



Public Health  
England

**NHS**  
*England*



# NHS RightCare Commissioning for Value Focus Pack

Cancer and tumours  
May 2016

**RightCare** 

NHS Ashford CCG

OFFICIAL  
Gateway ref: 04940

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Welcome to your focus pack on cancer and tumours. The information contained in this pack is personalised for your CCG and should be used to support local discussions and inform a more in-depth analysis around cancer. There is a page of useful links at the end and there is a video guide to the pack too.

Each of these focus packs provides detailed information on the opportunities to improve in the highest spending programmes previously covered by Commissioning for Value packs. They include a wider range of outcomes measures and information on the most common procedures and diagnoses for the condition in question.

By using this information, together with local intelligence and reports such as your Joint Strategic Needs Assessment, your CCG will be able to ensure its plans focus on those opportunities which have the potential to provide the biggest improvements in health outcomes, resource allocation and reducing inequalities.

One of the main focuses for the Commissioning for Value series has always been reducing unwarranted variation in outcomes. NHS England, Public Health England and CCGs have legal duties under the Health and Social Care Act 2012 with regard to reducing health inequalities. Commissioners should continue to use these packs and supporting tools to drive local action to reduce inequalities in access to services and in the health outcomes achieved.

A number of different tools are available to help CCGs and local health economies identify areas for improvement on cancer. A new integrated cancer dashboard, including key outcomes and performance data from CCGs and providers will help these organisations, along with Cancer Alliances, to see how they are contributing to the national ambitions set by the independent Cancer Taskforce, and identify key areas of focus for improvement.

This sits alongside tools like the Commissioning for Value packs, which take some of the same metrics and put them alongside more detailed activity and spend data to support commissioners to make informed decisions about the services they are purchasing for their communities.

Links to the dashboard, the National Cancer Strategy and the cancer implementation plan are included in the 'Useful links' page at the end of this pack.

The primary objective for NHS RightCare is to maximise value:

- the value that the patient derives from their own care and treatment
- the value the whole population derives from the investment in their healthcare

The approach has been tested and proven successful in recent years in a number of different health economies. The programme focusses on improving population value including improving outcomes, quality, and releasing capacity and resources for future investment.

To build on the success and value of the RightCare programme, NHS England and Public Health England are taking forward the RightCare approach to ensure it becomes embedded in the new commissioning and public health agendas for the NHS. It is now referenced in the Mandate to NHS England, the NHS Planning Guidance, the CCG Improvement and Assessment Framework and the Quality Premium for 2016/17.

The RightCare programme includes the Commissioning for Value packs and tools, the NHS Atlas series and a number of casebooks. NHS England has committed significant funding to rolling out the RightCare approach to all CCGs over the next two years. Wave 1 has 65 CCGs and these are now receiving early support from one of ten RightCare Delivery Partners. The remaining CCGs are in Wave 2 and will receive support from an expanded team of Delivery Partners later in 2016.

“ What Commissioning for Value does is shine an honest light on what we are doing. The RightCare approach then gives us a methodology for quality improvement, led by clinicians. It not only improves quality but also makes best use of the taxpayers’ pound ensuring the NHS continues to be one of the best value health and care systems in the world.”

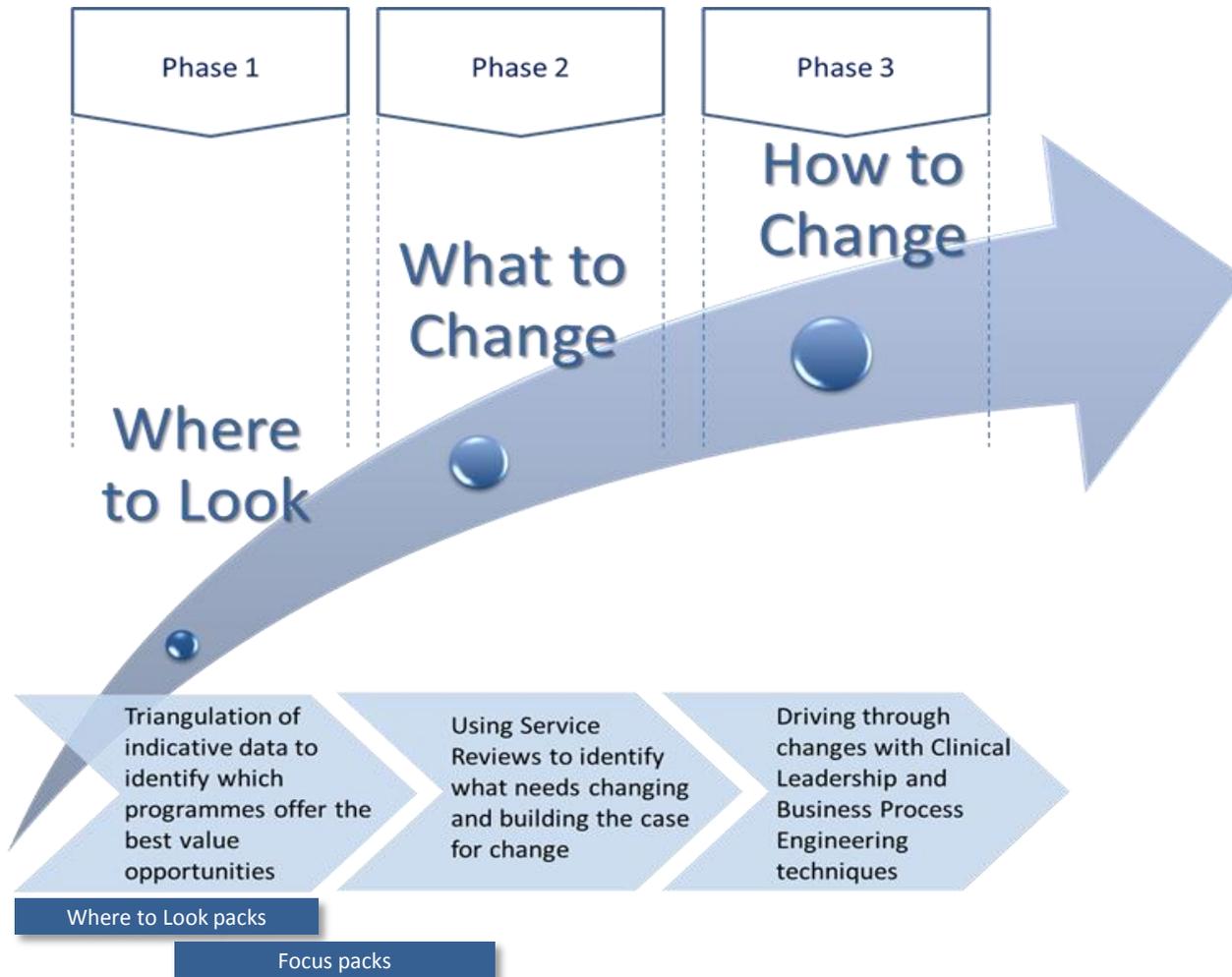
**Professor Sir Bruce Keogh**  
**National Medical Director, NHS England**

“ The data and evidence available through tools such as Commissioning for Value will help commissioners make the most important decisions in delivering concrete and sustainable clinical and financial benefits across the NHS. We expect that the roll-out of the RightCare programme will drive up the quality of care while contributing significantly to meeting the efficiency challenge set out in the Five Year Forward View.”

**Paul Baumann**  
**Chief Financial Officer, NHS England**

“ The independent Cancer Taskforce gave us a clear blueprint for delivering world-class cancer outcomes, and our implementation plan, published in May, has set out how we will take the strategy forward. Delivering truly world-class services needs everybody to play their part and Commissioning for Value provides invaluable tools for CCGs to understand how they can use their budget most effectively to ensure all cancer patients get the care and support they need, when they need it.”

**Professor Chris Harrison**  
**National Clinical Director for Cancer, NHS England**



Commissioning for Value is a partnership between NHS England and Public Health England. The *Where to Look* packs produced in January 2016 support the first phase of the NHS RightCare approach.

The *Where to Look* packs begin with a review of indicative data to highlight the top priorities or opportunities for transformation and improvement for your CCG.

These focus packs help CCGs to begin work on phase two *What to Change* by using indicative data along a pathway to identify improvement opportunities.

Your CCG is compared to the 10 most demographically similar CCGs. This is used to identify realistic opportunities to improve health and healthcare for your population. The analysis in this pack is based on a comparison with your most similar CCGs which are:

- Newbury and District
- Aylesbury Vale
- East Staffordshire
- Swale
- Calderdale
- West Essex
- South West Lincolnshire
- North Hampshire
- South Cheshire
- Airedale, Wharfedale and Craven

To help you understand more about how your most similar 10 CCGs are calculated, the Similar 10 Explorer Tool is available on the NHS England website. This tool allows you to view similarity across all the individual demographics used to calculate your most similar 10 CCGs. You can also customise your similar 10 cluster group by weighting towards a desired demographic factor.

In addition to the similar 10, there are CCG cluster groups which have been constructed using the same variables (eg deprivation) as the similar 10. This larger cluster group is used in the opportunity tables, represented by a green triangle. Your CCG is in the following cluster group:

- Areas with lower deprivation and better health

This focus pack presents analysis of a wide range of indicators focussing on spend, activity, quality and outcomes. The indicators have been chosen with advice from key stakeholders including the National Cancer Intelligence Network.

The data in this pack are the latest available\*. The charts identify the metadata for each indicator and the full metadata set will be available on the Commissioning for Value pages of the NHS England website shortly. Data quality has been assessed and only indicators which are sufficiently robust have been included in the pack.

The data are presented as an exploration, starting with the pathways on a page, then moving to elective and non-elective spend, admissions, prescribing and procedures.

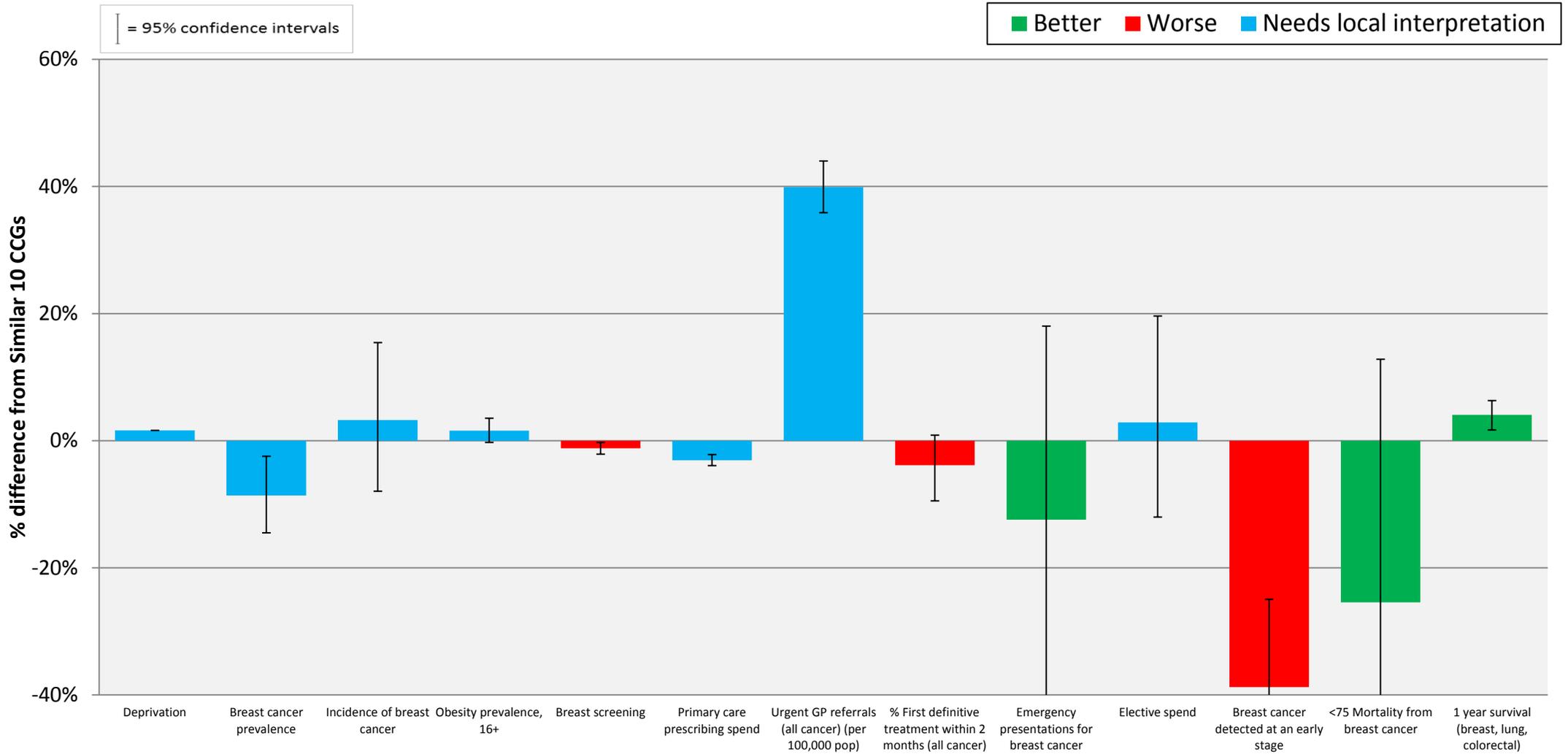
Should you have any queries about the indicators or the data, please refer to the contact details on the 'further information and support' page at the end of this pack.

\*As the spend indicators have been updated since the publication of the 2016 refreshed 'Where to look' packs, figures for spend rates and potential opportunities may differ slightly from those packs.

The three pathways on the following pages now have an additional indicator to show the number of emergency presentations for that cancer. Otherwise, the pathway indicators are unchanged from the cancer related 'pathways on a page' from the previous Commissioning for Value packs. The spend data has also been updated. The intention of these pathways is not to provide a definitive view on priorities but to help commissioners explore potential opportunities. These help commissioners to understand how performance in one part of the pathway may affect outcomes further along the pathway. Each indicator is shown as the percentage difference from the average of your 10 most similar CCGs.

The indicators are colour coded to help you see if your CCG has 'better' (**green**) or 'worse' (**red**) values than your peers. This is not always clear-cut, so (**blue**) is used where it is not possible to make this judgement without understanding the local context. For example low prevalence may reflect that a CCG truly does have fewer patients with a certain condition, but it may reflect that other CCGs have better processes in place to identify and record prevalence in primary care. **Blue indicators could show significant opportunities for improvement.**

Even where an indicator is **green** there may still be an opportunity to improve. The programme opportunity tables, starting on page 43, identify the opportunities that exist for your CCG to improve to a level which matches the average of the best five of your similar 10 CCG group. Please note: The variation from the average of the similar 10 CCGs is statistically significant for those indicators where the confidence intervals do not cross the 0% axis.



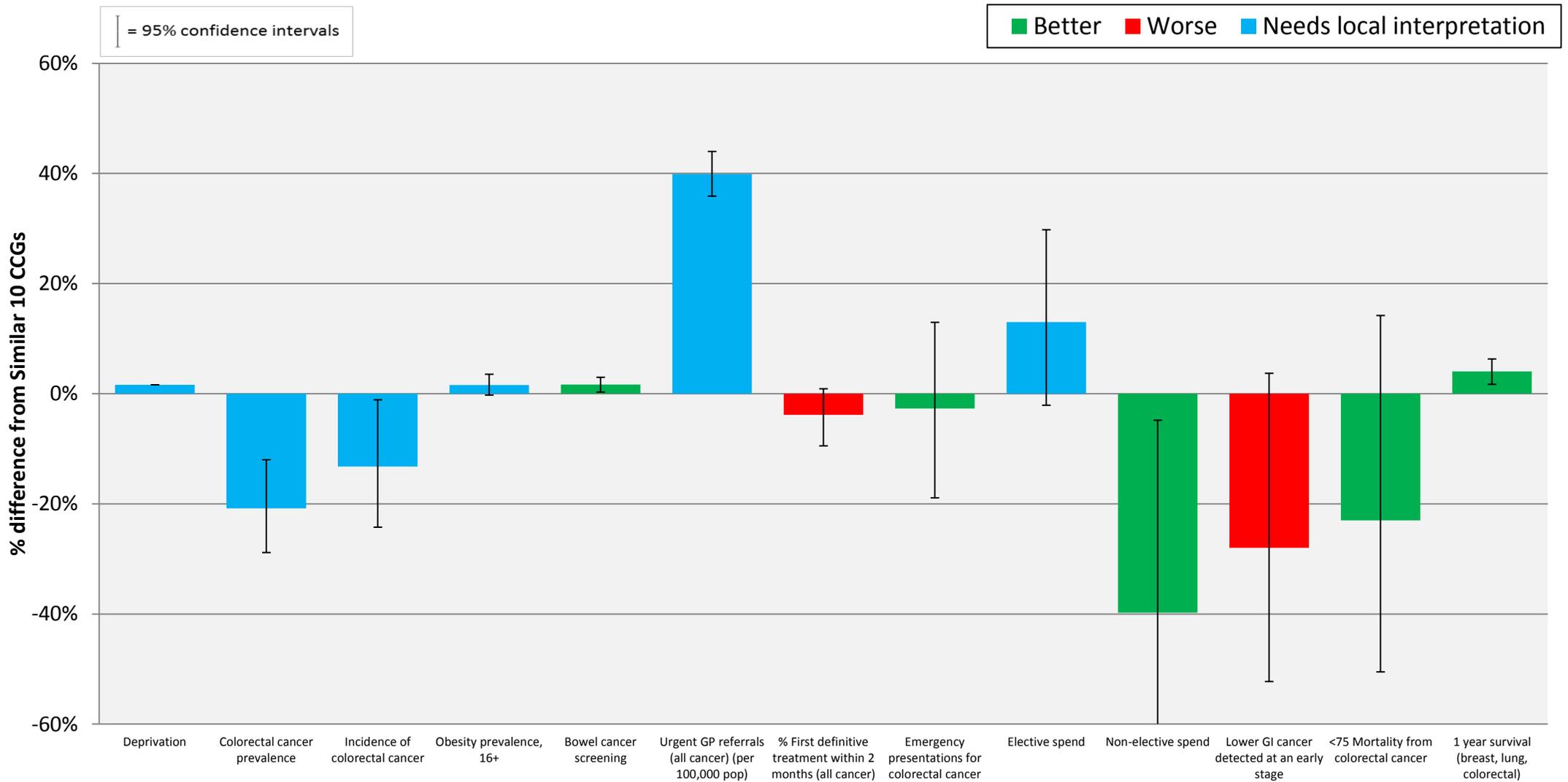
**NICE Guidance:**

<http://pathways.nice.org.uk/pathways/familial-breast-cancer>

<http://pathways.nice.org.uk/pathways/early-and-locally-advanced-breast-cancer>

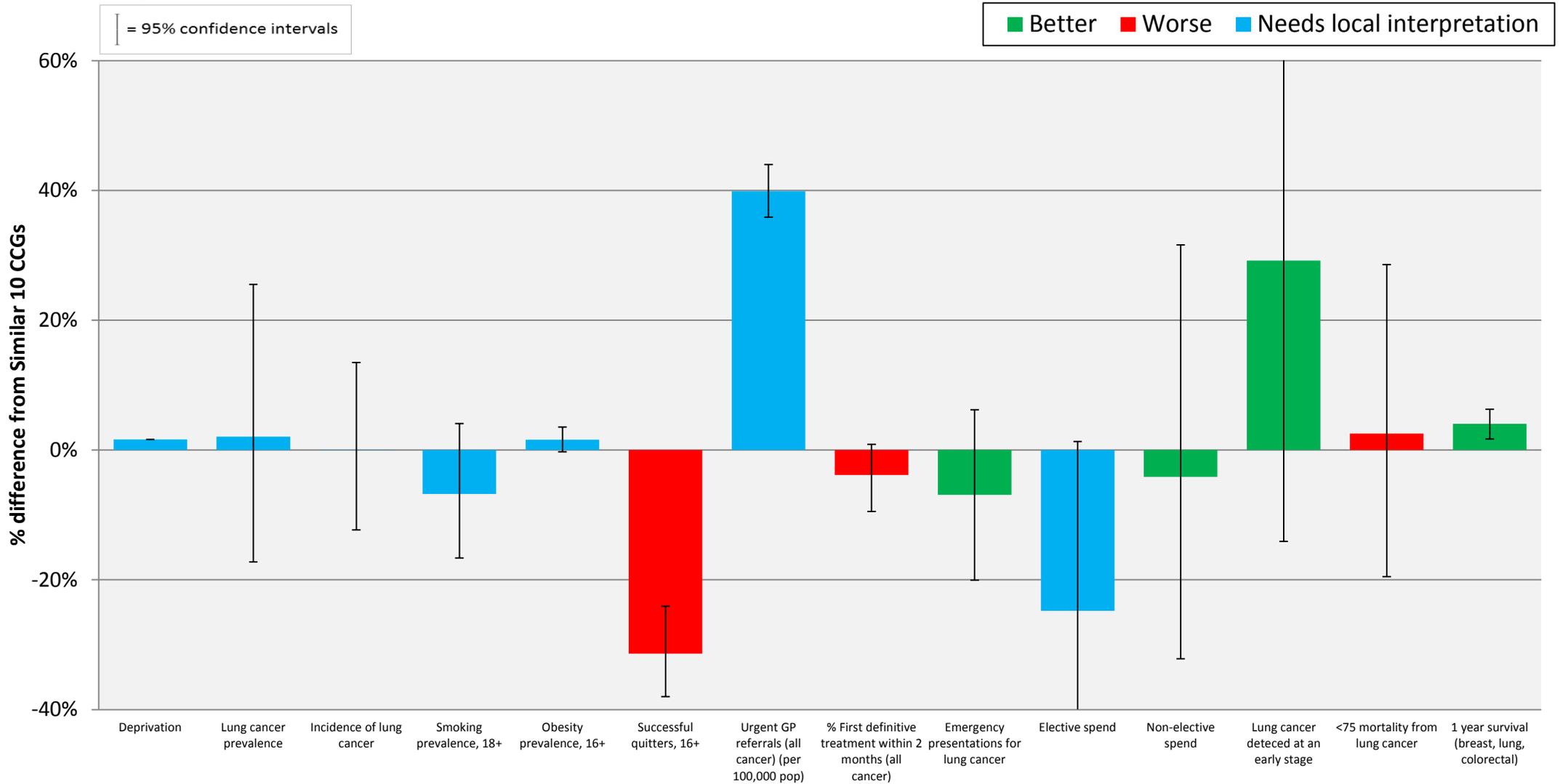
<http://pathways.nice.org.uk/pathways/advanced-breast-cancer>

# Lower GI Cancer Pathway



**NICE Guidance:**

<http://pathways.nice.org.uk/pathways/gastrointestinal-cancers>



**NICE Guidance:**

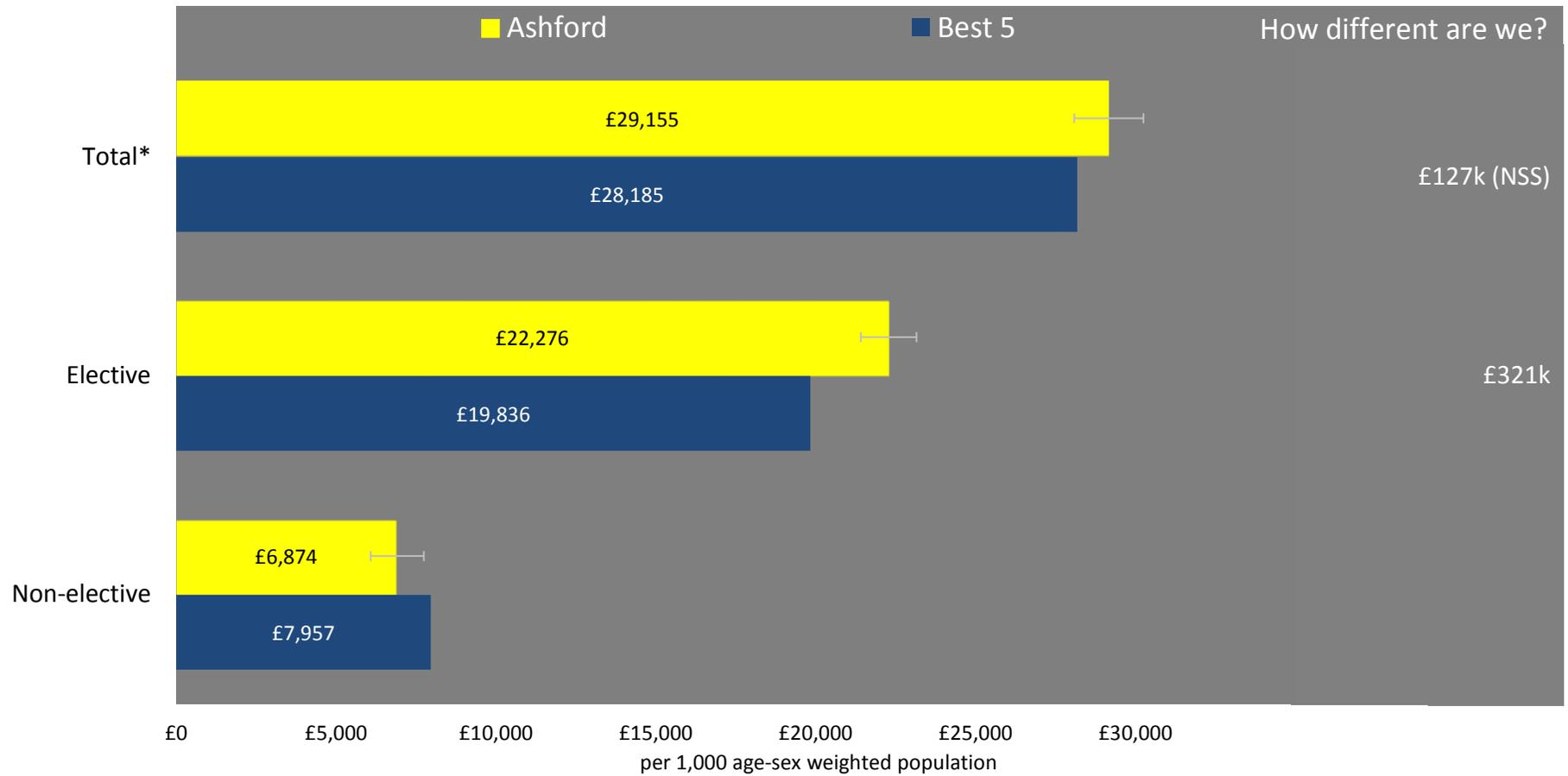
<http://pathways.nice.org.uk/pathways/lung-cancer>

The intention of the following pages is to provide a more in-depth view of the spend and activity for the clinical areas included in this pack compared to your 10 most similar CCGs. The charts show the rate for your CCG (yellow bar), the average of the best five comparator (blue bar) and also the absolute difference (the 'how different are we?' column). They should be used to explore key lines of enquiry to identify potential opportunities for improvement.

The opportunity tables, starting on page 43, identify the best CCG in your similar 10, who you may want to contact – either directly, or through your Delivery Partner if you are in a Wave 1 CCG.

Prescribing and interventions have been chosen to reflect highest spend. Clinical experts have advised on the chemical groupings of drugs used to treat certain conditions within a pathway. Annex A gives further detail.

For some indicators, the difference between the value for your CCG and the Best 5 is marked as Not Statistically Significant (NSS). This means that we cannot say with confidence (statistically defined as >95% confidence) that any difference between your CCG and the Best 5 is not simply due to chance. Values for these cases have been included in order to provide detailed information for use in considering whether to explore an area further.

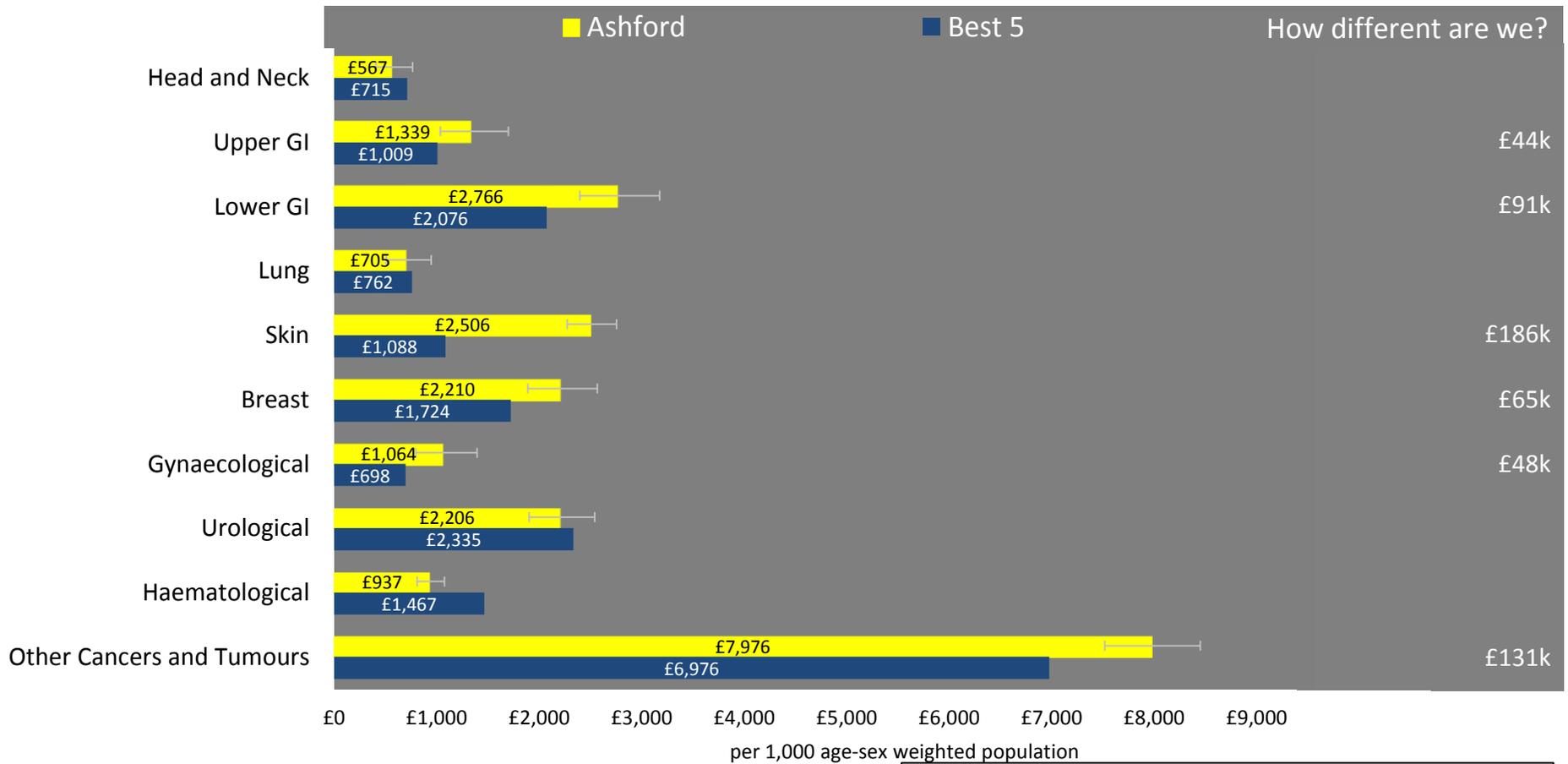


\*For 88% of Cancer and Tumours total expenditure CCGs are the responsible purchaser

 95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

# Cancer and tumours - Spend on Elective Admissions

## Condition Group

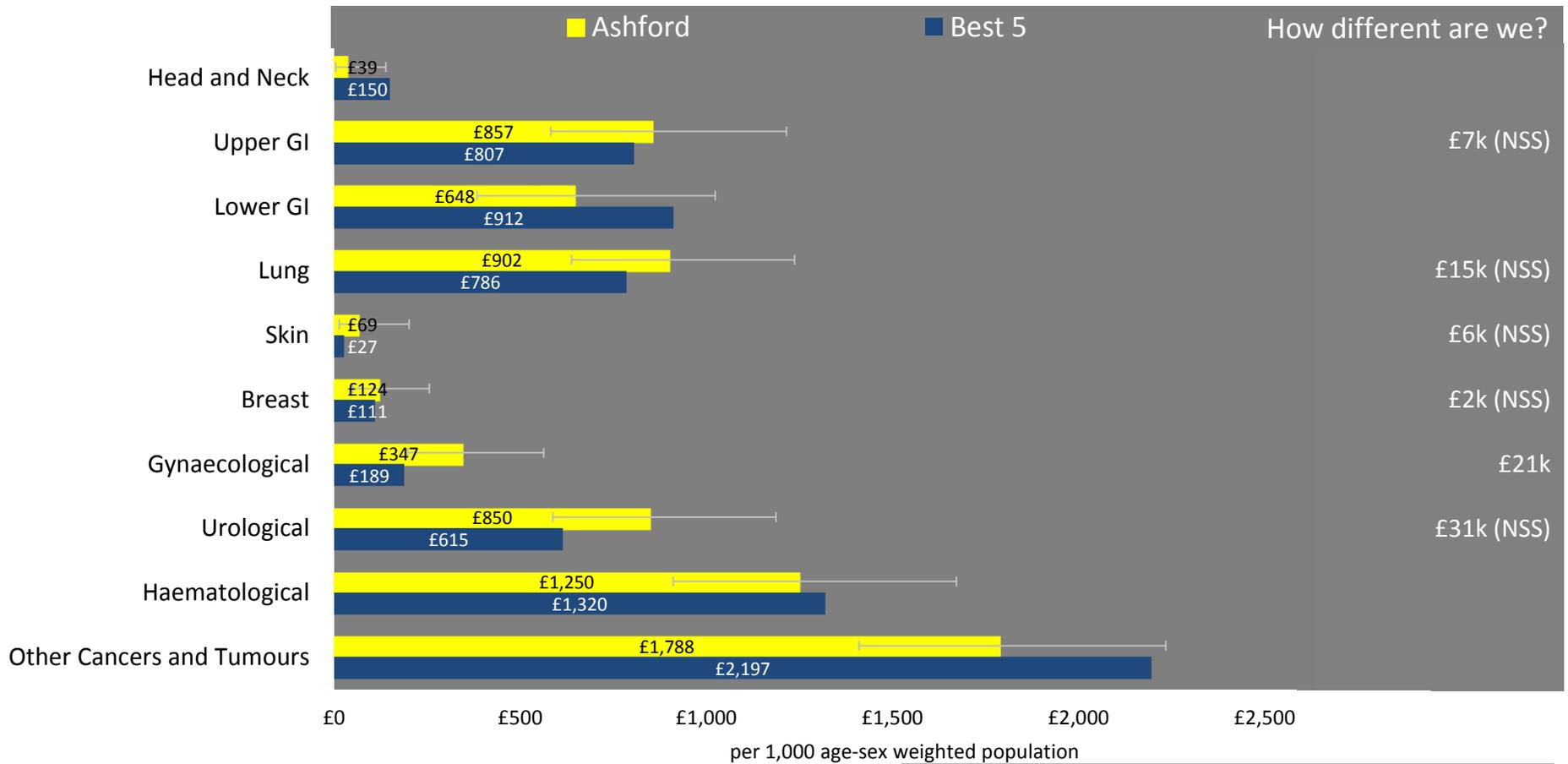


| 95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

# Cancer and tumours - Spend on Non-Elective Admissions

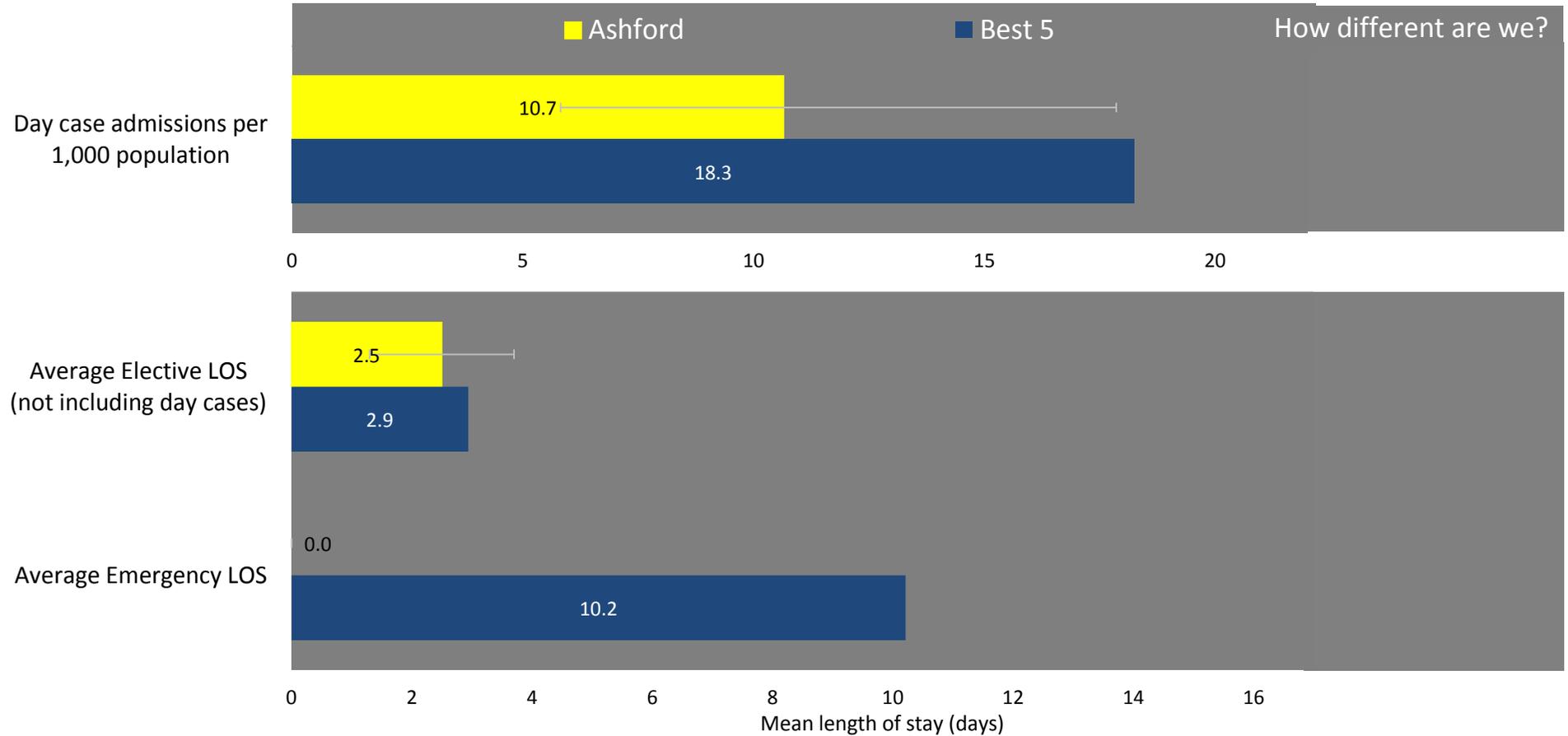
Condition Group

17



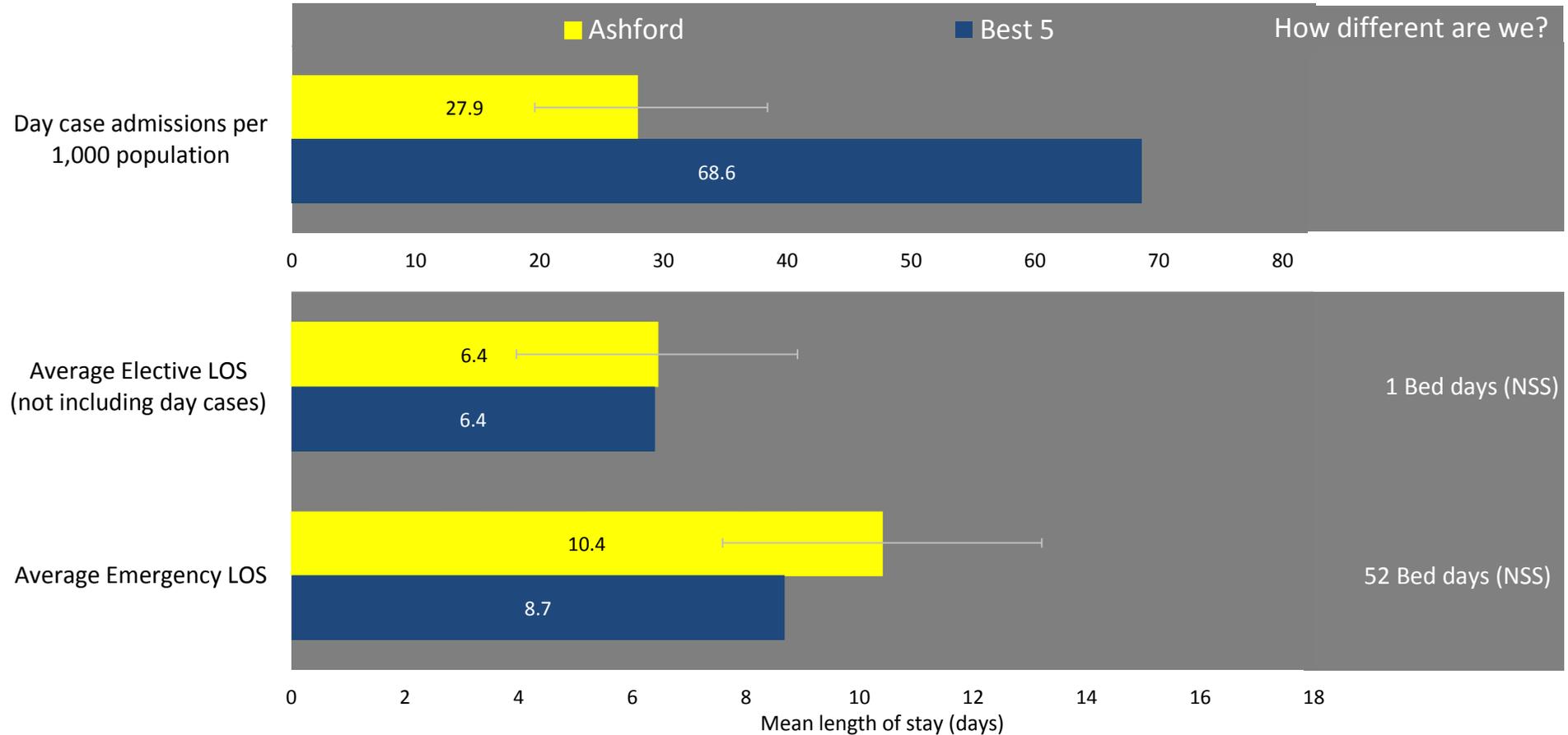
| 95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

per 100,000 age-sex weighted population



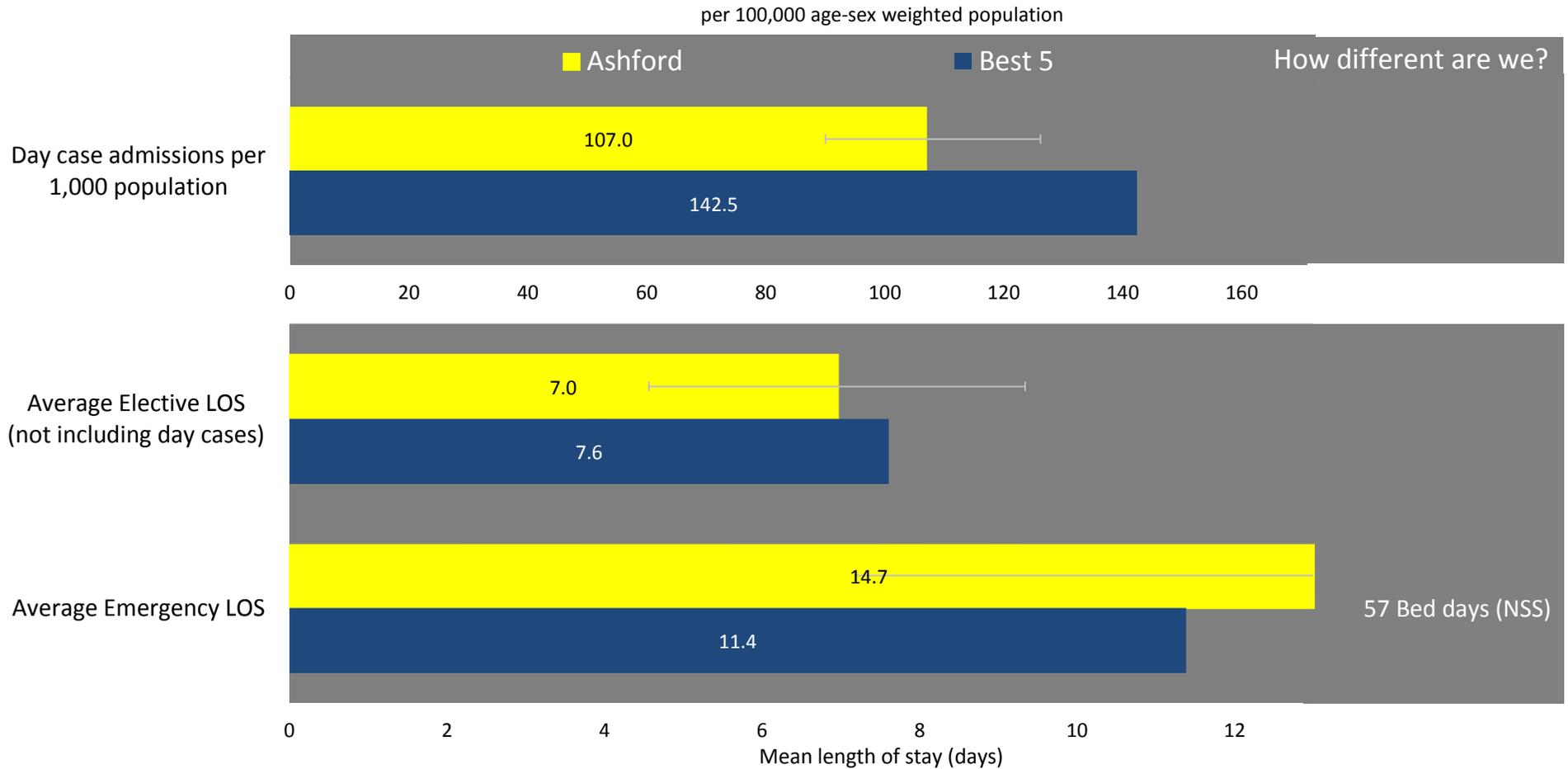
95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

per 100,000 age-sex weighted population



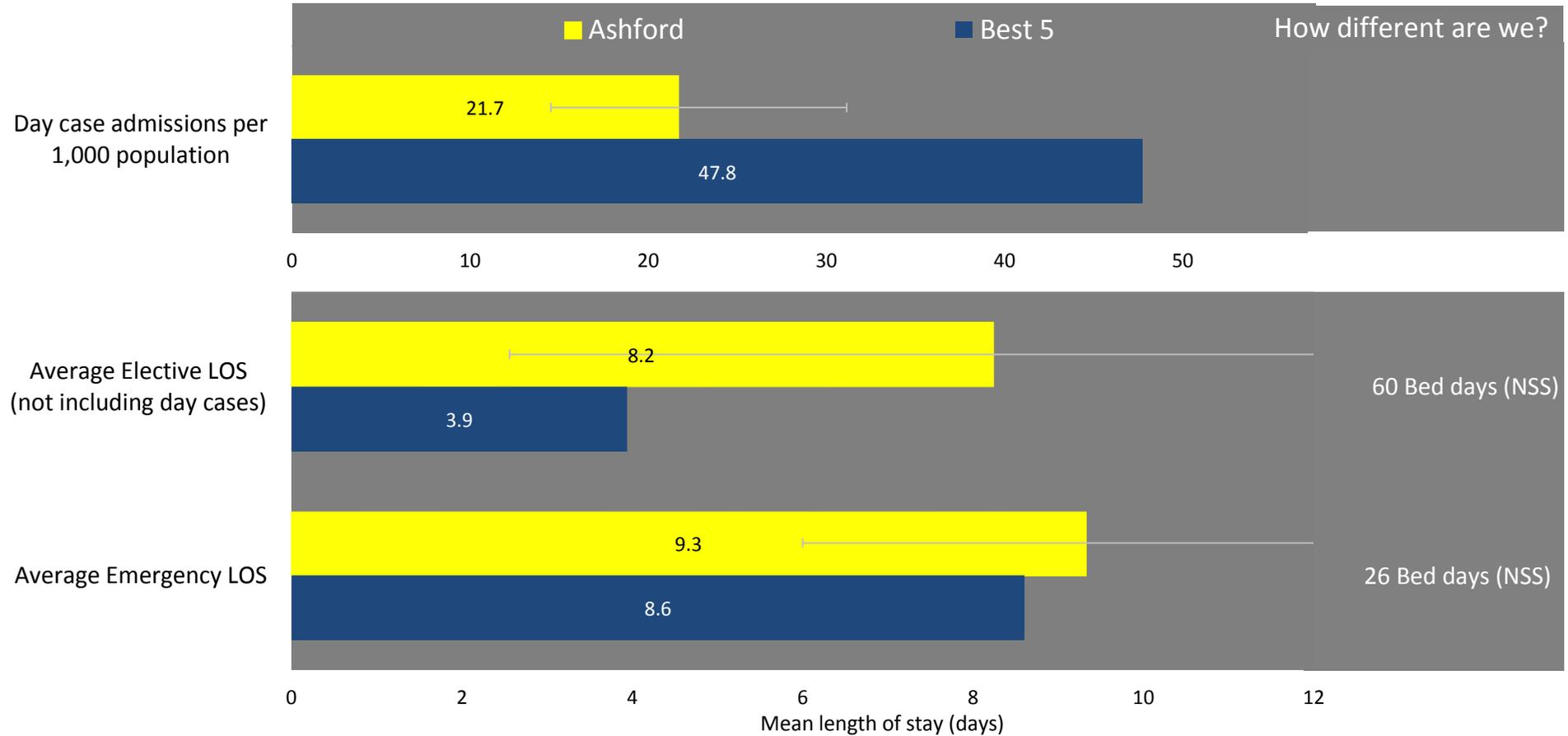
 95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

