Public Health England

NHS England

NHS RightCare Commissioning for Value Focus Pack

Cancer and tumours

May 2016

RightCare

NHS Fareham and Gosport CCG

OFFICIAL

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Introduction: Welcome to your focus pack

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.

The cancer strategy and dashboard

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.

NHS RightCare

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.

Why act?

❝ 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

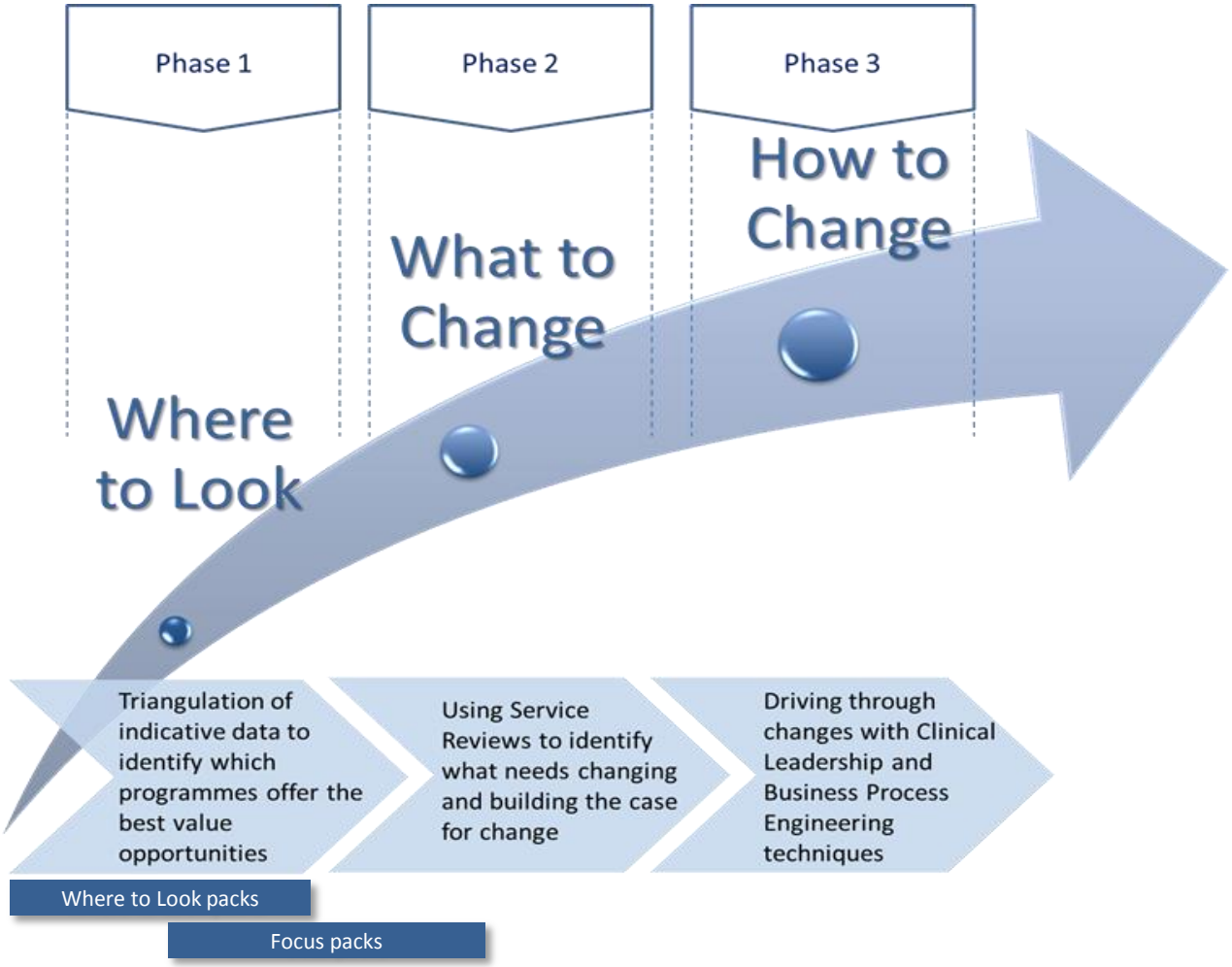
❝ The data and evidence available through tools such as Commissioning for Value will help commissioners make the most important decisions in delivering concrete and sustainable clinical and financial benefits across the NHS. We expect that the roll-out of the RightCare programme will drive up the quality 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



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 most similar CCGs

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:

- Castle Point and Rochford
- South East Staffs and Seisdon Peninsular
- South Gloucestershire
- South Eastern Hampshire
- Horsham and Mid Sussex
- North Somerset
- Nottingham North and East
- Basildon and Brentwood
- Erewash
- Surrey Downs

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

Your data

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.

Pathways on a page

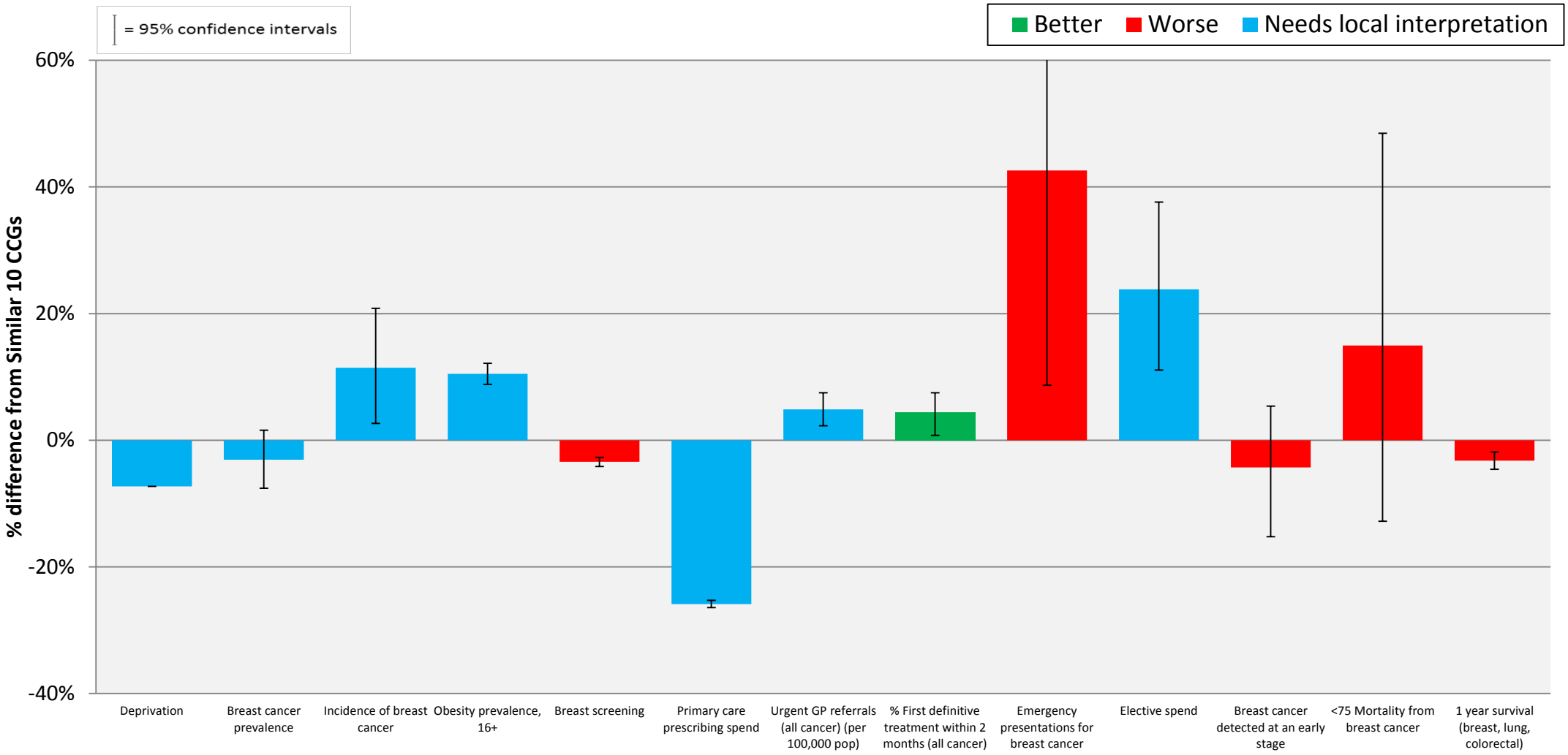
The three pathways on the following pages now have an additional indicator to show the number of emergency presentations for that cancer. Otherwise, the pathway indicators are unchanged from the cancer related 'pathways on a page' from the previous Commissioning for Value packs. The spend data has also 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.

