

# Data or Die: A Network Perspective

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# Data or Die: A network perspective

- Aim is to illustrate at a general rather than detail level
- Because we need to place this into real world contexts – as the NHS is currently planning significant changes to how it provides services
- Because we still struggle to extract and handle detail!

# What are the aims of the Network and why do we need data?

The goal of the North East London Cancer Network is to reduce the burden of cancer on our population by promoting health so as to prevent cancers, improving the survival of people with cancer and improving the quality of life and experience of all of those affected by cancer.

NELCN Service Delivery Plan 2001

# What are the aims of the Network

- We have not felt the need to change this ‘goal’ statement in the 6 years since 2001
- Except to add the words ‘and experience’ in 2004!
- But how do we aim to achieve this goal, what is our baseline, where do we need to improve and by how much, how will we know whether we have scored our goal?
- How do we plug in to the ‘real world’?

# NEEL Sector 5 Year Strategic Plans: The 'Vision' for cancer – June 2007

- **The, locally prioritised, implementation of cancer site specific reference 'clinically effective care pathways' that will be benchmarked to include timelines, evidence based quality requirements and to show the expected settings at each stage and planned resource utilization linked to value for money.**
- **They will be monitored by clinically and managerially relevant key performance indicator metrics for compliance, equity of access, equity of outcomes and patient experience.**
- **Providers at all stages of the pathways will be required to provide the data required for this monitoring and audit.**

# Real World: Strategic Planning In London

- PCTs must produce 5 year Commissioning Strategy Plans
- PCTs must work together as 'Sectors' – NEL – to produce Collaborative Commissioning Intentions
- These must add up across London
- They must fit to an emerging 10 year Strategic '*Healthcare for London*' vision

# The role of the Network in this

- NEL has defined cancer as a *Commissioning Network*
- As a source of expert advice and knowledge to commissioners – to bridge to providers and gain clinical advice.
- Commissioning as knowing what you want, when, getting someone else to do it, work with them, know how they'll do it.
- So supporting this planning process, proposing configurations and mapping proposals to quality requirements etc
- But old questions: how many, when, where, how much etc? DATA

# *Healthcare for London*

- Yet to publish but emerging service delivery model of **settings** is :
  - (implicitly) ‘The Home’
  - ‘**The Polyclinic**’: primary care, diagnostics, OPD
  - ‘**The Elective Centre**’: planned routine care
  - ‘**The Local Hospital**’: urgent care and assessment, intermediate care
  - ‘**The Major Acute Hospital**’ Specialist care, full facilities
  - These functions may be co-located

# Where does Palliative Care fit?

- Throughout and in all settings and stages of the pathways
- Hospices map on to the 'Local Hospital' setting for example
- There are likely to be changes throughout London from current 'hospital' configurations
- It is possible to fit NICE S&PC and emerging End of Life Care Strategy to this
- But implementation needs to be driven by needs, demand and cost assessments: DATA.

# How have we used data up until now?

- NEL Dataset supplementary to NCPC MDS
- Clinical in nature but not an EPR
- Reflect national strategies – eg records PPC
- Owned by providers: supported by network team

# How have we used data up until now?

- Network commissioned a single software solution (2004)
- Provider implementation sometimes problematic as software not 'chosen' by organisations: operational and change issues
- Not integrated to whole provider systems: interim until Connecting for Health

# How have we used data up until now?

- NCPC MDS collection not mandated as others are – role for regulation?
- Funds for supporting ongoing IT architecture at risk without CfH link and without ‘Network funding’
- Data input remains challenging with remaining duplication of effort – no different to other clinical settings!

# How have we used data up until now?

- Promoting change across all organisation
  - Challenging to align data item definitions between teams historical definition
  - Alignment of differing priorities between voluntary and NHS organisations – data for clinical/audit, data for payment
  - Sharing of good practice
  - Opportunity for individual providers to revisit existing practices both clinical and in relation to data
  - Opportunity for enhanced communication
  - Opportunity for OOH working and data transfer

# How have we used data up until now?

- Next steps
  - Expansion of data set to include quality outcomes of palliative care
  - Regular network audit using software
  - Ongoing links with national developments to influence future national data set revisions
  - Link now to the current planning exercise as decisions are made – in detail
  - Link to emerging Benchmark Commissioning Toolkit for Cancer – **Important potential in use of *Map of Medicine* as a framework for toolkit and for linking commissioning pathways to national and local NCPC MDS**

# Thanks

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- In memory of Carol King – who illustrated the importance of user involvement in all this and the palliative and end of life care needs beyond cancer