

Health and Social Services Committee

HSS(2)-14-06(p1b)

Meeting date: Wednesday 11 October 2006

Venue: Committee Room 1, Senedd, National Assembly for Wales

**Title: Briefing paper for the Health and Social Services Committee:
Cancer Network Information System Cymru (CaNISC)**

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Chair Cancer Information Framework

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Background

1.1 The implementation of the **Calman/Hine Report**, *A Policy Framework for Commissioning Cancer Services (1995)*, and the **Cameron Report**, *Cancer Services in Wales (1996)* resulted in major organisational changes in the delivery of cancer care, with the introduction of cancer centres and units working together within cancer networks. Patients with cancer may undergo investigations, receive treatment and consult specialists at 2 to 3 hospital sites, each with a contemporaneous need for the clinical record. This pattern of care creates communication problems between healthcare professionals and compromises continuity of care with subsequent risk for the patient.

In recognition of these problems the Health Information Management Board approved the establishment of the **Cancer Information Framework (CIF)**.

1.2 The Cancer Information Framework (CIF) project delivers an electronic, summary, clinical record for people in Wales diagnosed with cancer. It is accessible to authorised healthcare workers on a 24/7 basis. This electronic system in Wales is the **Cancer Network Information System Cymru (CaNISC)**.

1.3 The **primary objective** of CaNISC is to provide a summary electronic case record, but there are also a number of valuable **secondary uses** of the information. CaNISC is designed to be of benefit for:

- The SaFF Cancer Waiting Time Targets and the relevant National Cancer Standards.
- The Welsh Cancer Intelligence and Surveillance Unit (Cancer Registry)
- Clinical audit at multi-disciplinary team, Trust, Cancer Network and all-Wales levels.
- Participation in the Healthcare Commission Audits which will allow benchmarking against Trusts in England
- The Wales Clinical Trials Network, the Wales Cancer Bank and cancer screening programmes in Wales.

2. CaNISC Strategic fit

2.1 CaNISC is aligned to the Wales Assembly Government's Health Policies as set out in **Designed for Life**, which identifies service reconfiguration and performance management as key enablers for improving health and social care across Wales.

Designed for Life:

- Identifies cancer as a key priority area "NHS Wales will aim to design better delivered services in key priority areas, such as Cancer"
- Sets out three-year strategic frameworks and states that: "Annual targets will be agreedand will be included in the annual Service and Financial Framework (SaFF) planning process for the NHS in Wales."

(WHC (2005) 027: “The NAW recommends that all Trusts should use CaNISC as the tool to capture and report the required data on cancer waiting times”.)

- Establishes several milestones relating to cancer care, in particular “All cancer teams will collect data prospectively and participate in all-Wales clinical audit.” and “All cancer services will comply with the 2005 National Cancer Standards.”

The provision of high quality information is fundamental to the implementation of this policy and the strategic fit of CaNISC, as an information source, is without equal in this respect.

3. CaNISC current status

CaNISC has two activity streams, i.e. ongoing development and service implementation. There are recognised difficulties in the service roll out of healthcare IT systems, as the process involves changes in working practice of healthcare professionals. CaNISC is currently used, to some extent, by all 12 acute Trusts in Wales to record information on patients newly-diagnosed with cancer. The degree of use varies as does the completeness of data entry. A summary of current use in the 12 acute Welsh Trusts is given in appendix I.

4. CaNISC developments

The Welsh Assembly Government has made the service aware of its intention to mandate the use of the CaNISC system from 1 April 2007 for the collation, management and reporting of data in relation to cancer. In preparation for this there are specific areas that require immediate development and these have been agreed by the IT infrastructure supplier (Velindre NHS Trust) with a delivery date, including QA testing, before April 1st 2007.

Palliative care was not included in the original development which was funded by the New Opportunities Fund. It is possible to register patients receiving palliative care on the ISCO system, but this facility provides only contact details. There is no technical difficulty in including palliative care information in CaNISC, but funding is the issue.

There would be huge advantages for patients if **Primary Care** clinicians had access to their summary electronic cancer record, with benefits in the quality, quantity and timeliness of information. As with palliative care, this is technically possible but would require funding.

Jeff Stamatakis 2nd October 2006

APPENDIX I Extent of data collection in CaNISC, verified with Trust MDT Co-ordinators 1st September 2006

Trust	Use CaNISC for SaFF cancer wait times	Cancer site use of CaNISC, max = 10	Level of data entry into CaNISC		
			Full clinical record	Partial clinical record	Registration only
Conwy and Denbighshire NHS Trust	x	10			10
North East Wales NHS Trust	x	10	10		
North West Wales NHS Trust	✓	10	10		
Bro Morgannwg NHS Trust	✓	10	1	8	1
Carmarthenshire NHS Trust	✓	10	1	9	
Ceredigion & Mid Wales NHS Trust	✓	9	4	None	5
Pembrokeshire & Derwen NHS Trust	✓	3	2	1	None
Swansea NHS Trust	✓	10	2	8	
Cardiff & Vale NHS Trust	x	4	1	3	None
Gwent Healthcare NHS Trust	✓	1	None	1	None

North Glamorgan NHS Trust	✓	10		4	6
Pontypridd & Rhondda NHS Trust	✓	4	None	4	None

North Wales Cancer Network	South West Wales Cancer Network	South East Wales Cancer Network
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