# Cancer and tumours - Admissions - Lower GI

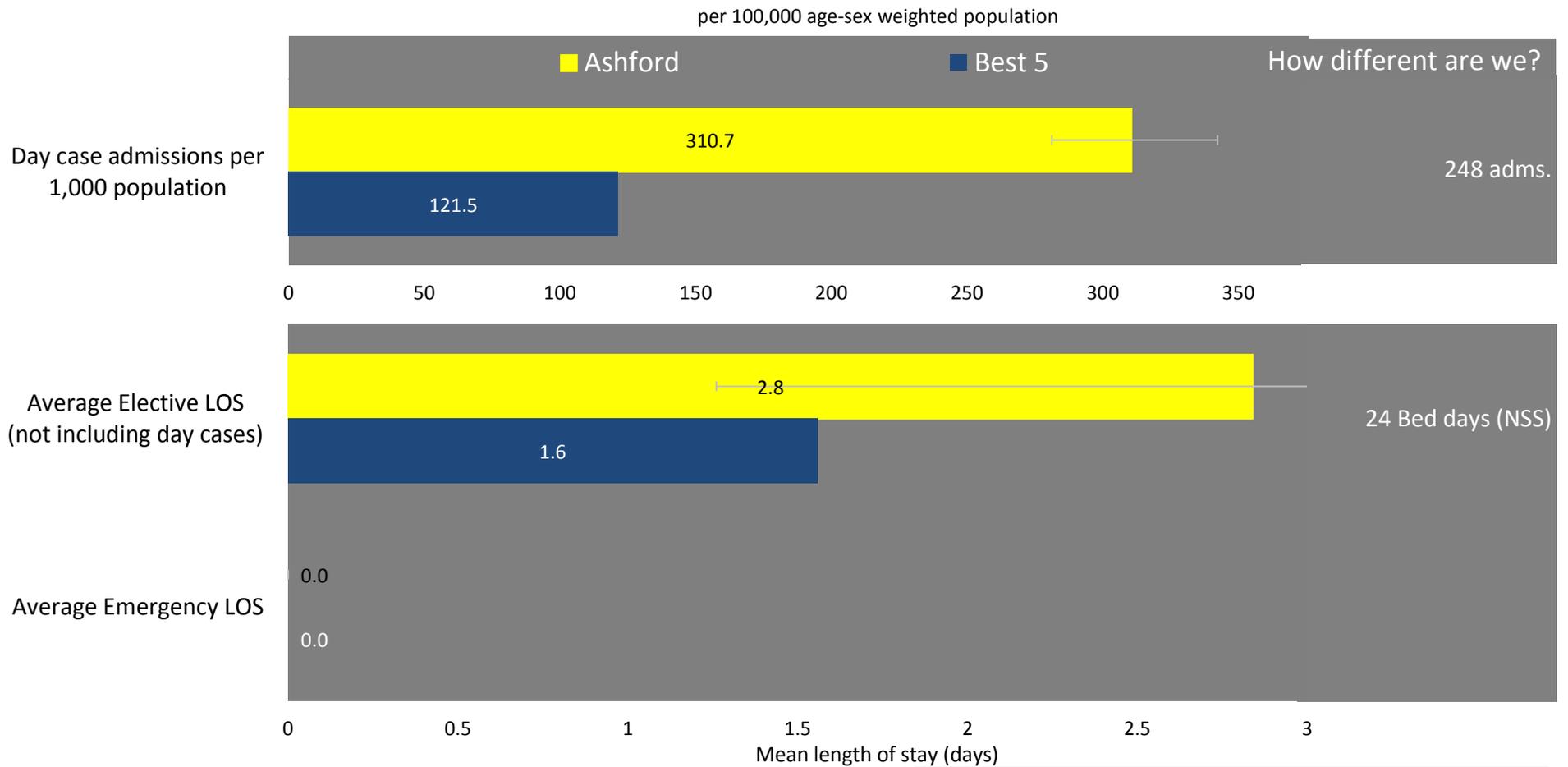


95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

per 100,000 age-sex weighted population



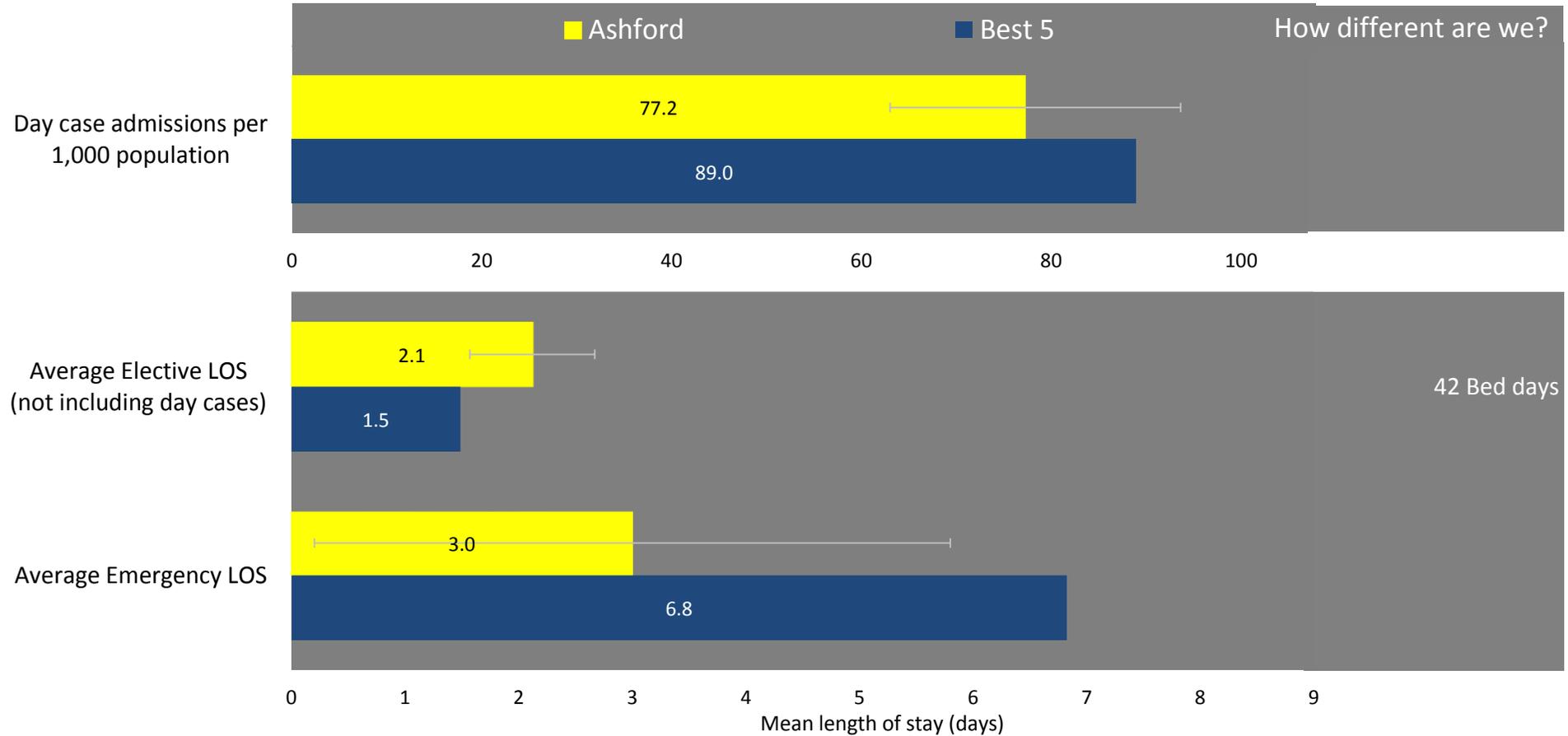
95% confidence intervals  
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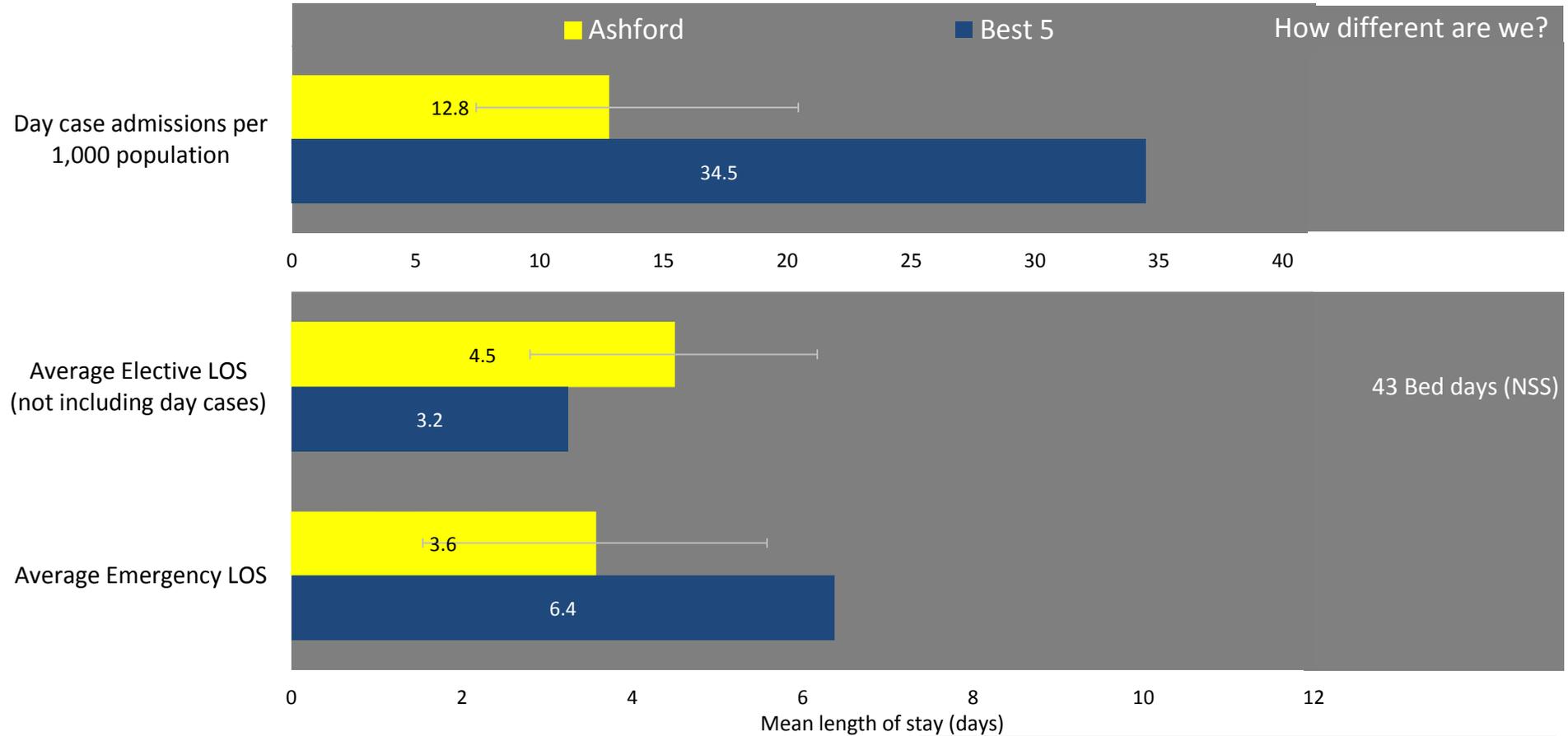
# Cancer and tumours - Admissions - Breast

per 100,000 age-sex weighted population



95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

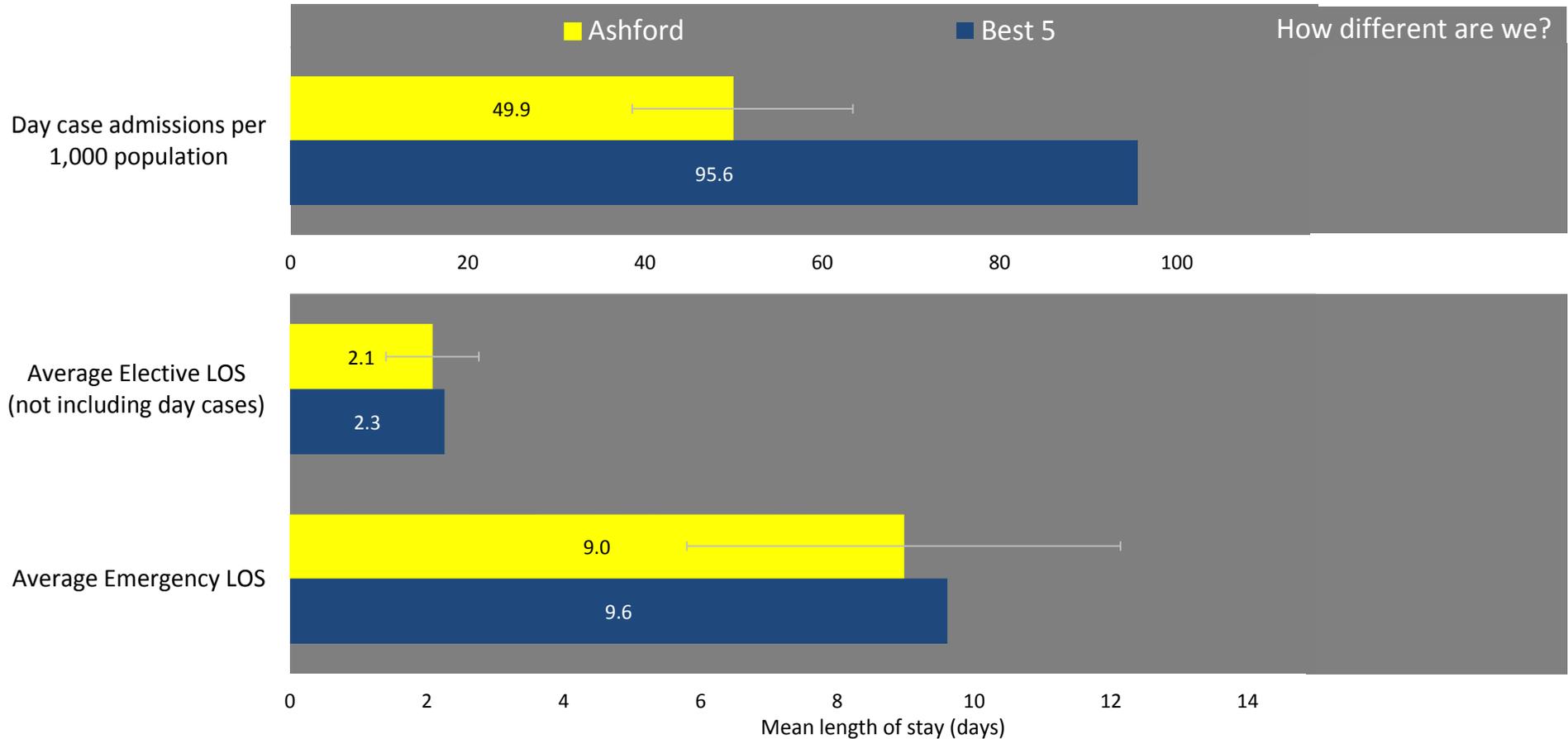
per 100,000 age-sex weighted population



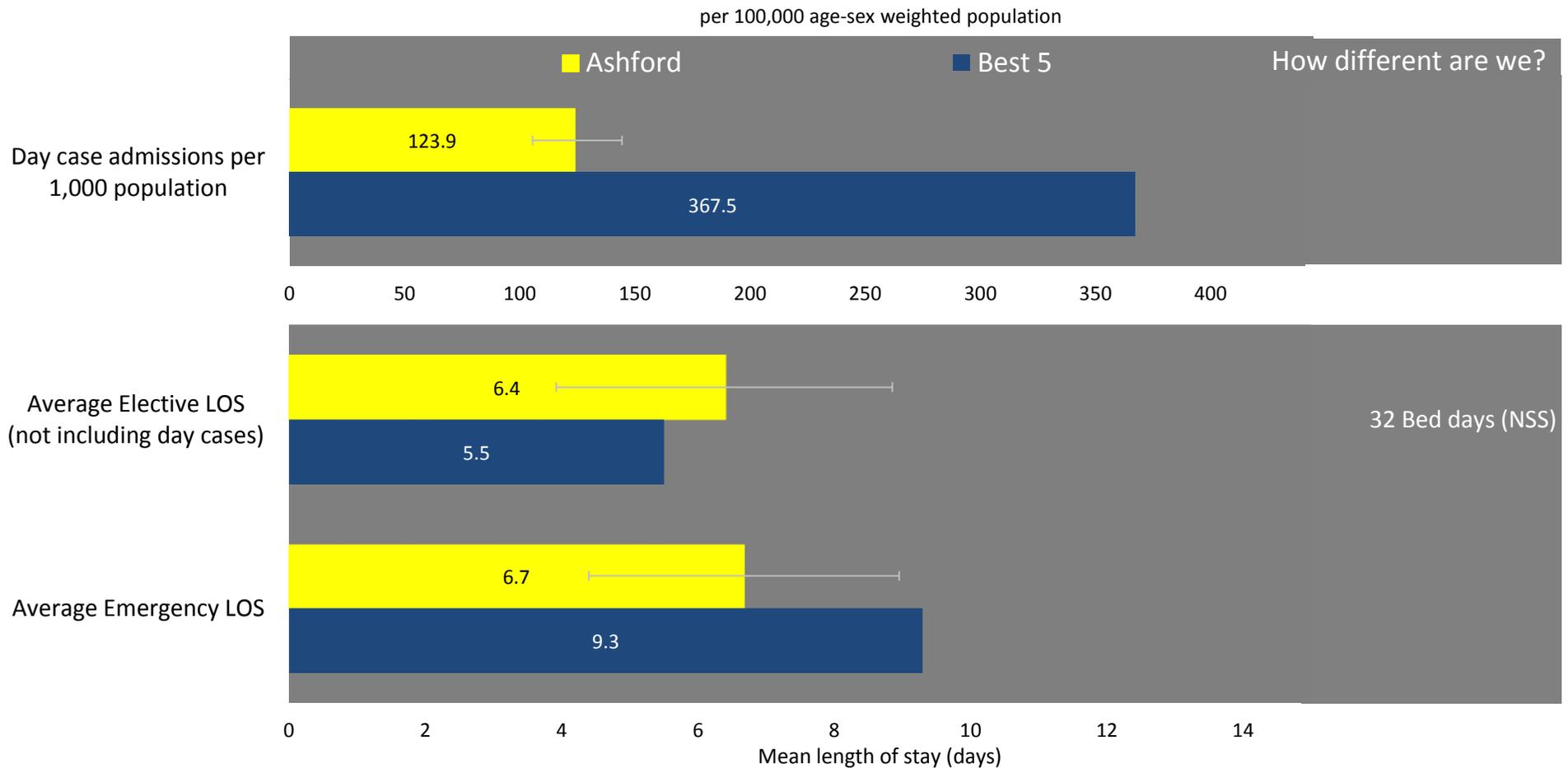
95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

per 100,000 age-sex weighted population

How different are we?

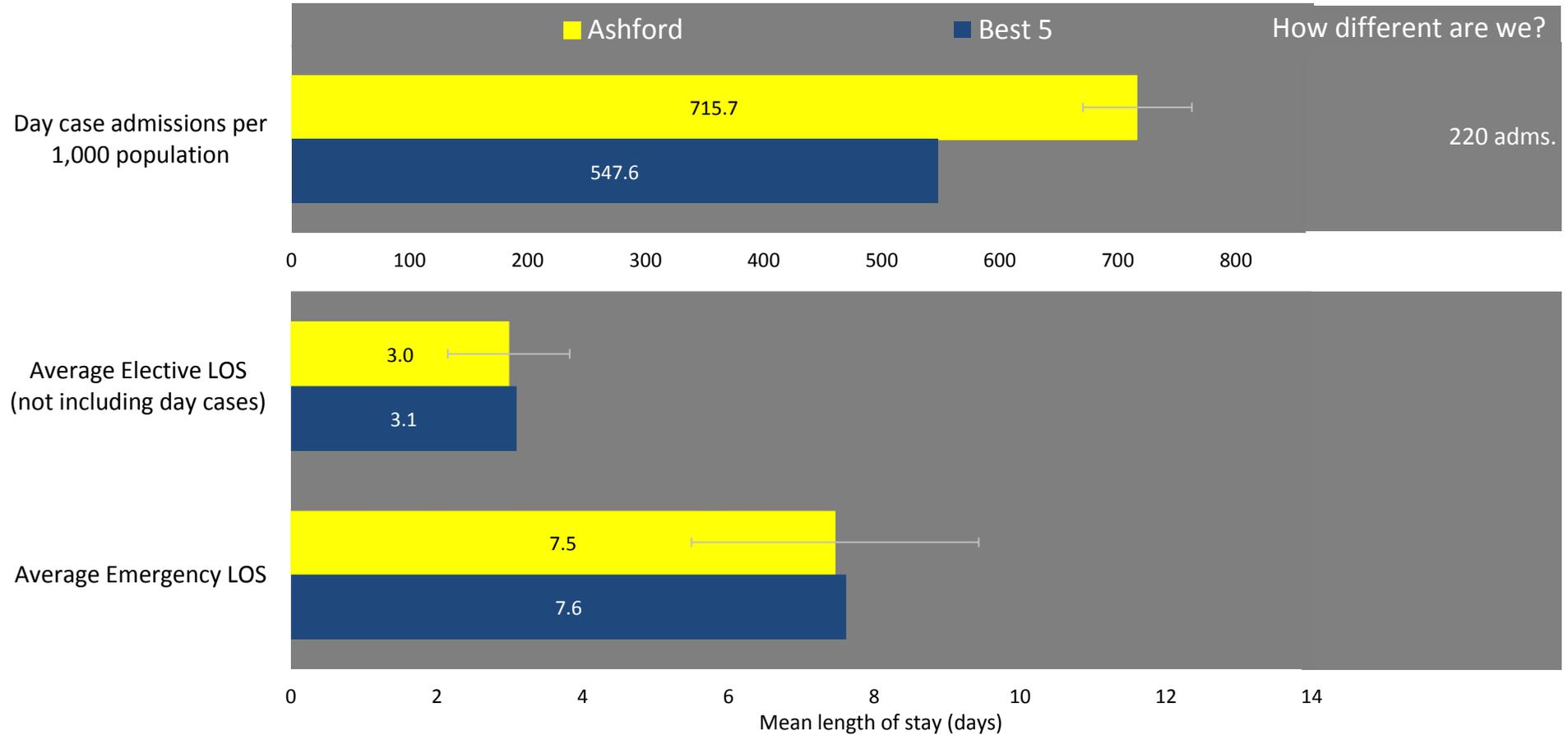


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**NSS** Not statistically significant\*  
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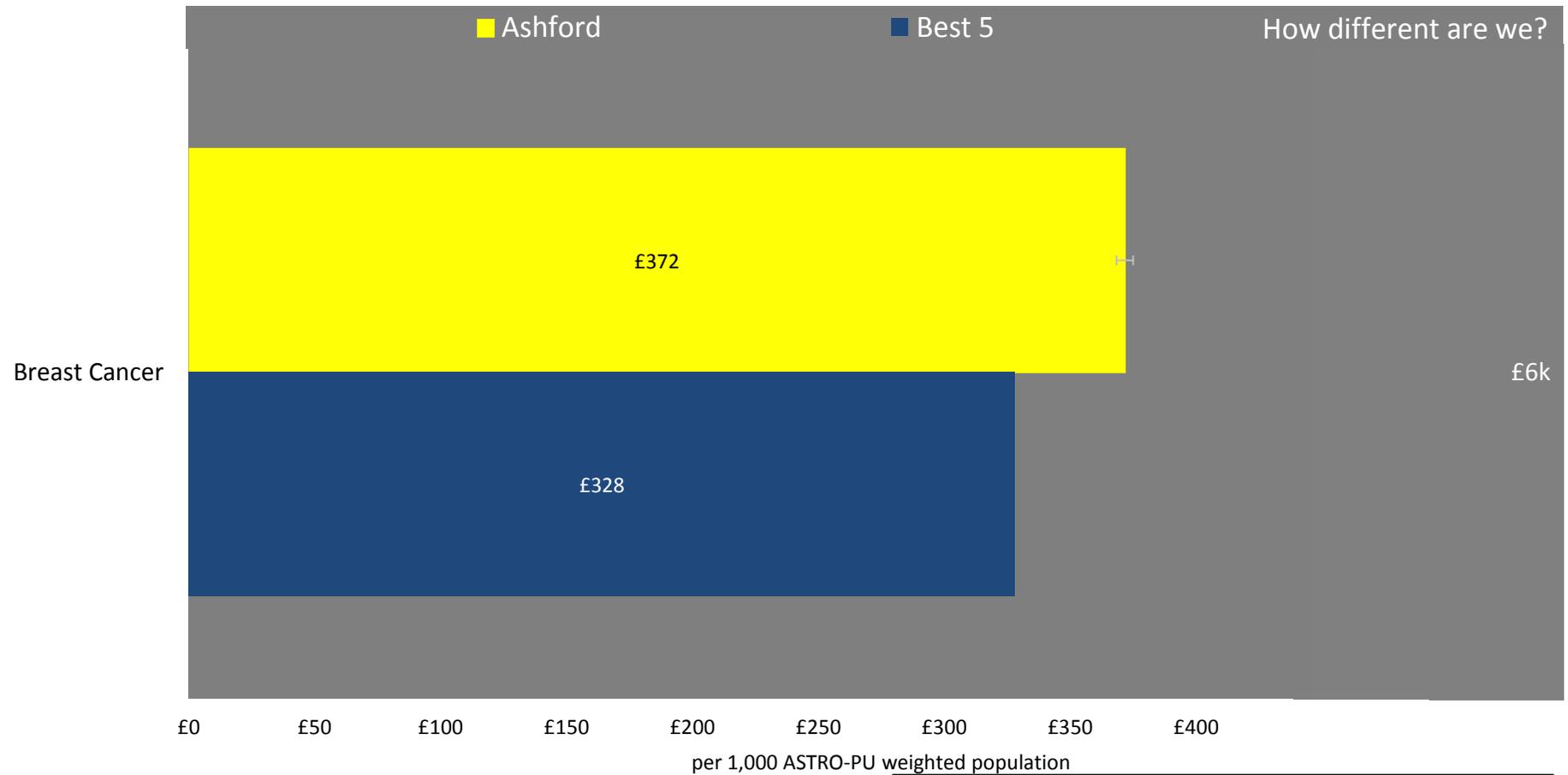
95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

per 100,000 age-sex weighted population



 95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

# Primary Care Prescribing Spend - Breast Cancer

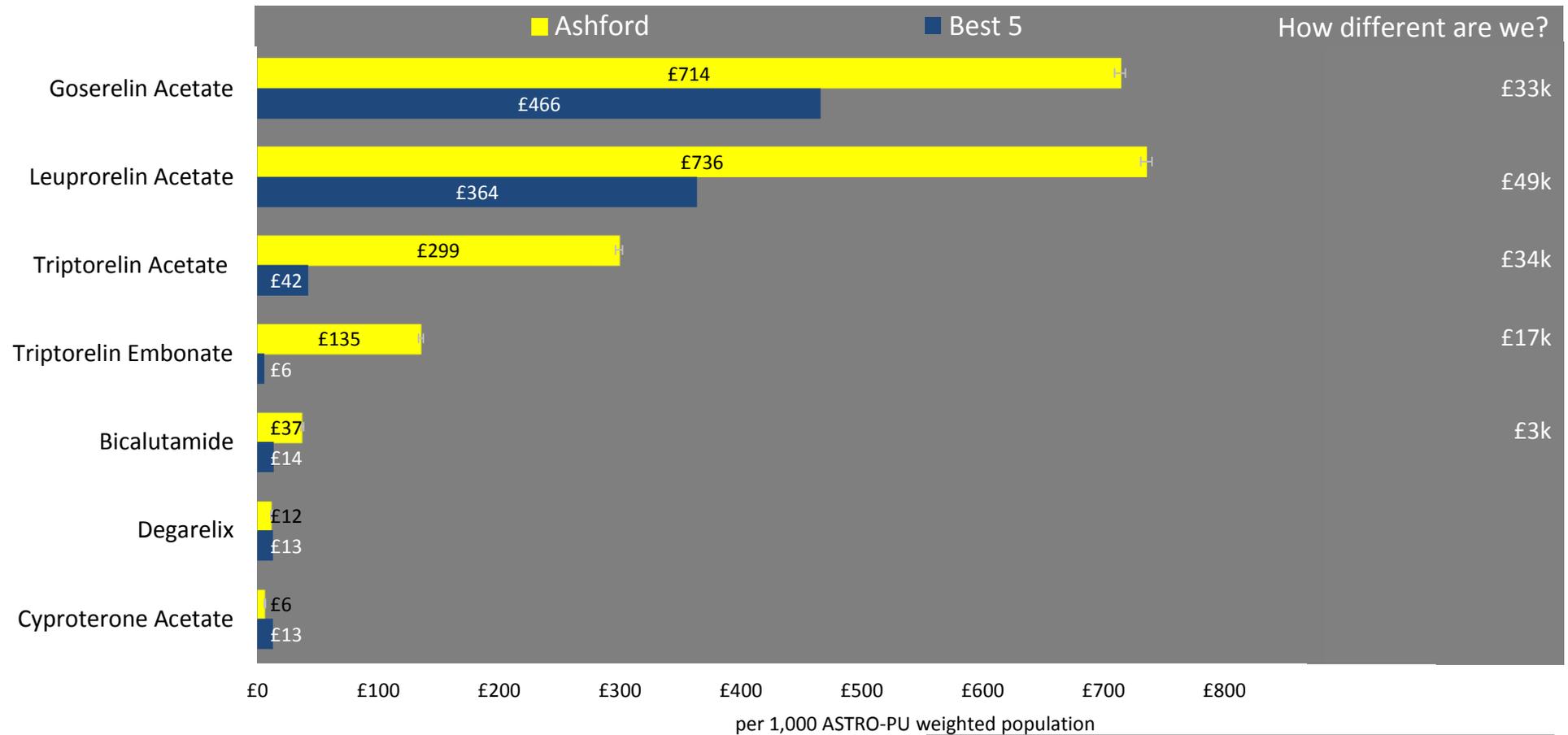


Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

| 95% confidence intervals  
**NSS** Not statistically significant\*  
\*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

# Primary Care Prescribing Spend - Hormone Therapy

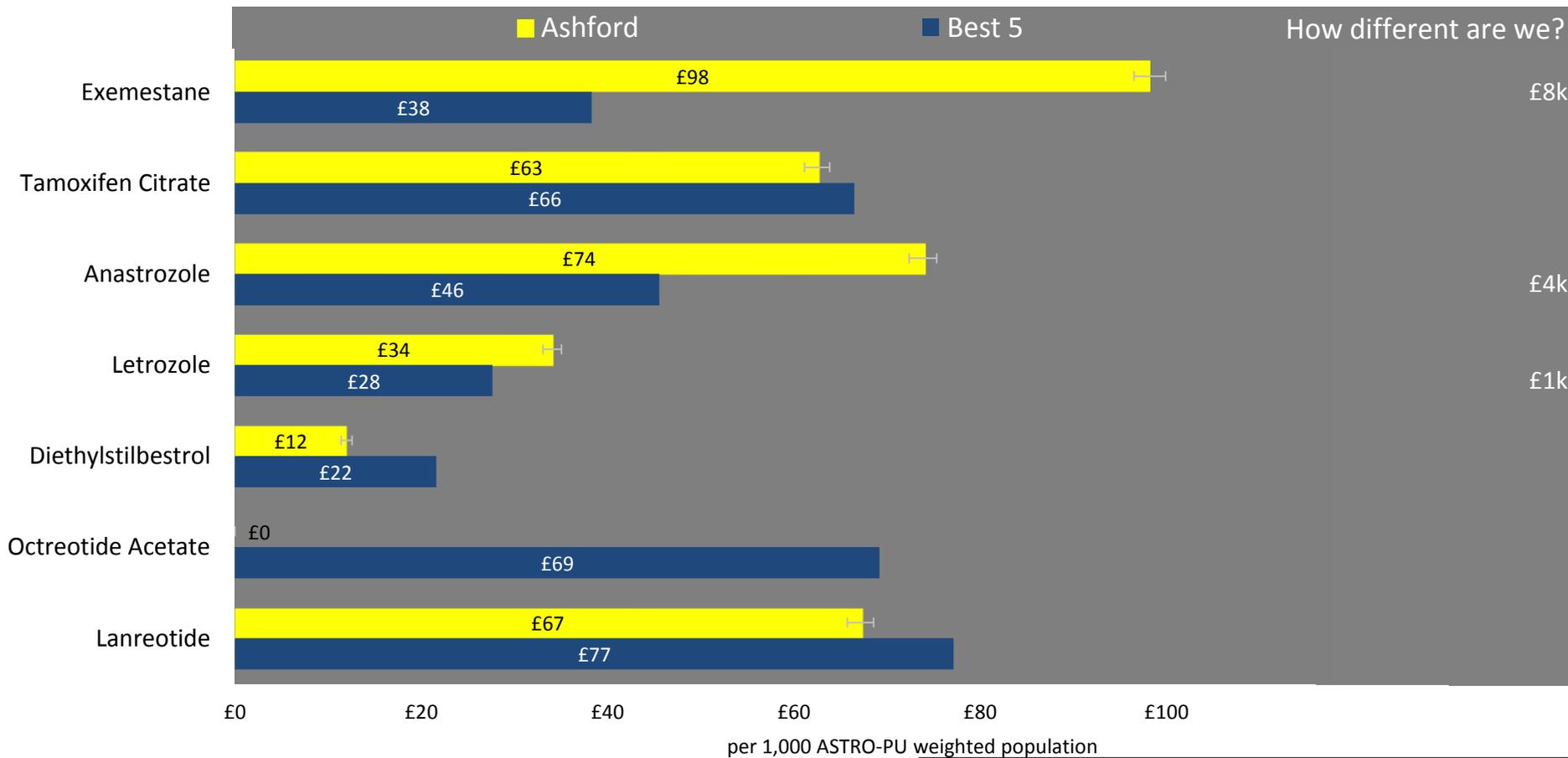


Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

 95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

# Primary Care Prescribing Spend - Hormone Therapy continued

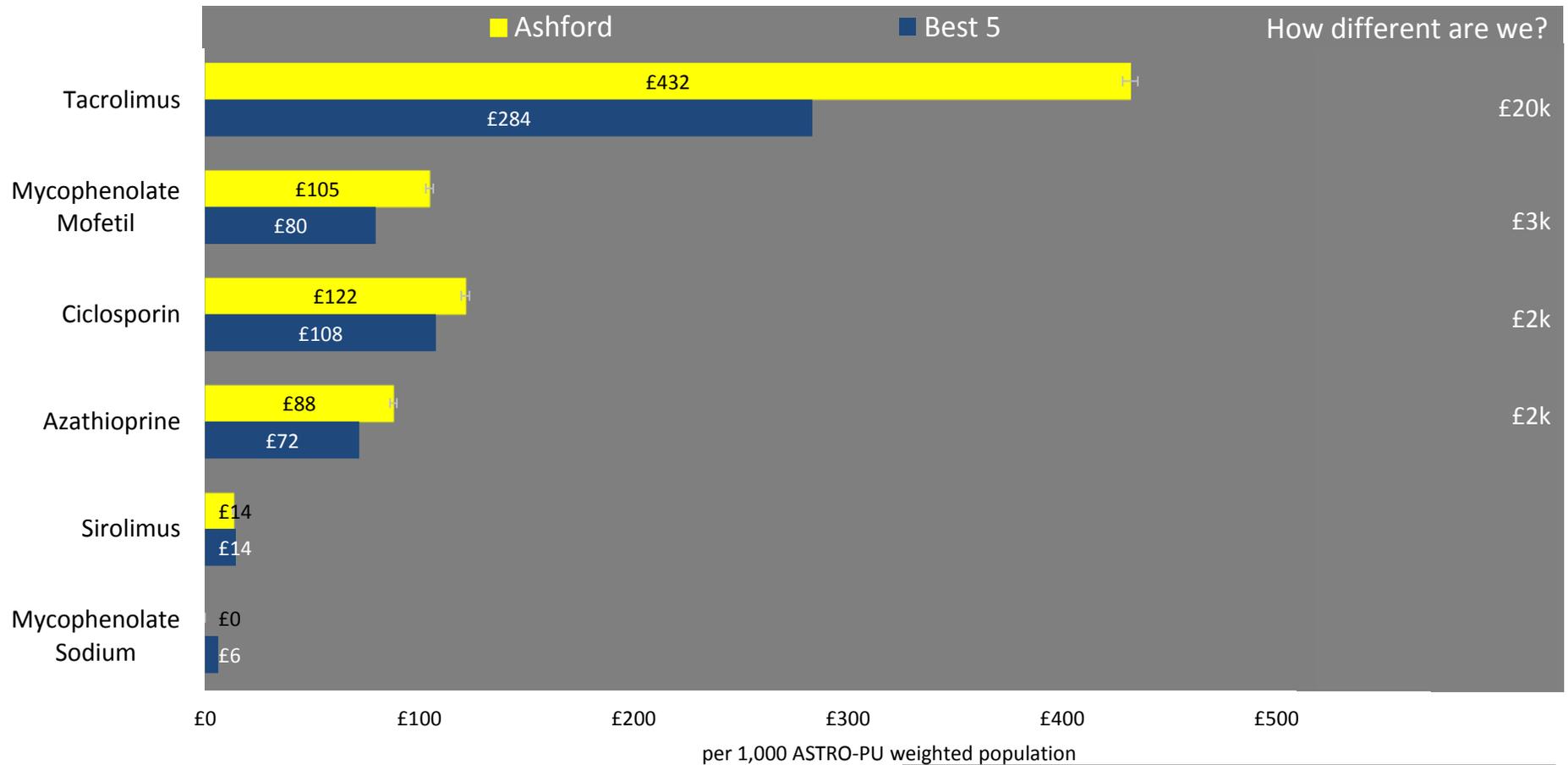


Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

 95% confidence intervals  
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 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

# Primary Care Prescribing Spend - Immunosuppressants

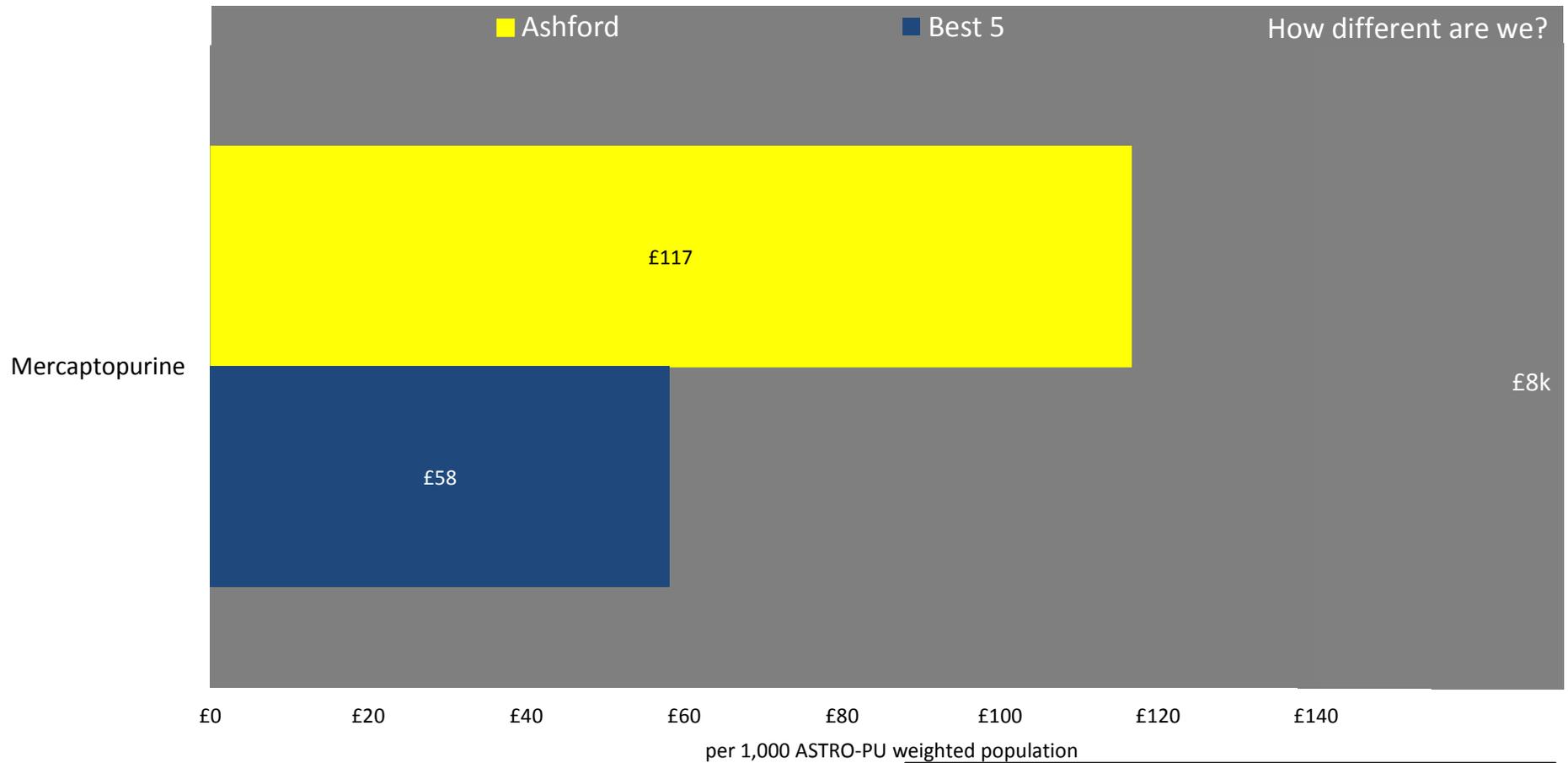


Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

 95% confidence intervals  
**NSS** Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

