Correspondence

Comment on ‘Cancer information for management’

Davies et al.\(^1\) describe the use of funnel plots to present data on cancer mortality to English primary care trusts (PCTs). They found that lung cancer contributed to variation in mortality between PCTs for men, but less for women, reflecting the strong behaviour-related gradient of this cancer in comparison to other common cancers. The authors also say: ‘Funnel plots appear to be an attractive method of presenting data on cancer mortality to decision-makers in PCTs’ and ‘are not aware of any published research using funnel plots to explore influences upon cancer mortality in the way that we have described’\(^1\).

A wide range of national data are available (and incorporating mortality and incidence into the more useful ‘survival’) to assess the structure, process and outcome of cancer services in England.\(^2\) As well as web diagrams, moving-average control charts and caterpillar plots, we demonstrated the use of funnel plots\(^3\) with patient satisfaction data from the National Survey of Cancer Patients, as well as analysing these variations statistically.\(^4\)

We also surveyed managers in cancer network teams. There was limited interest in using data for cancer service management, although respondents would support a new limited data set for comparisons drawing on currently available sources.\(^5\) Within network teams, a dedicated information officer was found to improve data use.\(^6\) While the Cancer Plan for England has lacked a strategic approach to management data at population level, we can hope that public health observatories will be proactive in using the existing broad range of data for cancer services management in the future.

References


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