Breast Cancer Pathway



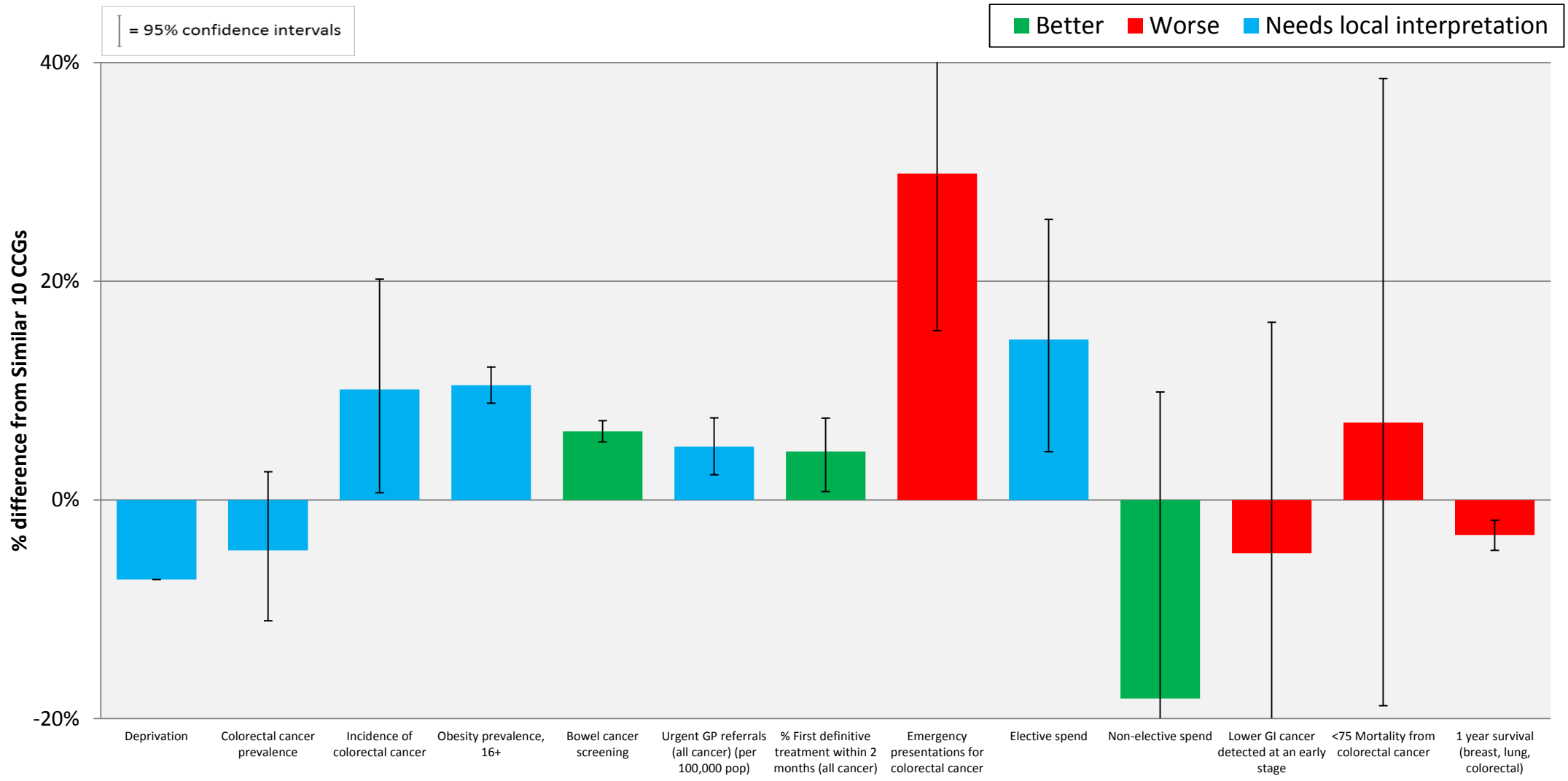
NICE Guidance:

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

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

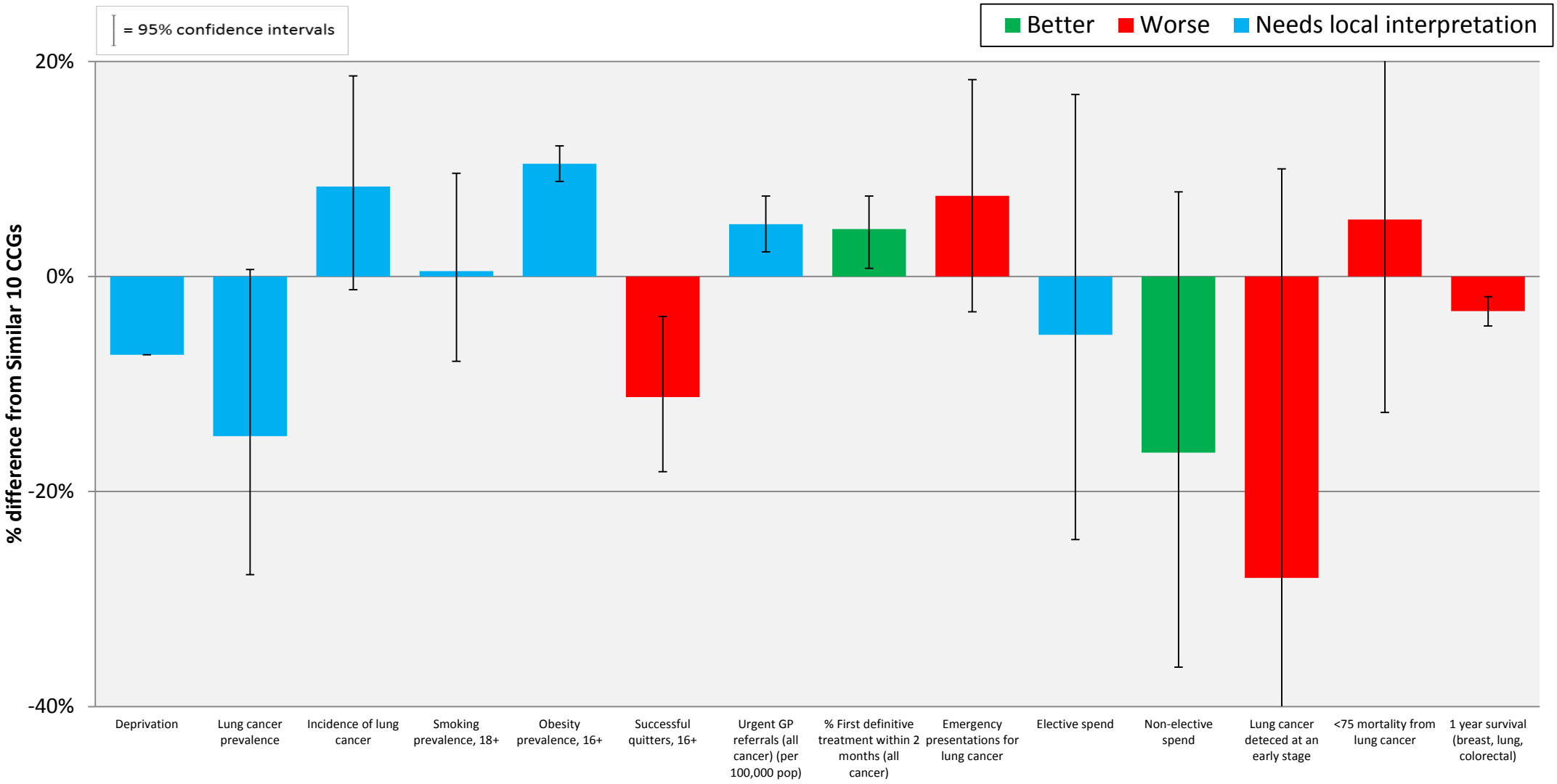
http://pathways.nice.org.uk/pathways/early-and-locally-advanced-breast-cancer

Lower GI Cancer Pathway



NICE Guidance:
http://pathways.nice.org.uk/pathways/gastrointestinal-cancers

Lung Cancer Pathway



NICE Guidance:
http://pathways.nice.org.uk/pathways/lung-cancer

Spend and activity

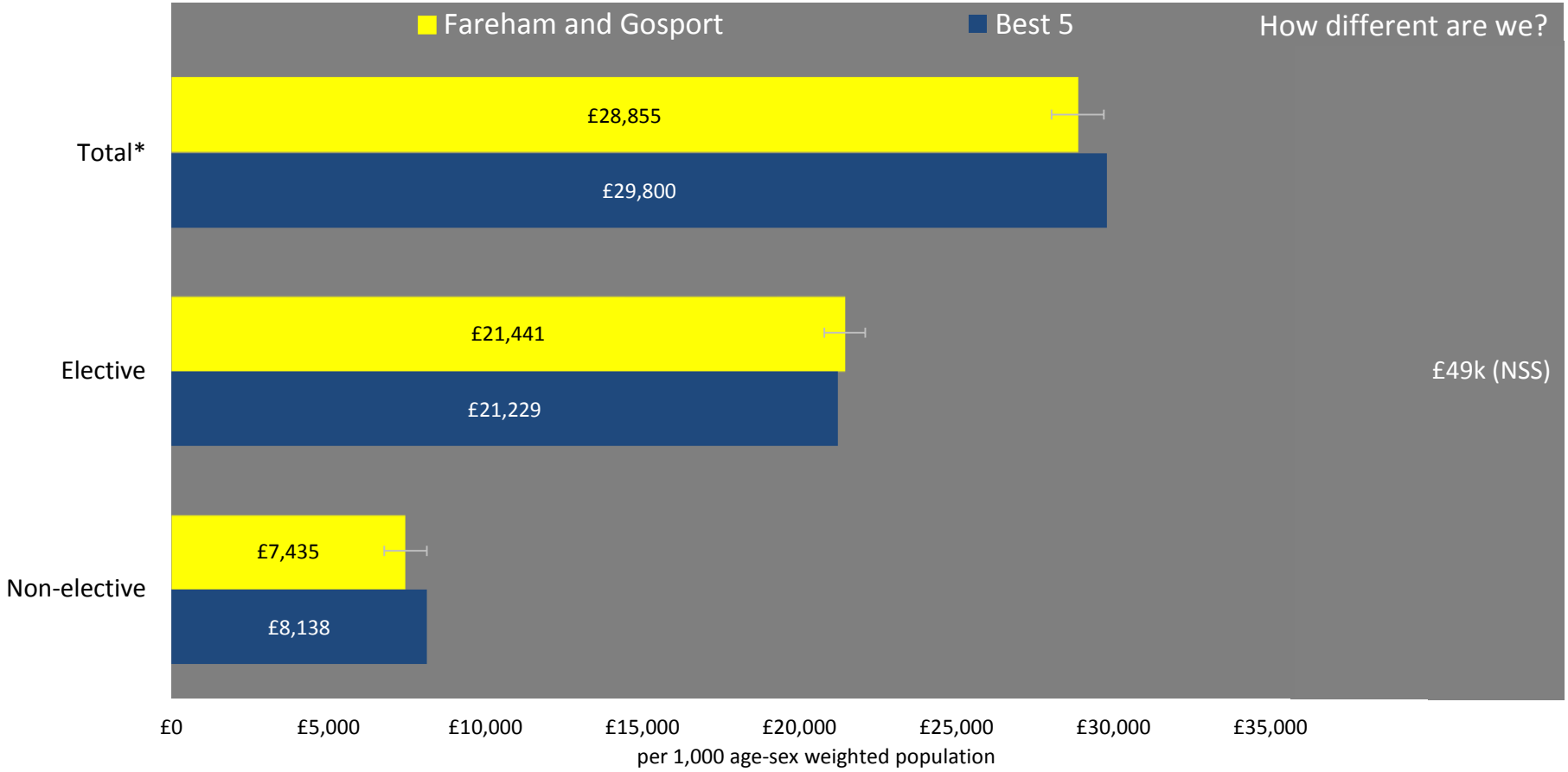
The intention of the following pages is to provide a more in-depth view of the spend and activity for the clinical areas included in this pack compared to your 10 most similar CCGs. The charts show the rate for your CCG (yellow bar), the average of the best five comparator (blue bar) and also the absolute 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.