# Primary Care Prescribing Spend - Other



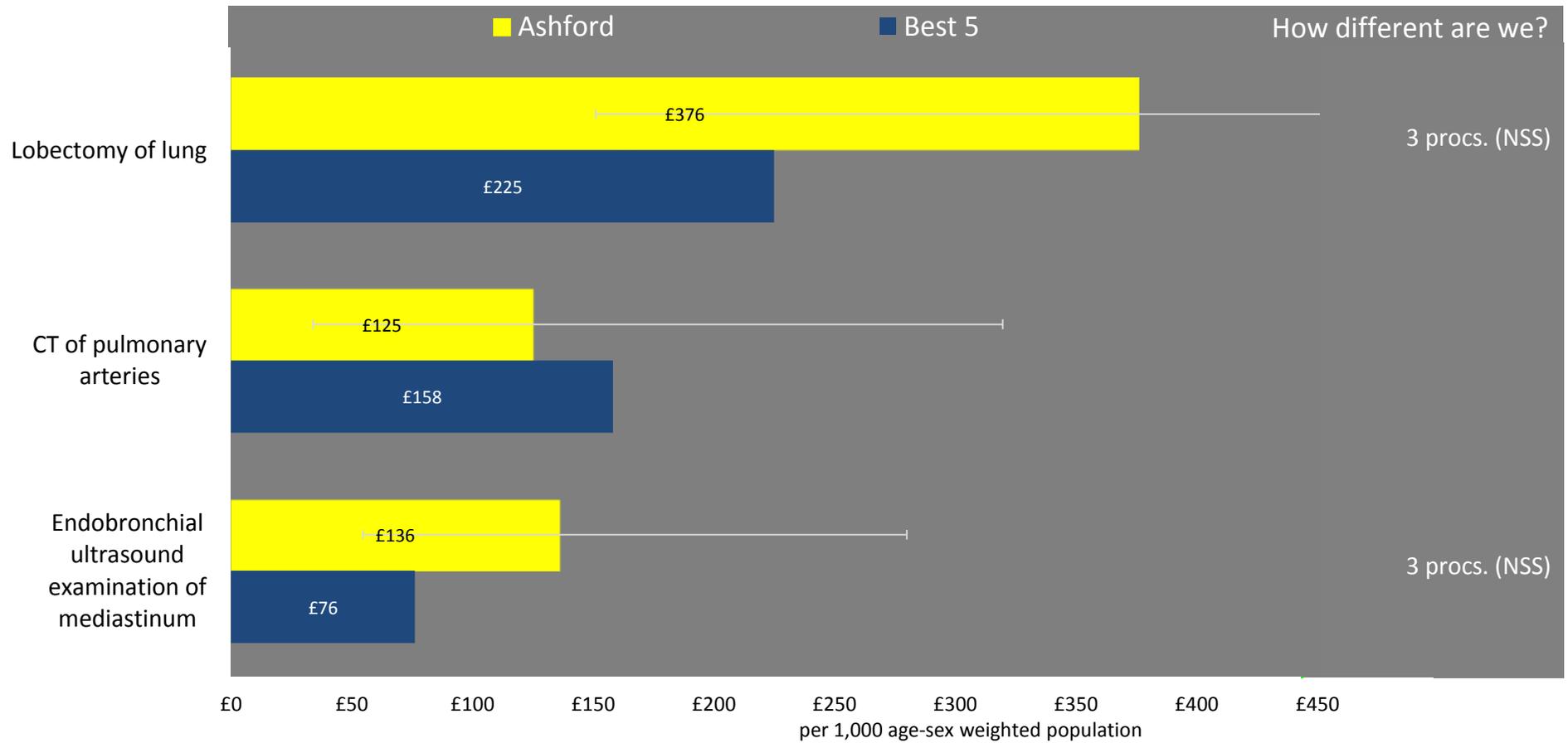
Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

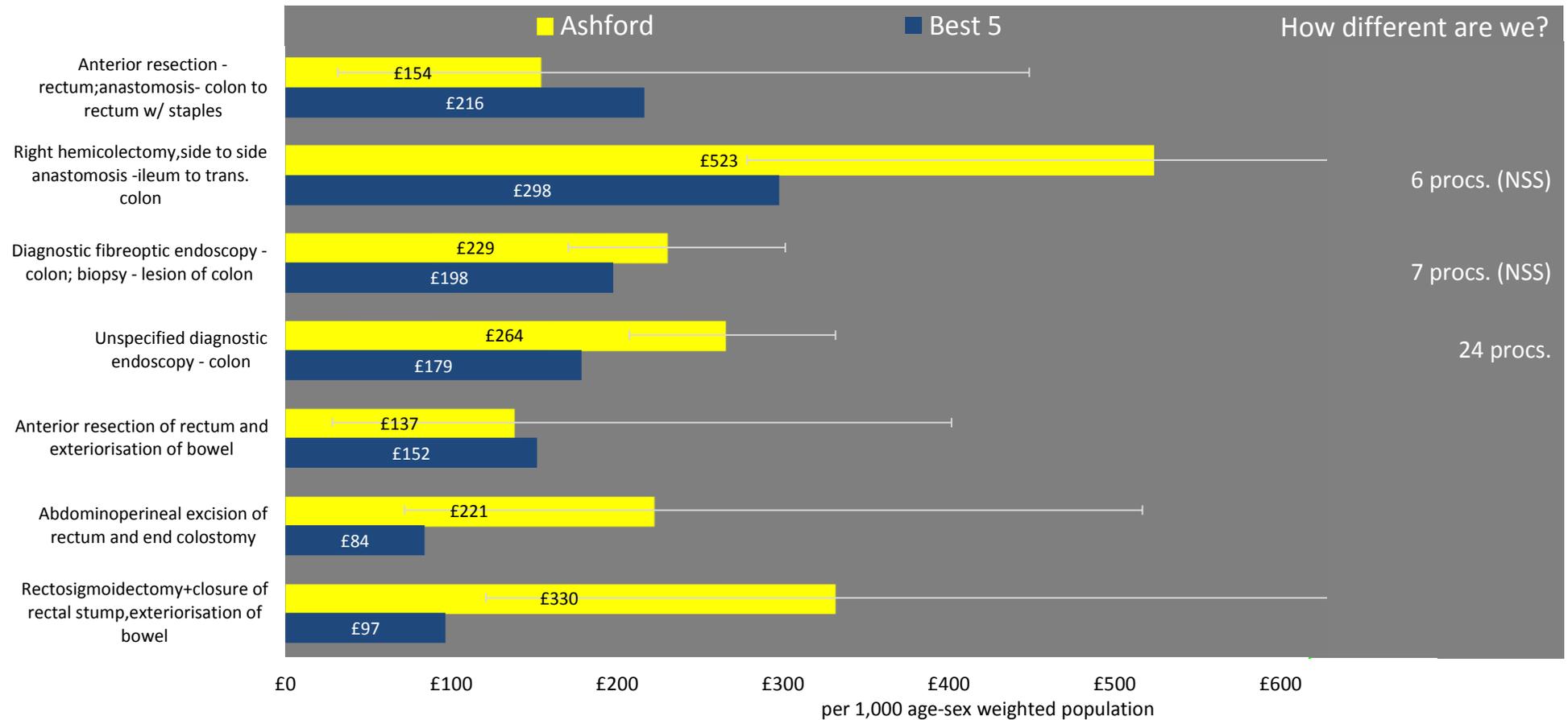
| 95% confidence intervals  
**NSS** Not statistically significant\*  
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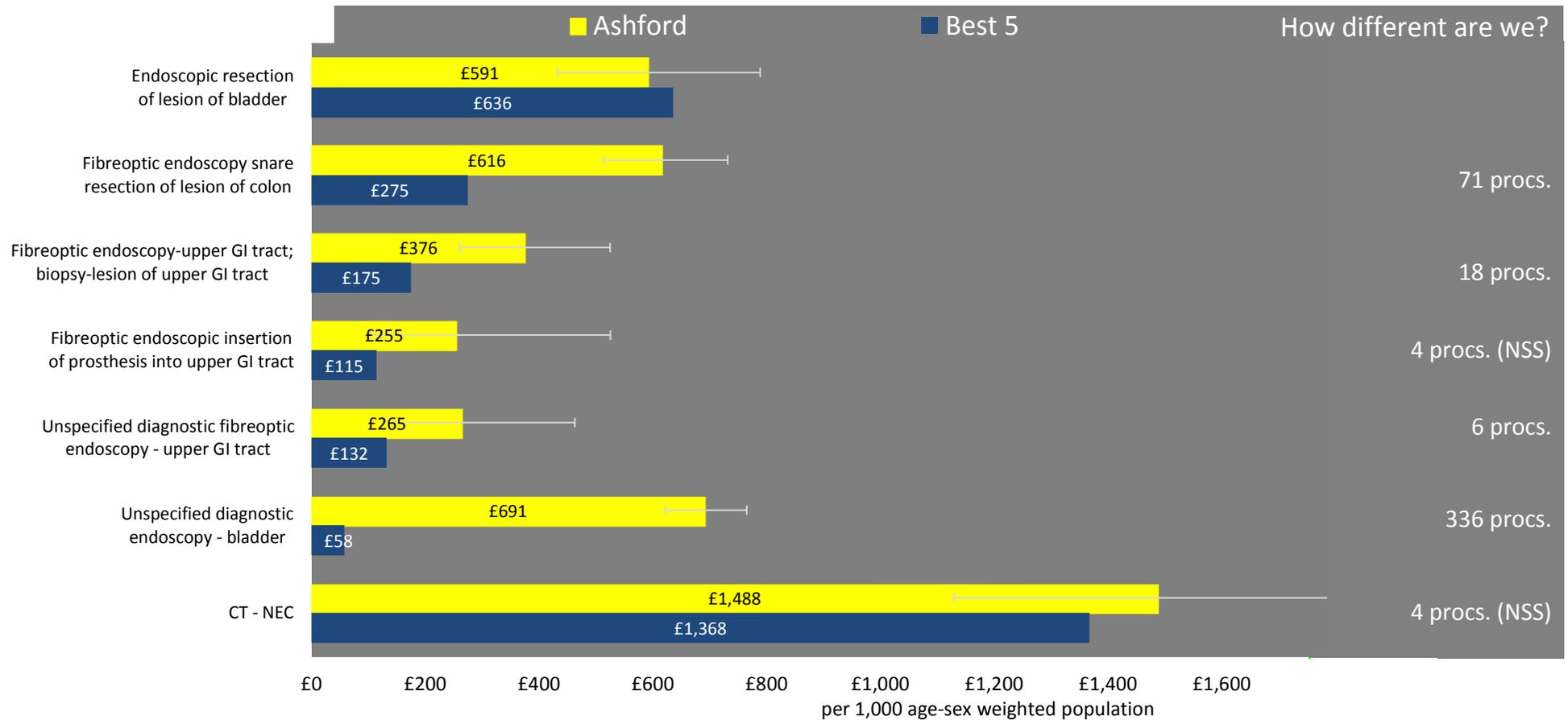
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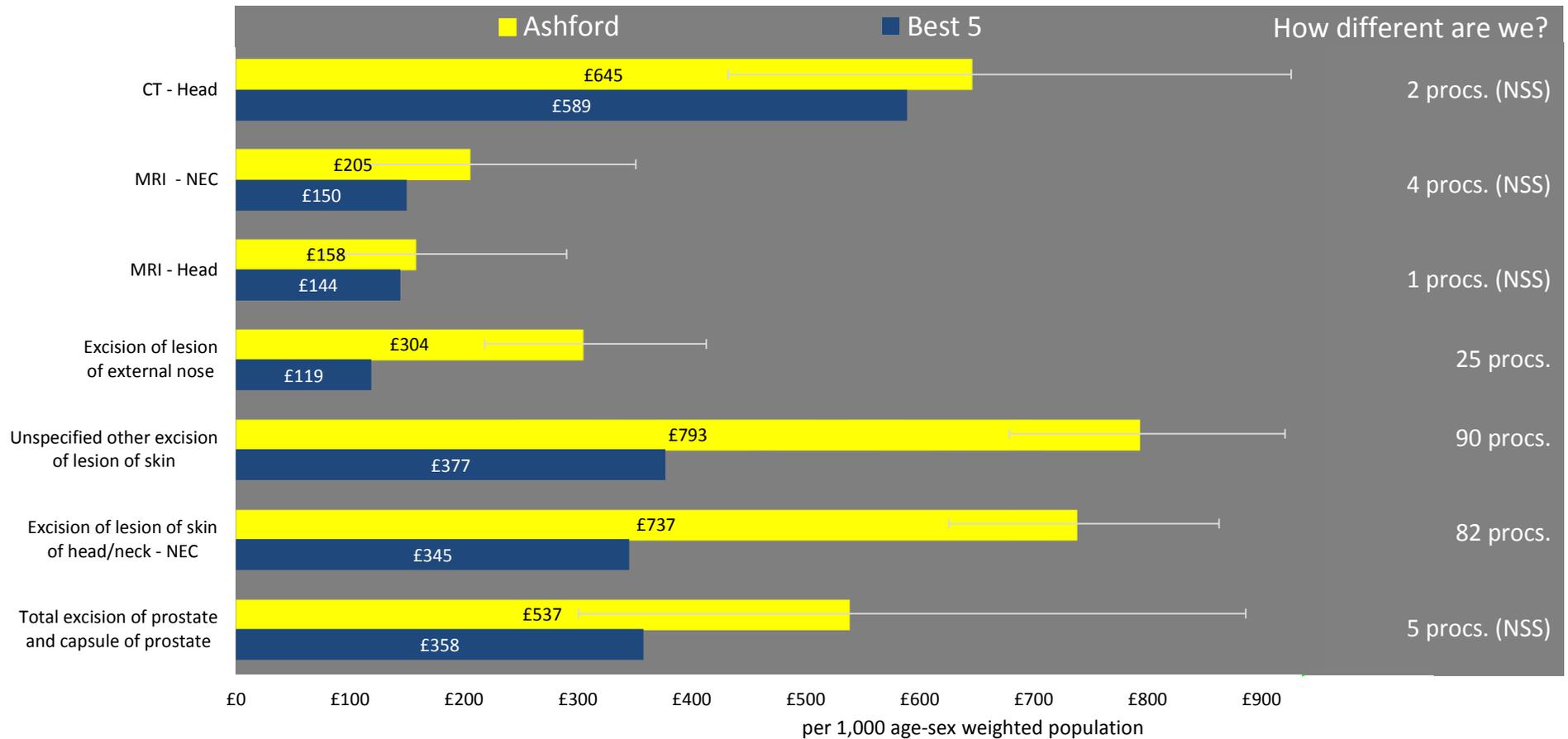
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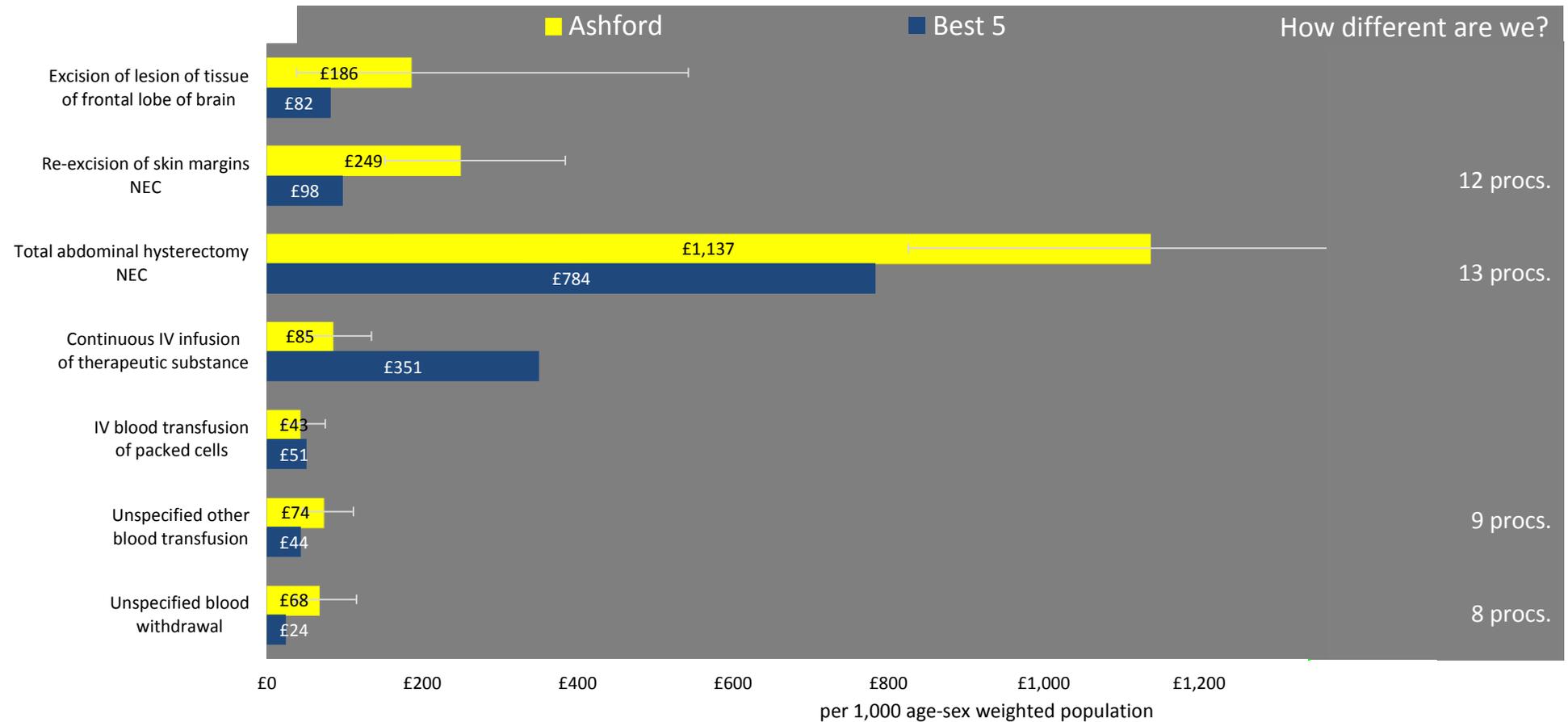
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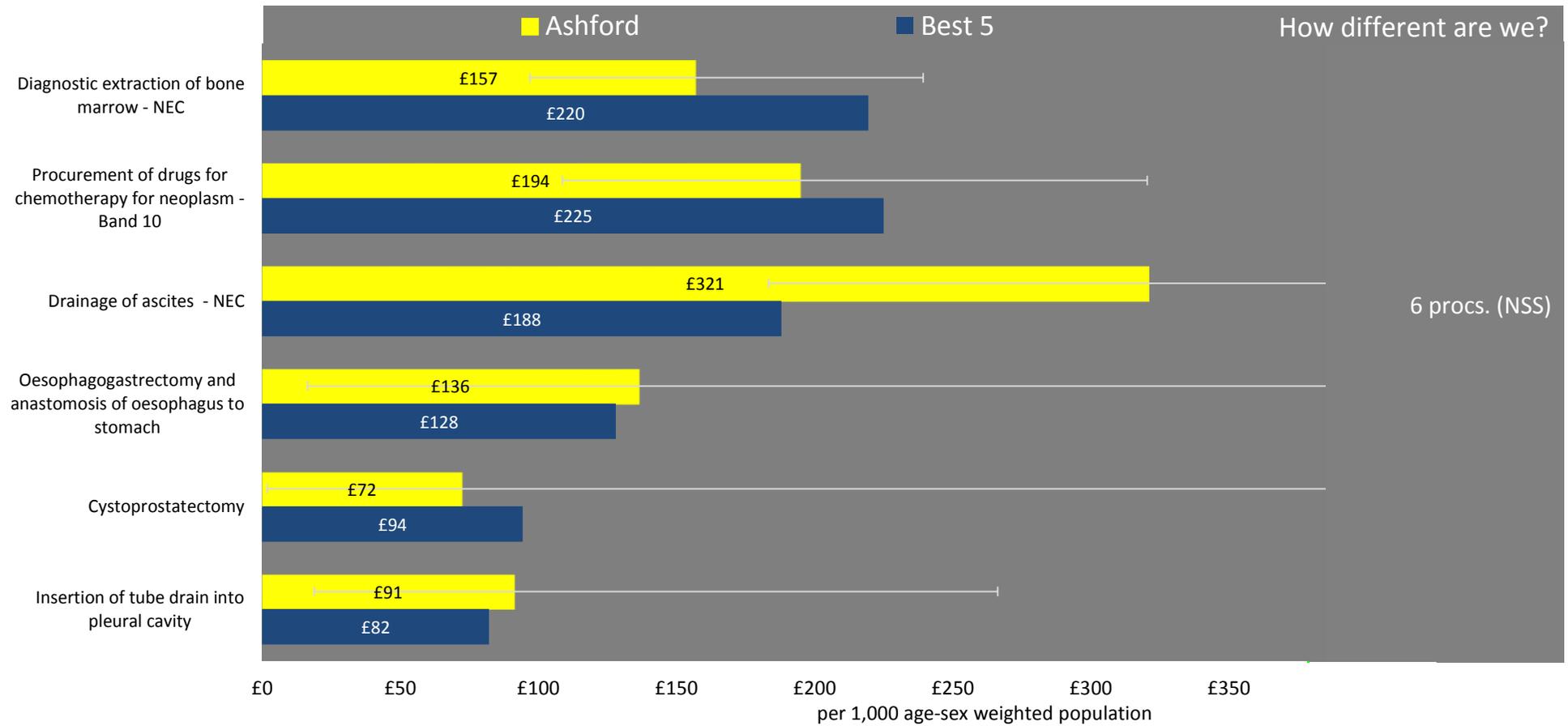
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# Scatter Plot Analysis

The Commissioning for Value Explorer Tool allows the comparison of two indicators, the diagram below is an example. This is an invaluable tool to enable users to assess how one indicator relates to another. The similar 10 can be highlighted too. It is important to remember that correlations do not imply causation but the relationships can help target where to look.

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



The opportunity tables present all focus pack indicators for five aspects of the pathway.

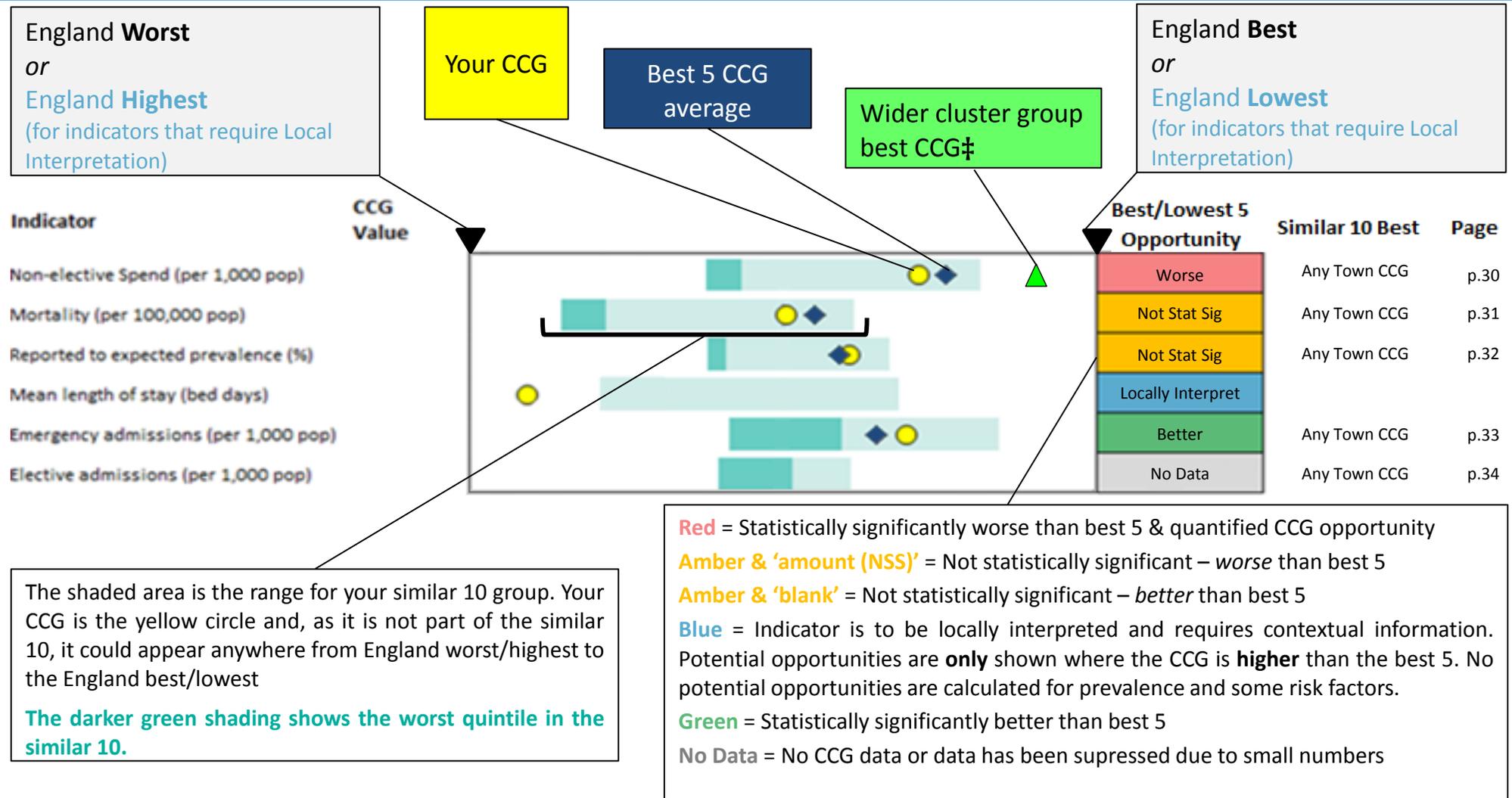
• **Risk** • **Prevalence and detection** • **Service and quality** • **Spend** • **Outcomes**

The width of the spine chart shows the England range. Your CCG is benchmarked against its similar 10 group. The shaded area of the spine chart within the table shows the range for the similar 10 group. Where the CCG is highest or lowest compared with its similar 10 group it is shown as outside that group range. This has been done to clearly show where the CCG is in relation to the similar 10 and the England worst/highest and best/lowest values.

Opportunities have been calculated for all indicators apart from those that relate to recorded prevalence and some risk factors. Where an indicator can be clearly interpreted as worse or better the spine charts show the position of the CCG, the best five average, and the wider cluster best CCG. The opportunity is quantified where the CCG is worse in relation to the Best 5 average.

Where an indicator needs to be locally interpreted (for example elective spend) and the CCG is higher than the average of the 5 CCGs with the lowest values, the opportunity table shows the potential opportunity. By calculating the potential opportunity it is possible to answer the question “Is it worth investigating this further?” The Best 5 average and the cluster best are not shown on the spine chart for these indicators.

# Opportunity table: Interpretation



‡ The wider cluster group best CCG is not always in the similar 10. It is included to indicate a 'stretch' target. Your wider CCG cluster group is identified on page 8.

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

**Indicator**

- Overall index of multiple deprivation
- Obesity prevalence, 16+
- Smoking prevalence, 18+
- Estimated prevalence of binge drinkers, 16+



Please note: For smoking, obesity, physical inactivity and binge drinking opportunities are not presented due to difficulties calculating these, rather than because they need local interpretation.

\* No opportunity is calculated for risk and reported prevalence indicators

Please refer to slide 42 for full guidance on interpretation of this table of opportunities

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

**Indicator**

Breast Cancer Prevalence (%)

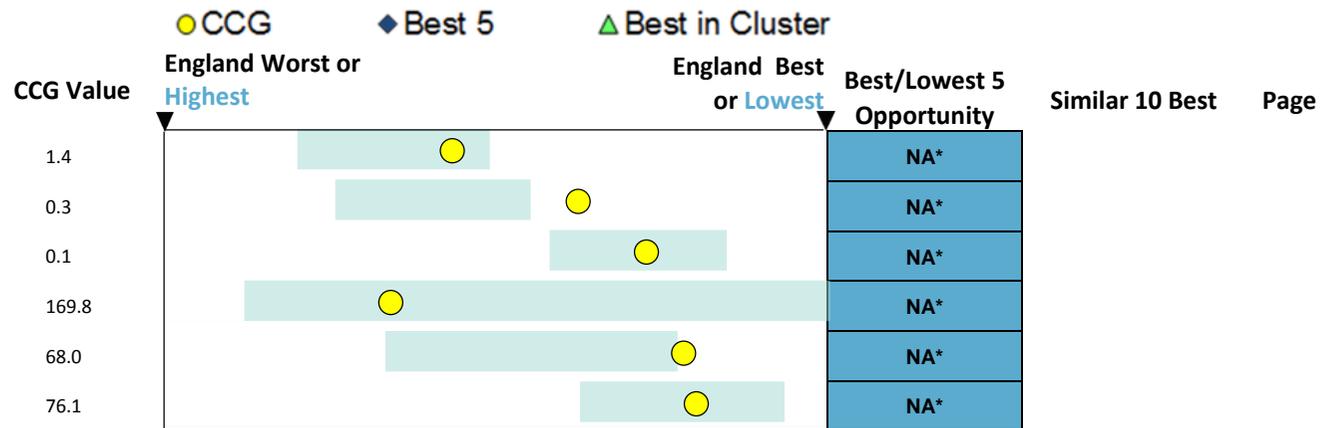
Colorectal Cancer Prevalence (%)

Lung cancer prevalence (%)

Incidence of breast cancer (\*\*)

Incidence of colorectal cancer (\*\*)

Incidence of lung cancer (\*\*)



\* No opportunity is calculated for risk and reported prevalence indicators

Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Activity and quality

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

Indicator	CCG Value	Legend			Best/Lowest 5 Opportunity	Similar 10 Best	Page
		● CCG	◆ Best 5	▲ Best in Cluster			
		England Worst or Highest		England Best or Lowest			
Cancer, Head and Neck - Day case admissions (**)	10.7						
Cancer, Head and Neck - Average length of stay-elective (bed days)	2.5						
Cancer, Head and Neck - Average length of stay-emergency (bed days)	No Data				No Data		
Cancer, Upper GI - Day case admissions (**)	27.9						
Cancer, Upper GI - Average length of stay-elective (bed days)	6.4				1 Bed days (NSS)		
Cancer, Upper GI - Average length of stay-emergency (bed days)	10.4				52 Bed days (NSS)		
Cancer, Lower GI - Day case admissions (**)	107.0						
Cancer, Lower GI - Average length of stay-elective (bed days)	7.0						
Cancer, Lower GI - Average length of stay-emergency (bed days)	14.7				57 Bed days (NSS)		
Cancer, Lung - Day case admissions (**)	21.7						
Cancer, Lung - Average length of stay-elective (bed days)	8.2				60 Bed days (NSS)		
Cancer, Lung - Average length of stay-emergency (bed days)	9.3				26 Bed days (NSS)		
Cancer, Skin - Day case admissions (**)	310.7				248 Adms		
Cancer, Skin - Average length of stay-elective (bed days)	2.8				24 Bed days (NSS)		
Cancer, Skin - Average length of stay-emergency (bed days)	No Data				No Data		
Cancer, Breast - Day case admissions (**)	77.2						
Cancer, Breast - Average length of stay-elective (bed days)	2.1				42 Bed days		
Cancer, Breast - Average length of stay-emergency (bed days)	3.0						
Cancer, Gynaecological - Day case admissions (**)	12.8						
Cancer, Gynaecological - Average length of stay-elective (bed days)	4.5				43 Bed days (NSS)		

Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Activity and quality

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population



Please note: Opportunity for emergency presentations are not presented due to unavailability of denominators

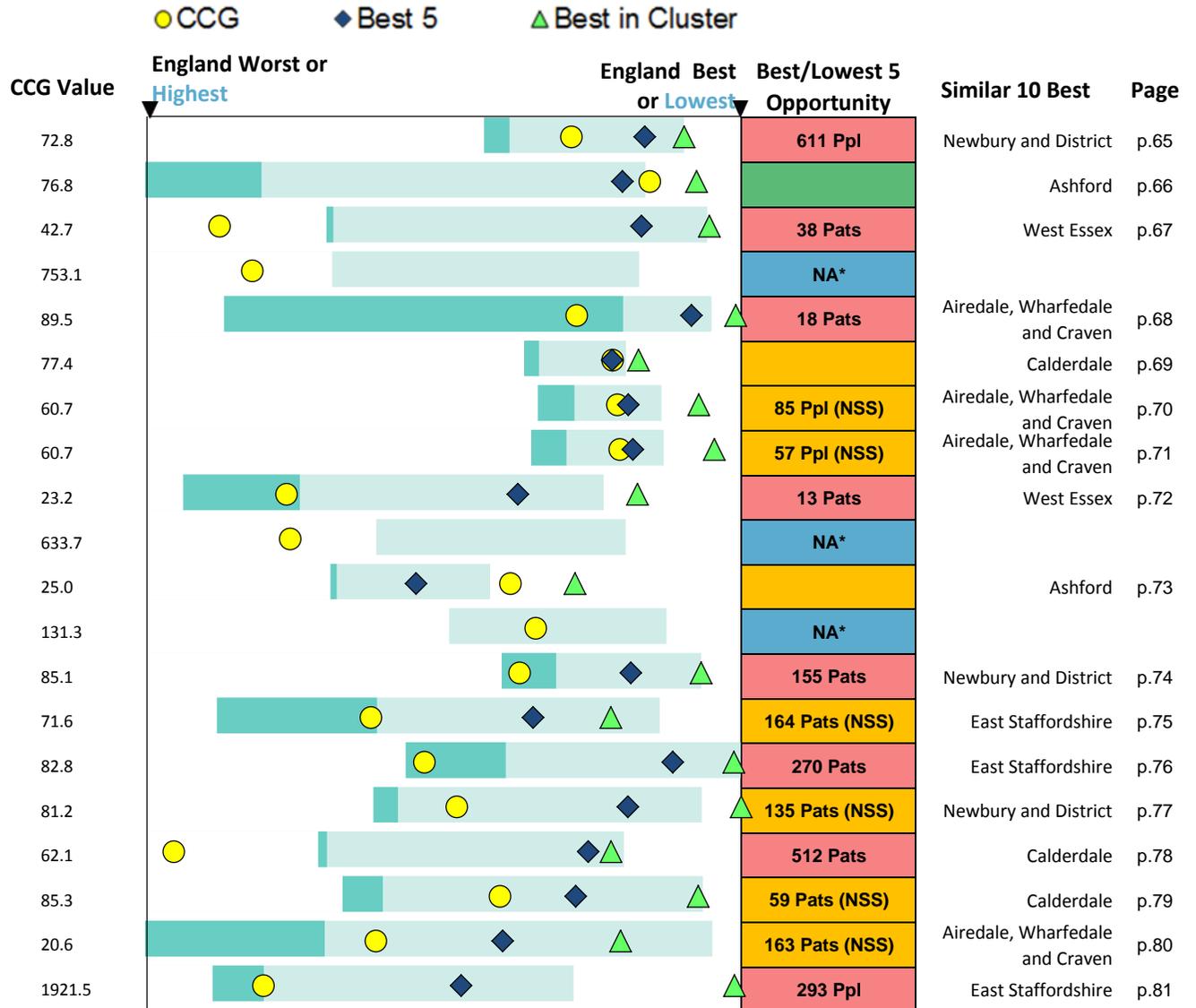
Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Activity and quality

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

## Indicator

% of women aged 50-70 screened for breast cancer in last 3 years	72.8
Females,50-70,screened for breast cancer in 6 months of invite(%)	76.8
% of breast cancers detected at an early stage (1 or 2)	42.7
Number of 2 week wait referrals for suspected breast cancer (**)	753.1
% 1st outpatient apt within 2 wks-breast cancer not init. suspected	89.5
Females,25-64,attending cervical screening within target period (%)	77.4
% 60-69 who were screened for bowel cancer (previous 30 months)	60.7
% 60-69 screened for bowl cancer within 6 months of invite	60.7
% of colorectal cancers detected at an early stage (1 or 2)	23.2
Number of 2 week wait referrals for suspected lower GI cancers (**)	633.7
% of lung cancers detected at an early stage (1 or 2)	25.0
Number of 2 week wait referrals for suspected lung cancer (**)	131.3
Patient's rating of care `excellent`/ `very good` (%)	85.1
Saw GP once/twice before being told had to go to hospital (%)	71.6
Given easy to understand written information about test (%)	82.8
Patient given written information about side effects (%)	81.2
Patient given written information about the operation (%)	62.1
Given clear written information about what to do post discharge (%)	85.3
Patient offered written assessment and care plan (%)	20.6
Smoking - successful quitters 16+ (**)	1921.5



\* No opportunity is calculated for 2 week wait referrals

Please refer to slide 42 for full guidance on interpretation of this table of opportunities

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

Indicator	CCG Value	England Worst or Highest	England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Rate of colonoscopy procedures and flexisigmoidoscopy procedures (per 10,000 pop)	151.7			NA*		
Rate of computed tomography (CT) colonoscopy procedures (per 10,000 [pop])	1.9			NA*		
GP Exception Rate - Cancer (%)	15.9			NA*		

Please Note: Opportunity for colonoscopy procedures are not presented due to unavailability of denominators

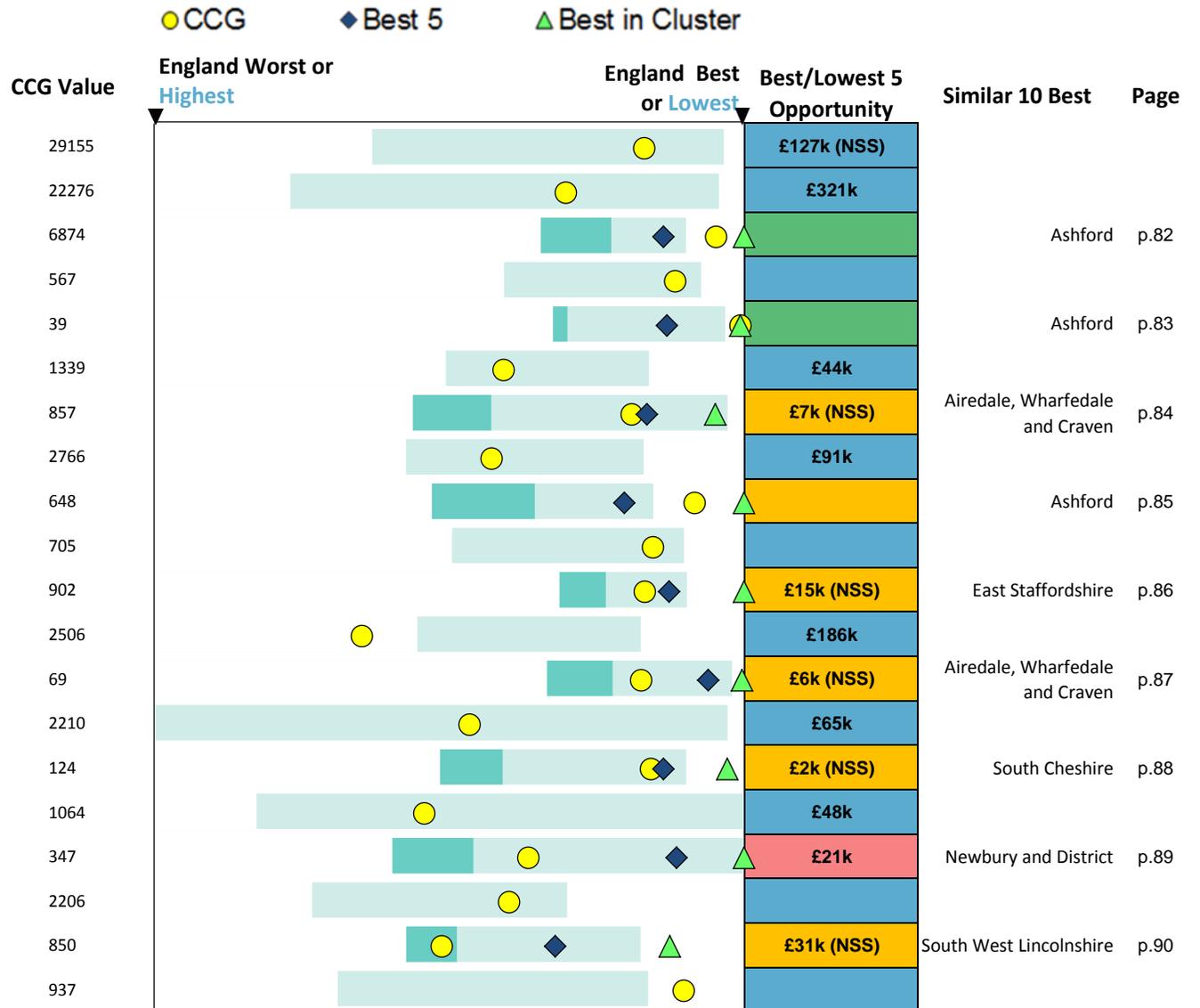
\* No opportunity is calculated for exception rates

Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Spend

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

## Indicator



Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Spend

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

**Indicator**

**CCG Value**

● CCG    ◆ Best 5    ▲ Best in Cluster

England Worst or Highest      England Best or Lowest

**Best/Lowest 5 Opportunity**

**Similar 10 Best**

**Page**

Cancer, Haematological- non-elective (*)	1250
Other Cancers & Tumours- elective (*)	7976
Other Cancers & Tumours- non-elective (*)	1788
Breast cancer - primary care prescribing spend (*)	372
Prescribing spend - Goserelin Acetate (***)	714
Prescribing spend - Leuprorelin Acetate (***)	736
Prescribing spend - Triptorelin Acetate (***)	299
Prescribing spend - Tamoxifen Citrate (***)	63
Prescribing spend - Diethylstilbestrol (***)	12
Prescribing spend - Anastrozole (***)	74
Prescribing spend - Letrozole (***)	34
Prescribing spend - Triptorelin Embonate (***)	135
Prescribing spend - Bicalutamide (***)	37
Prescribing spend - Degarelix (***)	12
Prescribing spend - Cyproterone Acetate (***)	6
Prescribing spend - Exemestane (***)	98
Prescribing spend - Tacrolimus (***)	432
Prescribing spend - Mycophenolate Mofetil (***)	105
Prescribing spend - Cyclosporin (***)	122
Prescribing spend - Azathioprine (***)	88

