

Inequalities Data Hub

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Introduction

The business intelligence team in collaboration with the early diagnosis team in GM cancer have created an Inequalities Hub within the Cancer space on the Analytics and Data Science Platform (ADSP), otherwise called Curator. Here, a series of reports display cancer data through an inequalities lens. This poster presents an introduction to two of these reports and encourages you to view them yourself.

Referrals by Deprivation Decile

1	31,135 of 869,333 (3,581 per 100k)
2	18,999 of 507,872 (3,741 per 100k)
3	15,492 of 396,796 (3,904 per 100k)
4	12,086 of 294,353 (4,106 per 100k)
5	10,531 of 224,162 (4,698 per 100k)
6	9,350 of 197,104 (4,744 per 100k)
7	10,722 of 200,218 (5,355 per 100k)
8	11,618 of 222,206 (5,228 per 100k)
9	10,280 of 192,571 (5,338 per 100k)
10	8,420 of 153,893 (5,471 per 100k)

Figure 1: Cancer referral Demographics. Referral volumes per 100k broken down by deprivation decile.

Cancer Referral Demographics

“Is there an inequality across the deprivation scale in referrals for my pathway?”

This dashboard is designed to give an overview of inequalities within cancer referrals, whilst also allowing users to specify cohorts of interest. It breaks down referrals by recorded patient characteristics and presents a referral per 100,000 of registered population for each characteristic thus allowing for cross comparison, as shown in Figure 1. The dashboard is fully customisable using filters to create the necessary view.

We encourage this dashboard to be a platform to launch further investigation and for the user to apply local knowledge and caution when interpreting the data.

For more information, the dashboard has a tutorial which can be accessed through this icon on the report page.



Diagnostic Inequalities Workbook

“Are we hitting the target but missing the point?”

The Faster Diagnosis Standard of 75% of patients with a yes/no to cancer by day 28 is a key accountability metric. However, reporting this as a simple aggregate of those who achieved the target obscures potential variation in performance across groups.

This dashboard shows the distribution of pathways by when they received their yes/no to cancer. This allows for closer examination of diagnostic performance and comparison across characteristics such as deprivation or ethnicity, as shown in Figure 2.

Again, we encourage this dashboard to launch further investigation and for the user to exercise caution when interpreting the data.

For more information, the dashboard has a tutorial available on the report.

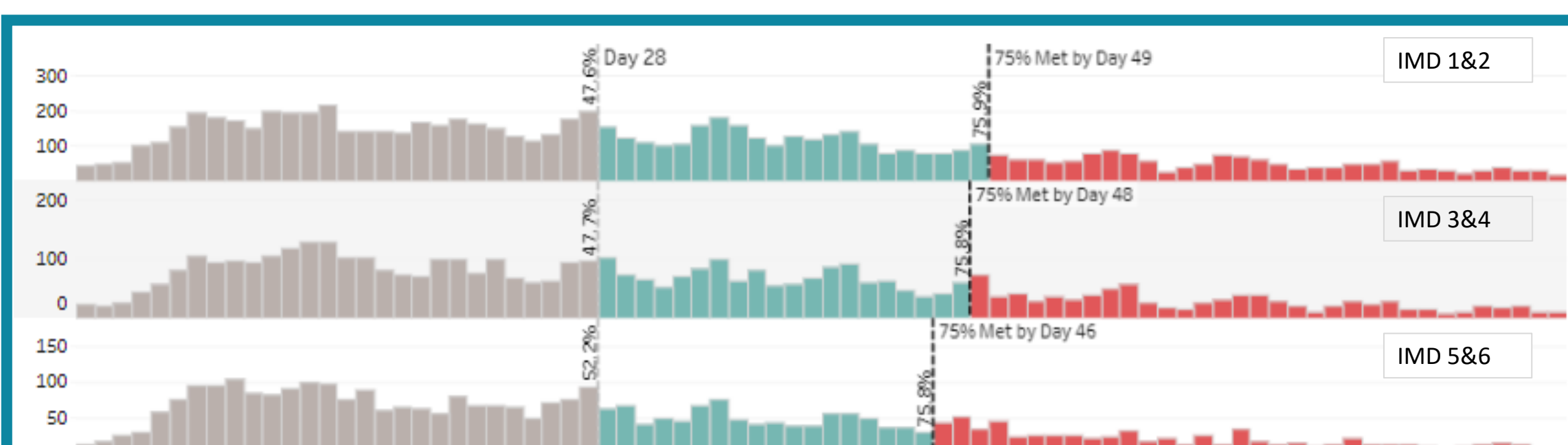


Figure 2: Diagnostic Inequalities Workbook. The Faster Diagnosis Standard (FDS) waiting times broken down by deprivation deciles.

Why is this important?

Inequalities in the cancer pathway can be complicated, with different populations affected differently depending on cancer type and the part of the pathway.

The Inequalities Hub allows identification of areas for investigation and further analysis. This ensures improvement activity is proportionately targeted to population groups to tackle inequalities.

Greater Manchester is the only place in the country with this innovative data – so go and explore the Inequalities Hub, which can be found through this QR code.



Data Caveats

To provide the necessary flexibility to report on inequalities; local, unvalidated data feeds are used and novel data transformations applied. This means any statistics presented may not match exactly with nationally published figures.

Inequalities can only be reported on if data exists to support their reporting. Work is being done to widen the scope of the reporting that can be provided, however this is a work in process and subject to internal data quality controls.