Cancer and tumours - Spend



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

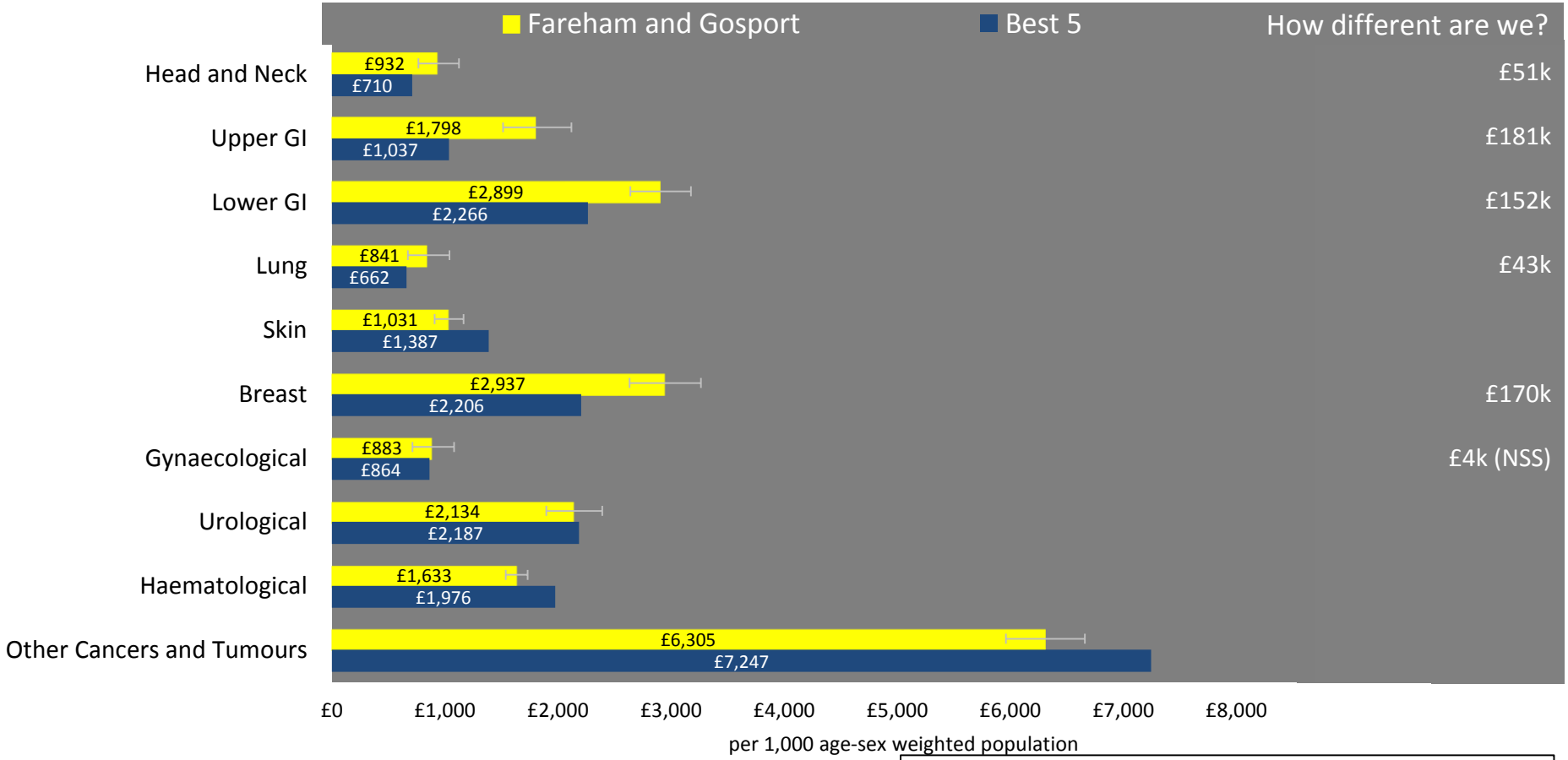
95% confidence intervals

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*

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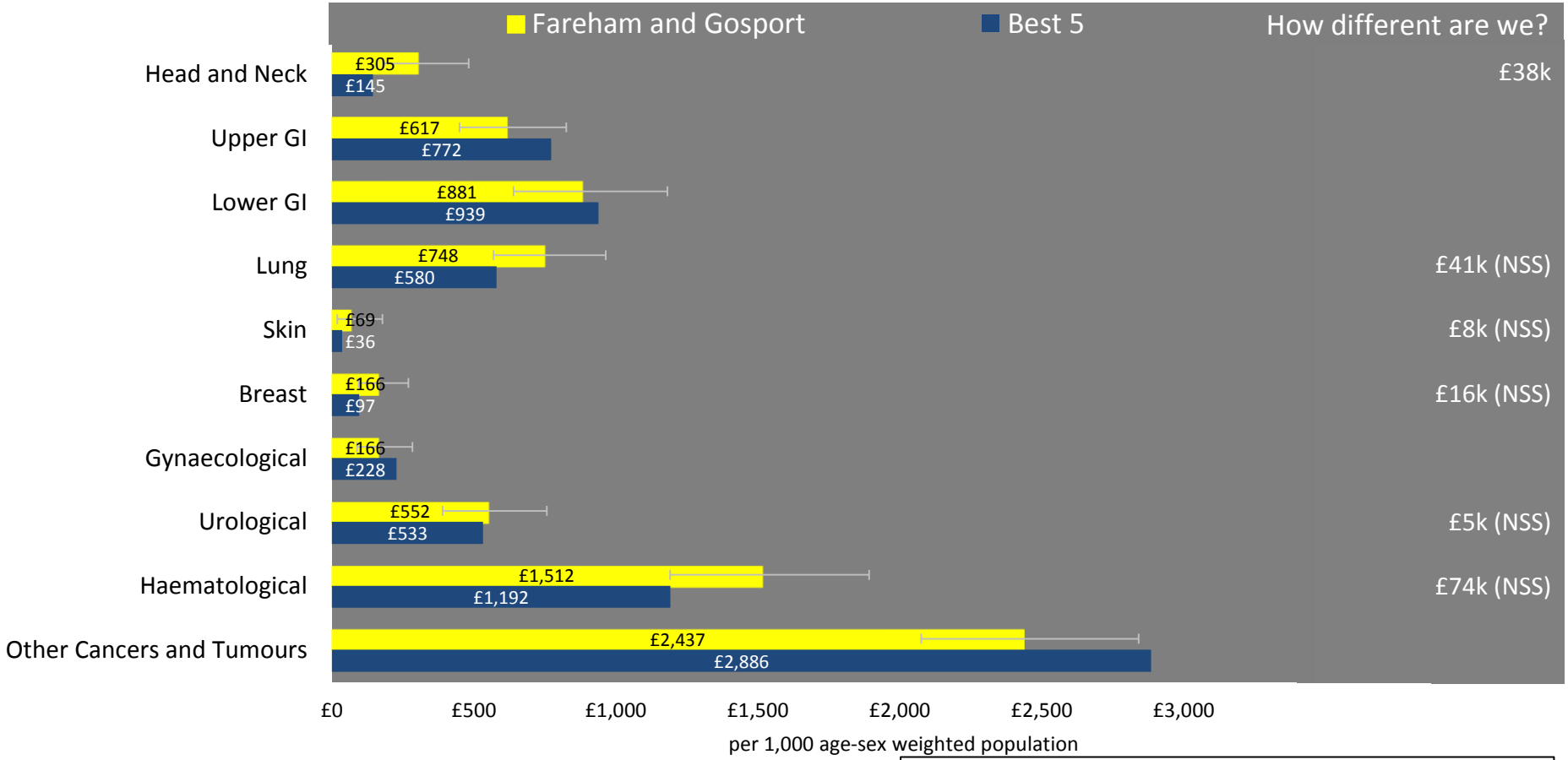
Cancer and tumours - Spend on Non-Elective Admissions