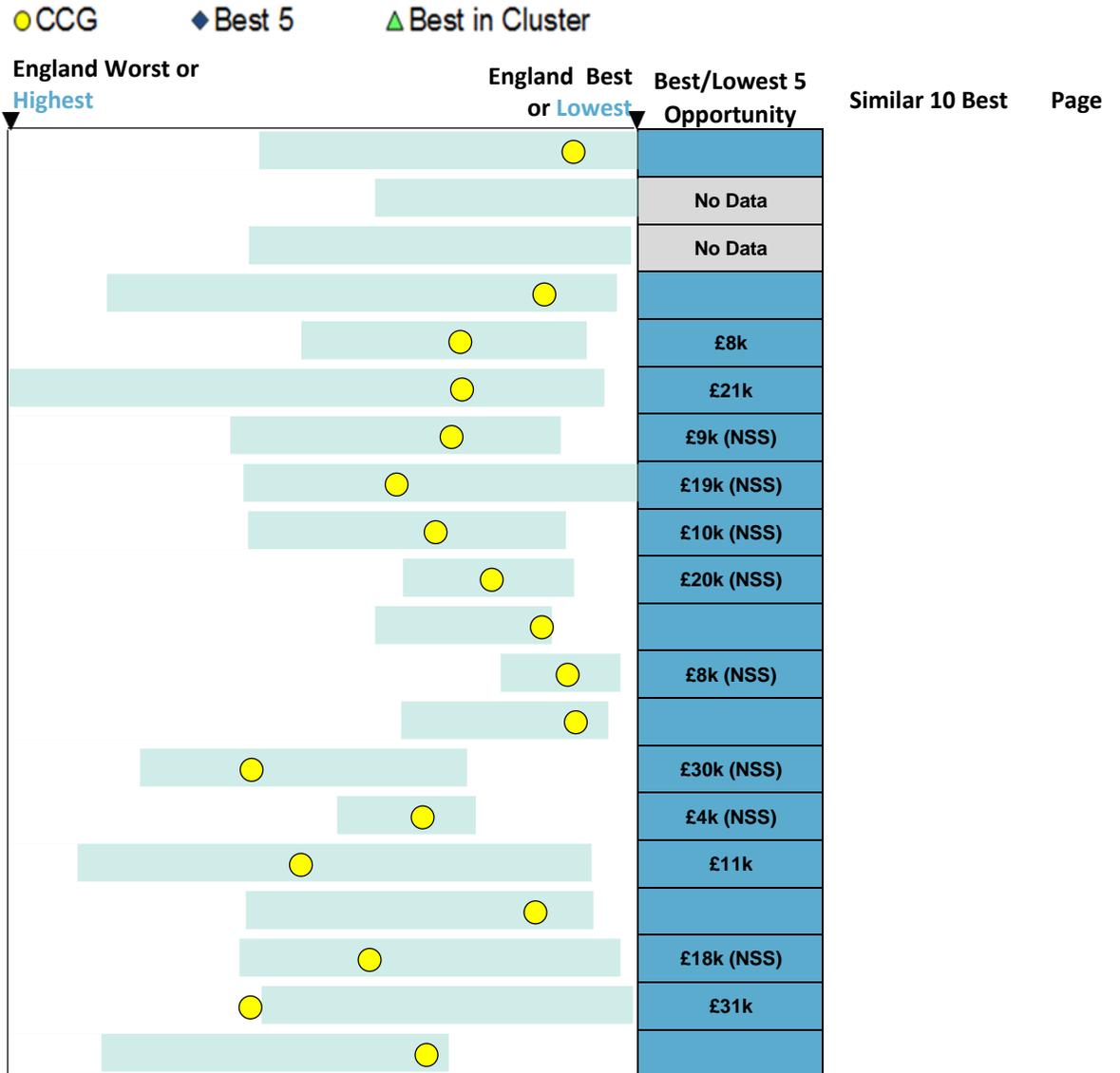


Calderdale	p.91
Ashford	p.92

Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Spend

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population



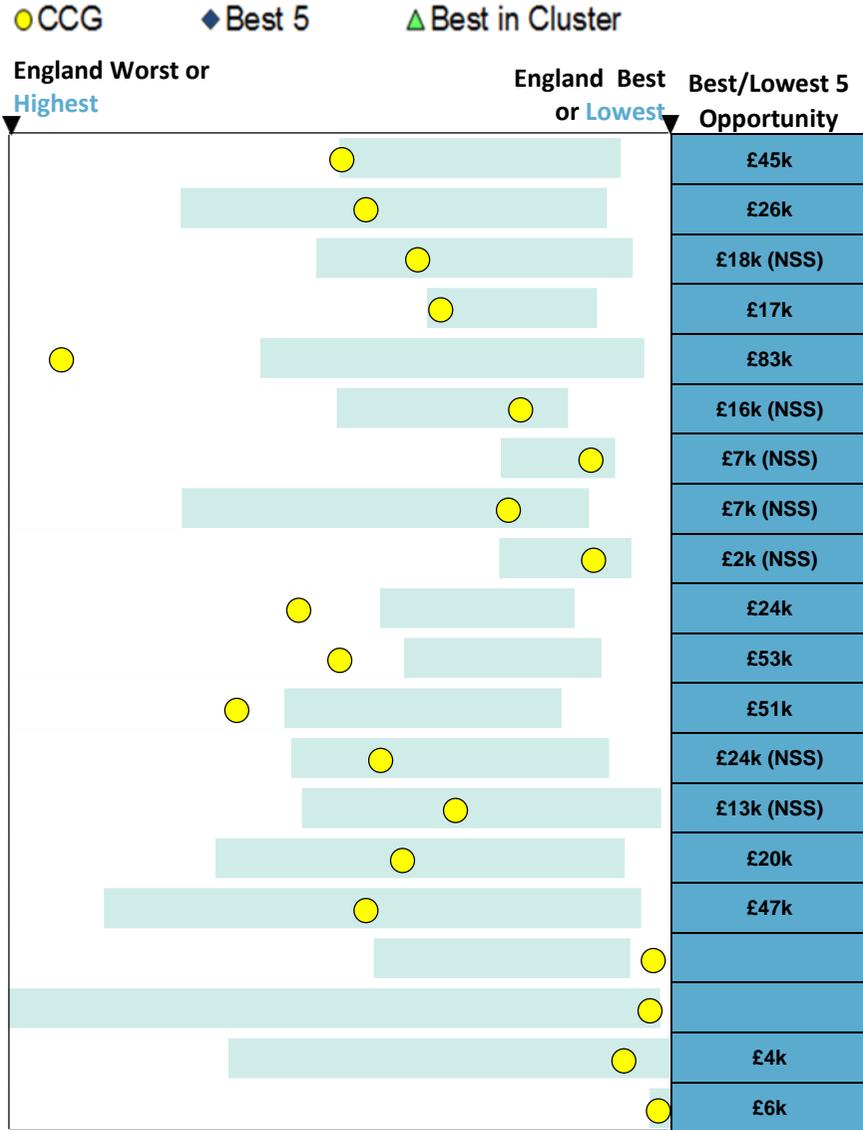
Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Spend

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

**Indicator**

**CCG Value**



**Similar 10 Best**

**Page**

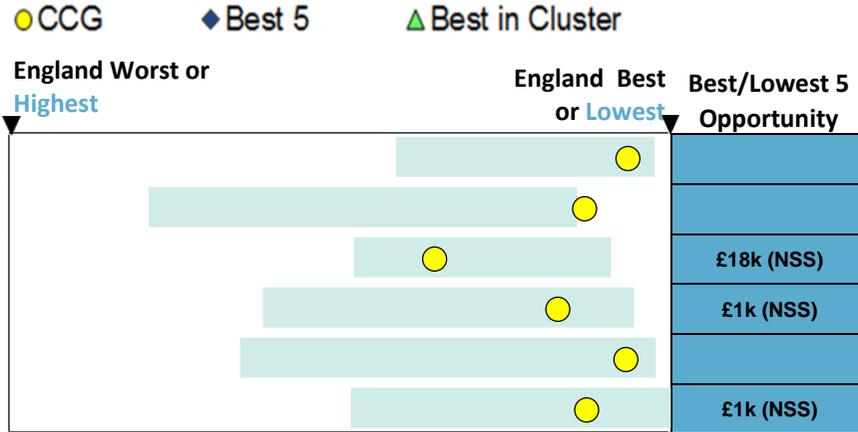
Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Spend

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

**Indicator**

**CCG Value**



**Similar 10 Best**

**Page**

Please refer to slide 42 for full guidance on interpretation of this table of opportunities

# Cancer - Opportunity table - Outcomes

\* per 1,000 age/sex weighted population  
 \*\* per 100,000 age/sex weighted population  
 \*\*\* per 1,000 ASTRO-PU weighted population

**Indicator**

**CCG Value**



**Similar 10 Best Page**

One year survival (breast, lung, colorectal) (%)  
 One year survival for colorectal cancer (%)  
 One year survival for lung cancer (%)  
 One year survival for breast cancer (%)  
 <75 mortality from lung cancer (\*\*)  
 <75 mortality from breast cancer (\*\*)  
 <75 mortality from colorectal cancer (\*\*)

Aylesbury Vale p.93  
 Aylesbury Vale p.94  
 Airedale, Wharfedale and Craven p.95  
 East Staffordshire p.96  
 Newbury and District p.97  
 Ashford p.98  
 Aylesbury Vale p.99

Please Note: Opportunity for one year survival indicators are not presented due to unavailability of denominators

Please refer to slide 42 for full guidance on interpretation of this table of opportunities

The following pages provide a further analysis of a range of indicators in the focus pack. The indicators selected are those where we have been able to assign a judgement on whether a lower or higher value is *better* eg a lower value is better for mortality, and a higher value better for case finding.

## **Top chart:**

The opportunity box from the spine chart is shown in the top right of the blue banner. The top chart shows the whole England distribution together with the highlighted Similar 10 group (grey bars) and your CCG (yellow bar). The England average is shown by the dashed blue line. The England value and the Best 5 average values are shown below this chart.

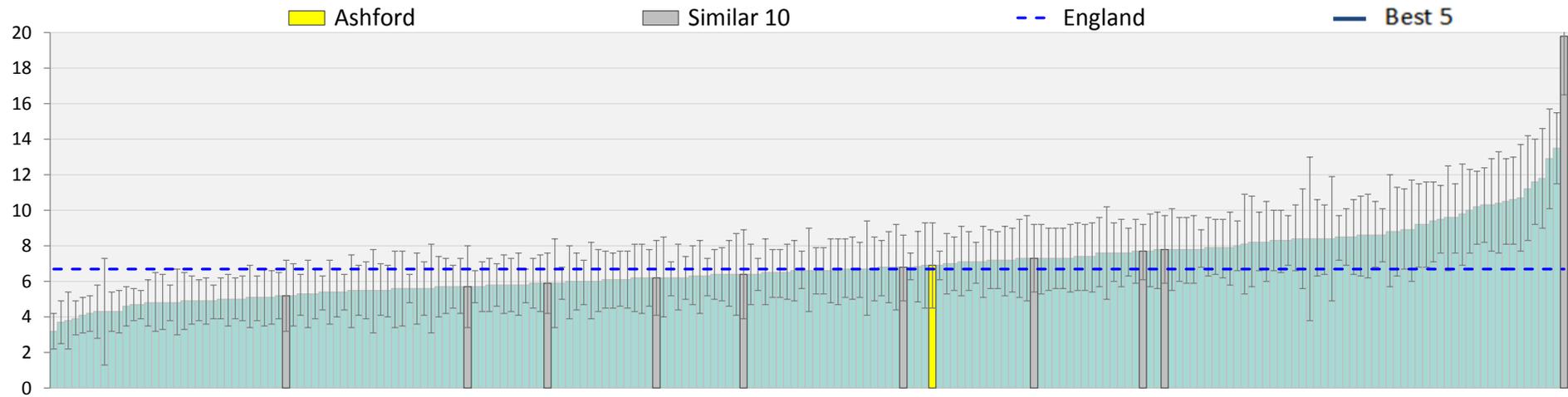
## **Bottom chart:**

Shows your CCG and the Similar 10 group together with their indicator values. The Best 5 CCG average is shown by a dark blue line.

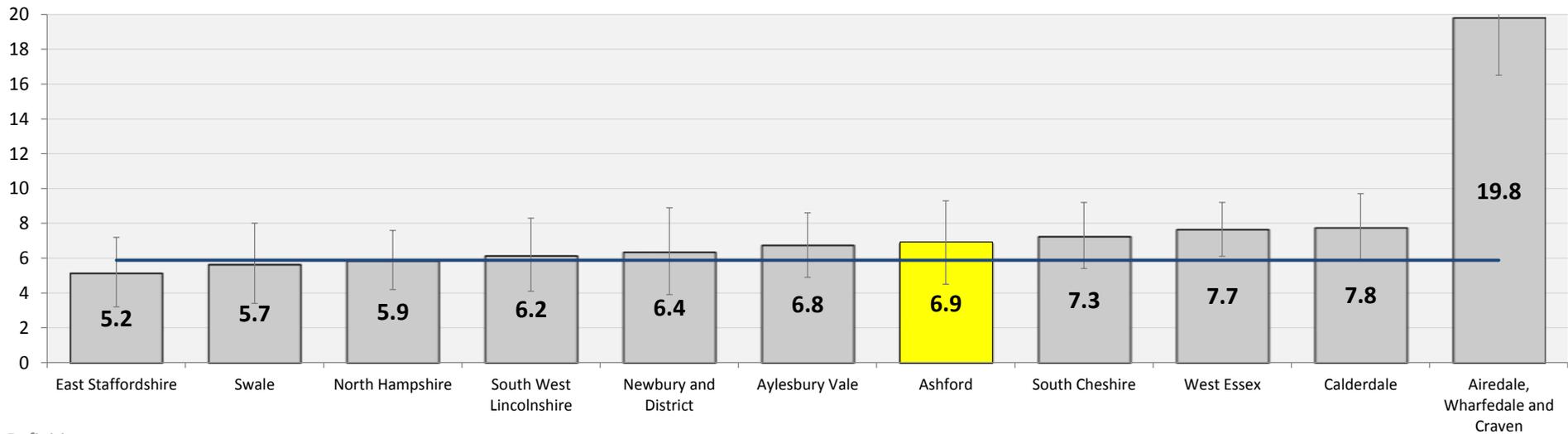
The full indicator name, source and time period are shown at the bottom left.

The analysis presented in the following pages can be replicated for *all* indicators in the focus pack using the Commissioning for Value Focus Pack Tool. The tool is available on the Commissioning for Value web pages. The link is shown on page 103.

# Routes to diagnosis - emergency presentations for breast cancer (per 100,000 pop)

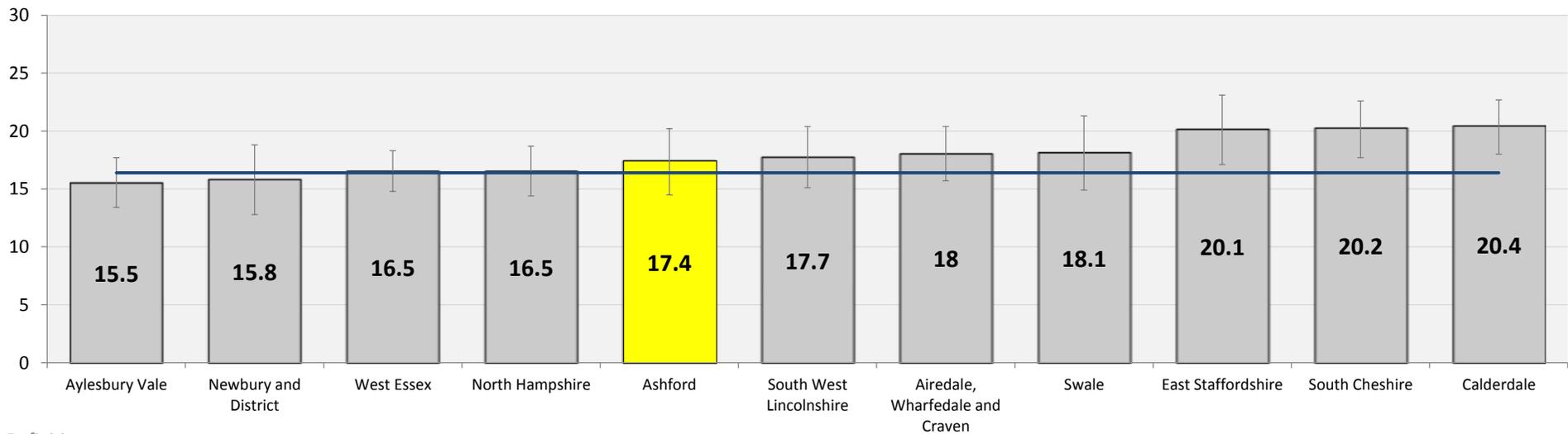
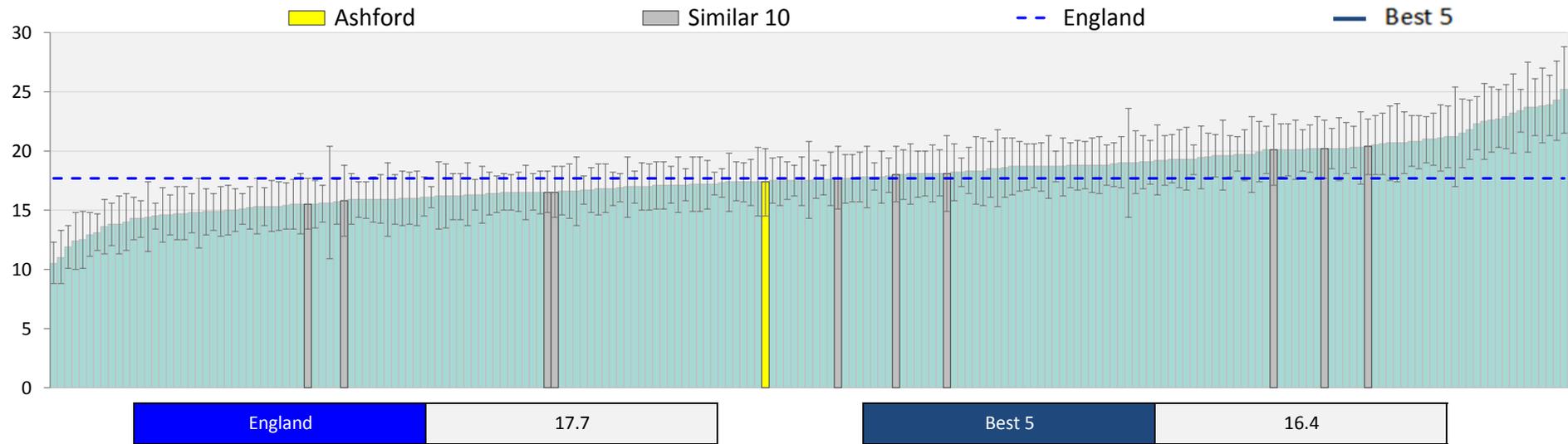


England	6.7	Best 5	5.9
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Definition: Routes to diagnosis - emergency presentations for breast cancer - DSR per 100,000 women  
 Source: Hospital Episode Statistics (HES), The National Cancer Intelligence Network  
 Year: 2006-2013

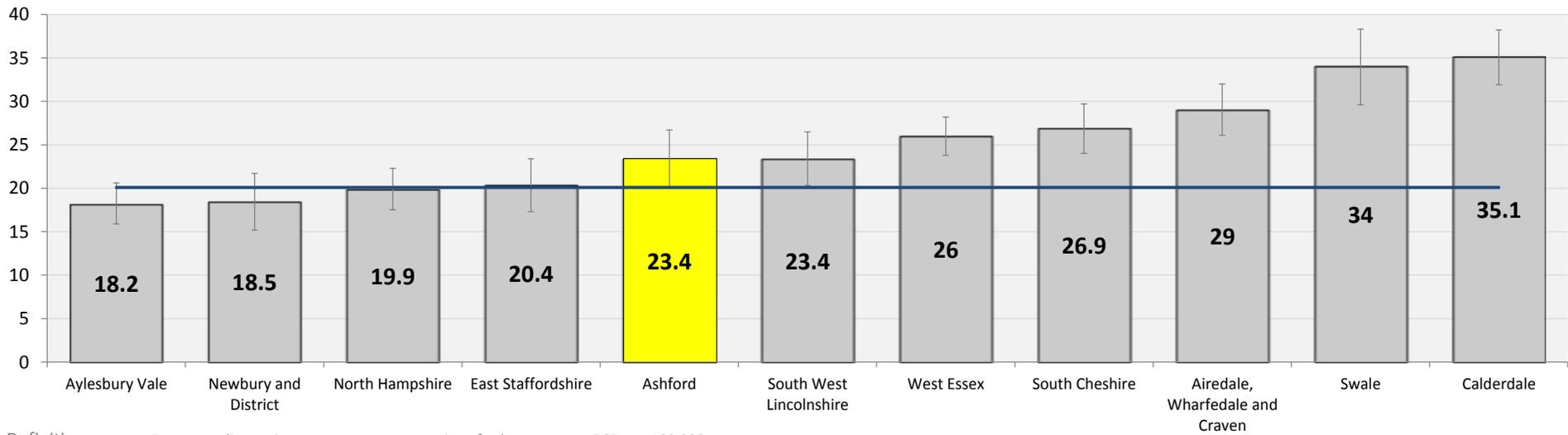
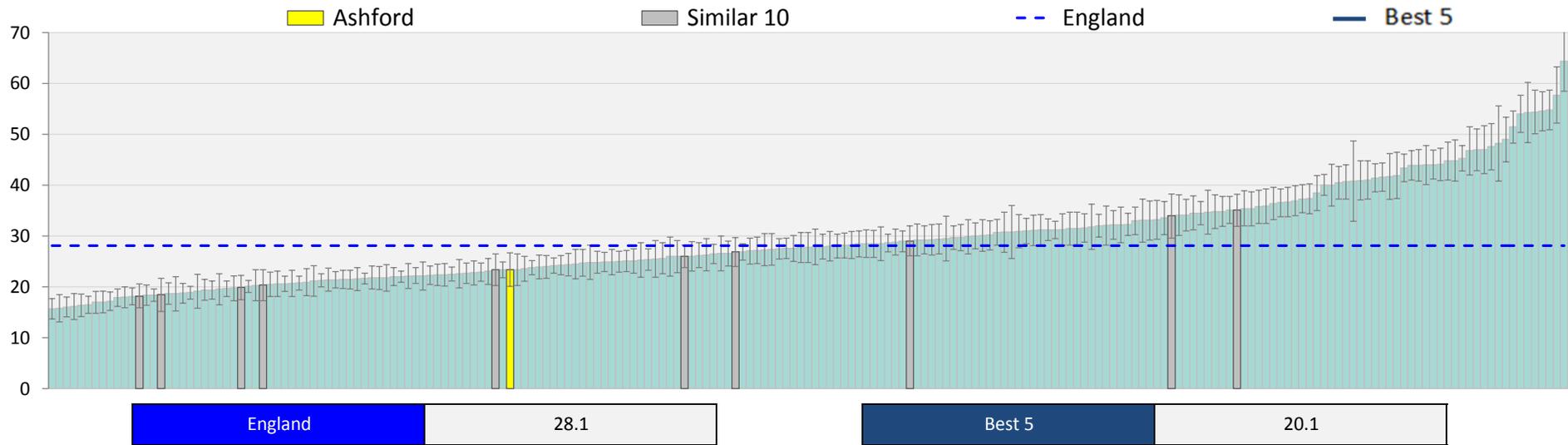
# Routes to diagnosis - emergency presentations for colorectal cancer (per 100,000 pop)



Definition: Routes to diagnosis - emergency presentations for colorectal cancer - DSR per 100,000  
 Source: Hospital Episode Statistics (HES), The National Cancer Intelligence Network  
 Year: 2006-2013

# Routes to diagnosis - emergency presentations for lung cancer (per 100,000 pop)

58

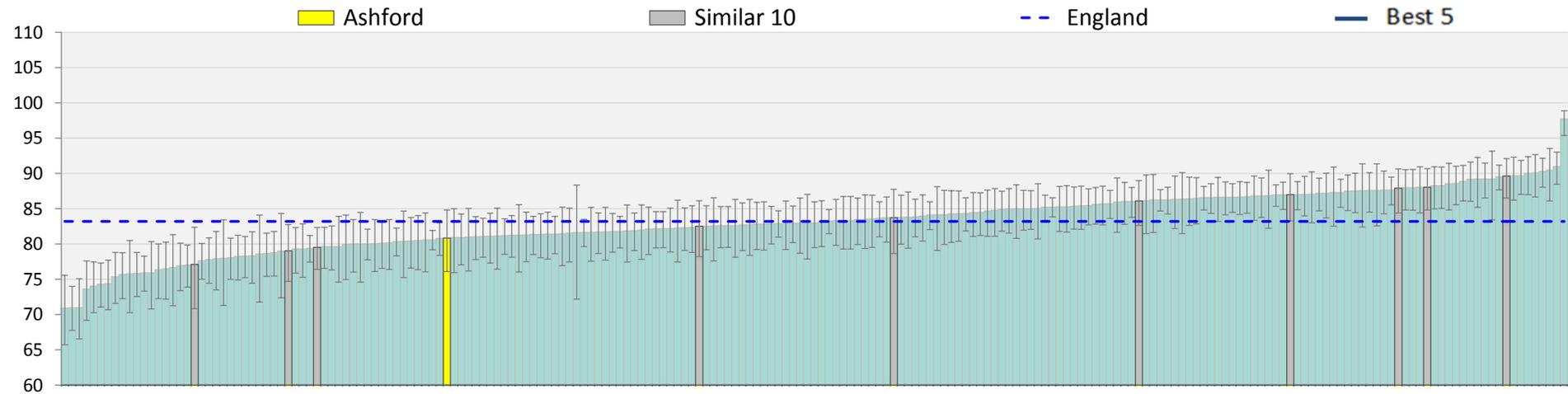


Definition: Routes to diagnosis - emergency presentations for lung cancer - DSR per 100,000  
 Source: Hospital Episode Statistics (HES), The National Cancer Intelligence Network  
 Year: 2006-2013

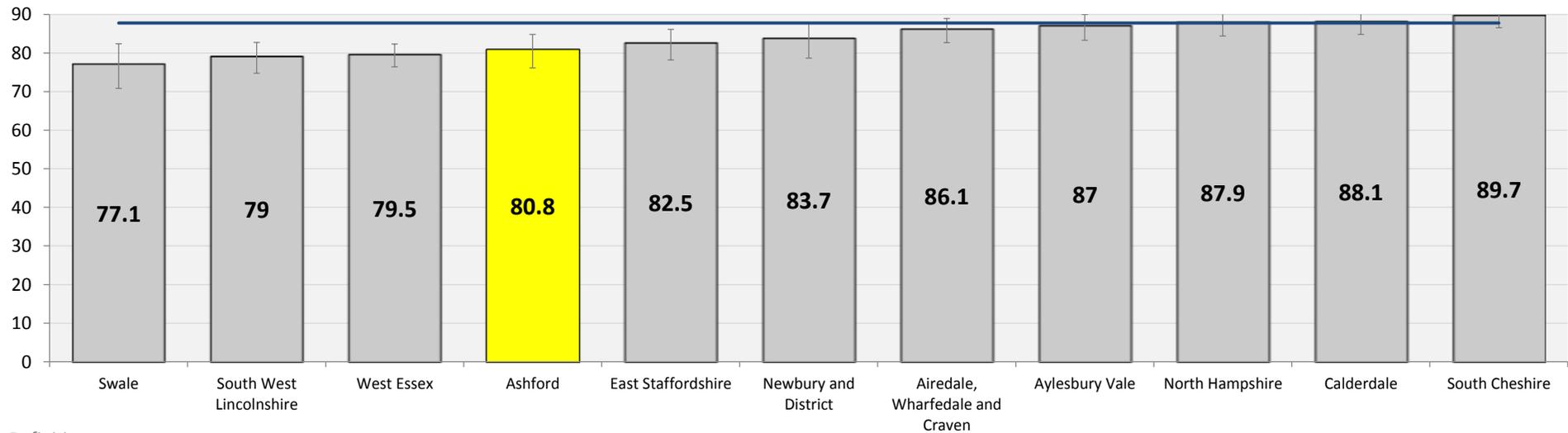
% of cases (all cancers) receiving first definitive treatment within two months of urgent referral from GP

22 Pats

59



England	83.2	Best 5	87.7
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Definition: % (all cancers) receiving first definitive treatment within two months of urgent referral from GP

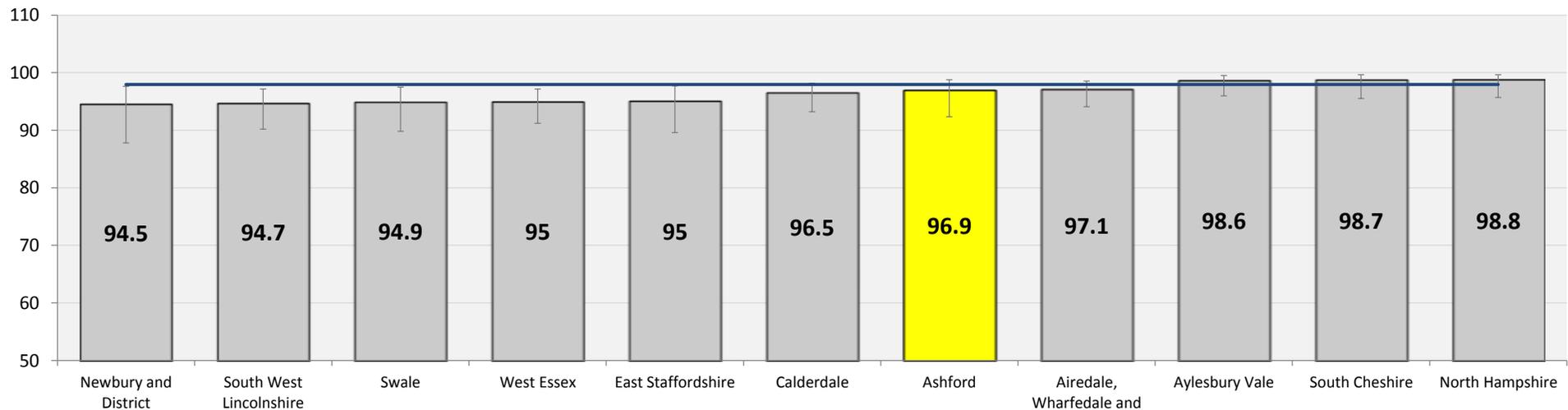
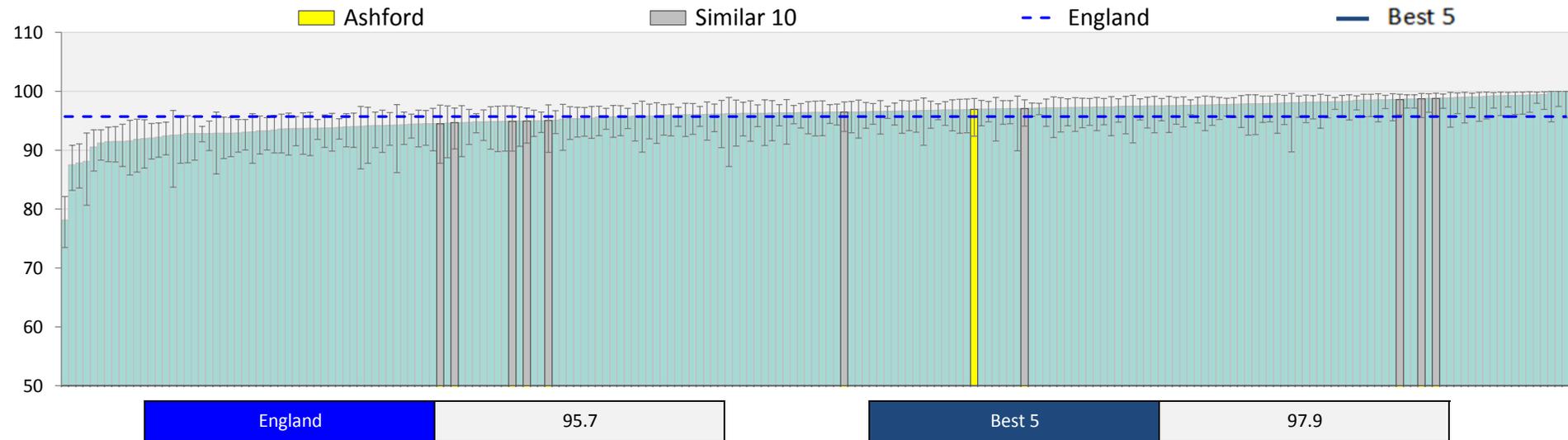
Source: Commissioner-based cancer waiting statistics 2014/15, NHS England

Year: 2014/15

% of cases (all cancers) who received second or subsequent treatment within one month (surgery)

1 Cases (NSS)

60



Definition: Percentage of cases (all cancers) who received second or subsequent treatment within one month where the treatment is surgery

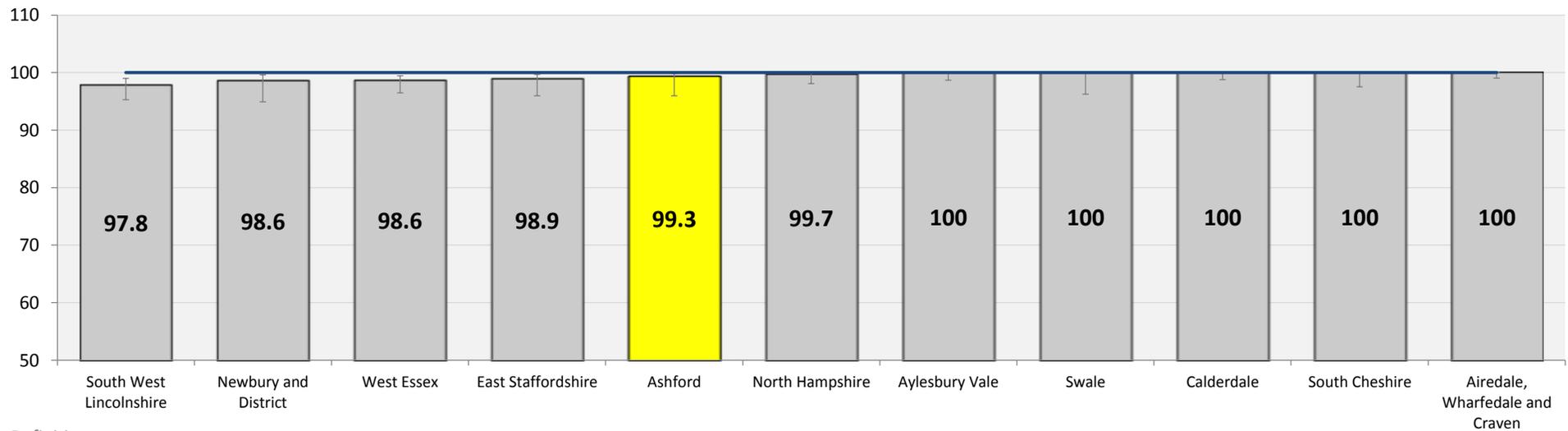
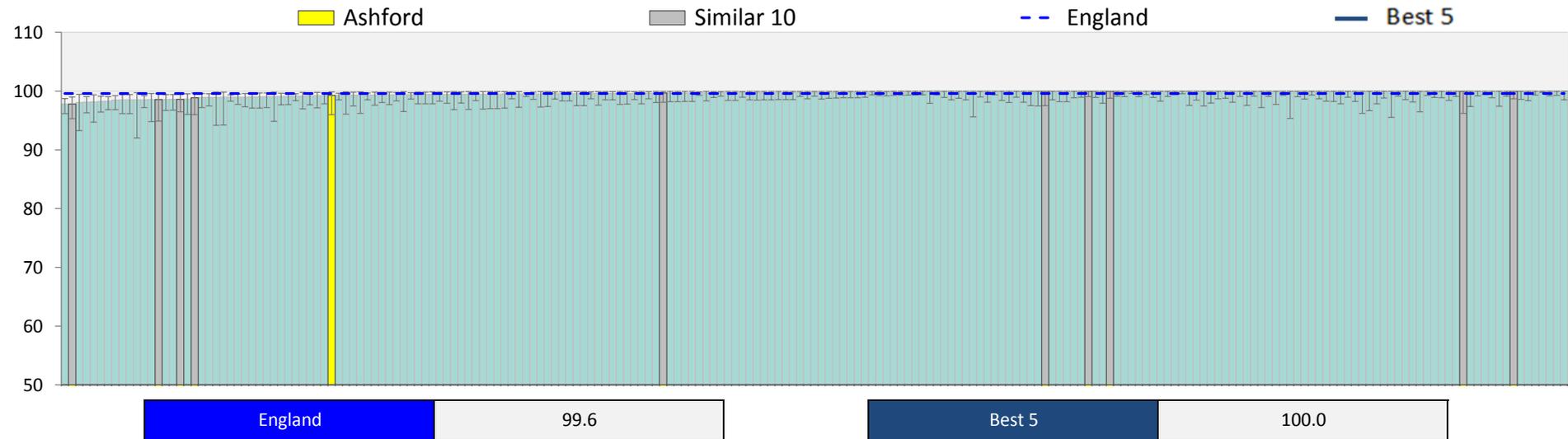
Source: NHS England Cancer Waiting Times Database

Year: 2014-15

% of cases (all cancers) who received second or subsequent treatment within one month (chemo)

1 Cases

61



Definition: Percentage of cases (all cancers) who received second or subsequent treatment within one month where the treatment is an anti-cancer drug regimen

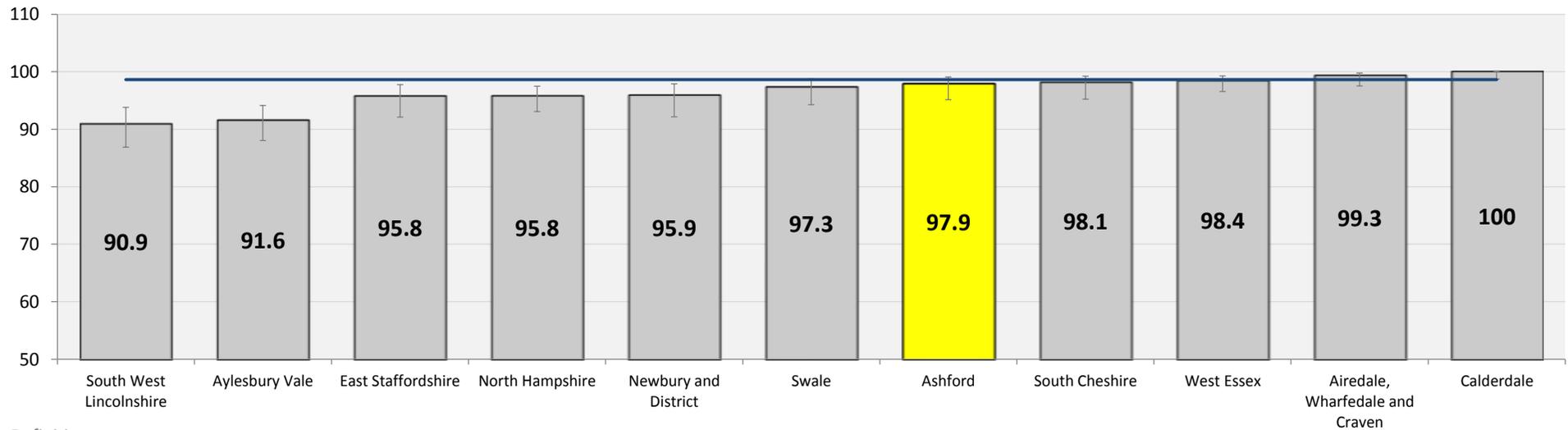
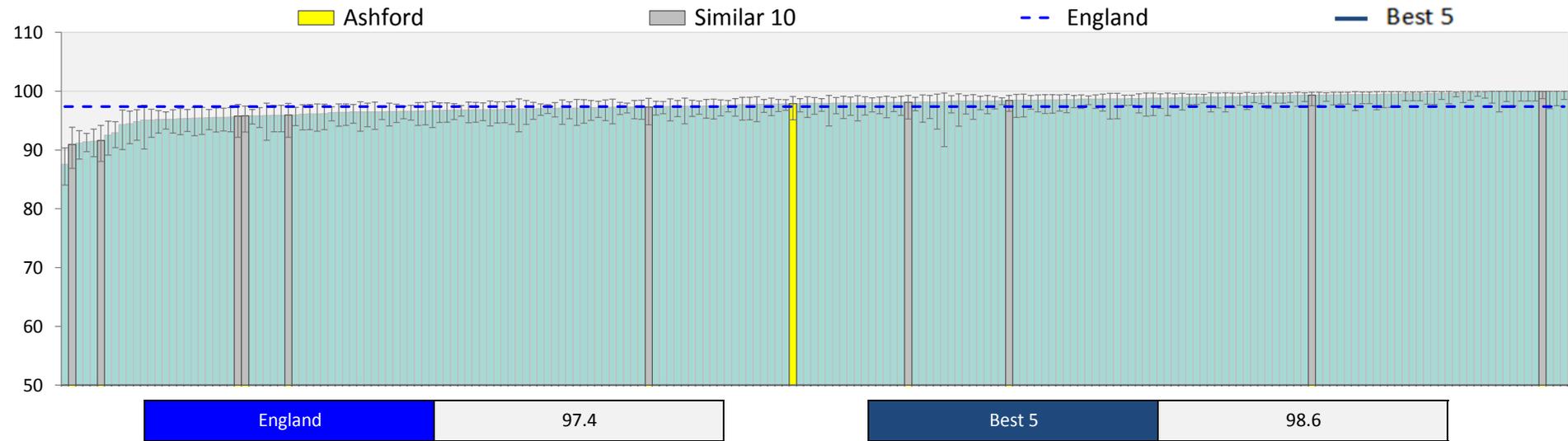
Source: NHS England Cancer Waiting Times Database

Year: 2014-15

% of cases (all cancers) who received second or subsequent treatment within one month (radiotherapy)

2 Cases (NSS)

62



Definition: Percentage of cases (all cancers) who received second or subsequent treatment within one month where the treatment is radiotherapy

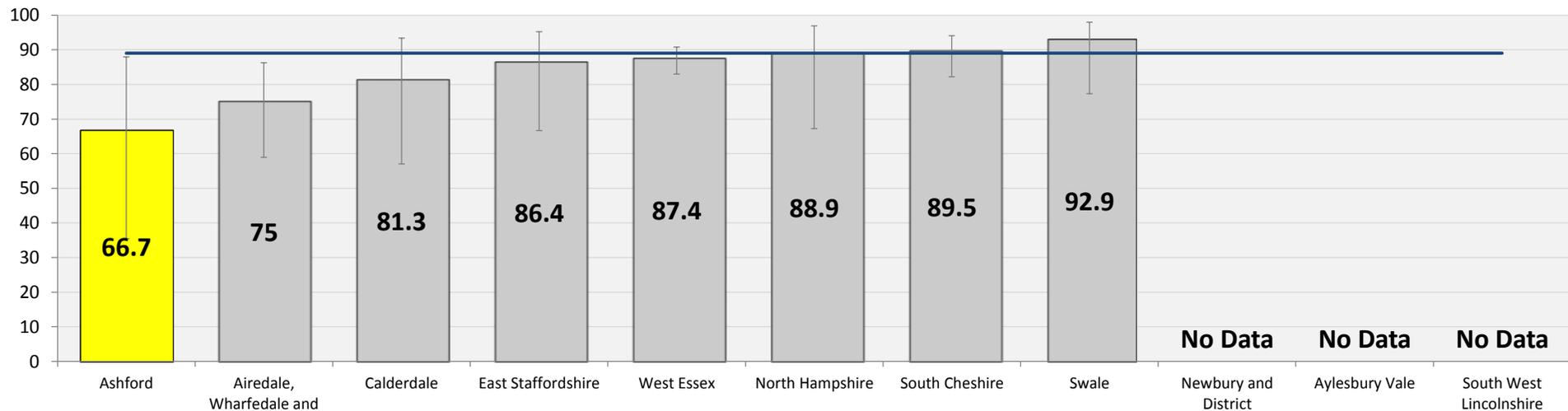
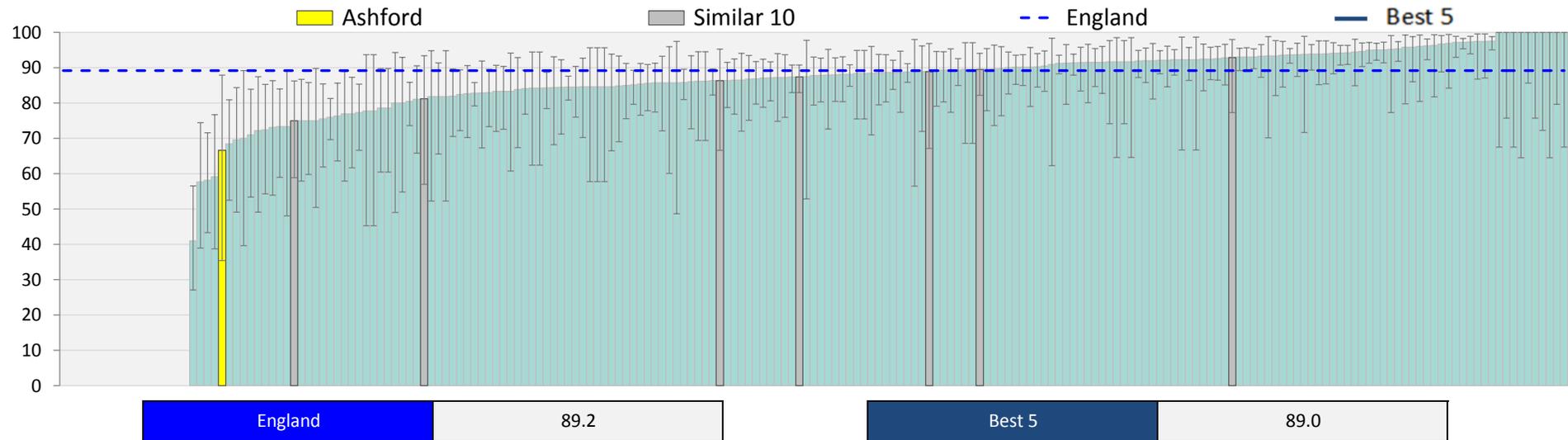
Source: NHS England Cancer Waiting Times Database

Year: 2014-15

% who received 1st treatment within 2 months following consultant's decision to upgrade

