338		1016	HES	2011/12
	20	In-patient or day-case sigmoidoscopy procedures (Number per 100,000 population)	27	283	186	411	319	433	44		438	HES	2011/12
	21	In-patient or day-case upper GI endoscopy procedures (Number per 100,000 population)	106	1109	908	1342	1070	1003	573		1972	HES	2011/12
	22	Number of emergency admissions with cancer (Number per 100,000 population)	80	837	664	1042	739	587	470		1134	HES	2011/12[a]
	23	Number of emergency presentations (% of presentations)	13	20.0%	12.1%	31.8%	23.5%	23.7%	12.2%		36.6%	RtD	2008[b]
	24	Number of managed referral presentations (% of presentations)	31	47.7%	36.0%	59.6%	50.1%	49.2%	31.0%		68.6%	RtD	2008[b]
	25	Number of other presentations (% of presentations)	21	32.3%	22.2%	44.4%	26.5%	27.1%	9.5%		44.0%	RtD	2008[b]

Practice Rate or Proportion

This displays a % or a rate (relevant to the indicator being looked at) e.g. % of practice population aged 65 and over. A quick description of the rate or proportion is provided in the brackets in the indicator column. A fuller description **of how the rate and proportions** have been calculated can be found in the '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 'Meta-data for profile indicators' document.

Confidence Intervals

See above

CCG and England average

The average rate or proportion for the CCG, in which the practice is located. The England average is also provided, making it possible to see how the practice compares locally and nationally.

Spine chart

See above