Condition Group

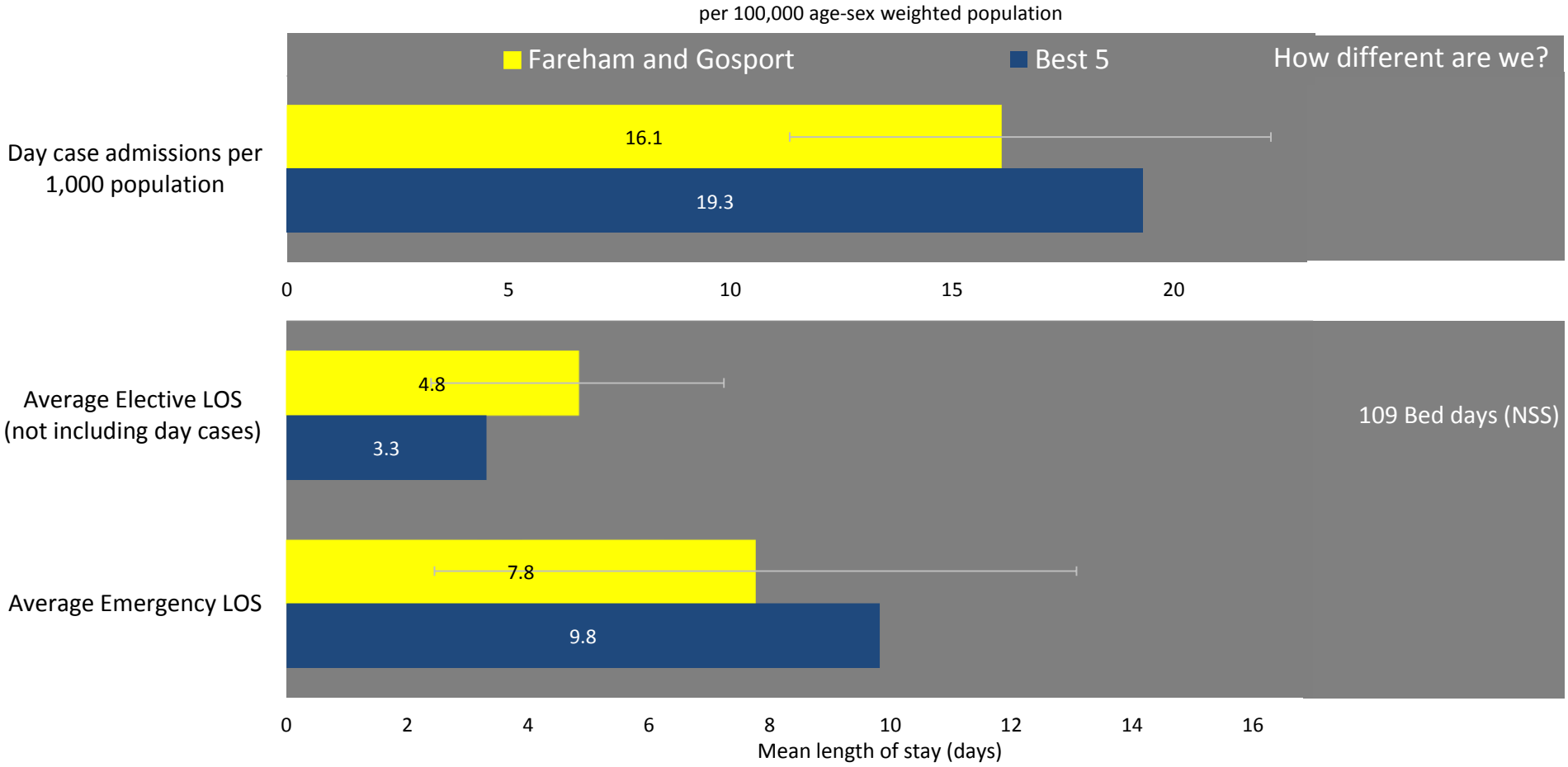


95% confidence intervals

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 - Admissions - Head and Neck



95% confidence intervals

NSS Not statistically significant*

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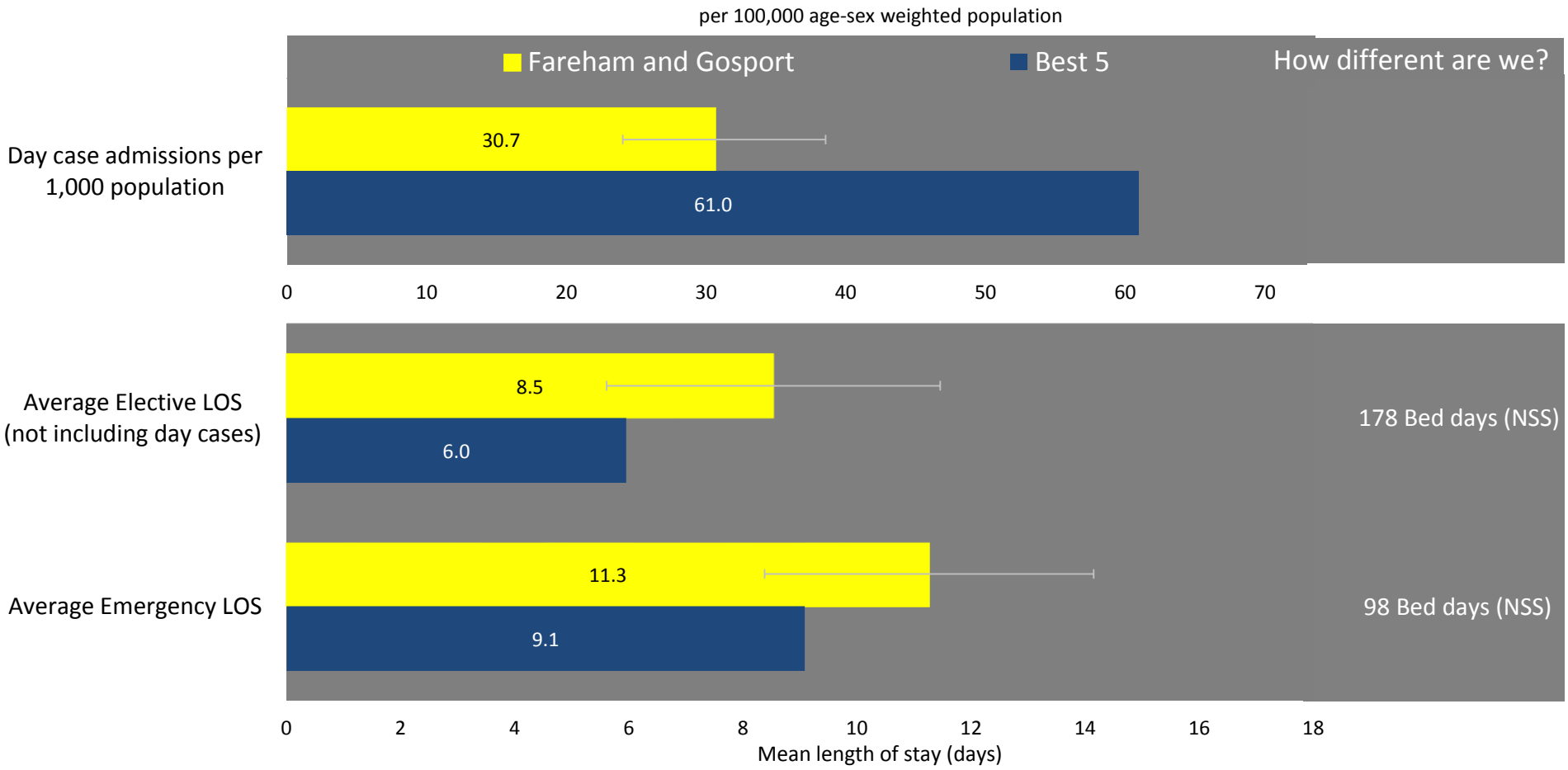
Cancer and tumours - Admissions - Upper GI