2 Cases

63

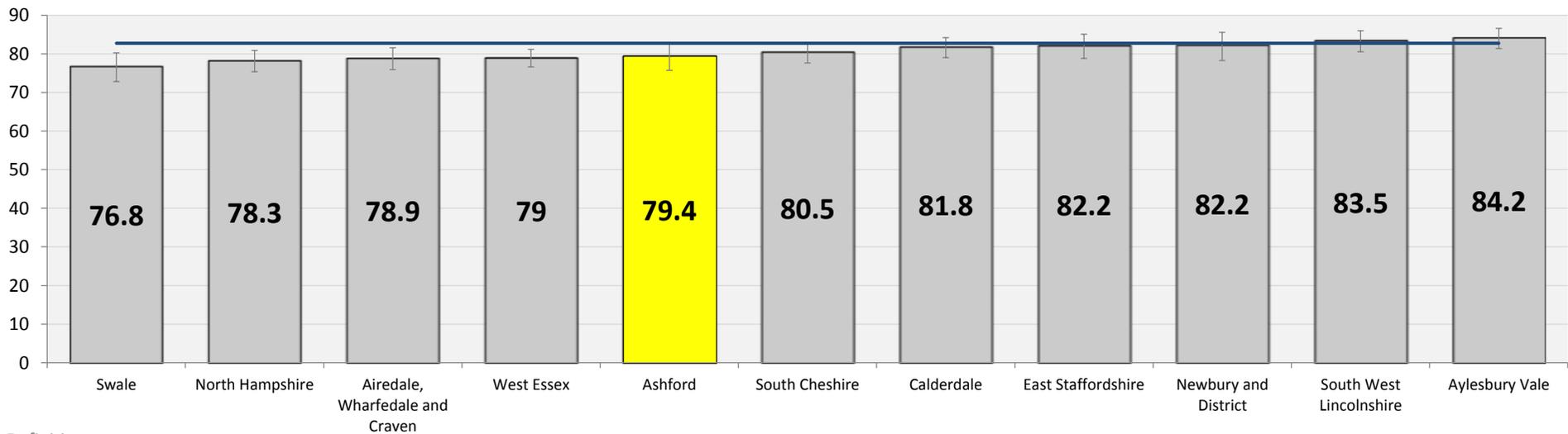
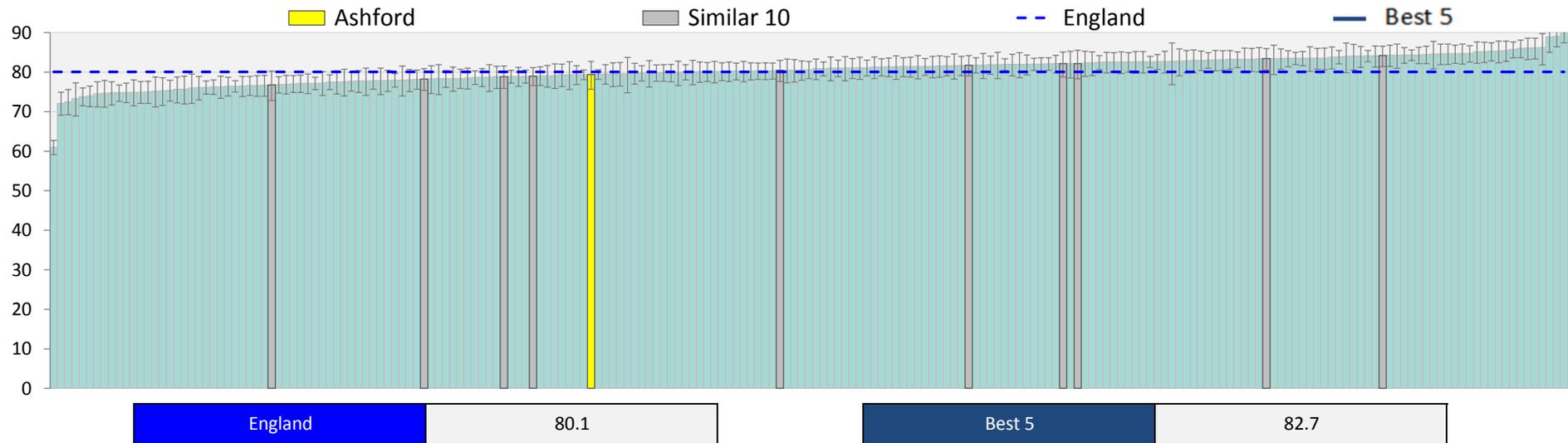


Definition: Percentage of cases (all cancers) who received first treatment within two months (62 days) following a consultant's decision to upgrade a patient's priority to first treatment for all cancers  
 Source: NHS England Cancer Waiting Times Database  
 Year: 2014-15

%of patients with cancer who have had a review 6 months after diagnosis

17 Pats

64



Definition: The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis

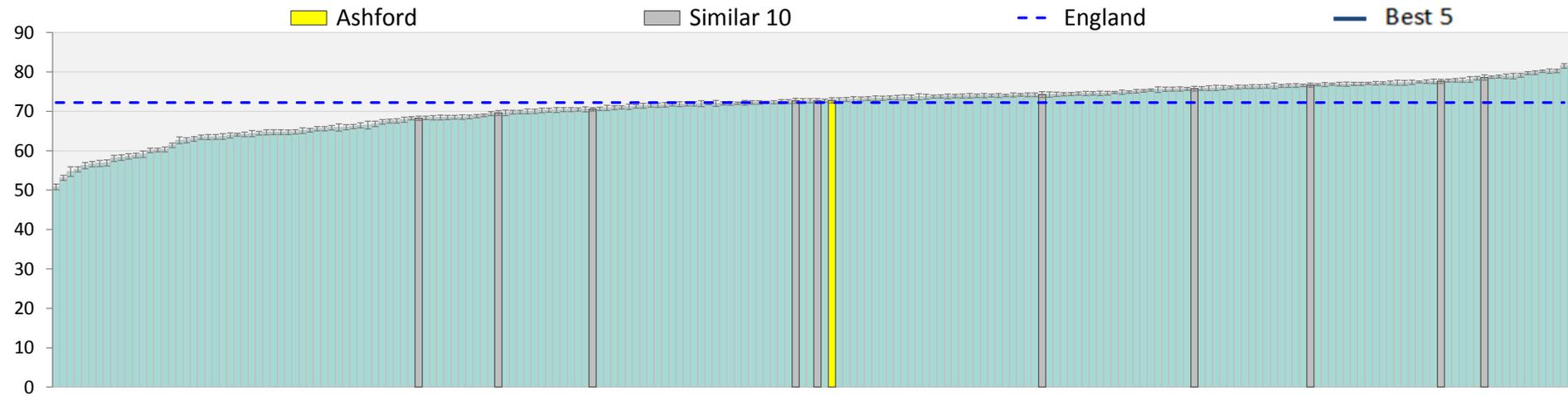
Source: Quality and Outcomes Framework

Year: 2014/15

% of women aged 50-70 screened for breast cancer in last 3 years

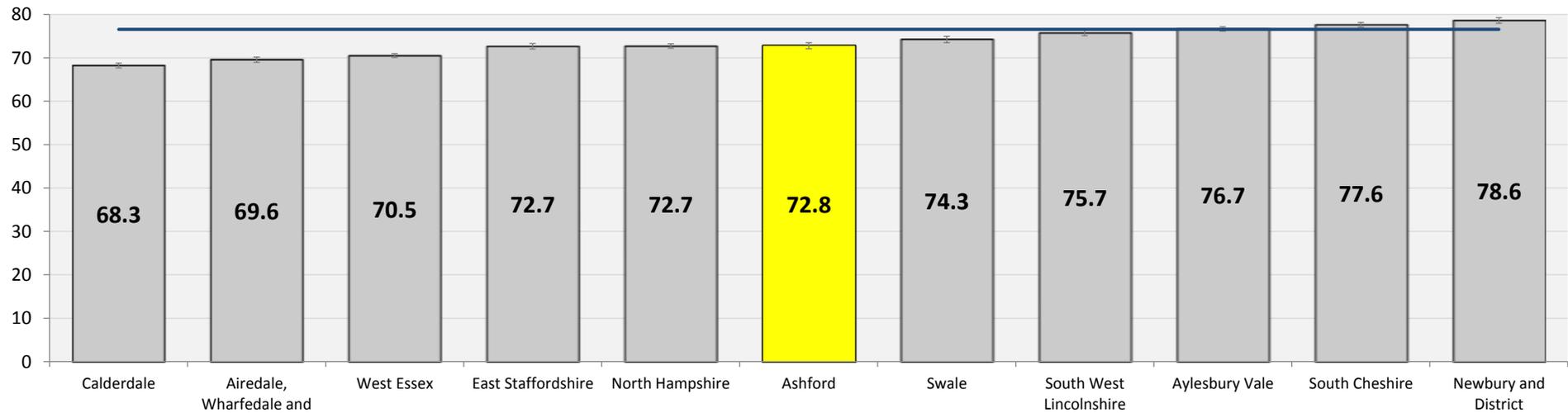
611 Ppl

65



England 72.2

Best 5 76.6



Definition: % of women aged 50 - 70 screened for breast cancer in last three years

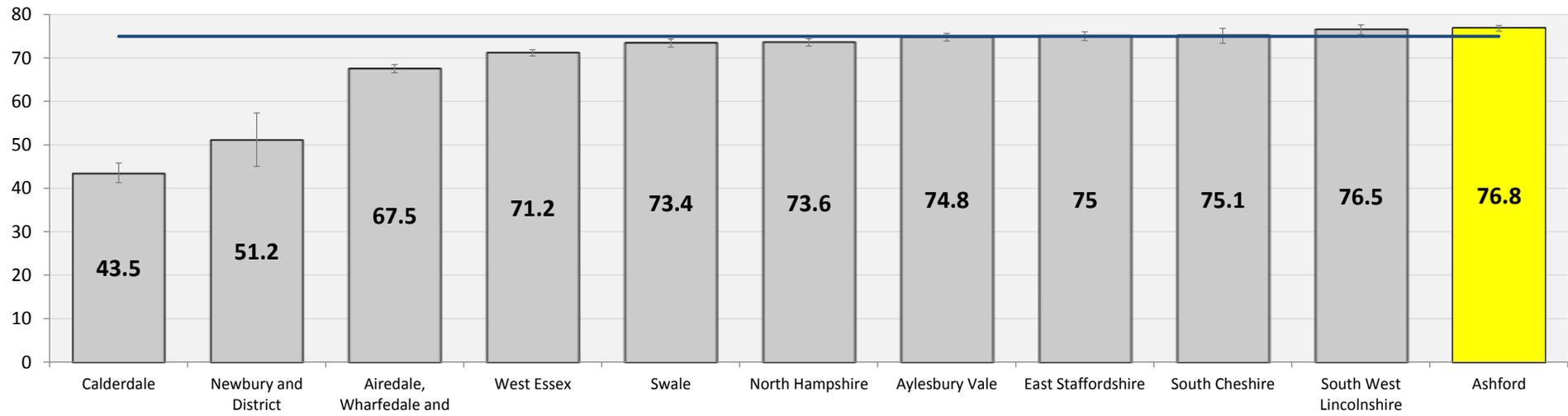
Source: Cancer Commissioning Toolkit

Year: 2014

Females,50-70,screened for breast cancer in 6 months of invite(%)



England	72.8	Best 5	75.0
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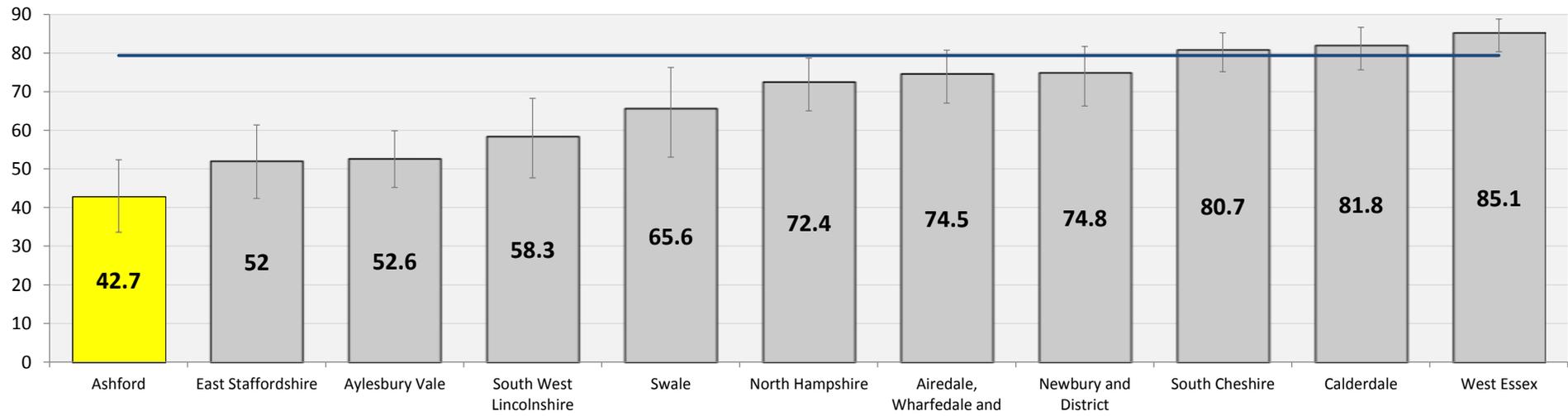
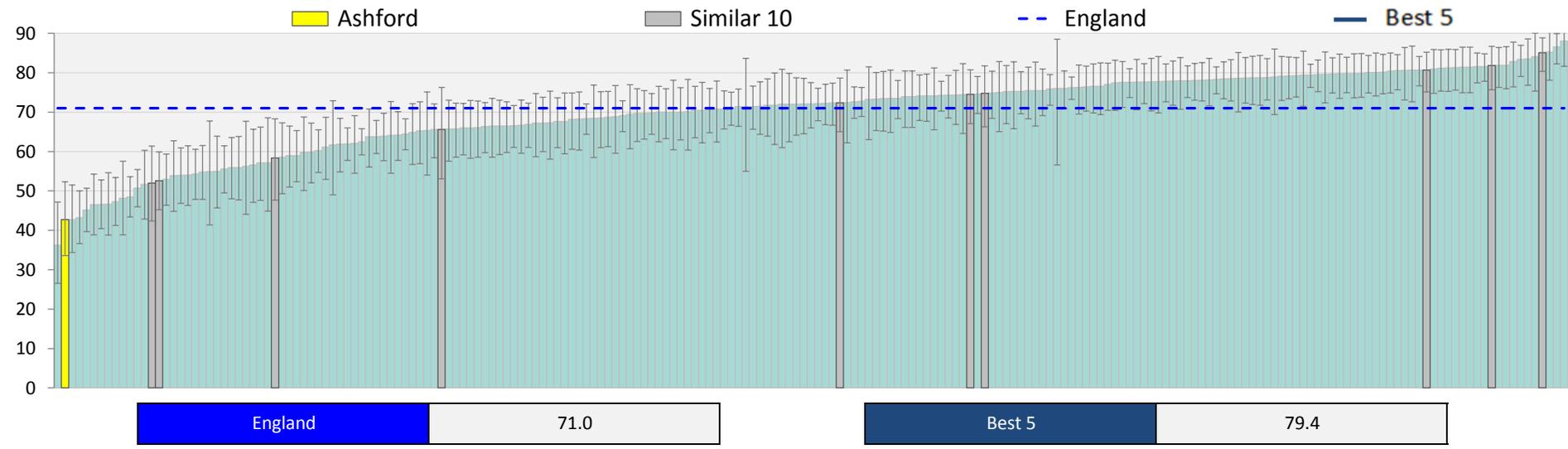


Definition: Females aged 50-70 screened for breast cancer within 6 months of invitation (uptake)  
 Source: Cancer Services, Fingertips  
 Year: 2014/15

% of breast cancers detected at an early stage (1 or 2)

38 Pats

67

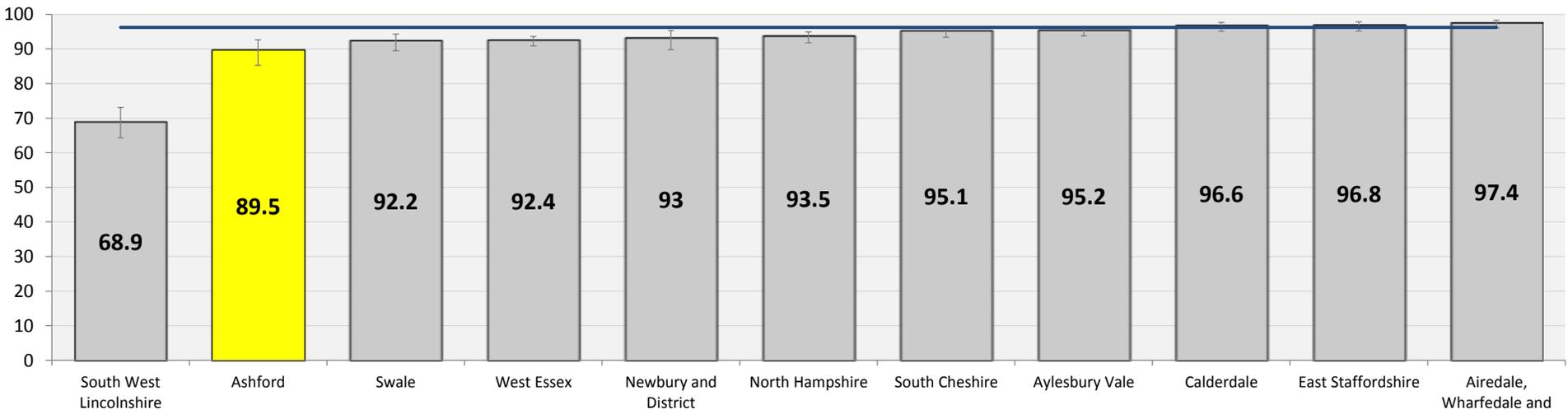
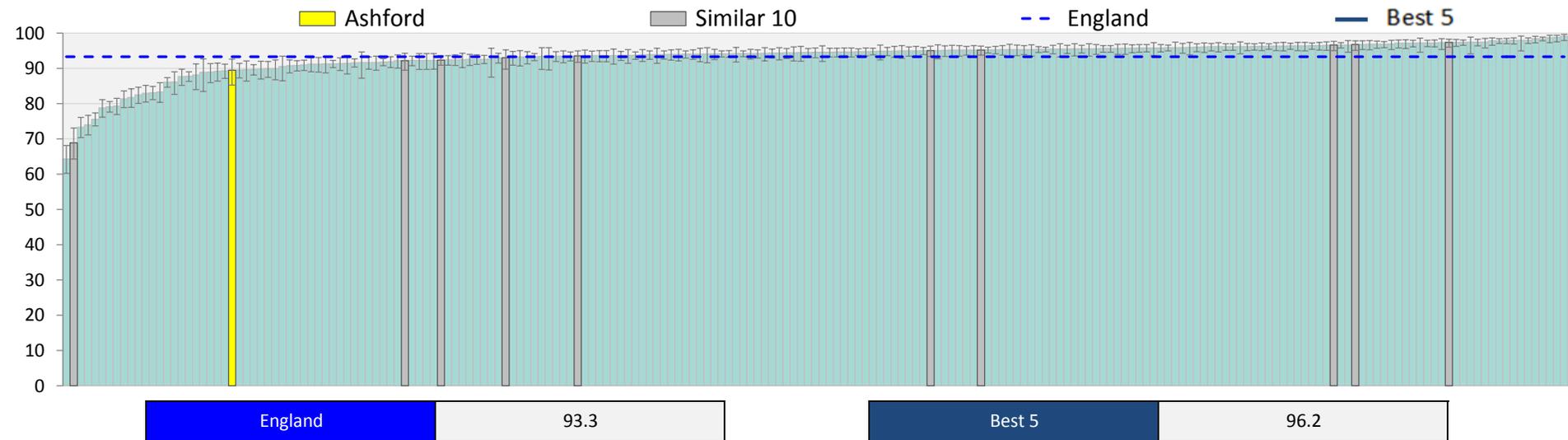


Definition: % of breast cancers detected at an early stage (1 or 2)  
 Source: Public Health England CAS1403 Stage by CCG data  
 Year: 2013

**% receiving first outpatient appointment within two weeks for patients referred with breast symptoms where cancer was not initially suspected**

**18 Pats**

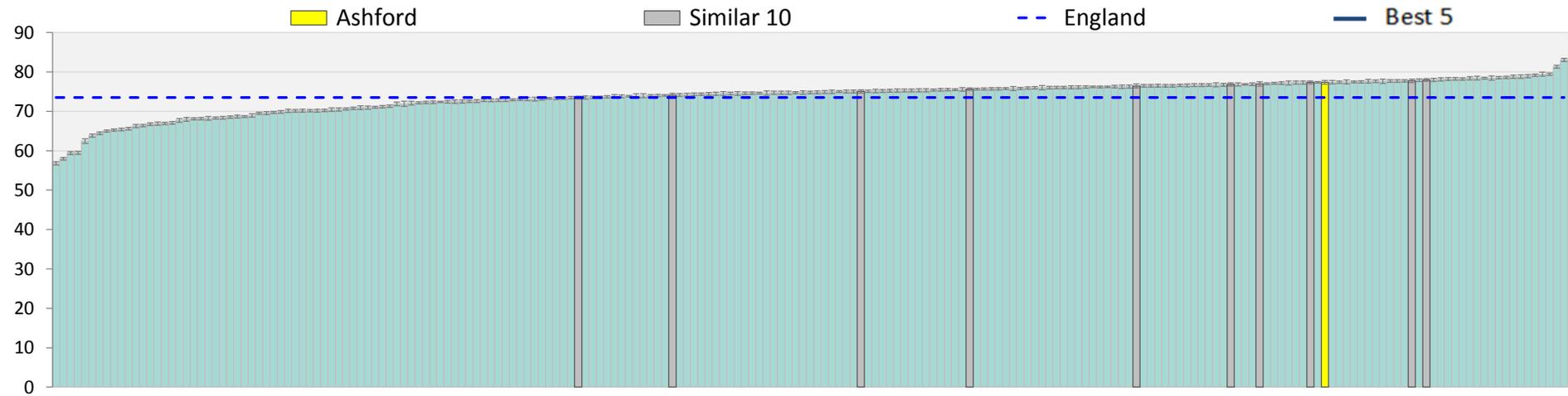
**68**



Definition: % age receiving first outpatient appointment within two weeks for patients referred with breast symptoms where cancer was not initially suspected  
 Source: NHS England Cancer Waiting Times Database  
 Year: 2014-15

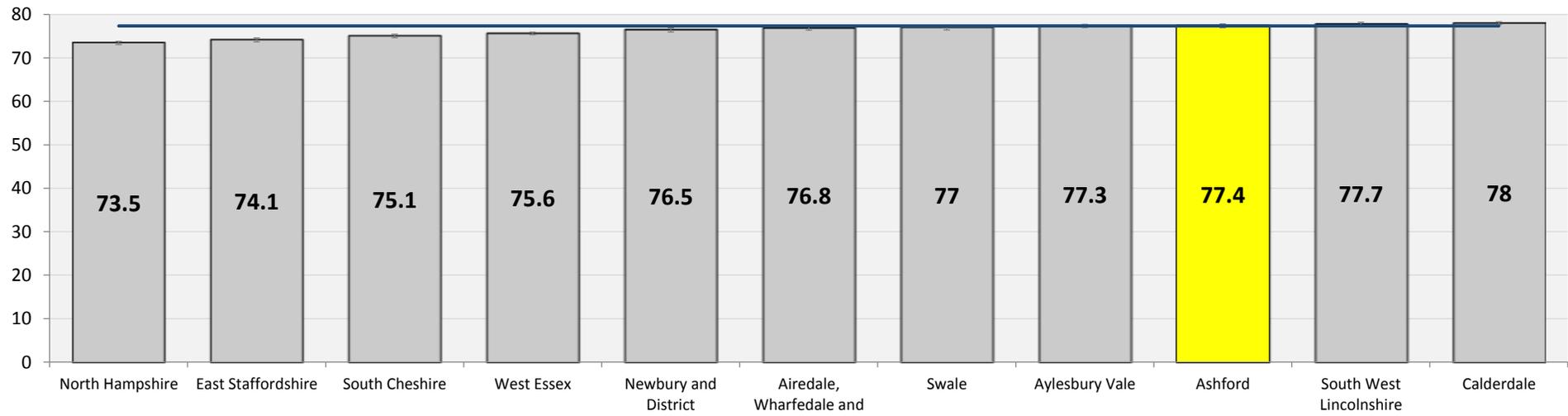
Females,25-64,attending cervical screening within target period (%)

69



England 73.5

Best 5 77.4



Definition: Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

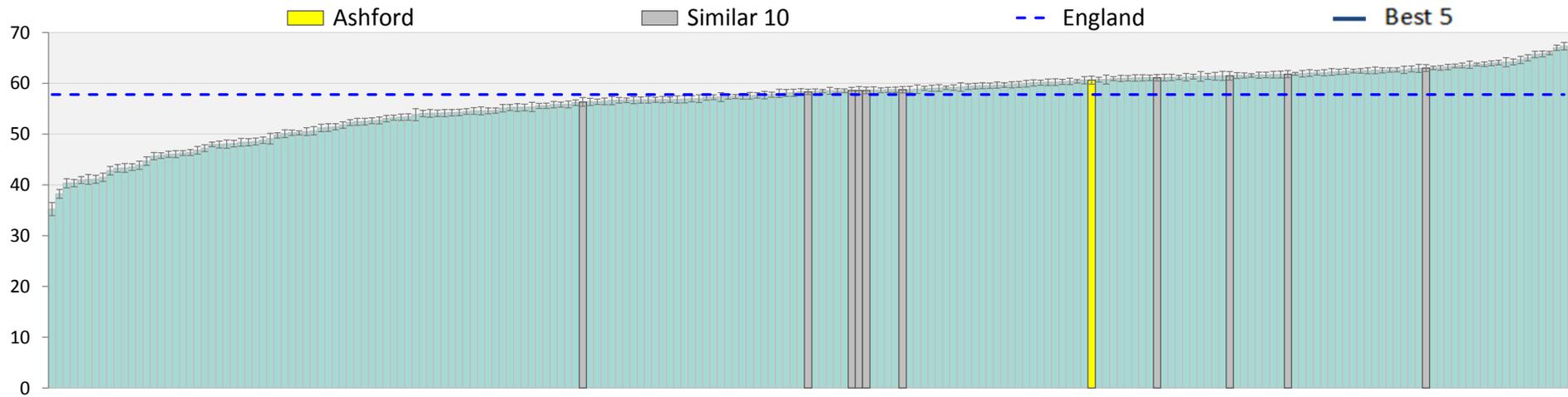
Source: Cancer Services, Fingertips

Year: 2014/15

% 60-69 who were screened for bowel cancer (previous 30 months)

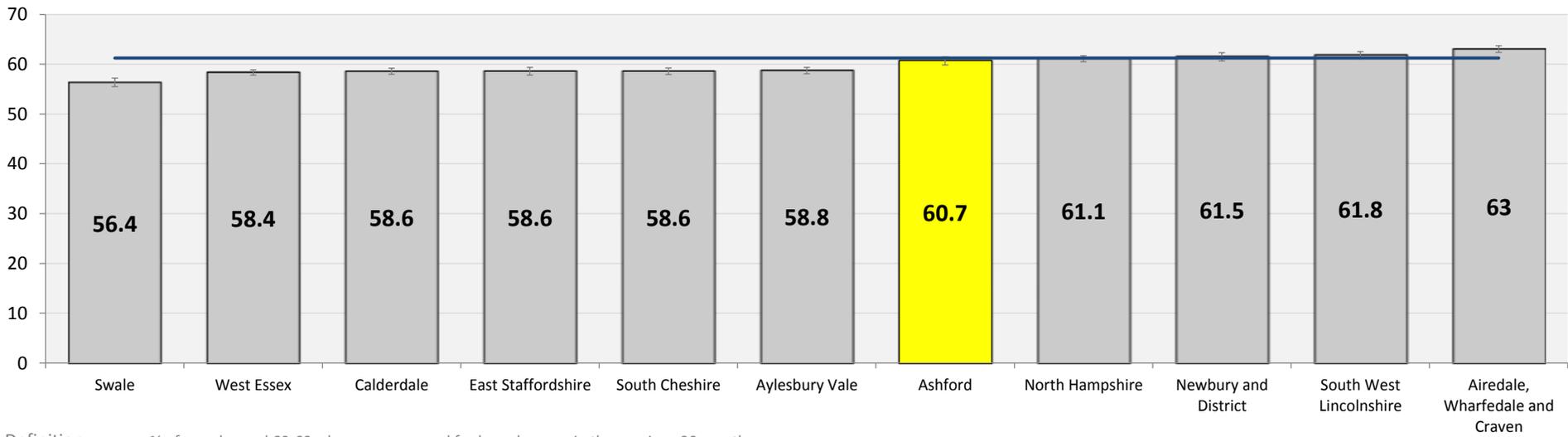
85 Ppl (NSS)

70



England 57.8

Best 5 61.2

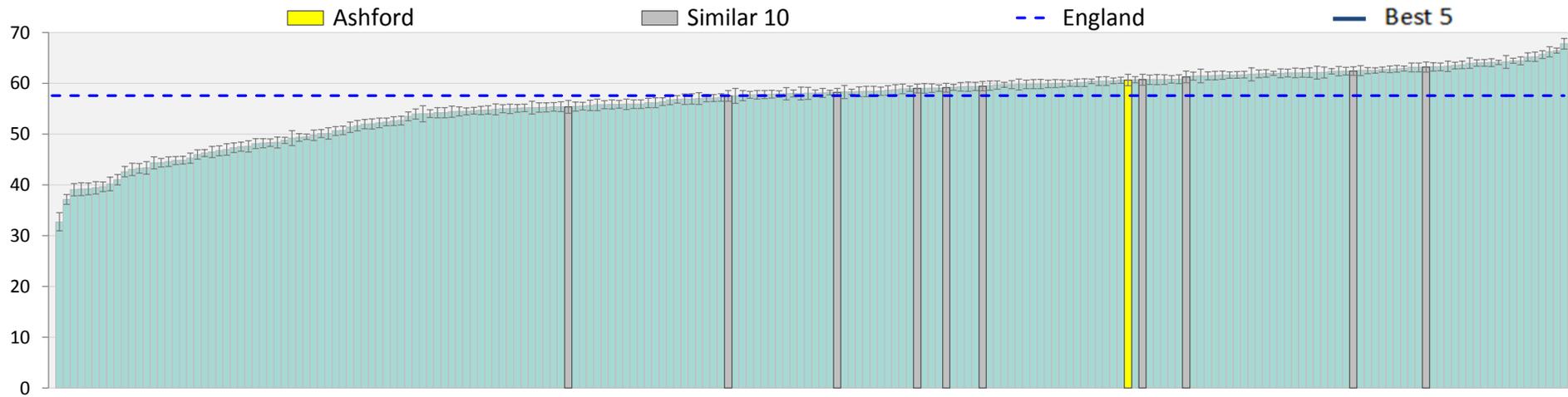


Definition: % of people aged 60-69 who were screened for bowel cancer in the previous 30 months  
 Source: Commissioning Toolkit  
 Year: 2014

% 60-69 screened for bowel cancer within 6 months of invite

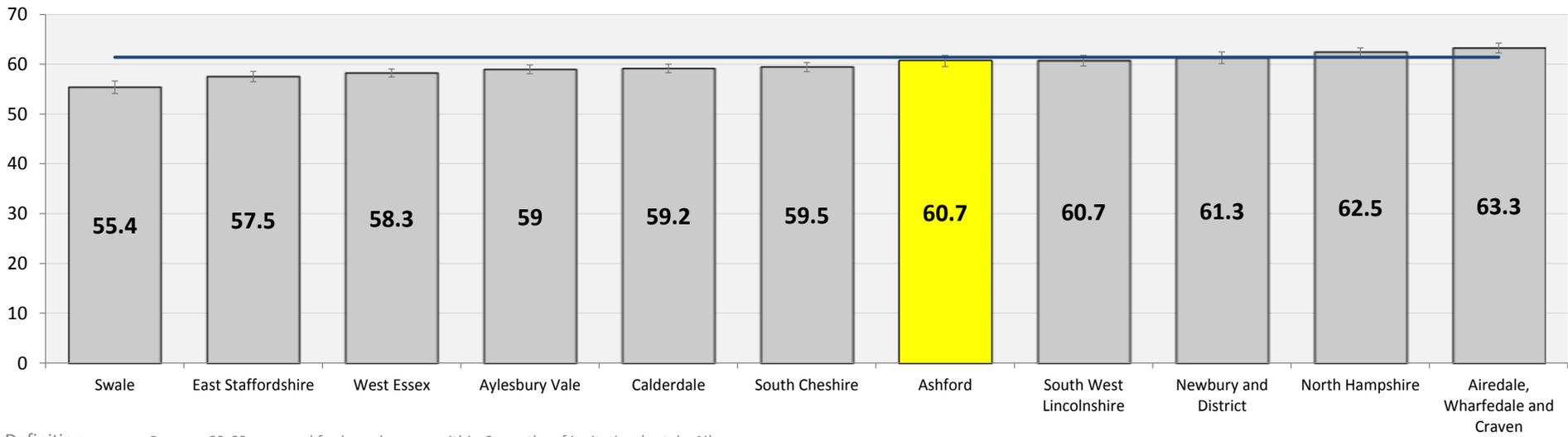
57 Ppl (NSS)

71



England 57.6

Best 5 61.4

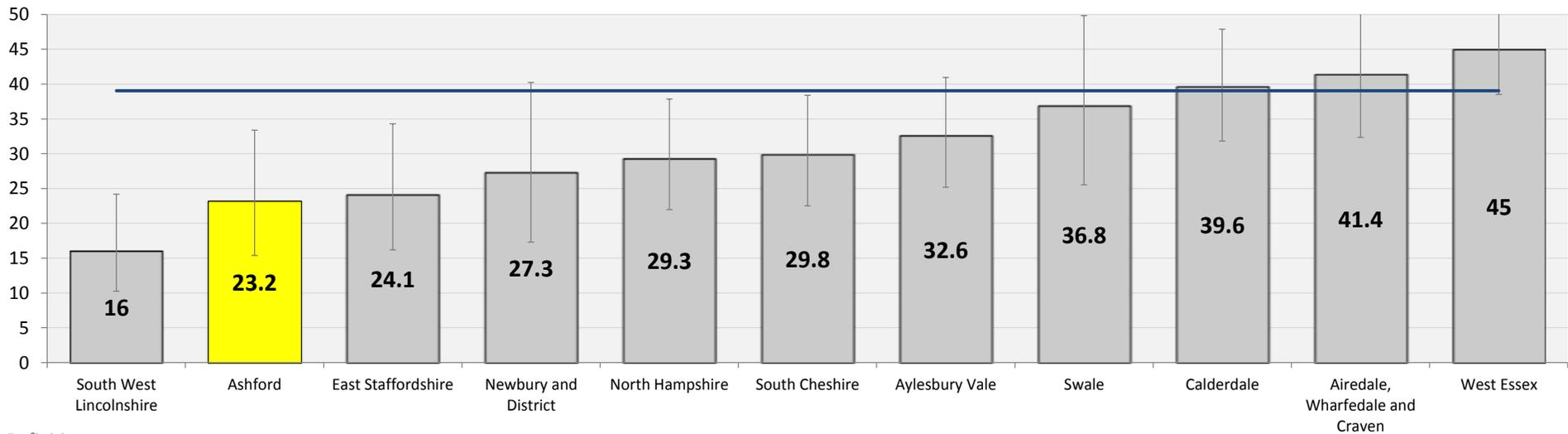
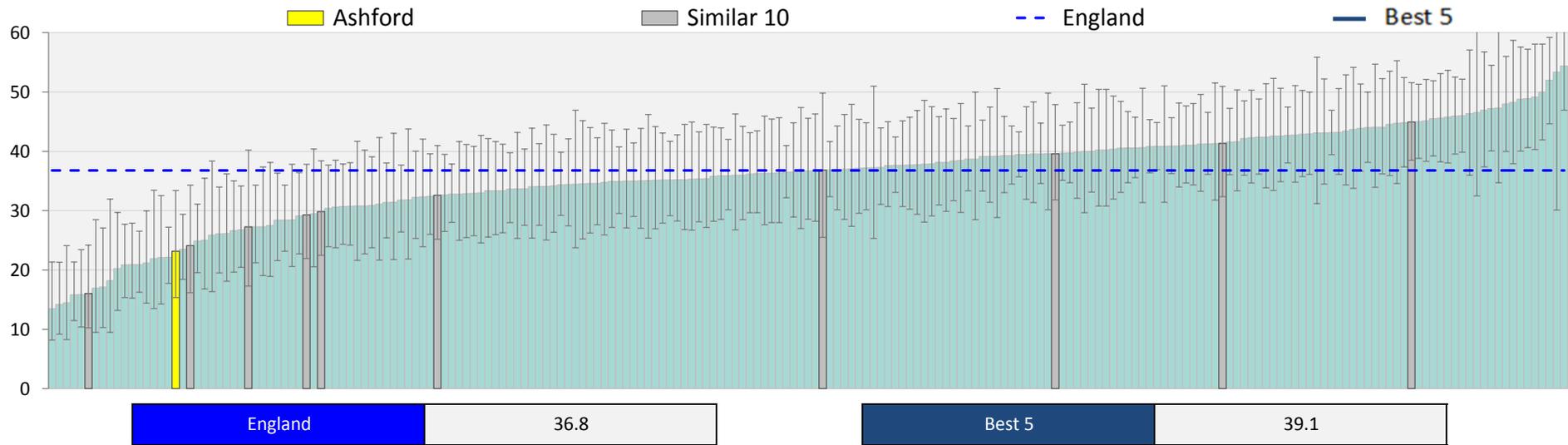


Definition: Persons 60-69 screened for bowel cancer within 6 months of invitation (uptake %)  
 Source: Cancer Services, Fingertips  
 Year: 2014/15

% of colorectal cancers detected at an early stage (1 or 2)

13 Pats

72



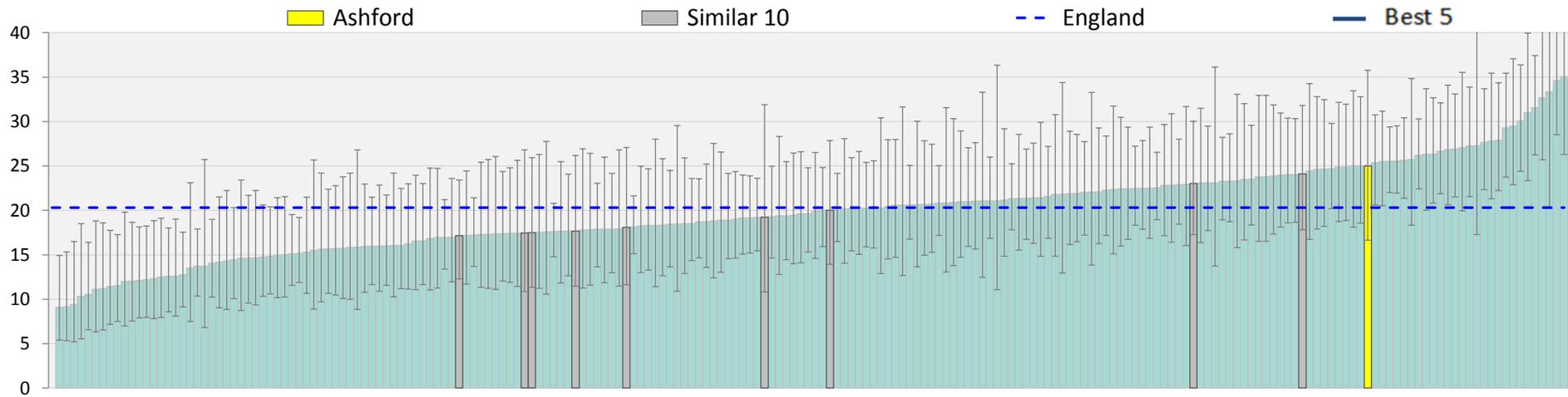
Definition: % of colorectal cancers detected at an early stage (1 or 2)

Source: Cancer Commissioning Toolkit

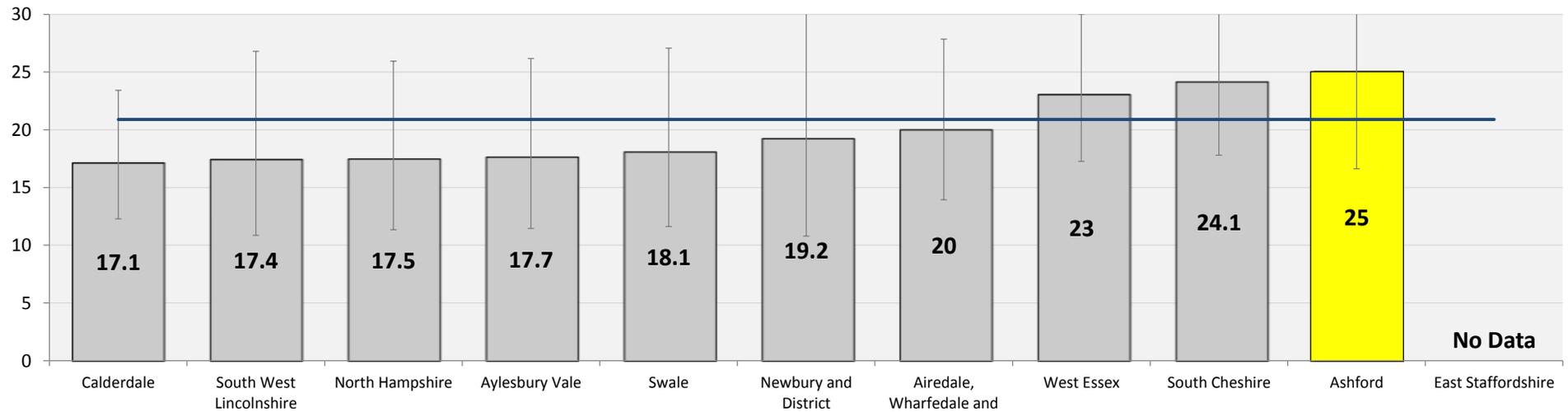
Year: 2013

# % of lung cancers detected at an early stage (1 or 2)

73



England	20.3	Best 5	20.9
---------	------	--------	------

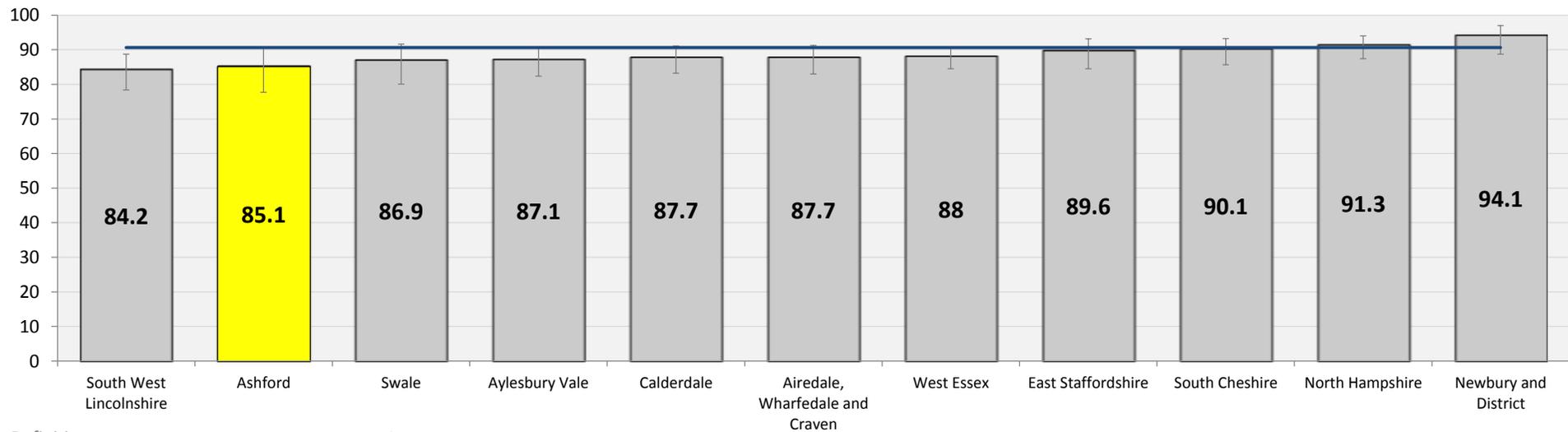
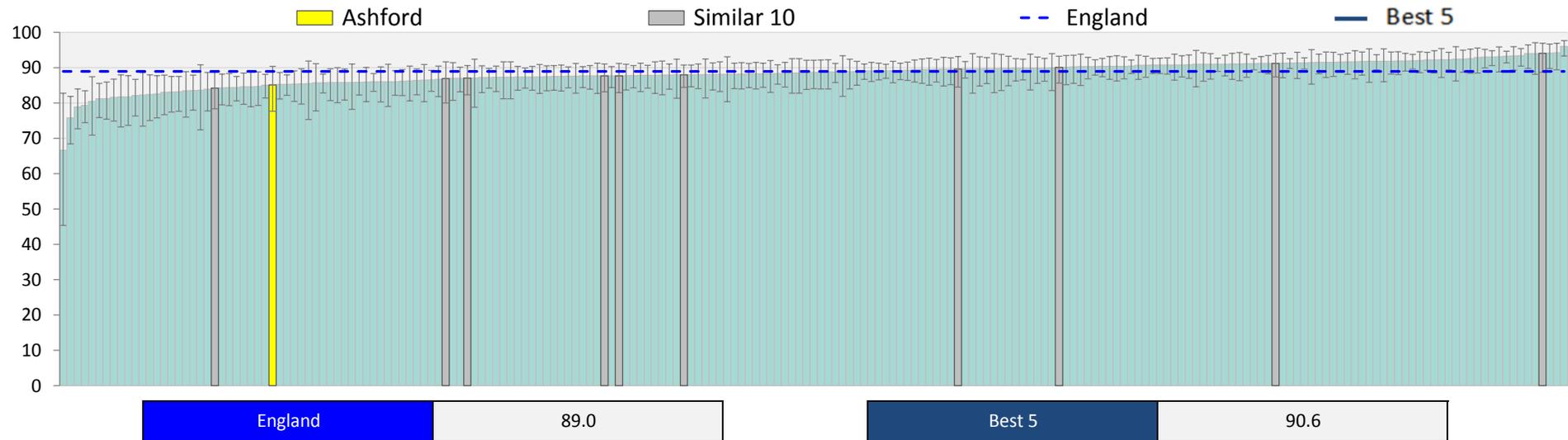