95% confidence intervals

NSS Not statistically significant*

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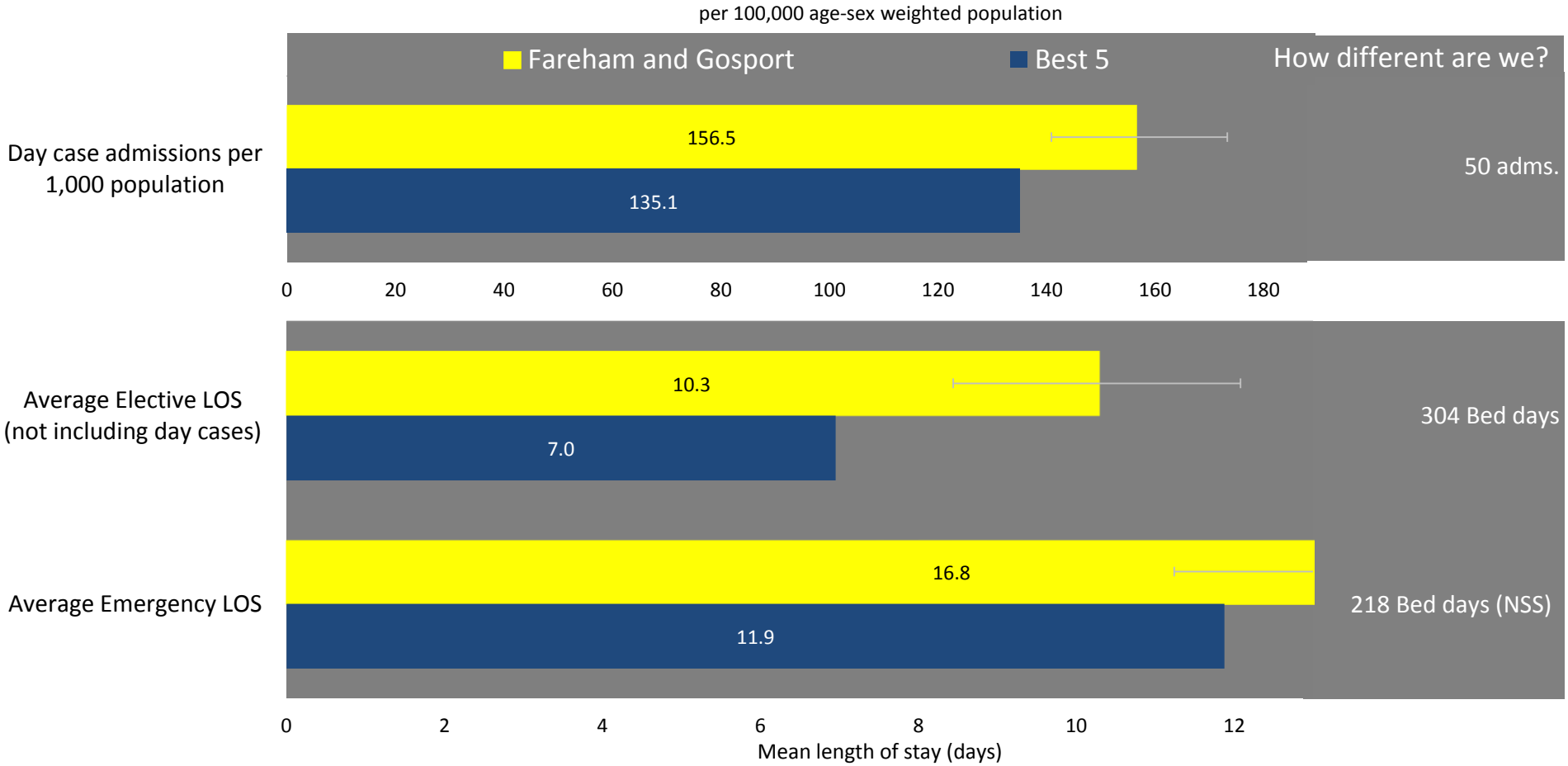
Cancer and tumours - Admissions - Lower GI



95% confidence intervals

NSS Not statistically significant*

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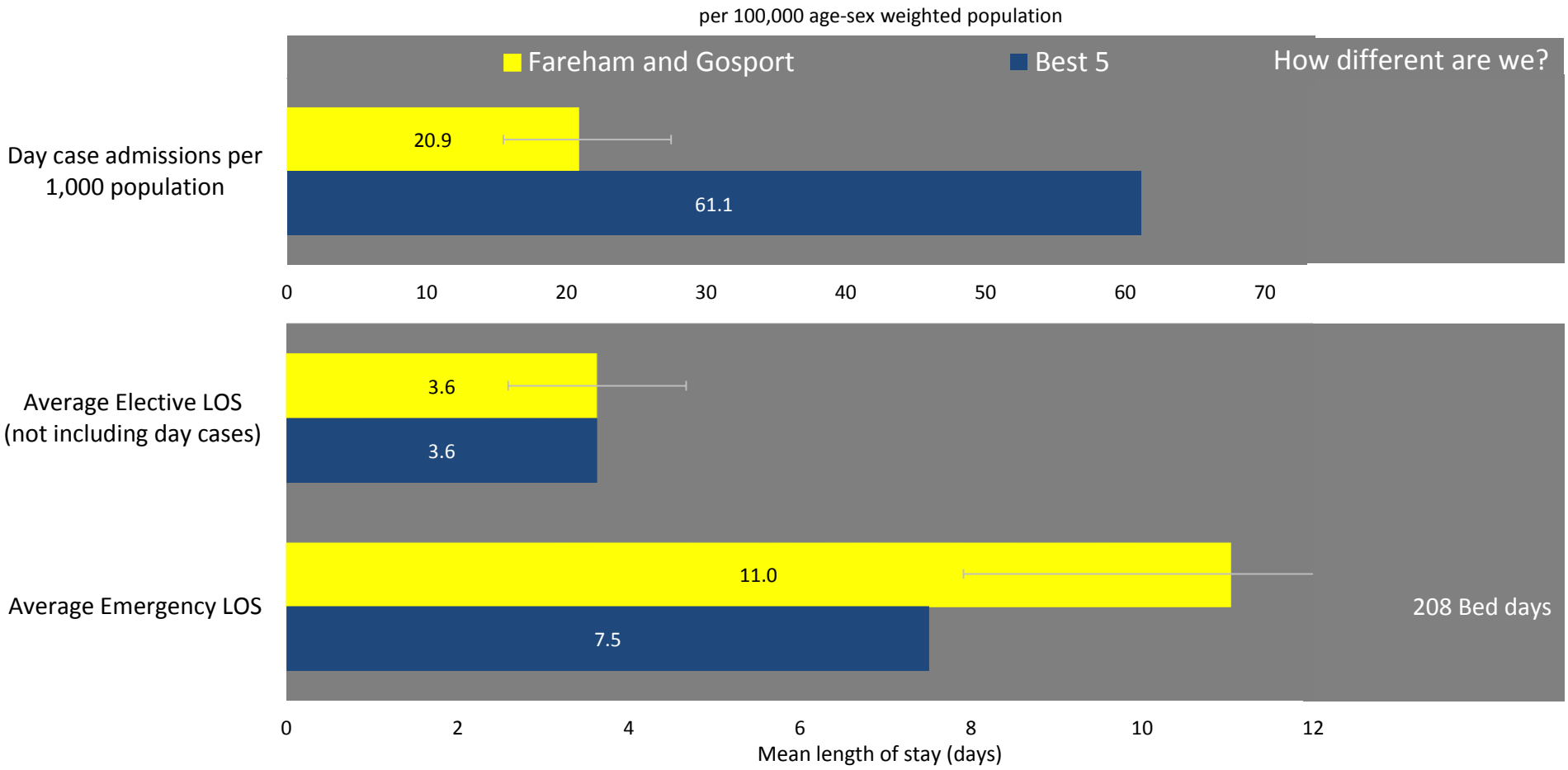
Cancer and tumours - Admissions - Lung



95% confidence intervals

NSS Not statistically significant*

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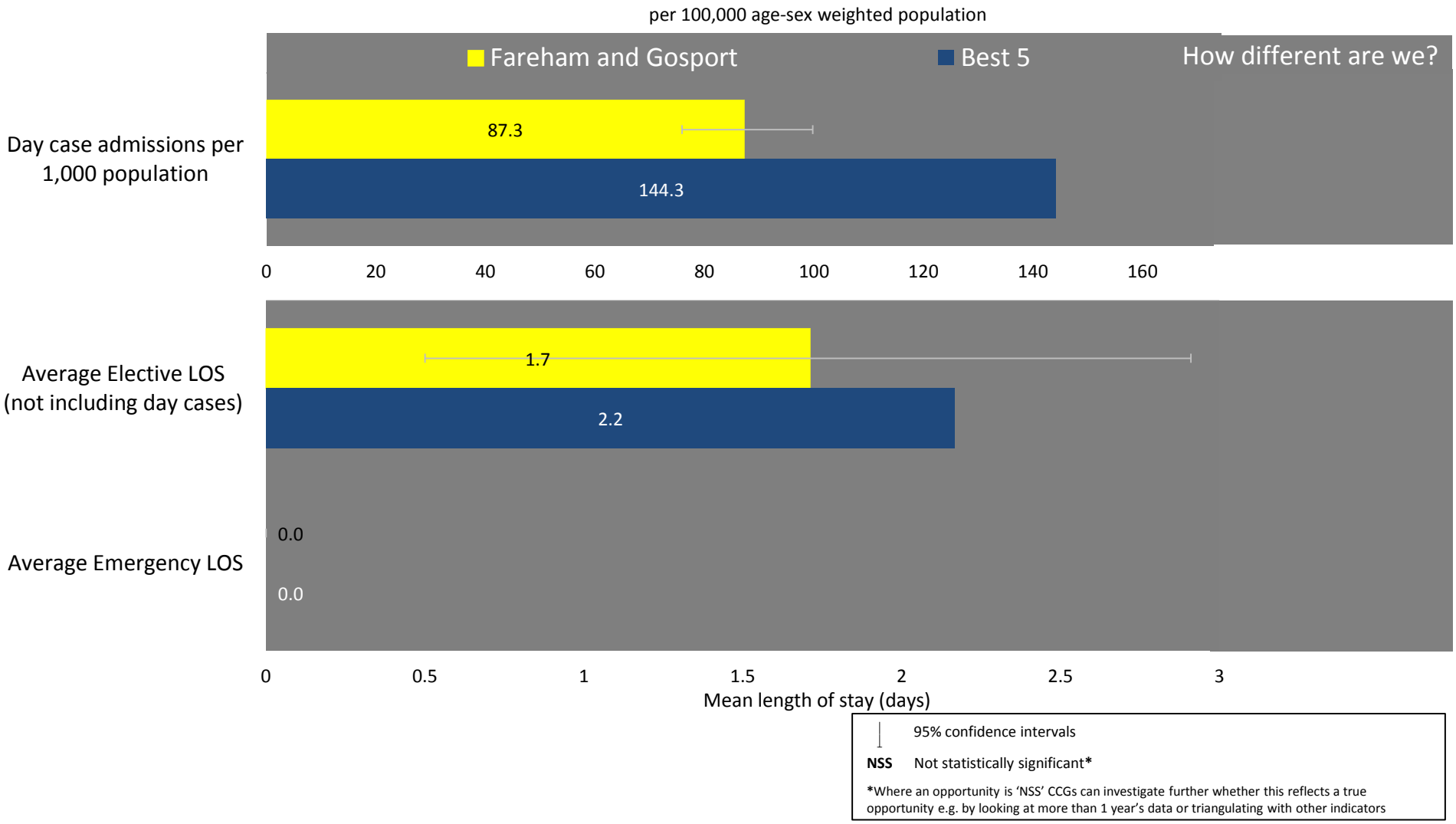
Cancer and tumours - Admissions - Skin