Definition: % of lung cancers detected at an early stage (1 or 2)  
 Source: Public Health England CAS1403 Stage by CCG data  
 Year: 2013

Patient's rating of care 'excellent' / 'very good' (%)

155 Pats

74

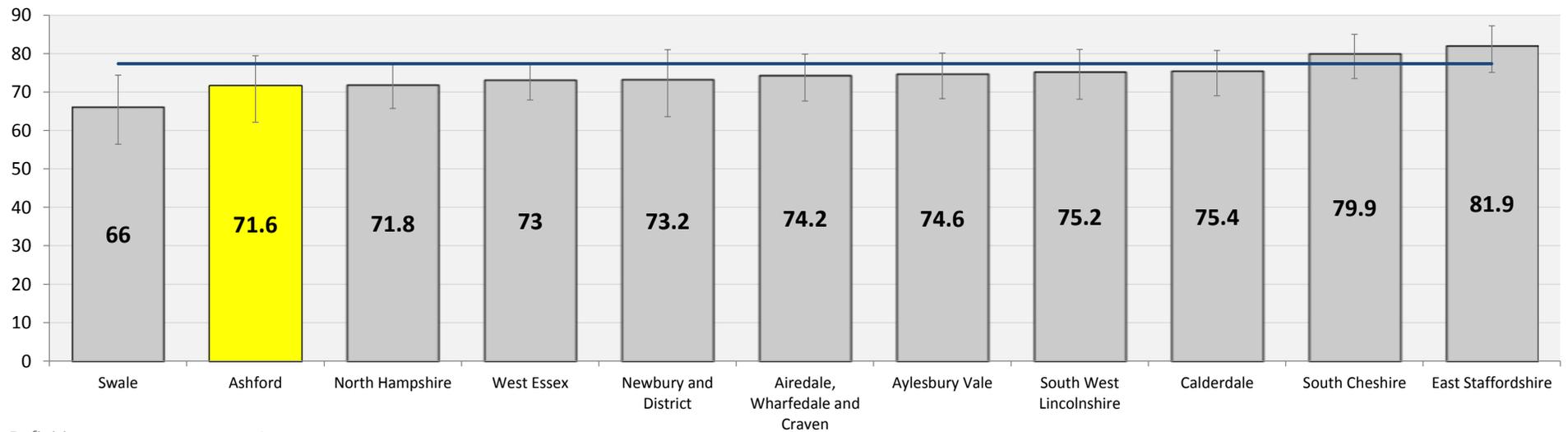
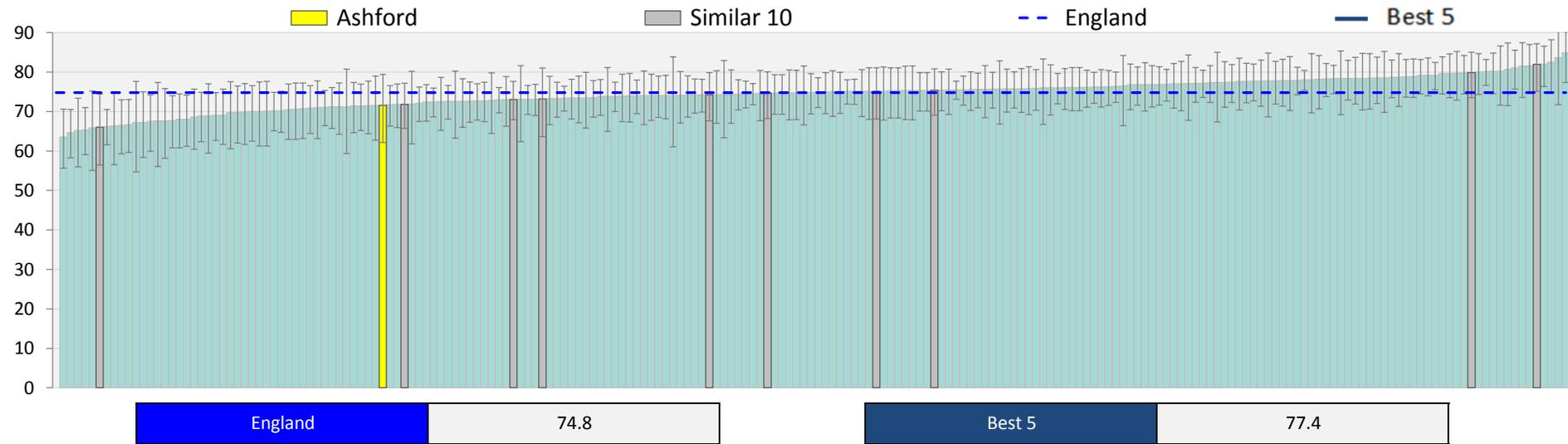


Definition: Patient's rating of care 'excellent' / 'very good'  
 Source: 2014 National Cancer Patient Experience Survey  
 Year: 2013/14

Saw GP once/twice before being told had to go to hospital (%)

164 Pats (NSS)

75

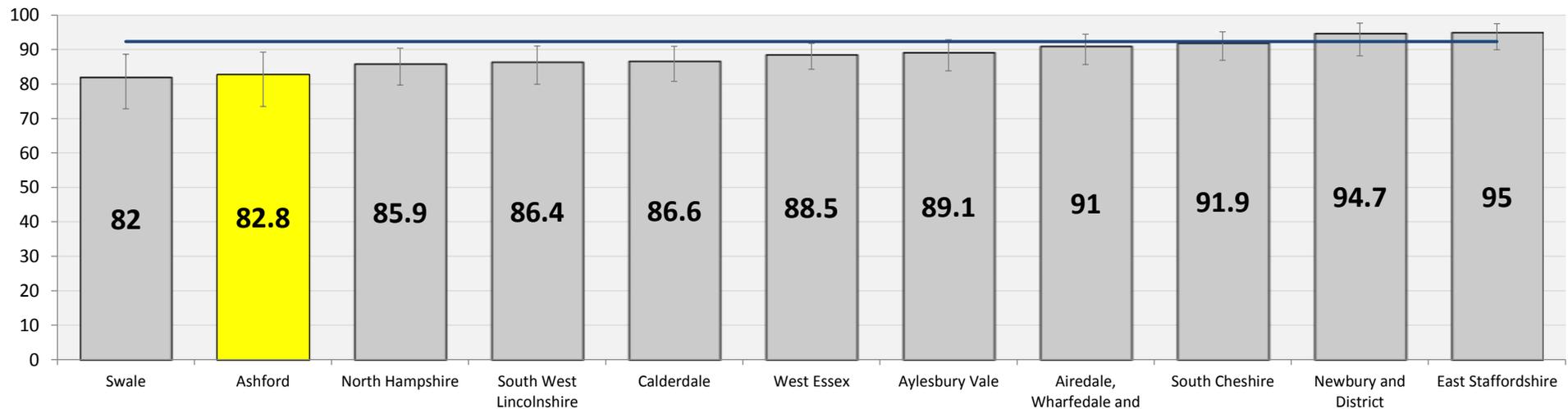
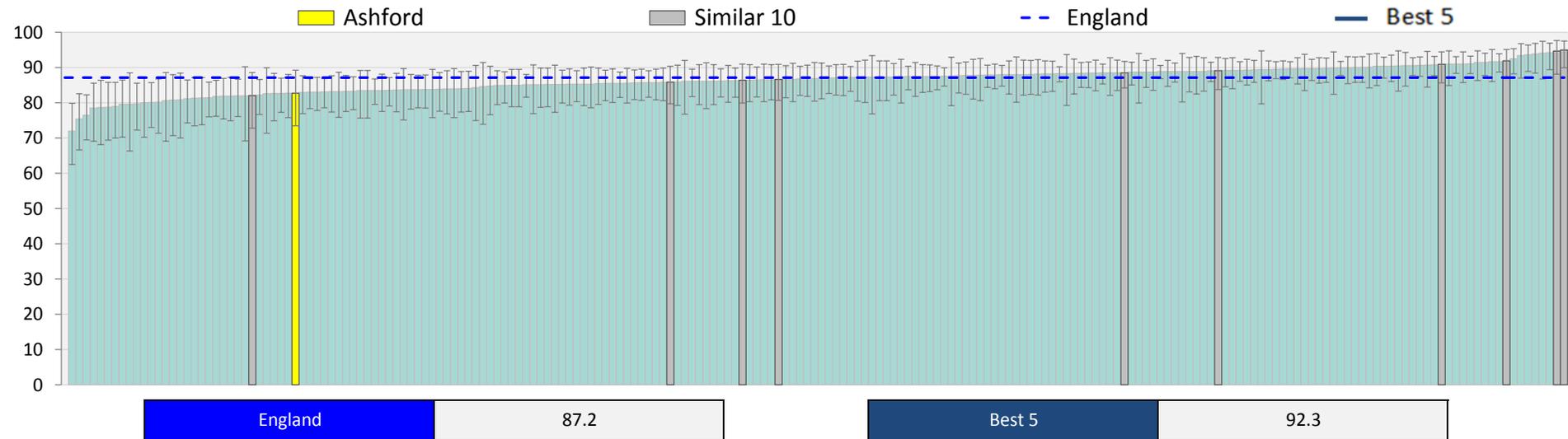


Definition: % Saw GP once/twice before being told had to go to hospital  
 Source: 2014 National Cancer Patient Experience Survey  
 Year: 2013/14

# Given easy to understand written information about test (%)

270 Pats

76

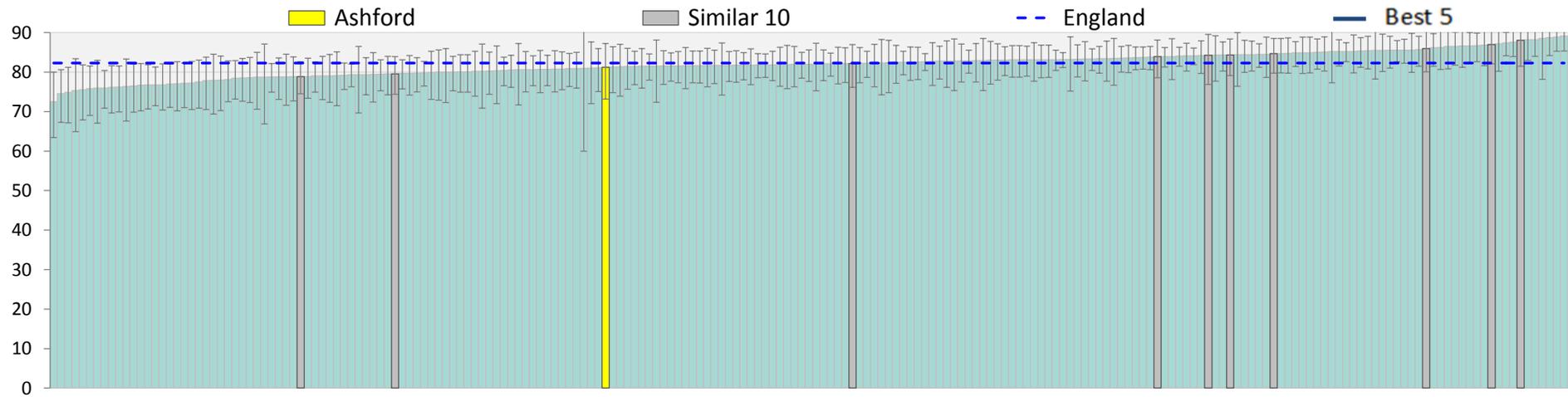


Definition: % Patients given easy to understand written information about test  
 Source: 2014 National Cancer Patient Experience Survey  
 Year: 2013/14

Patient given written information about side effects (%)

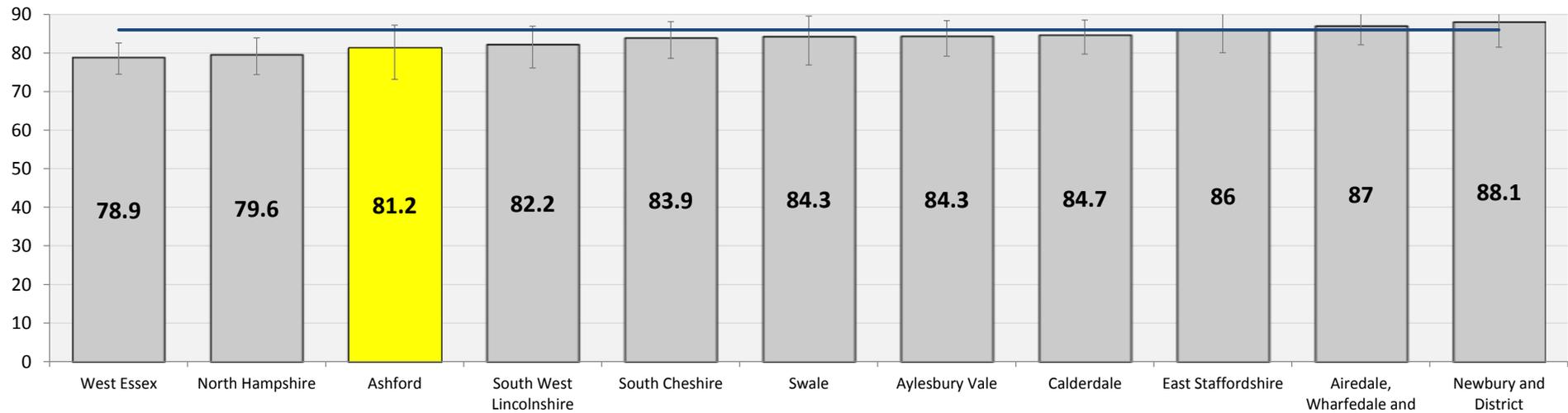
135 Pats (NSS)

77



England 82.3

Best 5 86.0



Definition: % Patients given written information about side effects

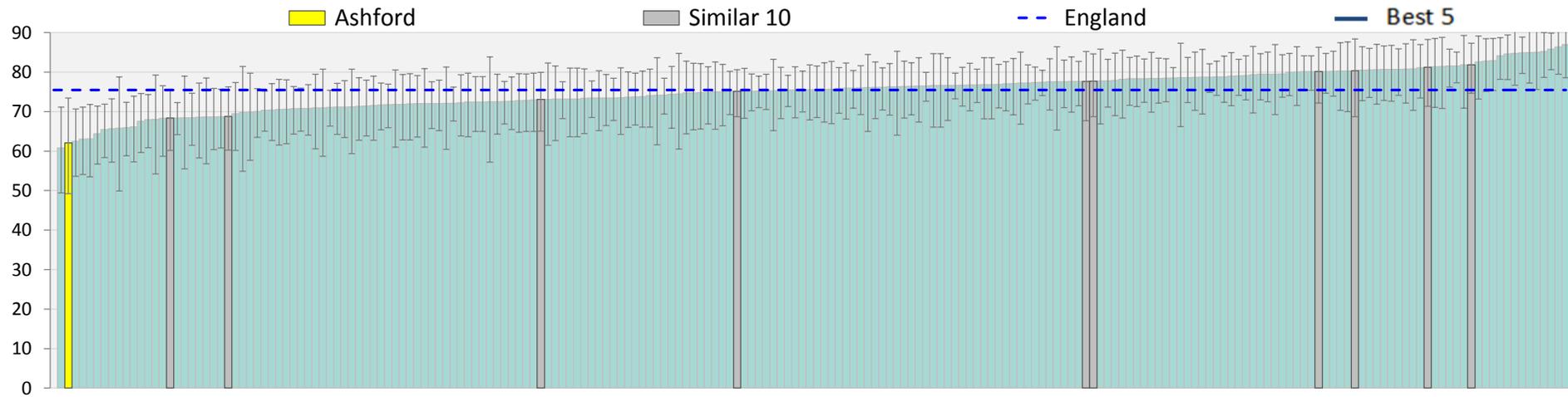
Source: 2014 National Cancer Patient Experience Survey

Year: 2013/14

# Patient given written information about the operation (%)

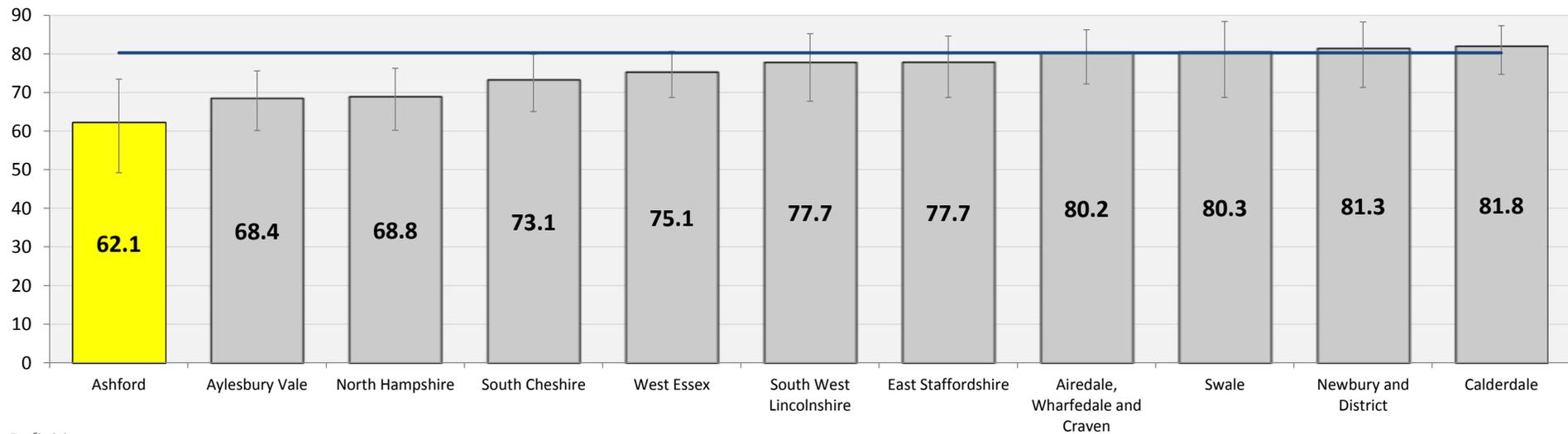
512 Pats

78



England 75.5

Best 5 80.2



Definition: % Patients given written information about the operation

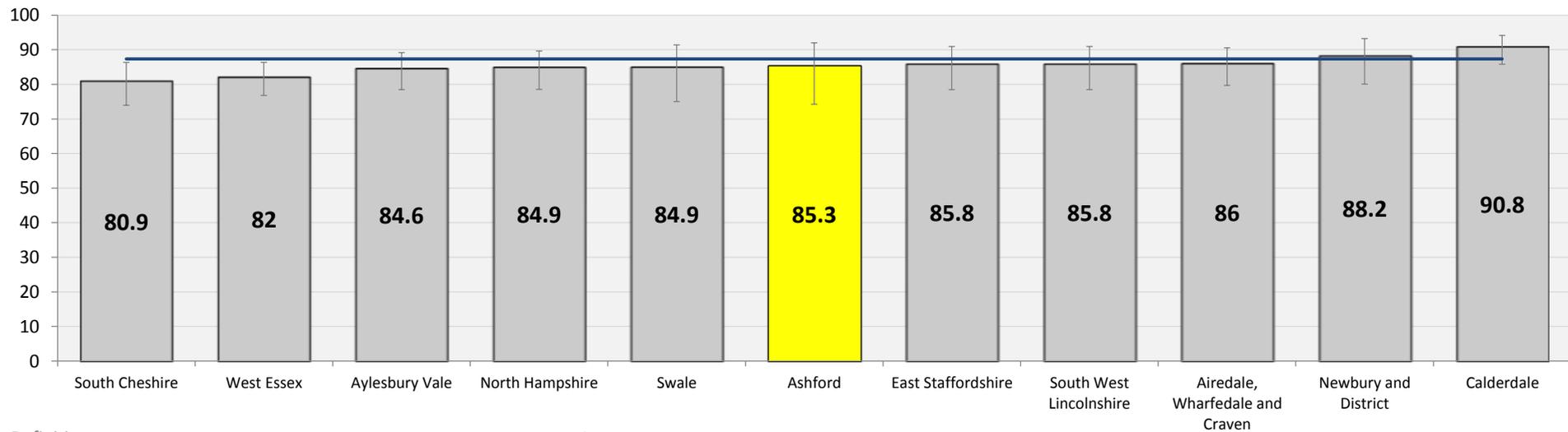
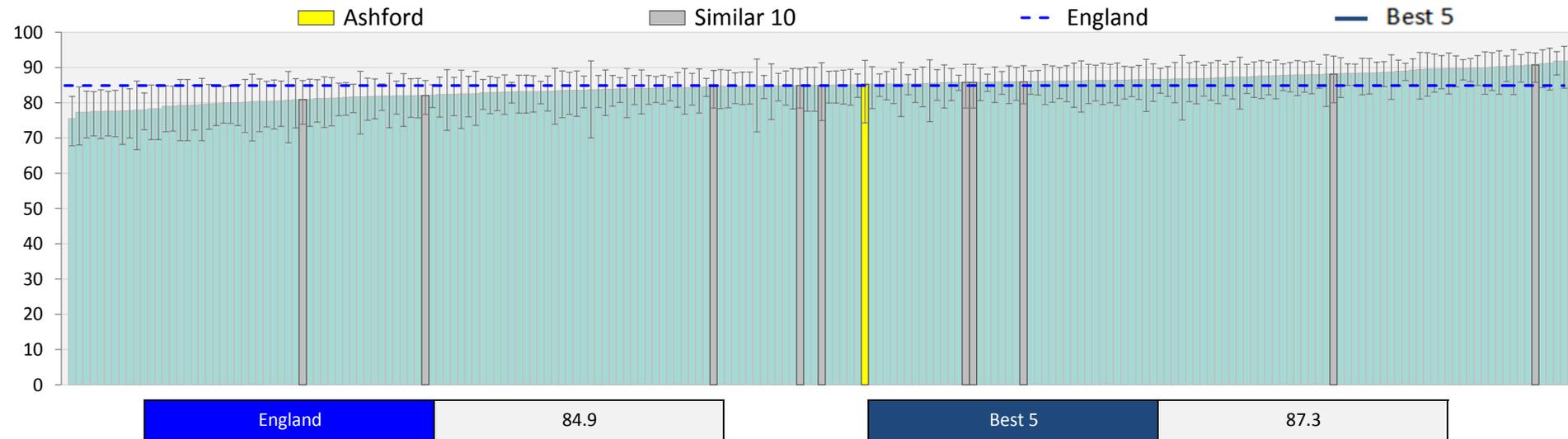
Source: 2014 National Cancer Patient Experience Survey

Year: 2013/14

# Given clear written information about what to do post discharge (%)

59 Pats (NSS)

79



Definition: % Patients given clear written information about what should / should not do post discharge

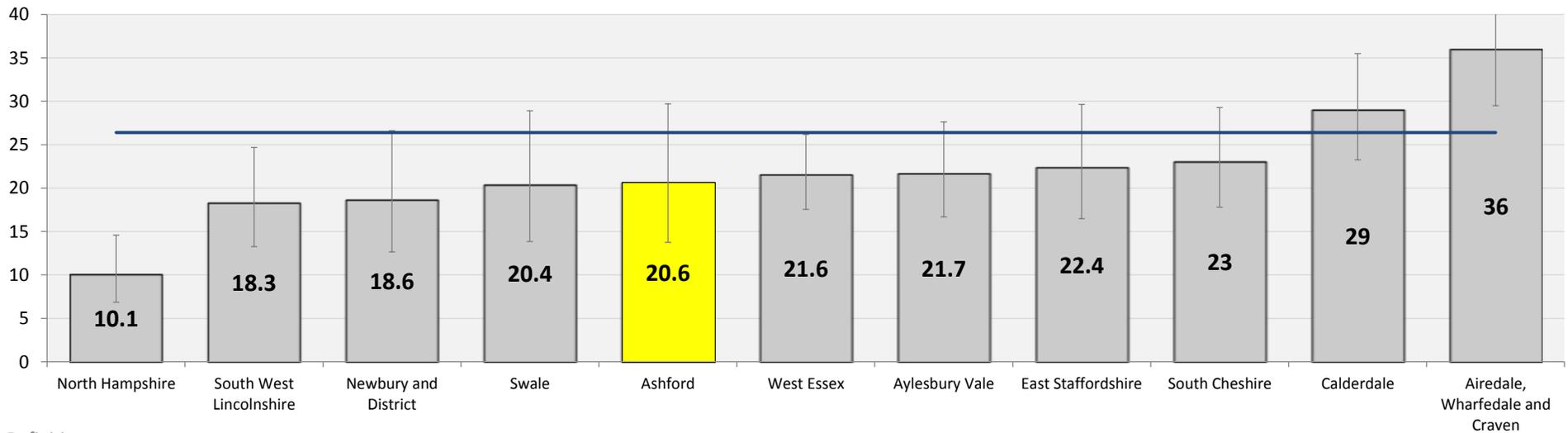
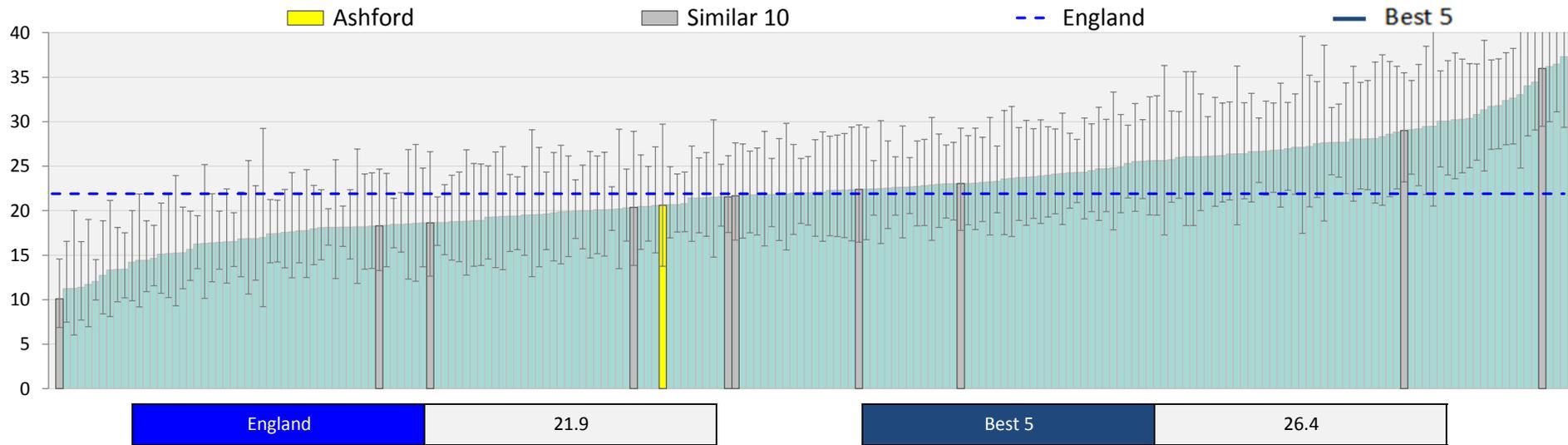
Source: 2014 National Cancer Patient Experience Survey

Year: 2013/14

Patient offered written assessment and care plan (%)

163 Pats (NSS)

80



Definition: % Patients offered written assessment and care plan

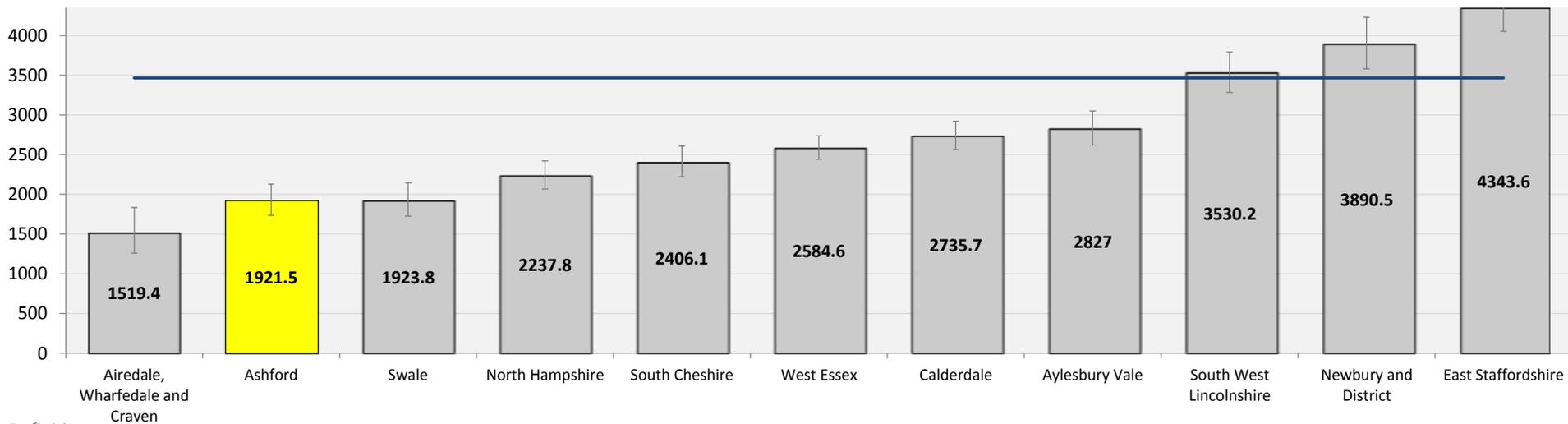
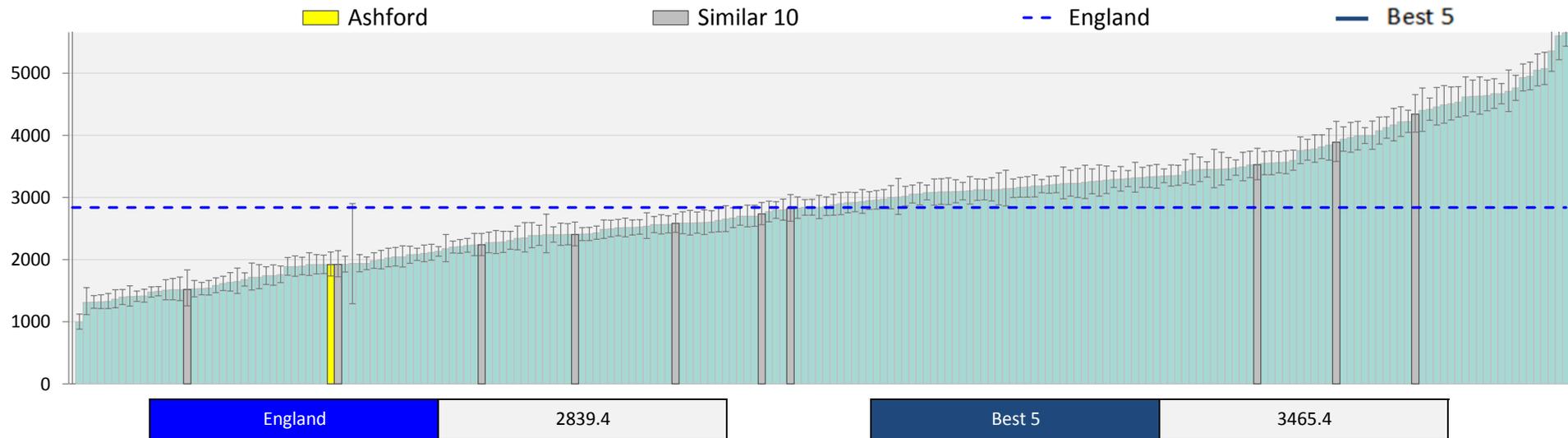
Source: 2014 National Cancer Patient Experience Survey

Year: 2013/14

# Successful quitters, 16+ (per 100,000 pop)

293 Ppl

81



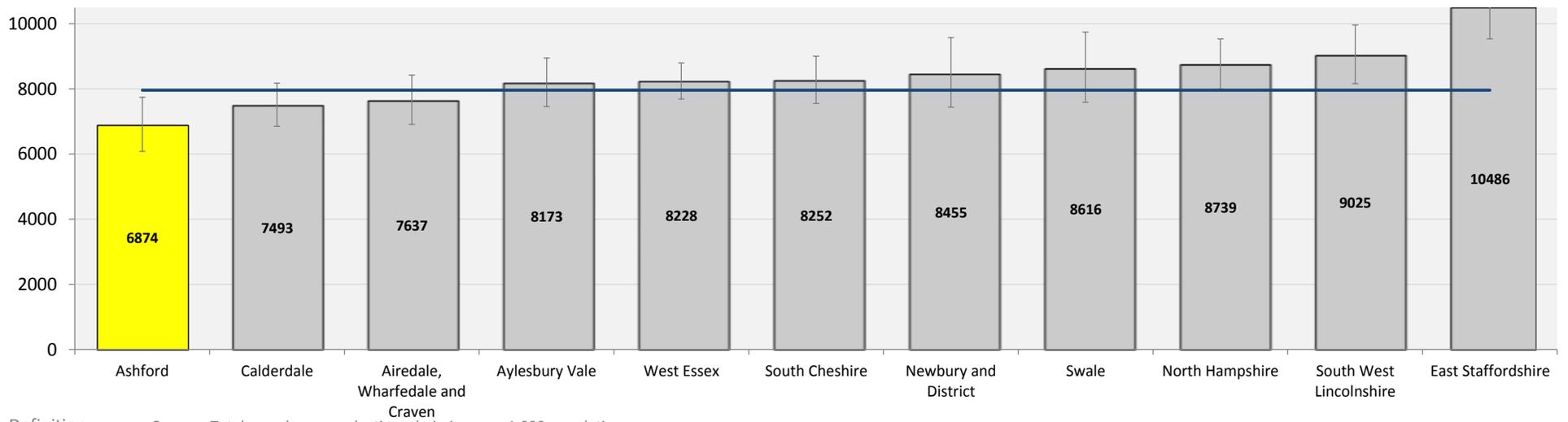
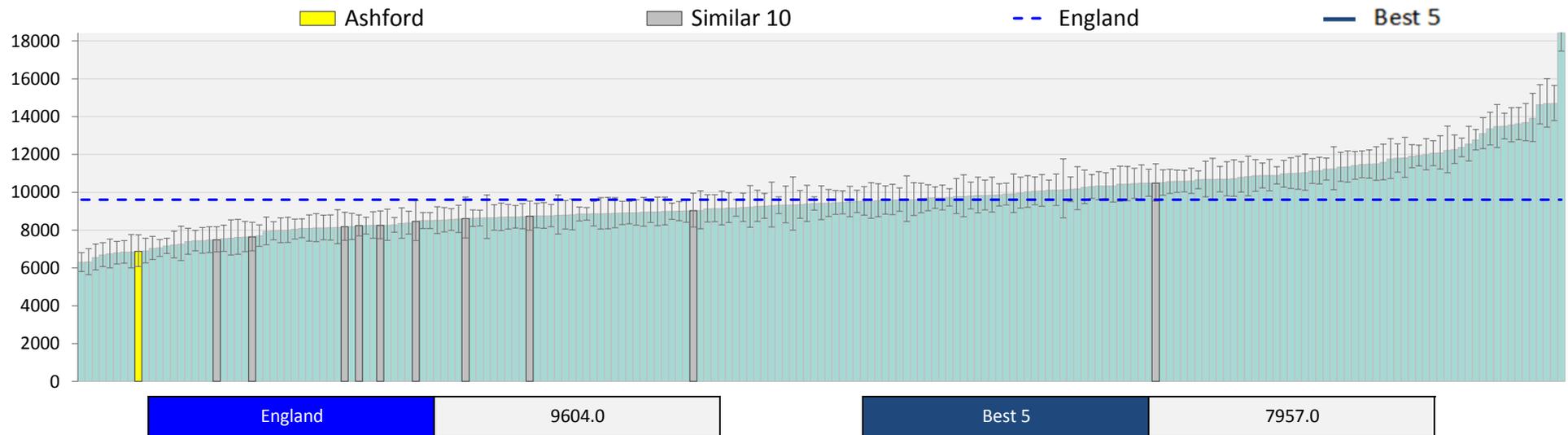
Definition: Smoking quit rates (successful quitters), per 100,000 population aged 16yrs+

Source: Mid-year population estimates from Office for National Statistics

Year: 2014/15

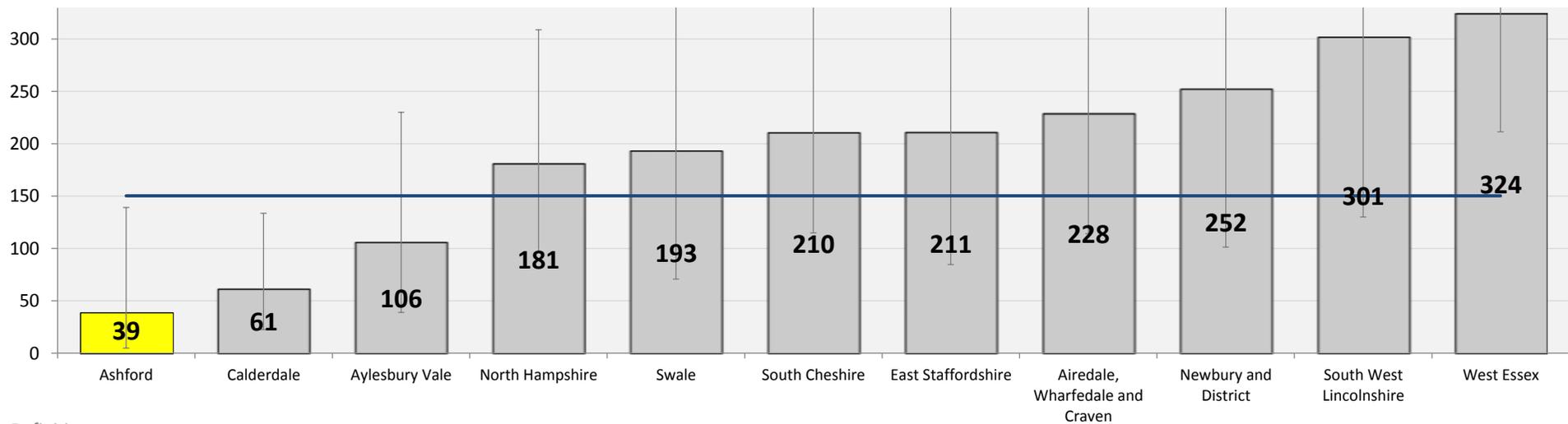
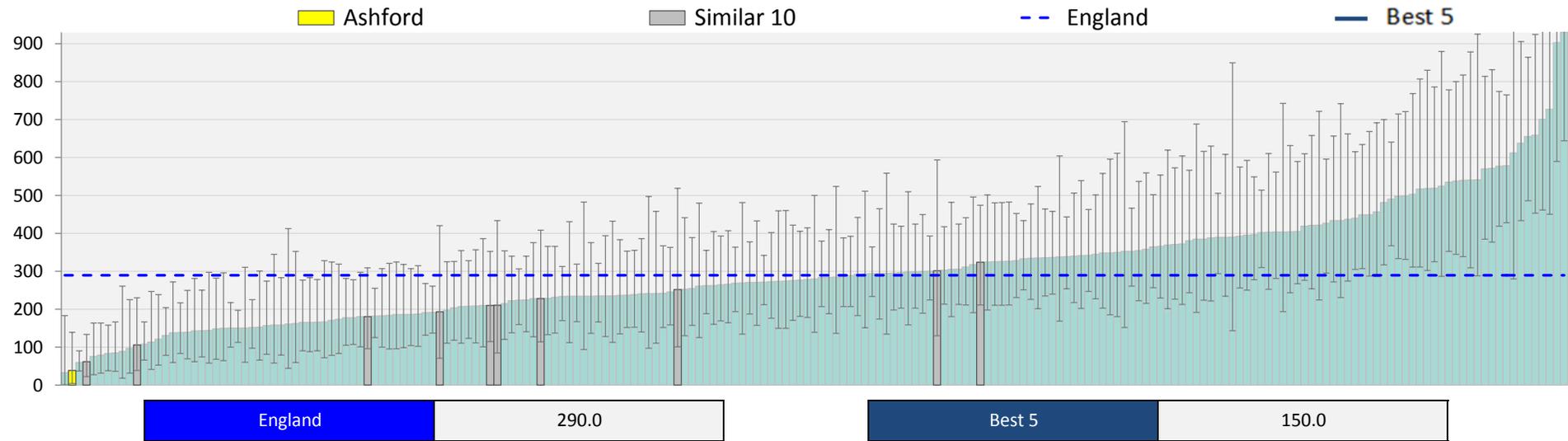
# Cancer - Total non-elective spend (£ per 1,000 pop)

82



Definition: Cancer - Total spend on non-elective admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

# Cancer, Head and Neck- non-elective spend (£ per 1,000 pop)

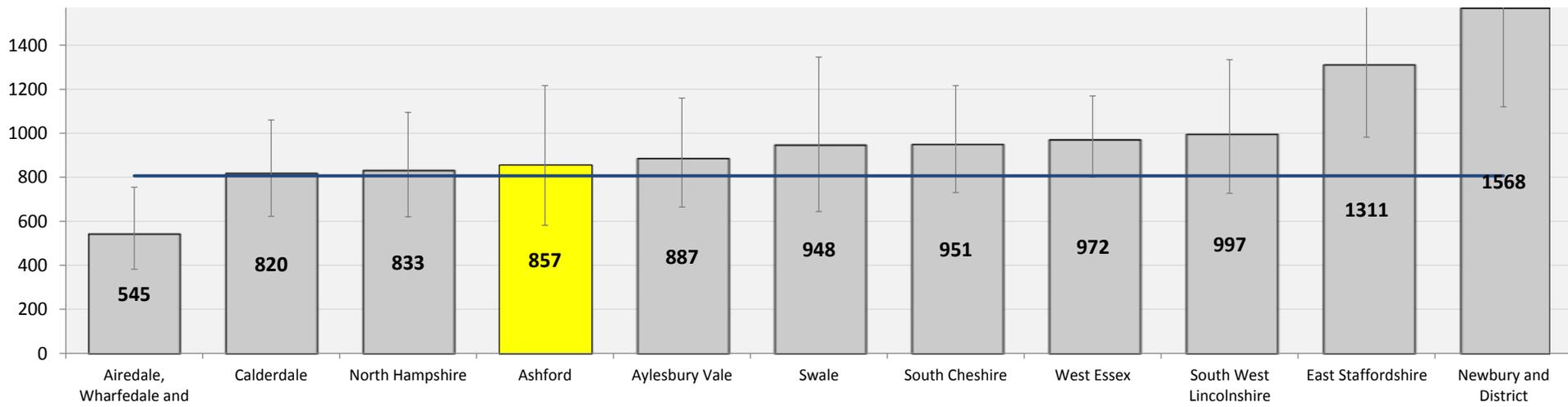
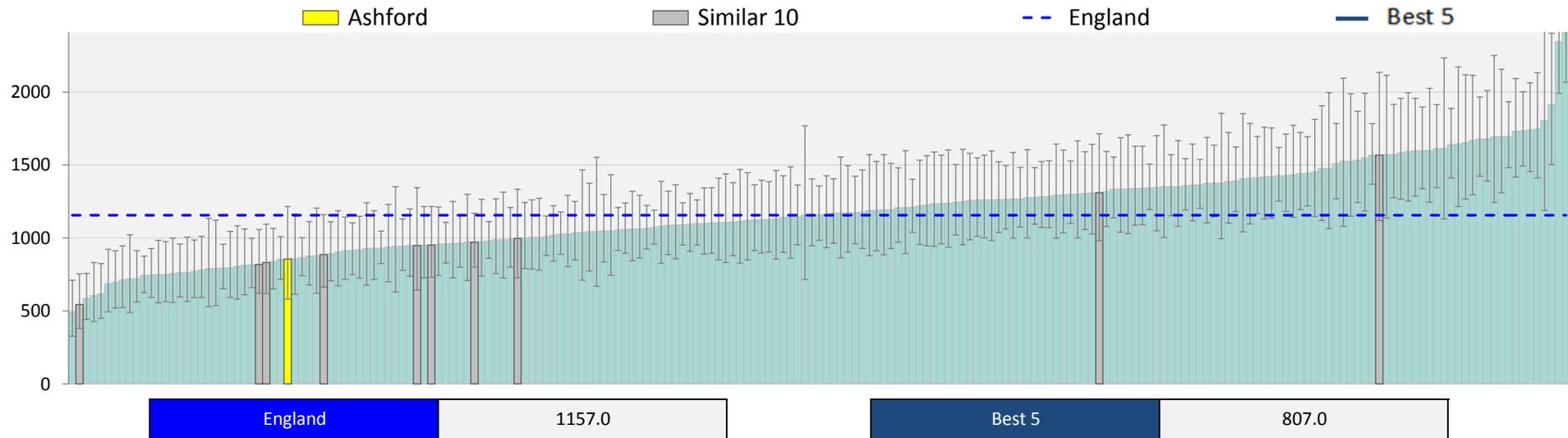


Definition: Cancer, Head and Neck - Total non-elective spend on admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

Cancer, Upper GI- non-elective spend (£ per 1,000 pop)

£7k (NSS)

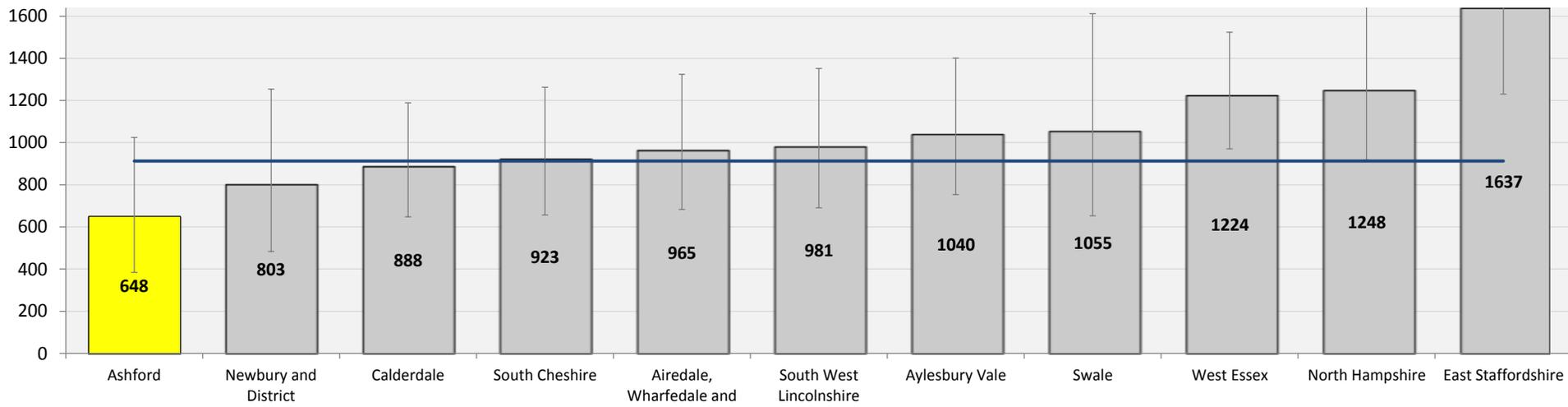
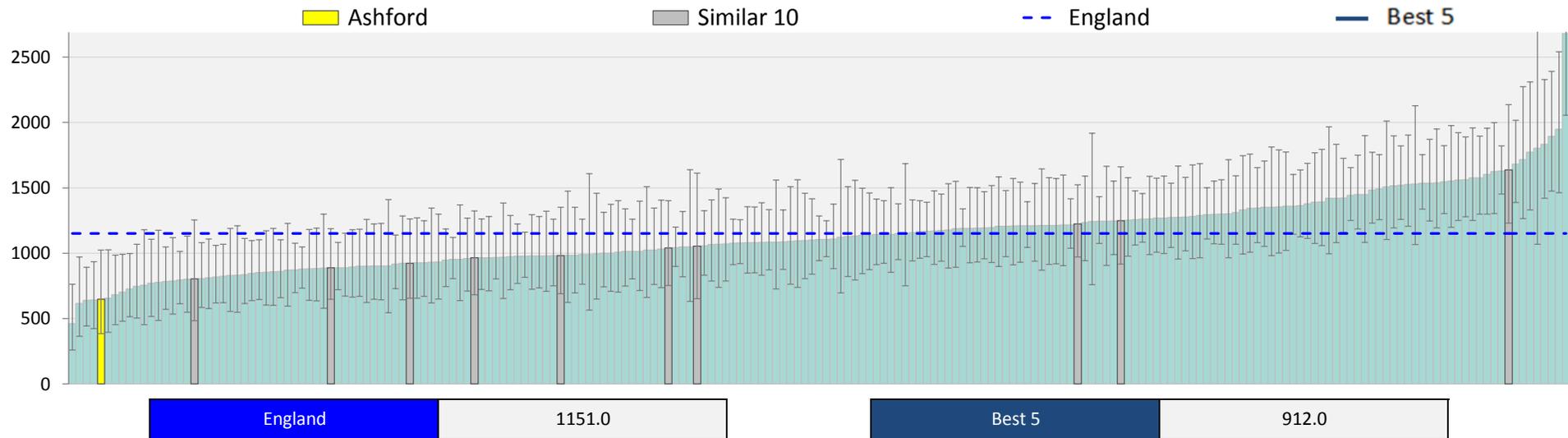
84



Definition: Cancer, Upper GI - Total non-elective spend on admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

# Cancer, Lower GI- non-elective spend (£ per 1,000 pop)

85

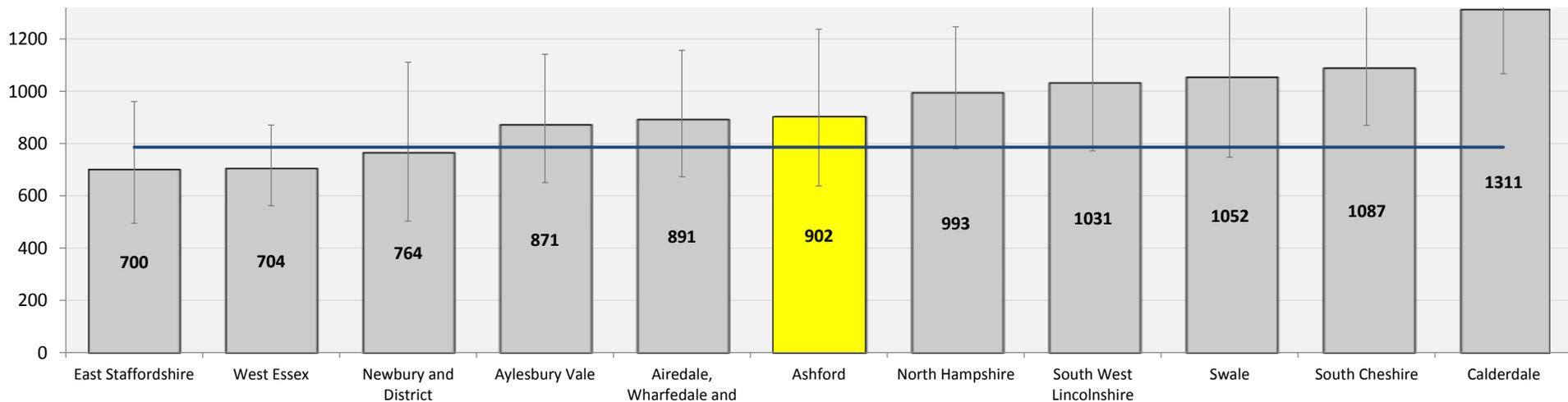
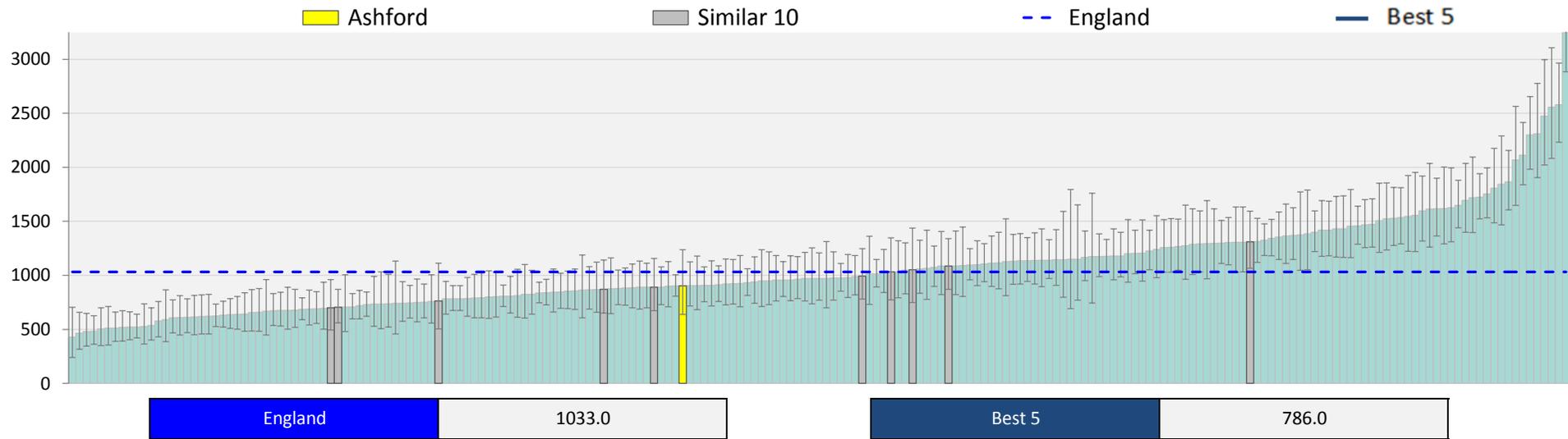


Definition: Cancer, Lower GI - Total non-elective spend on admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

Cancer, Lung- non-elective spend (£ per 1,000 pop)

£15k (NSS)

86

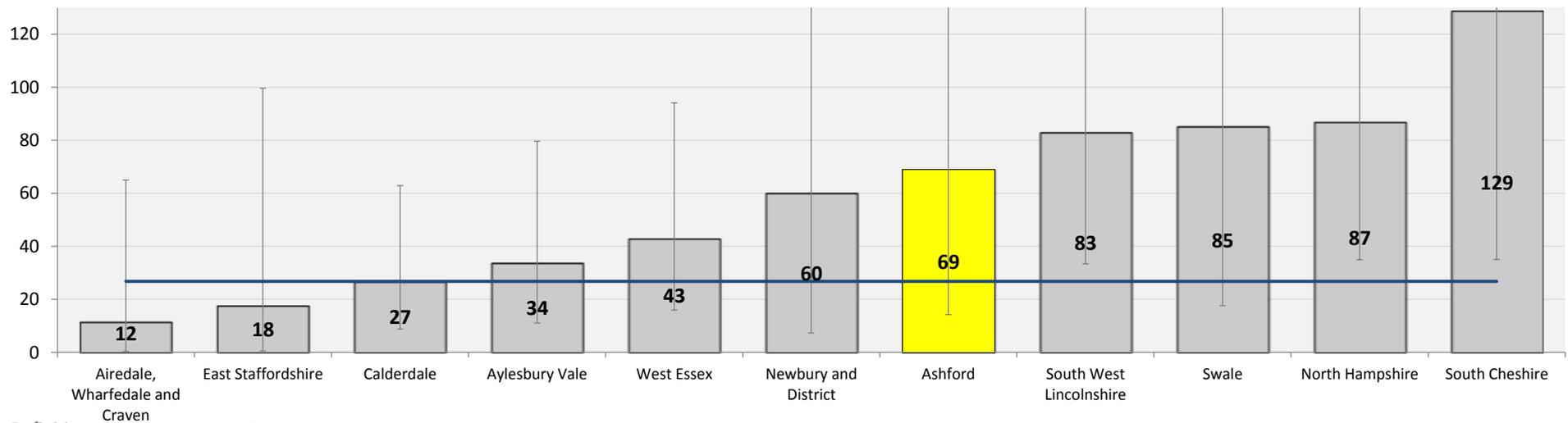
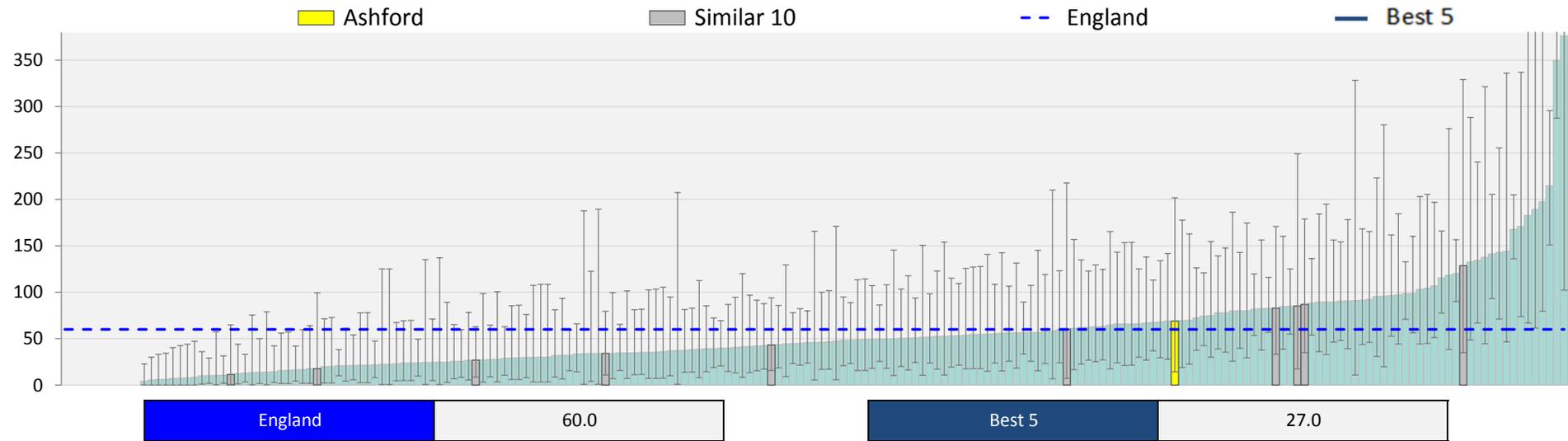


Definition: Cancer, Lung - Total non-elective spend on admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

Cancer, Skin- non-elective spend (£ per 1,000 pop)

£6k (NSS)

87

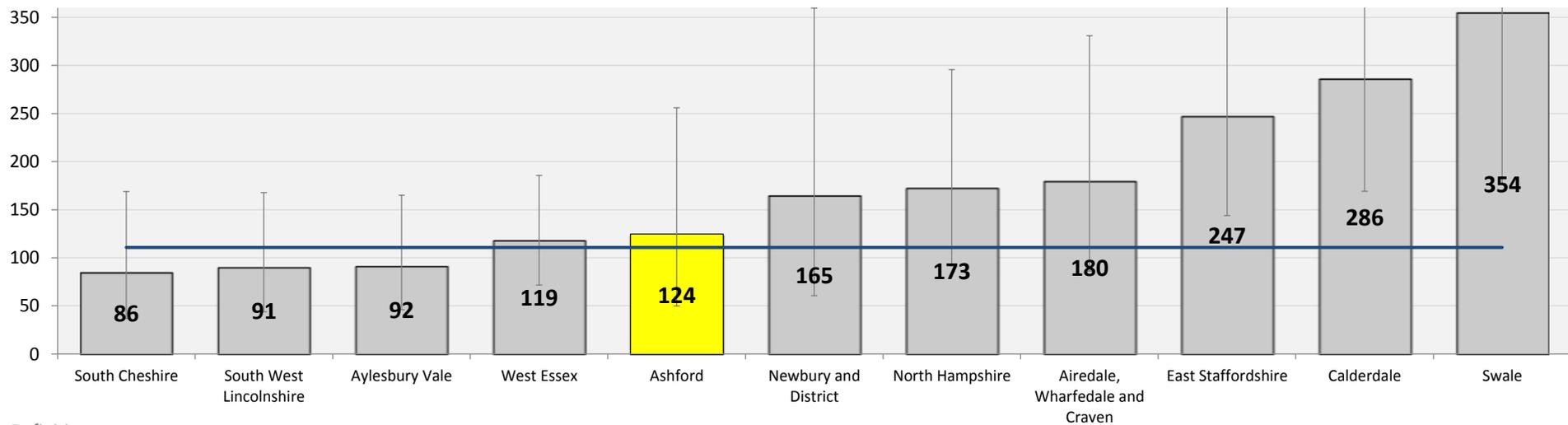
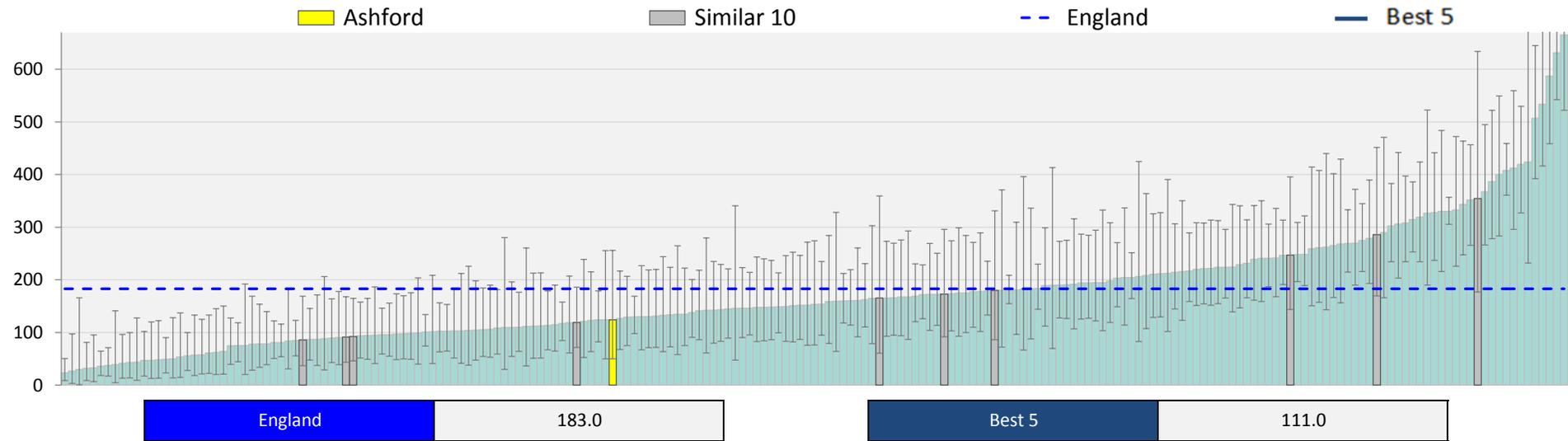


Definition: Cancer, Skin - Total non-elective spend on admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

Cancer, Breast- non-elective spend (£ per 1,000 pop)

£2k (NSS)

88

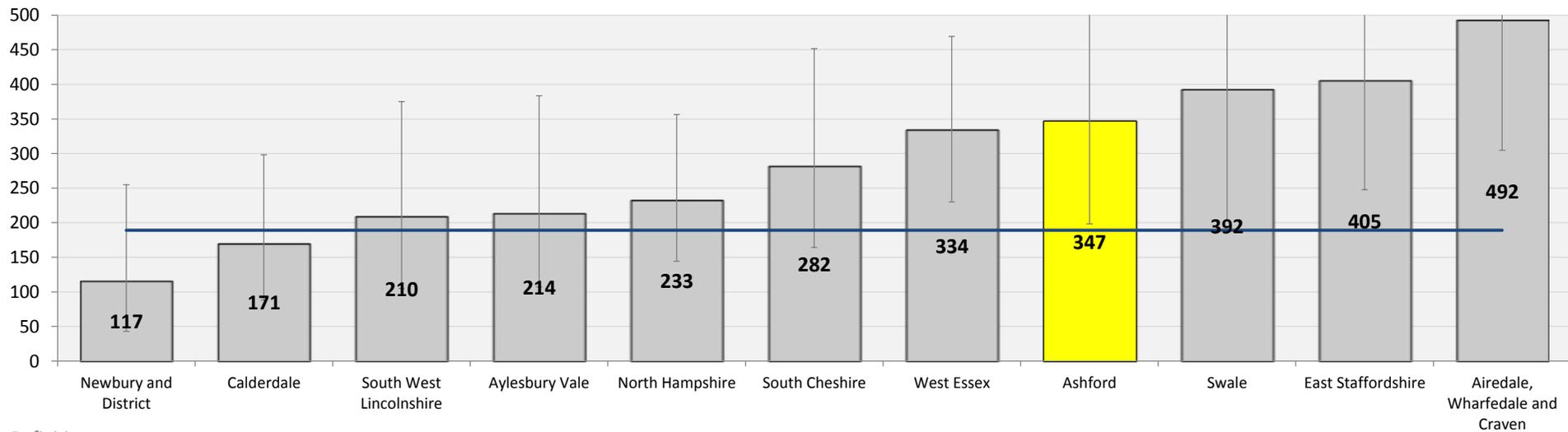
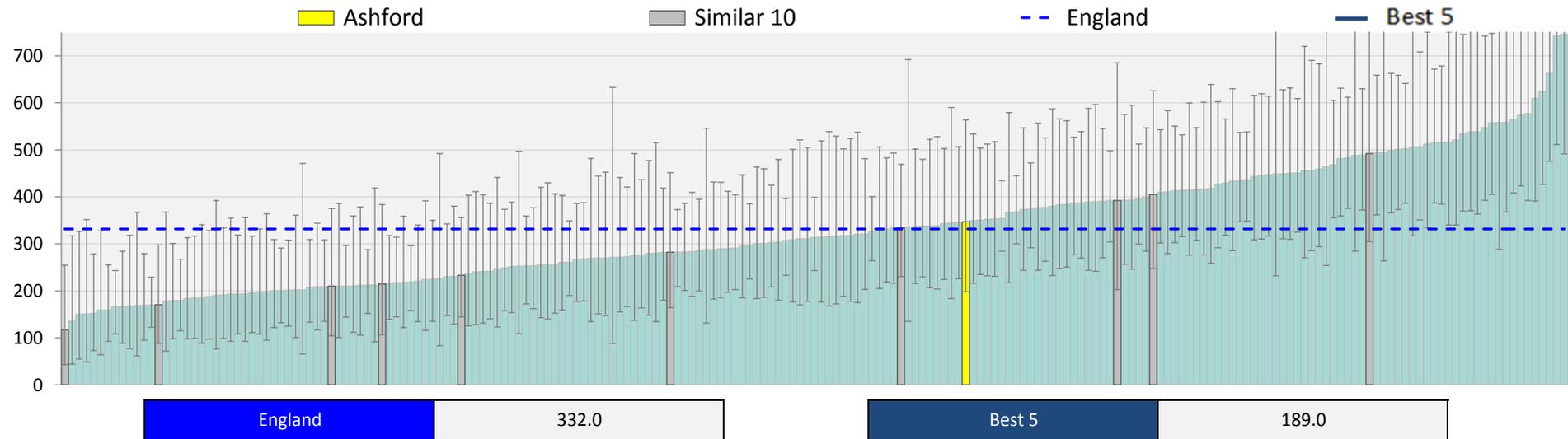


Definition: Cancer, Breast - Total non-elective spend on admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

Cancer, Gynaecological- non-elective spend (£ per 1,000 pop)

£21k

89

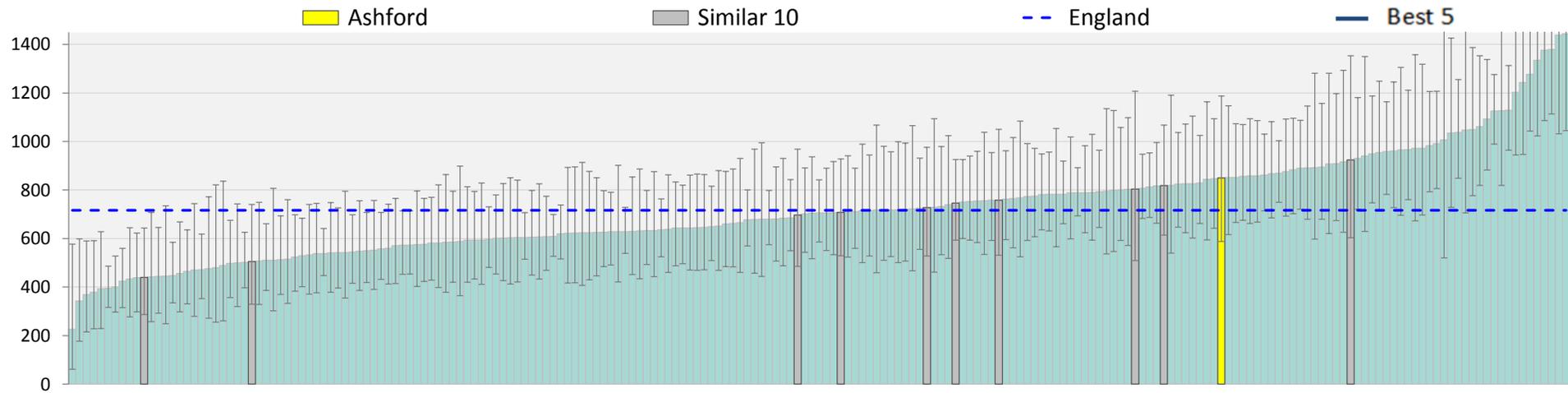


Definition: Cancer, Gynaecological - Total non-elective spend on admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

Cancer, Urological- non-elective spend (£ per 1,000 pop)

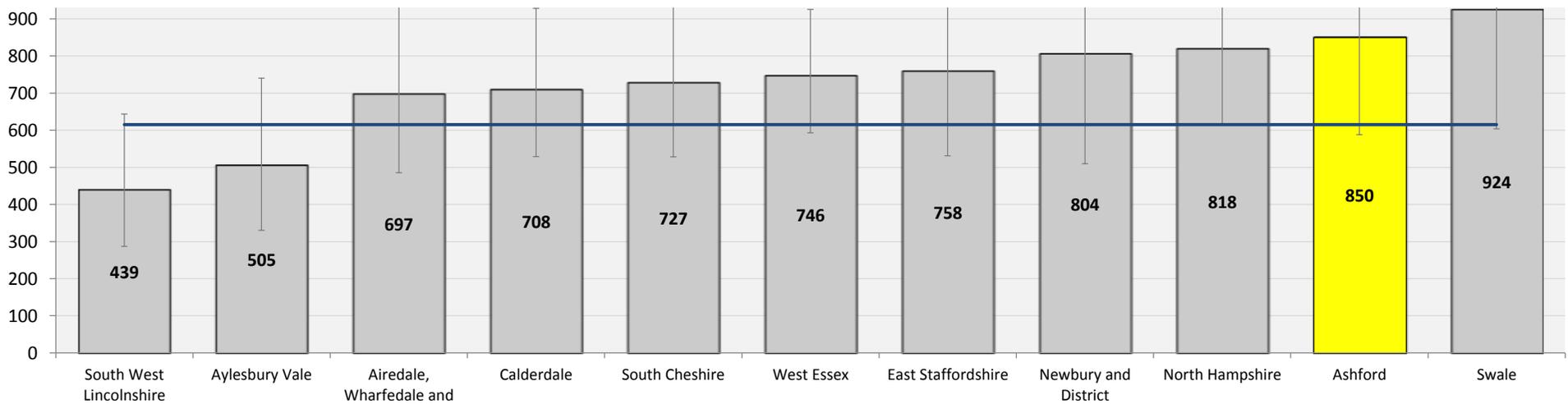
£31k (NSS)

90

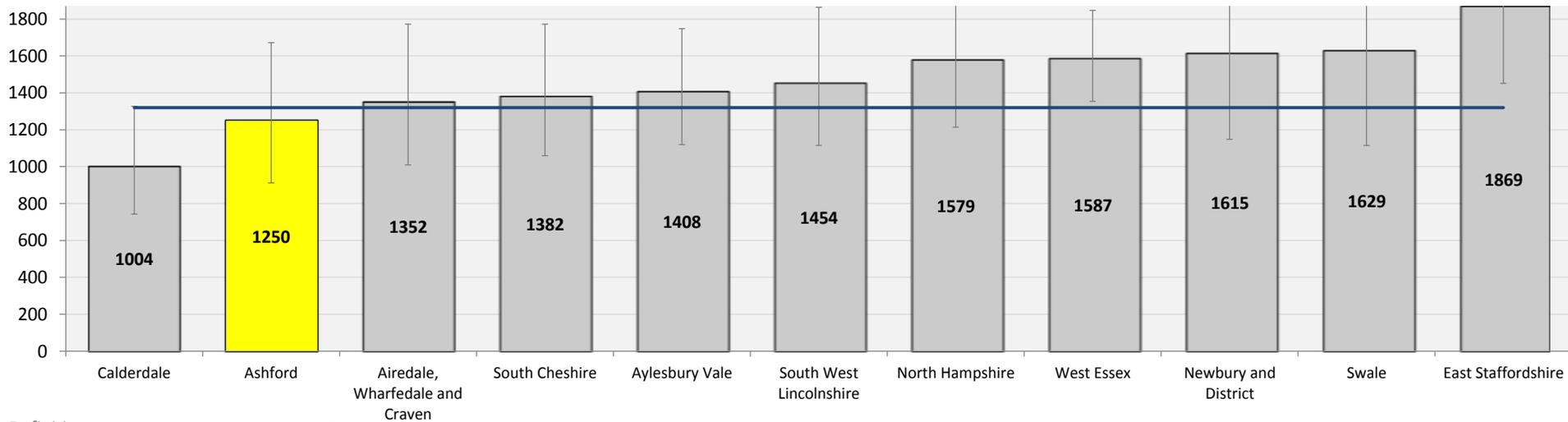
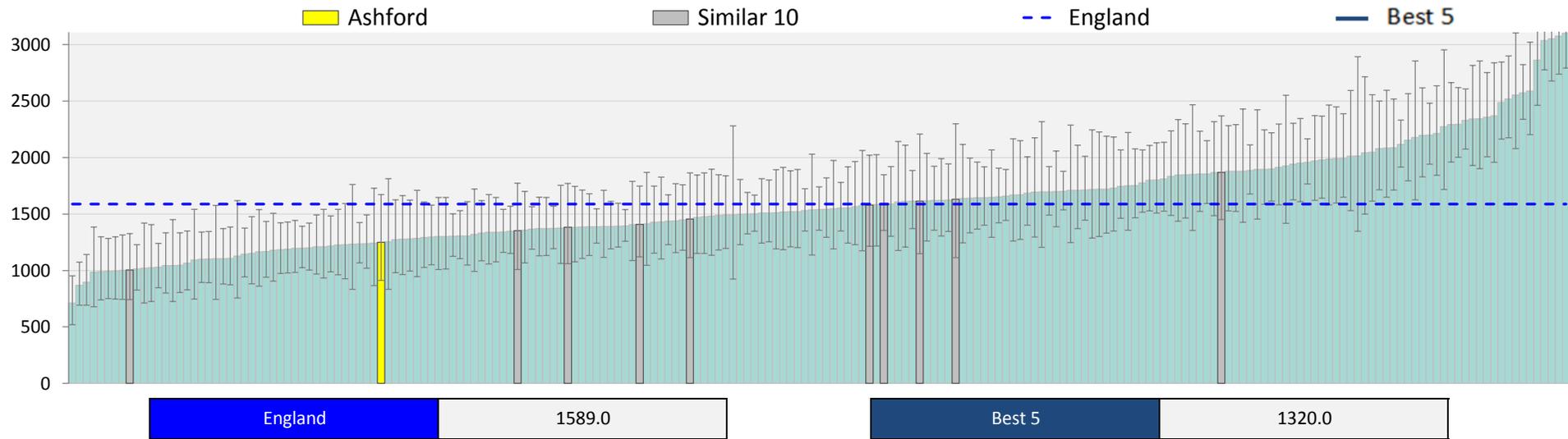


England 717.0

Best 5 615.0

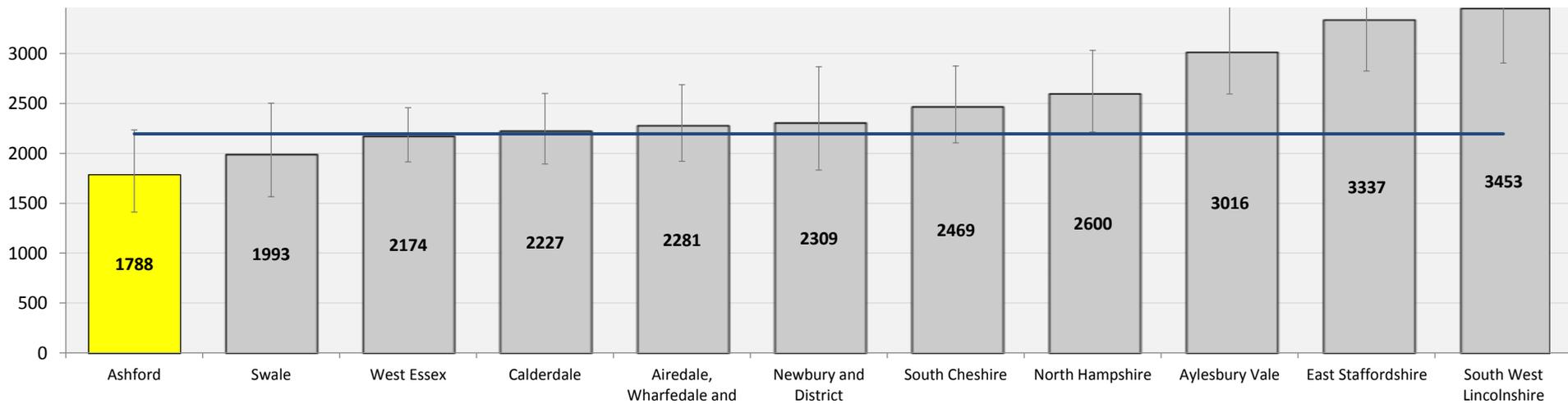
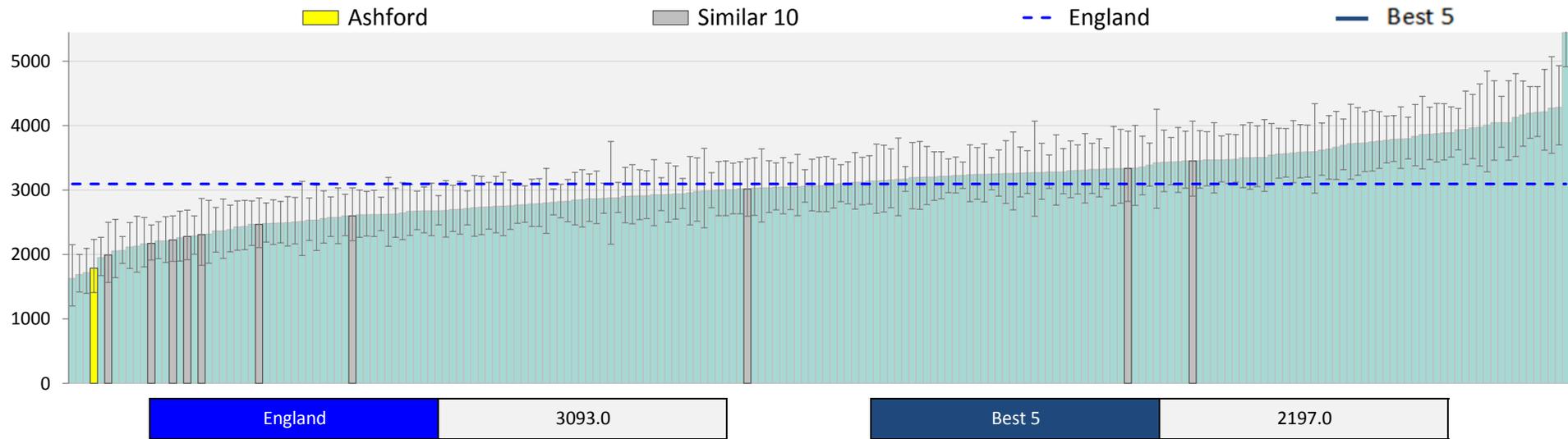


Definition: Cancer, Urological - Total non-elective spend per 1,000 admissions population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15



Definition: Cancer, Haematological - Total non-elective spend admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

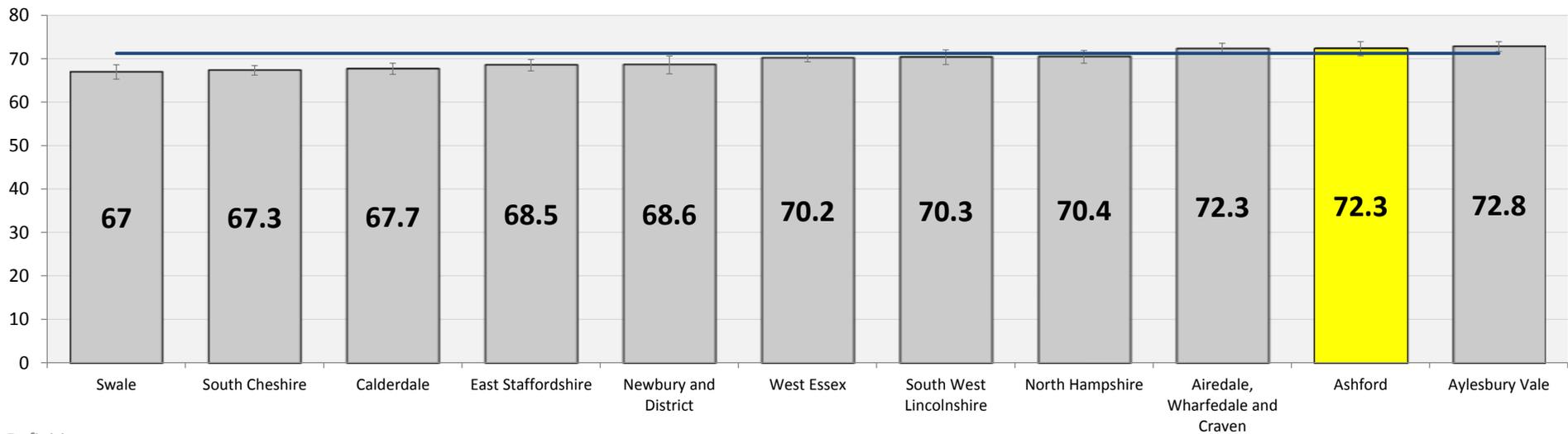
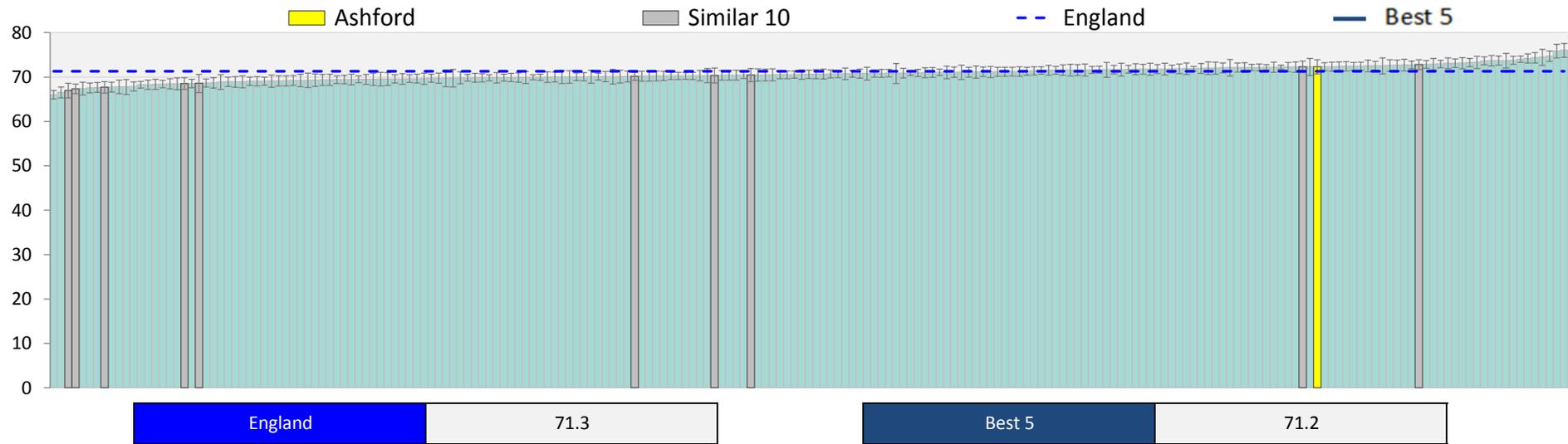
# Other Cancers and Tumours- non-elective spend (£ per 1,000 pop)



Definition: Other Cancers and Tumours - Total non-elective spend on admissions per 1,000 population  
 Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)  
 Year: 2014/15

# One year survival (breast, lung, colorectal) (%)

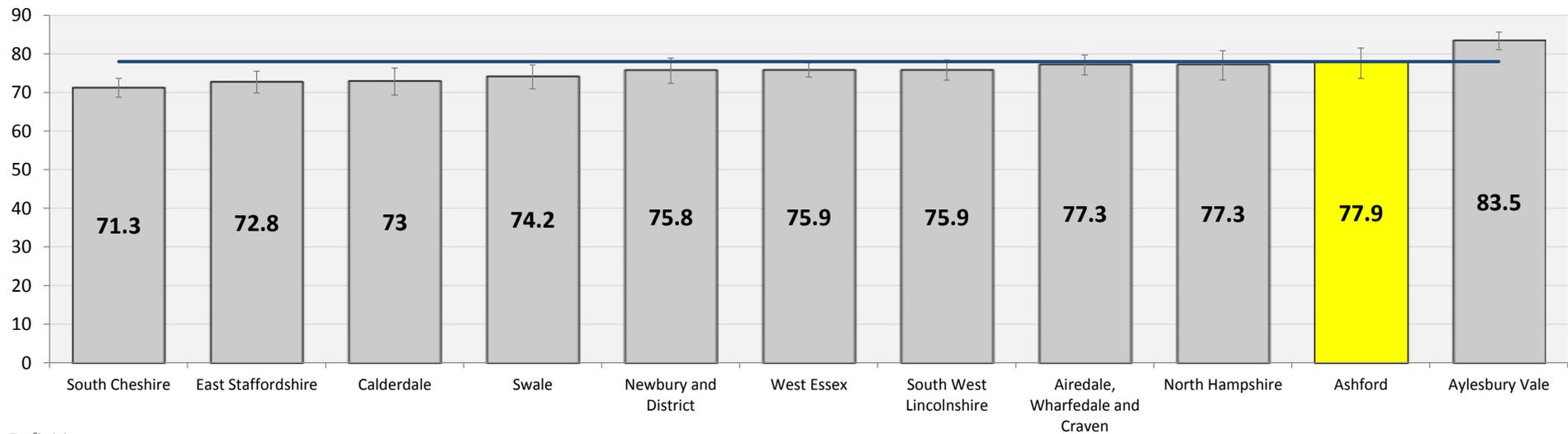
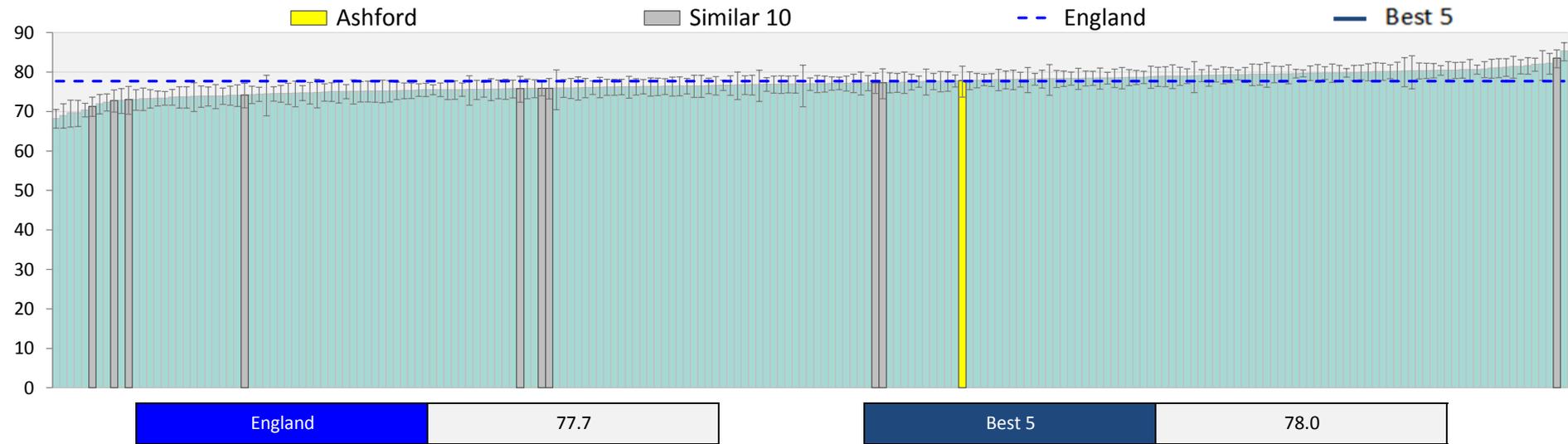
93



Definition: One-year survival index (%) for three-cancers combined all adults (aged 15 to 99 years)  
 Source: Office for National Statistics  
 Year: 2013 (2011)

# One year survival for colorectal cancer (%)

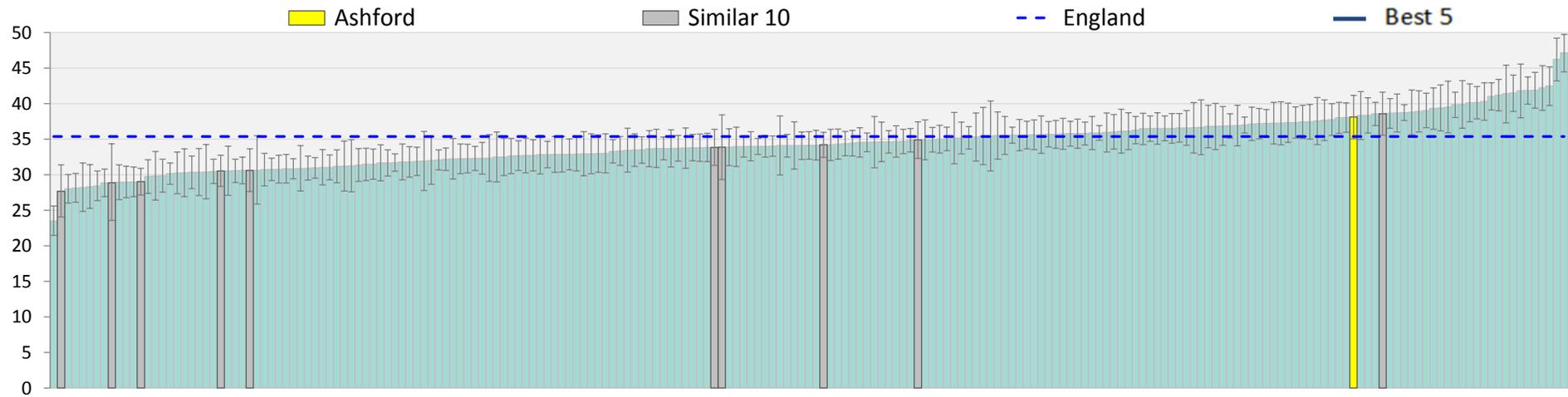
94



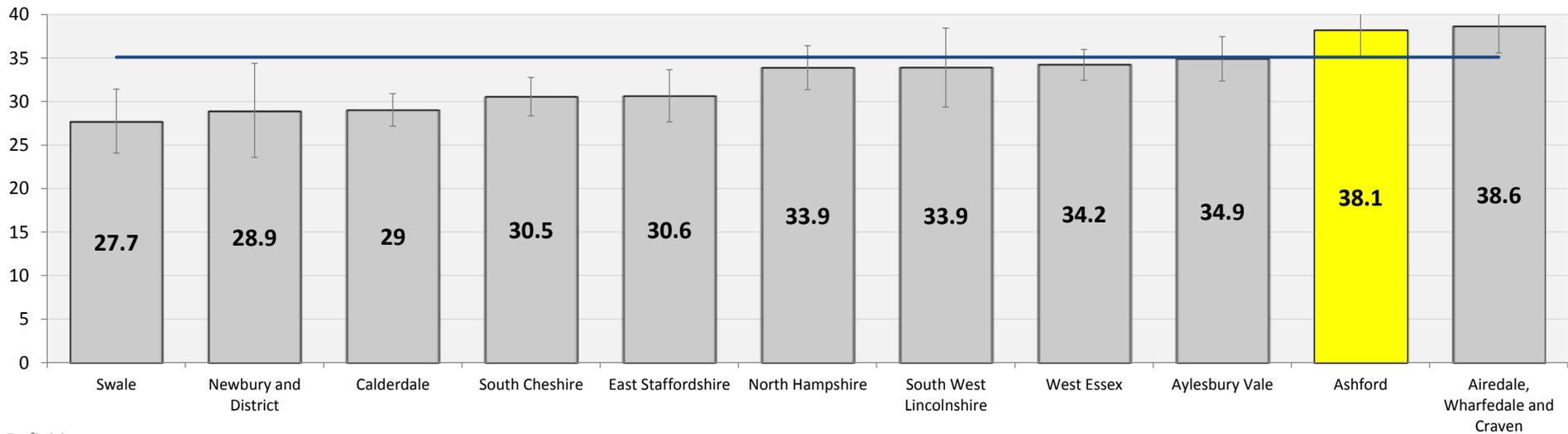
Definition: One year survival for colorectal cancer  
 Source: Office for National Statistics  
 Year: 2013 (2011)

# One year survival for lung cancer (%)

95



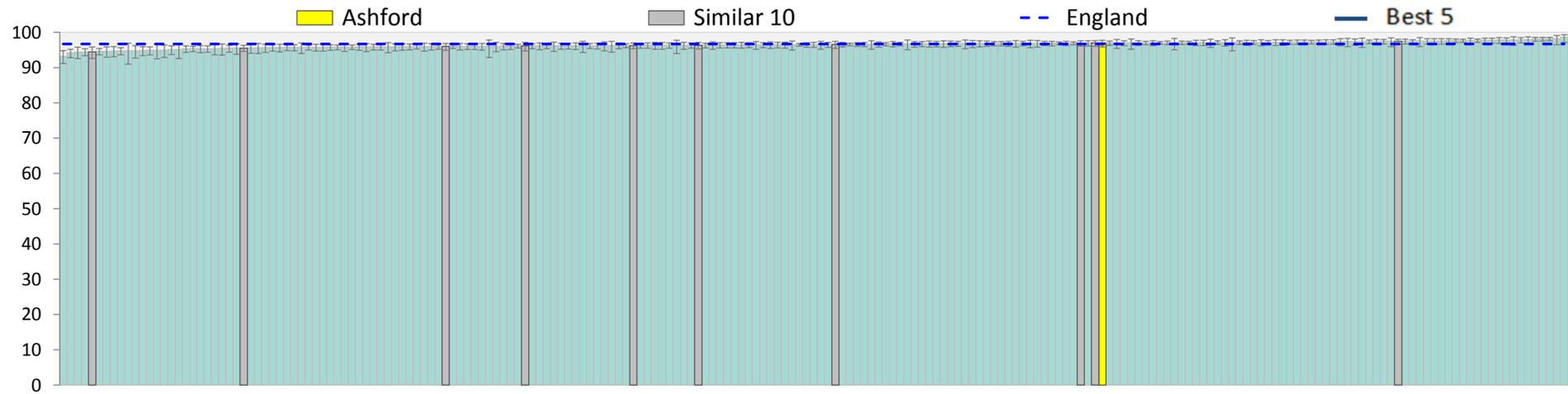
England	35.4	Best 5	35.1
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Definition: One year survival for lung cancer  
 Source: Office for National Statistics  
 Year: 2013 (2011)

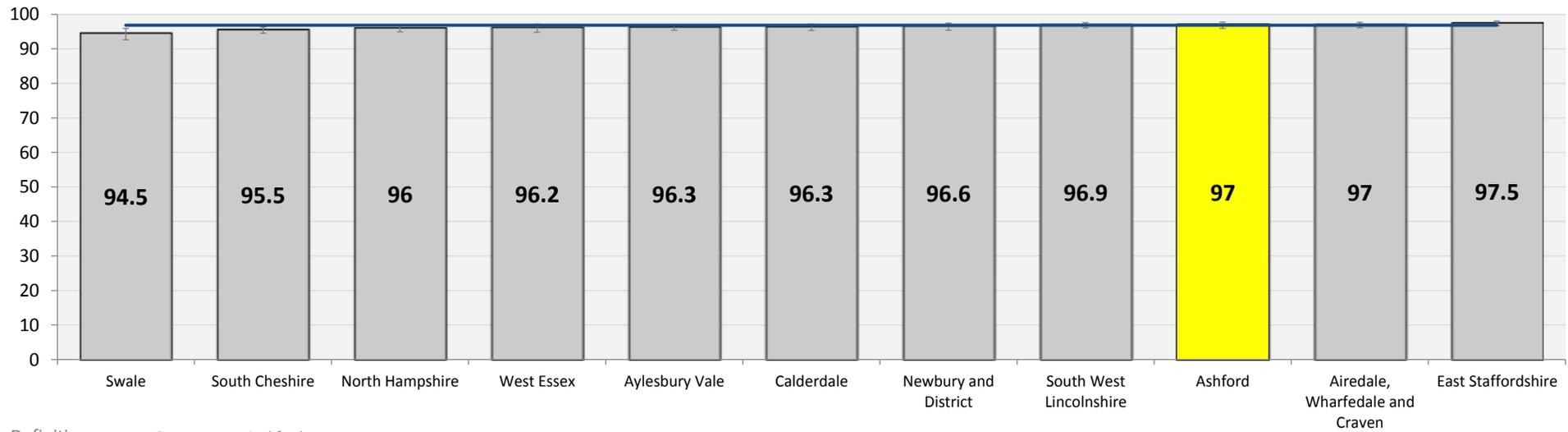
# One year survival for breast cancer (%)

96



England 96.7

Best 5 96.9

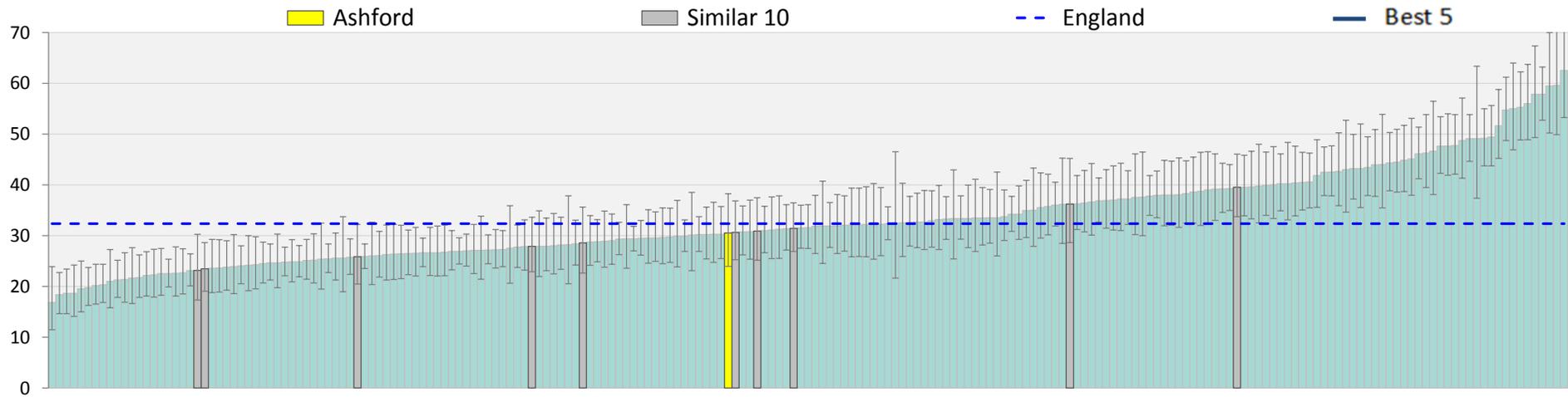


Definition: One year survival for breast cancer  
 Source: Office for National Statistics  
 Year: 2013 (2011)

<75 mortality from lung cancer (per 100,000 pop)

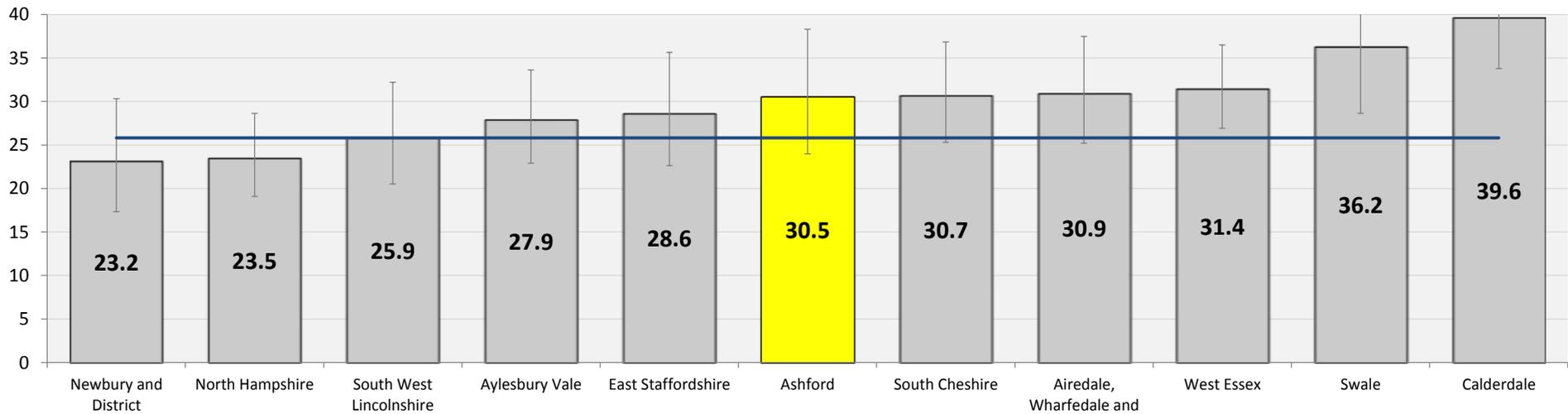
6 Lives (NSS)

97



England 32.4

Best 5 25.8

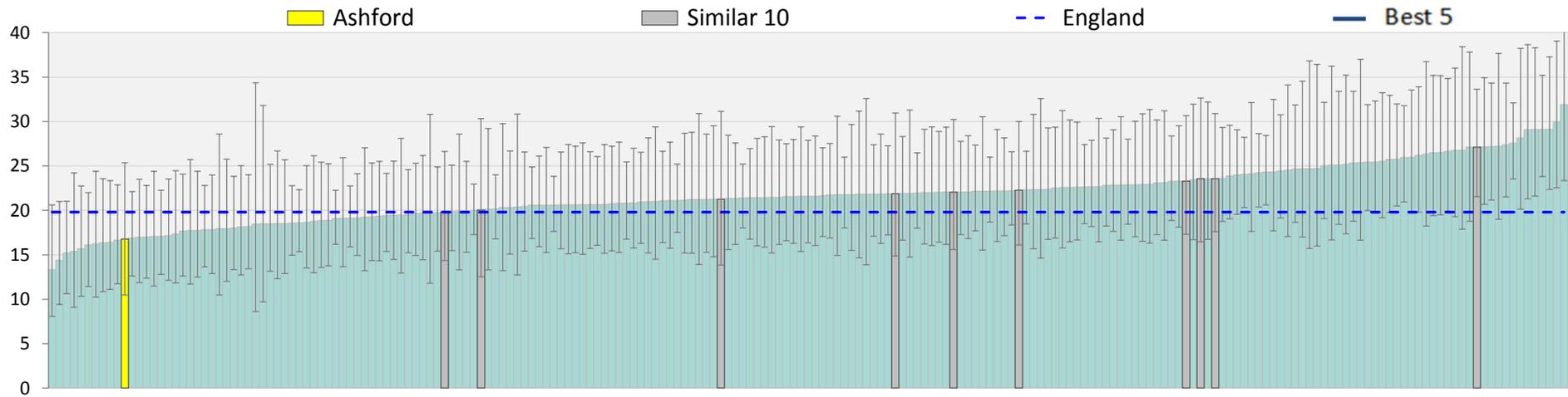


Definition: Mortality from lung cancer: under 75 directly age-standardised rates (DSR) per 100,000 European Standard Population

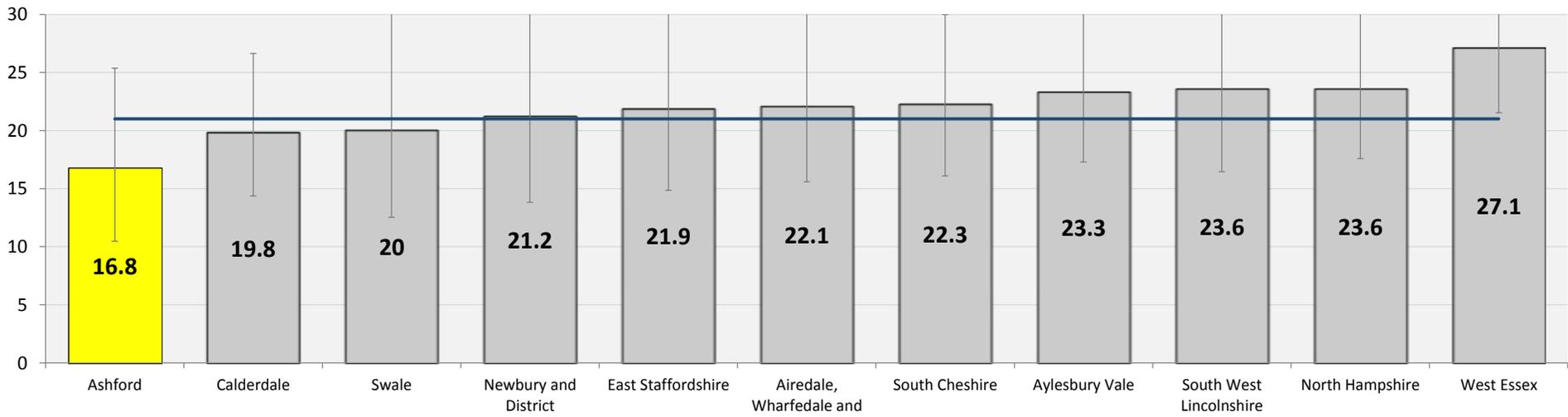
Source: Primary Care Mortality Database, HSCIC

Year: 2011-13

<75 mortality from breast cancer (per 100,000 pop)

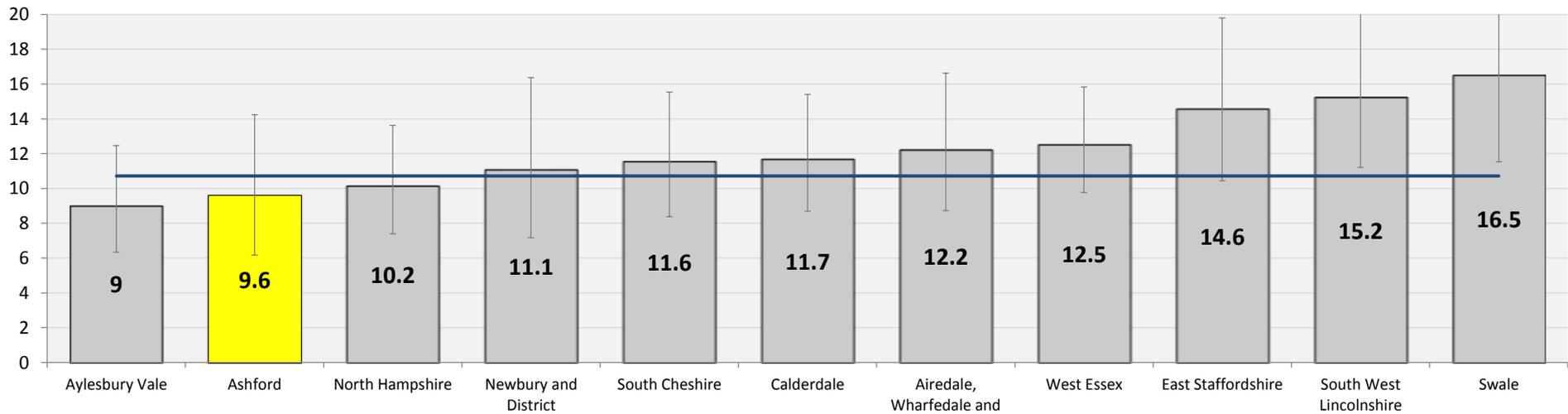
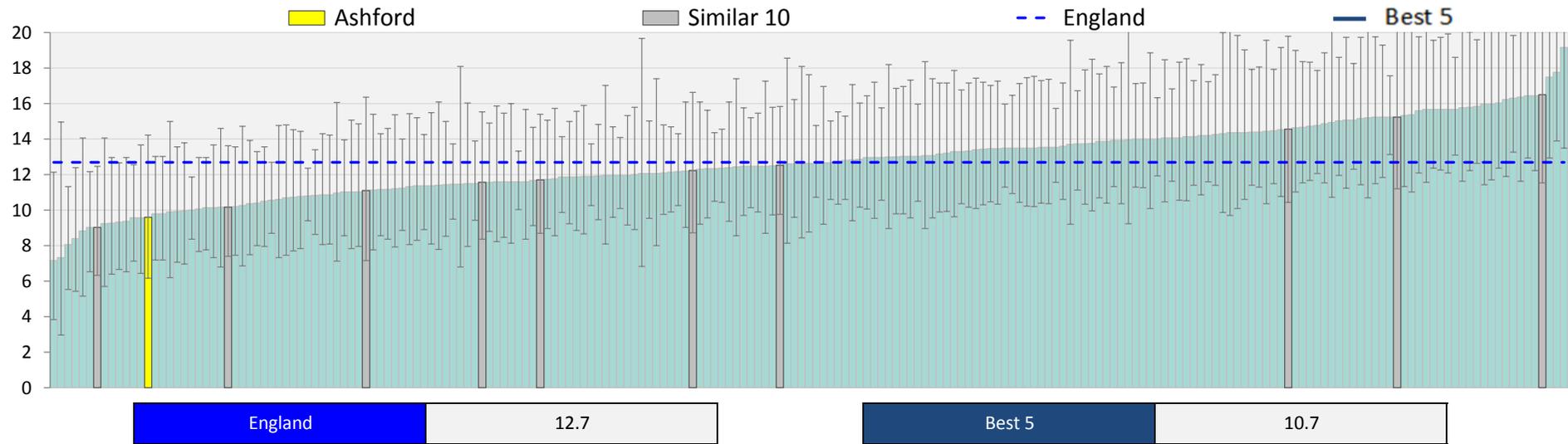


England	19.8	Best 5	21.0
---------	------	--------	------



Definition: Mortality from breast cancer: under 75 directly age-standardised rates (DSR) per 100,000 European Standard Population  
 Source: Primary Care Mortality Database, HSCIC  
 Year: 2011-13

<75 mortality from colorectal cancer (per 100,000 pop)



Definition: Mortality from colorectal cancer: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard  
 Source: Primary Care Mortality Database, HSCIC  
 Year: 2011-13

Commissioners can take the following actions now:

- Identify the key opportunities for improvement within the pathways included in the cancer focus pack for your population and compare with current reform activity and improvement plans
- Engage with clinicians and other local stakeholders, including public health teams in local authorities and commissioning support organisations and explore the opportunities along the pathways further using local data
- Revisit the Commissioning for Value web pages regularly as new content, including updates to tools to support the use of the Commissioning for Value packs, is regularly added
- Watch the focus pack videos, and explore other clinical resources
- Always consider risk factor reduction (e.g. smoking prevalence) as an opportunity to improve population health and reduce disease prevalence
- Discuss the opportunities highlighted in this pack as part of the STP planning process and consider STP wide action where appropriate
- For Wave One CCGs, speak to your Delivery Partner about other practical steps for your locality
- For Wave Two CCGs, start to identify and act to improve the opportunities highlighted

The Commissioning for Value benchmarking tool, explorer tool, full details of all the data used, and links to other useful tools are available on the Commissioning for Value pages of the NHS England website.

The NHS RightCare website offers resources to support CCGs in adopting the Commissioning for Value approach. These include:

- Online videos and 'how to' guides
- Case studies with learning from other CCGs

If you have any questions or require any further information or support you can email the Commissioning for Value support team direct at: [england.healthinvestmentnetwork@nhs.net](mailto:england.healthinvestmentnetwork@nhs.net)

There are further resources on key surgical pathways and data available at The Royal College of Surgeons National Surgical Commissioning Centre. All the resources listed below are freely available at the website shown on page 103.

- **Commissioning guides** have been developed through a NICE accredited process and outline the ‘high value’ care pathway for a particular surgical complaint. Further information on the development of the commissioning guides is available online. Guides related to cancer conditions include: Emergency surgery (for acute abdominal pain); Rectal bleeding; Asymptomatic scrotal swelling; and Lower urinary tract symptoms in men
- **Data tools linked to commissioning guides** use Hospital Episode Statistics (HES). All the tools have been developed with input from a multidisciplinary guideline development group and clinical coders and the technical definitions and guidance on navigating the tools are available to download. The data within these tools should be used as a start of a conversation between commissioners and their providers to examine possible areas for improved efficiency and quality improvement
- **The Quality Dashboards and Procedure Explorer Tool (PET):** There are 30 separate quality dashboards which show quality indicators for surgical procedures commissioned by commissioners. The PET tool shows further detailed information on individual procedures. Related data tools are:
  - Emergency laparotomy and surgical treatment of large bowel obstruction
  - Colonoscopy / Flexible sigmoidoscopy
  - Surgical treatment of testicular cancer
  - Surgical treatment of prostatism

Commissioning for Value pages of the NHS England website:

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>

Commissioning for Value Similar 10 Explorer Tool:

<https://www.england.nhs.uk/wp-content/uploads/2016/01/cfv-16-similar-10-explr-tool.xlsm>

Supporting videos for the CFV focus packs:

<https://www.youtube.com/playlist?list=PL6IQwMACXkj1e17bcMvaHuy1gd9XrZT92>

NHS RightCare website:

<http://www.rightcare.nhs.uk/index.php/commissioning-for-value/>

Royal College of Surgeons National Surgical Commissioning Centre:

<http://www.rcseng.ac.uk/surgical-commissioning>

National Cancer Strategy:

[http://www.cancerresearchuk.org/sites/default/files/achieving\\_world-class\\_cancer\\_outcomes\\_-\\_a\\_strategy\\_for\\_england\\_2015-2020.pdf](http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf)

National Cancer Strategy implementation plan:

<https://www.england.nhs.uk/2016/05/cancer-strategy/>

Cancer dashboard:

<https://www.cancerdata.nhs.uk/dashboard/#?tab=Overview>

National Cancer Intelligence Network:

<http://www.ncin.org.uk/home>

National Institute for Health and Care Excellence:

<https://www.nice.org.uk/>

# Annex A: Procedure and drug codes and descriptions

<b>Programme Category Name</b>	<b>Programme Category Code</b>
Cancer, Head and Neck	02A
Cancer, Upper GI	02B
Cancer, Lower GI	02C
Cancer, Lung	02D
Cancer, Skin	02E
Cancer, Breast	02F
Cancer, Gynaecological	02G
Cancer, Urological	02H
Cancer, Haematological	02I
Cancers and Tumours (Other)*	02X

\* This includes Tumours of the Nervous System which are included within the Cancer and Tumours programme budget category, but covered in more detail in the Neurological Focus Pack

Highest spend procedures mapped to Programme Budget Codes: 02A, 02B, 02C, 02D, 02E, 02F, 02G, 02H, 02I, 02X . The Programme Budget Code where the majority of spend falls is indicated.

<b>OPCS Procedure Code</b>	<b>Full procedure description</b>	<b>Short name in focus packs</b>
B285	Wire guided partial excision of breast (Majority PBC = 02F)	Wire guided partial excision of breast
B282	Partial excision of breast NEC (Majority PBC = 02F)	Partial excision of breast NEC
B274	Total mastectomy NEC (Majority PBC = 02F)	Total mastectomy NEC
B276	Skin sparing mastectomy (Majority PBC = 02F)	Skin sparing mastectomy

Highest spend procedures mapped to Programme Budget Codes: 02A, 02B, 02C, 02D, 02E, 02F, 02G, 02H, 02I, 02X . The Programme Budget Code where the majority of spend falls is indicated.

<b>OPCS Procedure Code</b>	<b>Full procedure description</b>	<b>Short name in focus packs</b>
E543	Lobectomy of lung (Majority PBC = 02D)	Lobectomy of lung
U354	Computed tomography of pulmonary arteries (Majority PBC = 02D&02X)	Computed tomography of pulmonary arteries
E632	Endobronchial ultrasound examination of mediastinum (Majority PBC = 02D)	Endobronchial ultrasound examination of mediastinum

# Lower GI cancers procedures

108

Highest spend procedures mapped to Programme Budget Codes: 02A, 02B, 02C, 02D, 02E, 02F, 02G, 02H, 02I, 02X . The Programme Budget Code where the majority of spend falls is indicated.

<b>OPCS Procedure Code</b>	<b>Full procedure description</b>	<b>Short name in focus packs</b>
H333	Anterior resection of rectum and anastomosis of colon to rectum using staples (Majority PBC = 02C)	Anterior resection - rectum;anastomosis- colon to rectum w/ staples
H072	Right hemicolectomy and side to side anastomosis of ileum to transverse colon (Majority PBC = 02C)	Right hemicolectomy,side to side anastomosis -ileum to trans. colon
H221	Diagnostic fiberoptic endoscopic examination of colon and biopsy of lesion of colon (Majority PBC = 02C&02X)	Diagnostic fiberoptic endoscopy - colon; biopsy - lesion of colon
H229	Unspecified diagnostic endoscopic examination of colon (Majority PBC = 02C&02X)	Unspecified diagnostic endoscopy - colon
H336	Anterior resection of rectum and exteriorisation of bowel (Majority PBC = 02C)	Anterior resection of rectum and exteriorisation of bowel
H331	Abdominoperineal excision of rectum and end colostomy (Majority PBC = 02C)	Abdominoperineal excision of rectum and end colostomy
H335	Rectosigmoidectomy and closure of rectal stump and exteriorisation of bowel (Majority PBC = 02C)	Rectosigmoidectomy+closure of rectal stump, exteriorisation of bowel

# Cancers and tumours: All other procedures

109

Highest spend procedures mapped to Programme Budget Codes: 02A, 02B, 02C, 02D, 02E, 02F, 02G, 02H, 02I, 02X . The Programme Budget Code where the majority of spend falls is indicated.

<b>OPCS Procedure Code</b>	<b>Full procedure description</b>	<b>Short name in focus packs</b>
U212	Computed tomography NEC (Majority PBC = All)	CT - Not elsewhere classified
Q074	Total abdominal hysterectomy NEC (Majority PBC = 02G & 02X)	Total abdominal hysterectomy - Not elsewhere classified
U051	Computed tomography of head (Majority PBC = 02X)	CT – Head
X292	Continuous intravenous infusion of therapeutic substance NEC (Majority PBC = 02I)	Continuous IV infusion of therapeutic substance
M421	Endoscopic resection of lesion of bladder (Majority PBC = 02H)	Endoscopic resection of lesion of bladder
S069	Unspecified other excision of lesion of skin (Majority PBC = 02E&02X)	Unspecified other excision of lesion of skin
S065	Excision of lesion of skin of head or neck NEC (Majority PBC = 02E)	Excision of lesion of skin of head/neck - Not elsewhere classified
H201	Fibreoptic endoscopic snare resection of lesion of colon (Majority PBC = 02X)	Fibreoptic endoscopy snare resection of lesion of colon
W365	Diagnostic extraction of bone marrow NEC (Majority PBC = 02I)	Diagnostic extraction of bone marrow - Not elsewhere classified
M611	Total excision of prostate and capsule of prostate (Majority PBC = 02H)	Total excision of prostate and capsule of prostate
X715	Procurement of drugs for chemotherapy for neoplasm for regimens in Band 10 (Majority PBC = 02I)	Procurement of drugs for chemotherapy for neoplasm - Band 10
G451	Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract (Majority PBC = 02B)	Fibreoptic endoscopy-upper GI tract; biopsy-lesion of upper GI tract
X332	Intravenous blood transfusion of packed cells (Majority PBC = 02I&02X)	IV blood transfusion of packed cells

# Cancers and tumours: All other procedures cont.

110

Highest spend procedures mapped to Programme Budget Codes: 02A, 02B, 02C, 02D, 02E, 02F, 02G, 02H, 02I, 02X .  
The Programme Budget Code where the majority of spend falls is indicated.

<b>OPCS Procedure Code</b>	<b>Full procedure description</b>	<b>Short name in focus packs</b>
U211	Magnetic resonance imaging NEC (Majority PBC = 02X)	MRI - Not elsewhere classified
U052	Magnetic resonance imaging of head (Majority PBC = 02X)	MRI - Head
T462	Drainage of ascites NEC (Majority PBC = 02X)	Drainage of ascites - Not elsewhere classified
S067	Re-excision of skin margins NEC (Majority PBC = 02E)	Re-excision of skin margins - Not elsewhere classified
G459	Unspecified diagnostic fiberoptic endoscopic examination of upper gastrointestinal tract (Majority PBC = All)	Unspecified diagnostic fiberoptic endoscopy - upper GI tract
X339	Unspecified other blood transfusion (Majority PBC = 02I&02X)	Unspecified other blood transfusion
X369	Unspecified blood withdrawal (Majority PBC = 02I)	Unspecified blood withdrawal
G011	Oesophagogastrectomy and anastomosis of oesophagus to stomach (Majority PBC = 02B)	Oesophagogastrectomy and anastomosis of oesophagus to stomach
E091	Excision of lesion of external nose (Majority PBC = 02E)	Excision of lesion of external nose
M341	Cystoprostatectomy (Majority PBC = 02H)	Cystoprostatectomy
M459	Unspecified diagnostic endoscopic examination of bladder (Majority PBC = 02X)	Unspecified diagnostic endoscopy - bladder
G441	Fiberoptic endoscopic insertion of prosthesis into upper gastrointestinal tract (Majority PBC = 02B)	Fiberoptic endoscopic insertion of prosthesis into upper GI tract
T124	Insertion of tube drain into pleural cavity (Majority PBC = 02X&02D)	Insertion of tube drain into pleural cavity
A021	Excision of lesion of tissue of frontal lobe of brain (Majority PBC = 02X)	Excision of lesion of tissue of frontal lobe of brain

Individual drugs	BNF Category
Goserelin Acetate	Hormone antagonists - Gonadorelin analogues and gonadotrophin-releasing hormone antagonists
Leuprorelin Acetate	Hormone antagonists - Gonadorelin analogues and gonadotrophin-releasing hormone antagonists
Triptorelin Acetate	Hormone antagonists - Gonadorelin analogues and gonadotrophin-releasing hormone antagonists
Triptorelin Embonate	Hormone antagonists - Gonadorelin analogues and gonadotrophin-releasing hormone antagonists
Bicalutamide	Hormone antagonists - Gonadorelin analogues and gonadotrophin-releasing hormone antagonists
Degarelix	Hormone antagonists - Gonadorelin analogues and gonadotrophin-releasing hormone antagonists
Cyproterone Acetate	Hormone antagonists - Gonadorelin analogues and gonadotrophin-releasing hormone antagonists
Exemestane	Hormone antagonists - Breast cancer
Anastrozole	Hormone antagonists - Breast cancer
Letrozole	Hormone antagonists - Breast cancer
Tamoxifen Citrate	Hormone antagonists - Breast cancer
Diethylstilbestrol	Oestrogens
Octreotide Acetate	Hormone antagonists - Somatostatin analogues
Lanreotide	Hormone antagonists - Somatostatin analogues

<b>Individual drugs</b>	<b>BNF Category</b>
Azathioprine	Antiproliferative immunosuppressants
Mycophenolate Sodium	Antiproliferative immunosuppressants
Mycophenolate Mofetil	Antiproliferative immunosuppressants
Ciclosporin	Corticosteroids and other immunosuppressants
Sirolimus	Corticosteroids and other immunosuppressants
Tacrolimus	Corticosteroids and other immunosuppressants
Mercaptopurine	Antimetabolites

# SUS SEM code definitions

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Admission Method	Admission Method Description
11	11: Waiting list
12	12: Booked
13	13: Planned
21	21: Accident and emergency or dental casualty department of the health care provider
22	22: General practitioner: after a request for immediate admission has been made direct to a hospital provider, i.e. Not through a bed bureau, by a general practitioner or deputy
23	23: Bed bureau
24	24: Consultant clinic, of this or another health care provider
25	25: Admission via mental health crisis resolution team
28	28: Other means, examples are: admitted from the accident and emergency department of another provider where they had not been admitted; transfer of an admitted patient from another hospital provider in an emergency; baby born at home as intended
2A	2A: Accident and emergency department of another provider where the patient had not been admitted
2B	2B: Transfer of an admitted patient from another hospital provider in an emergency
2C	2C: Baby born at home as intended
2D	2D: Other emergency admission
31	31: Admitted ante-partum
32	32: Admitted post-partum
81	81: Transfer of any admitted patient from other hospital provider other than in an emergency
82	82: The birth of a baby in this health care provider
83	83: Baby born outside the health care provider except when born at home as intended.

Patient Classification	Patient Classification Description
1	1: Ordinary admission
2	2: Day case admission

Person Gender Code	Person Gender Description
1	1: Male
2	2: Female

# Annex B: High level metadata

# Admissions spend indicators

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Analysis	Elective/Non-elective spend analysis
Time Period	2014/15
Age Group	0 – 120
Admissions method	Elective - 11, 12, 13** Non-Elective - 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D, 31, 32, 81, 82, 83** [Total spend indicators includes all elective and non elective admissions method codes]
Patient Classification	Elective - 1, 2** Non-Elective – 1**
Sex	1, 2**
Coding scheme used	Programme Budget Category (PBC)
Numerator	Total spend on elective/non-elective admissions based on PBC/condition
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) <a href="http://www.hscic.gov.uk/sus">http://www.hscic.gov.uk/sus</a>
Denominator	Age/Sex Standardised Population. Rate= (Numerator/Denominator) * 1000

\*\*See annex for SUS SEM Code definitions

Secondary User Services Extract Mart (SUS SEM) data is used.  
Only patients with a mandatory tariff recorded have been selected.

The fields that were pulled from SUS SEM include:

- CCG code (based on the GP practice code)
- Sex (this field is used for age/sex standardisation)
- Age\_Quinary (Age Band)
- Number of spells
- Net\_SLA\_Payment (the cost before MFF is applied)

The data does not include CCGs which were not found in the official list of CCGs across England.

Age\_Quinary field is presented in 5-year age bands (0-4, 5-9, 10-14, etc.) including the “85+” age band for people aged 85 and over. This field is used for age/sex standardisation.

Number of spells field counts all the patients admitted to hospital for a procedure and discharged in the financial year 2014/15 and groups into each age band. [Patients admitted in 2014/15 but not discharged until 2015/16 will not count towards the spend. A small number of patients admitted in 2013/14 but not discharged until 2014/15 will count towards the spend for 2014/15.]

Net\_SLA\_Payment field is the cost before Market Forces Factor (MFF) is applied. This field gives spend on elective/non-elective admissions for all patients in the age band in 2014/15.

The number of elective/non-elective admissions were suppressed where it was less than or equal to 5 at CCG level.

# Day case admissions indicators

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Analysis	Day case admissions analysis
Time Period	2014/15
Age Group	0 – 120
Admissions method	11, 12, 13
Patient Classification	2
Sex	1, 2
Coding scheme used	Programme Budget Category (PBC)
Numerator	Number of day case admissions based on PBC
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) <a href="http://www.hscic.gov.uk/sus">http://www.hscic.gov.uk/sus</a>
Denominator	Age/Sex Standardised Population. Rate= (Numerator/Denominator) * 100000

Secondary User Services Extract Mart (SUS SEM) data is used.

Only patients with a mandatory tariff recorded have been selected.

The fields that were pulled from SUS SEM include:

- CCG code (based on the GP practice code)
- Sex (this field is used for age/sex standardisation)
- Age\_Quinary (Age Band)
- Number of spells

The data does not include CCGs which were not found in the official list of CCGs across England.

Age\_Quinary field is presented in 5-year age bands (0-4, 5-9, 10-14, etc.) including the “85+” age band for people aged 85 and over. This field is used for age/sex standardisation.

Number of spells field counts all the day case admissions in 2014/15 and groups into each age band.

The number of day case admissions were suppressed where it was less than or equal to 5 at CCG level.

Analysis	Length of Stay analysis
Time Period	2014/15
Age Group	0 - 120
Admissions method	Elective - 11, 12, 13 Emergency - 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D
Patient Classification	1
Sex	1, 2
Coding scheme used	Programme Budget Category (PBC)
Numerator	Total number of bed days for elective/emergency admissions based on PBC/condition (not including day cases)
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) <a href="http://www.hscic.gov.uk/sus">http://www.hscic.gov.uk/sus</a>
Denominator	Total number of elective/emergency admissions not including day cases based on PBC/condition.

Secondary User Services Extract Mart (SUS SEM) data is used. Length of Stay data have been extracted at record level. Only patients with a mandatory tariff recorded have been selected. Data filtered by Length of Stay less than 180 days.

The fields that were pulled from SUS SEM include:

- APCS\_Ident
- CCG code (based on the GP practice code)
- Spell\_LoS (Length of Stay)

The data does not include CCGs which were not found in the official list of CCGs across England.

APCS\_Ident field was later used to count the number of elective/emergency admissions since the data was extracted at record level. Spell\_LoS field is the spell length of stay derived using Admission Date and Discharge Date.

Standard deviation has been calculated for each CCG in order to calculate confidence intervals using record level data. Length of Stay data was then grouped by CCG to get the total number of bed days (Sum of Spell\_LoS field) and total number of elective/emergency admissions (count of APCS\_Ident field) for each CCG.

The number of elective/emergency admissions were suppressed where it was less than or equal to 5 at CCG level.

Analysis	Procedures spend and activity analysis
Time Period	2014/15
Age Group	0 – 120
Admissions method	11, 12, 13, 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D, 31, 32, 81, 82, 83
Patient Classification	1, 2
Sex	1, 2
Coding scheme used	Programme Budget Category (PBC), OPCS
Numerator	Total spend on discharges based on PBC and procedures
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) <a href="http://www.hscic.gov.uk/sus">http://www.hscic.gov.uk/sus</a>
Denominator	Age/Sex Standardised Population. Rate= (Numerator/Denominator) * 1000

Secondary User Services Extract Mart (SUS SEM) data is used. Only patients with a mandatory tariff recorded have been selected.

For these indicators, spend on a procedure is the total cost of all spells where the procedure listed is the primary procedure in the spell, and where the primary diagnosis for the spell falls under the programme budget category listed. The figure for “How different are we?” converts the CCG’s spending rate above the benchmark spending rate into the equivalent number of procedures.

The fields that were pulled from SUS SEM for spend on procedures include:

- CCG code (based on the GP practice code)
- Sex (this field is used for age/sex standardisation)
- Age\_Quinary (Age Band)
- Number of spells
- Net\_SLA\_Payment (the cost before MFF is applied)

The data does not include CCGs which were not found in the official list of CCGs across England.

Age\_Quinary field is presented in 5-year age bands (0-4, 5-9, 10-14, etc.) including the “85+” age band for people aged 85 and over. This field is used for age/sex standardisation.

Number of spells field counts all the patients admitted to hospital for a procedure and discharged in the financial year 2014/15 and groups into each age band. [Patients admitted in 2014/15 but not discharged until 2015/16 will not count towards the spend. A small number of patients admitted in 2013/14 but not discharged until 2014/15 will count towards the spend for 2014/15.]

Net\_SLA\_Payment field is the cost before Market Forces Factor (MFF) is applied. This field gives spend on discharges for all patients in the age band in 2014/15.

The fields that were pulled from SUS SEM for procedures activity include:

- CCG code (based on the GP practice code)
- Number of spells (counts all admissions in 2014/15 and groups by CCG).

The number of admissions/discharges were suppressed where it was less than or equal to 5 at CCG level.

Analysis	Prescribing Spend
Time period	January 2015 - December 2015
Numerator	Net Ingredient cost (NIC) of BNF Chemical Substance Net Ingredient cost (NIC) is the basic price of a drug as stated in Part II Clause 8 of the Drug Tariff
Numerator Source	ePACT.net – data provided by the NHS Business Services Authority
Denominator	CCG ASTRO-PU weighted population Age, Sex and Temporary Resident Originated Prescribing Units
Rate	Numerator / Denominator x 1000 (spend rate per 1,000 ASTRO-PU weighted population)

We have presented a range of indicators grouping a selection of BNF chemical substances together and aggregating the total Net Ingredient cost. We have also presented individual BNF chemical spend indicators where the total spend is large enough and where advised by national clinical leads. The indicators have been standardised using the ASTRO-PU weightings and are shown per 1,000 ASTRO-PU population to allow fair comparison between CCGs.

**Net Ingredient cost (NIC)** is the basic price of a drug as stated in Part II Clause 8 of the Drug Tariff.

**ASTRO-PU** (Age, Sex and Temporary Resident Originated Prescribing Units) weightings have been used to weight the CCG population for age and sex to allow for better comparison of prescribing patterns. Further information regarding ASTRO-PU populations and other prescribing specific populations can be found at <http://www.hscic.gov.uk/prescribing/measures>

# Annex C: Methodology

The potential opportunity highlights the scale of change that would be achieved if the CCG Value moved to the Benchmark Value of the average of the 'Best 5' or 'Lowest 5' CCGs in its group of similar 10 CCGs.

Generally, where a high CCG Value is considered 'worse' then it is calculated using the formula:

$$\text{Potential Opportunity} = (\text{CCG Value} - \text{Benchmark Value}) * \text{Denominator}$$

The denominator is the most suitable population data for that indicator eg CCG registered population, CCG weighted population, CCG patients on disease register etc. The denominator is also scaled to match the Value. So if the CCG Value and Benchmark Value are given in "per 1,000 population" then the denominator is expressed in thousands, ie 12,000 becomes 12.

For procedures, the potential opportunity can be expressed in pounds, or dividing this by the unit cost then it can be expressed in the equivalent number of procedures.