95% confidence intervals

NSS Not statistically significant*

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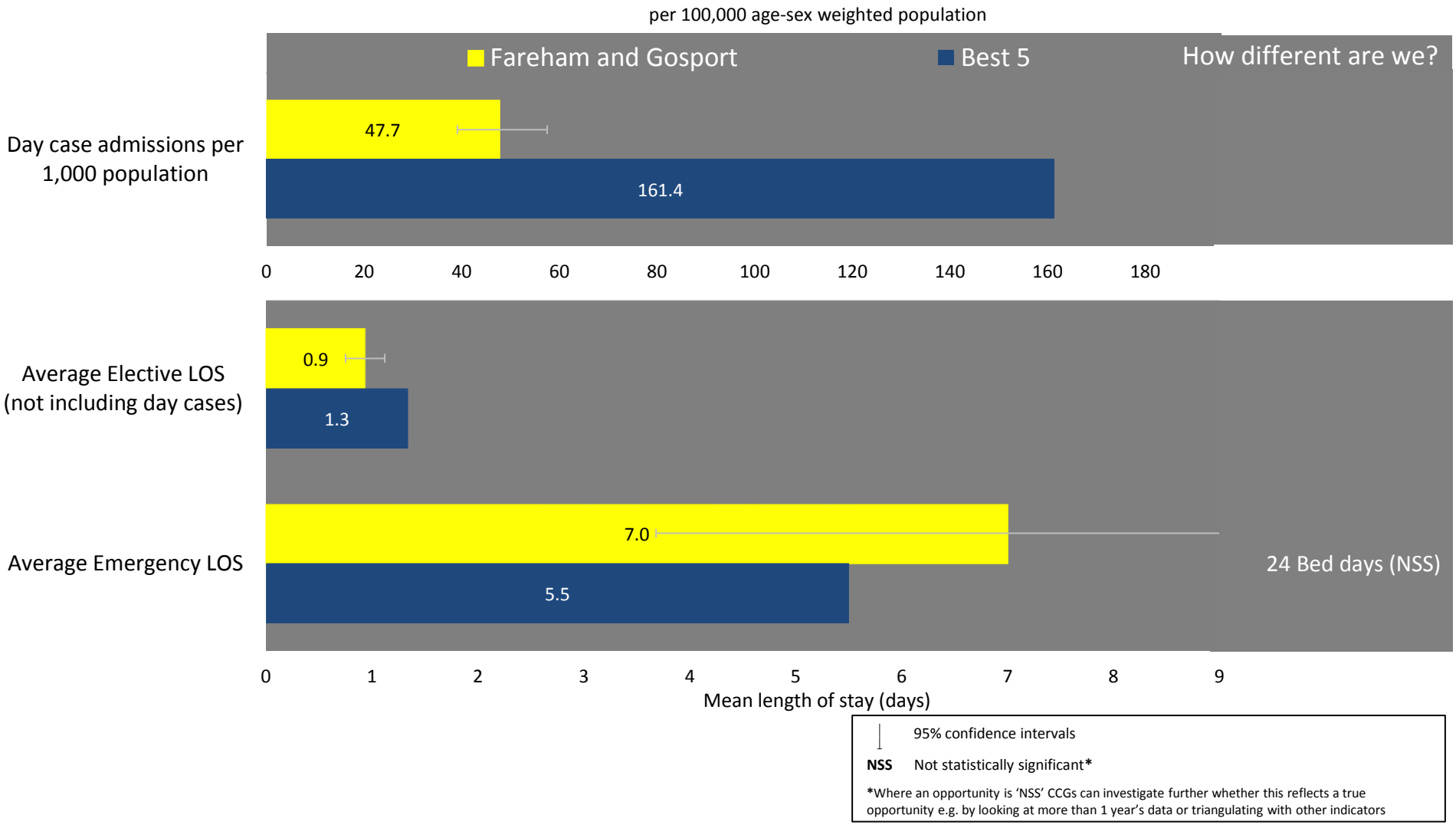
Cancer and tumours - Admissions - Breast



95% confidence intervals

NSS Not statistically significant*

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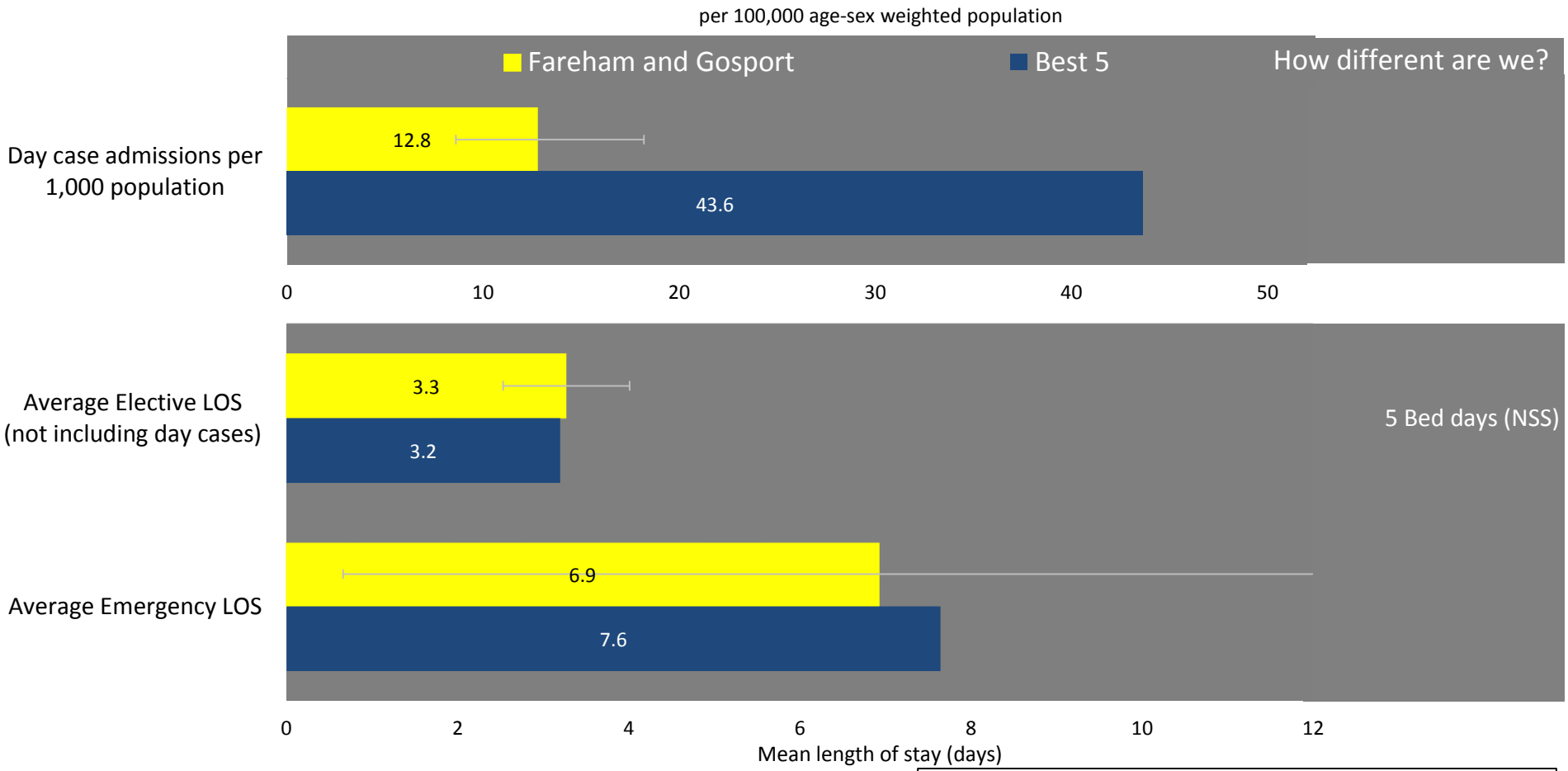
Cancer and tumours - Admissions - Gynaecological



95% confidence intervals

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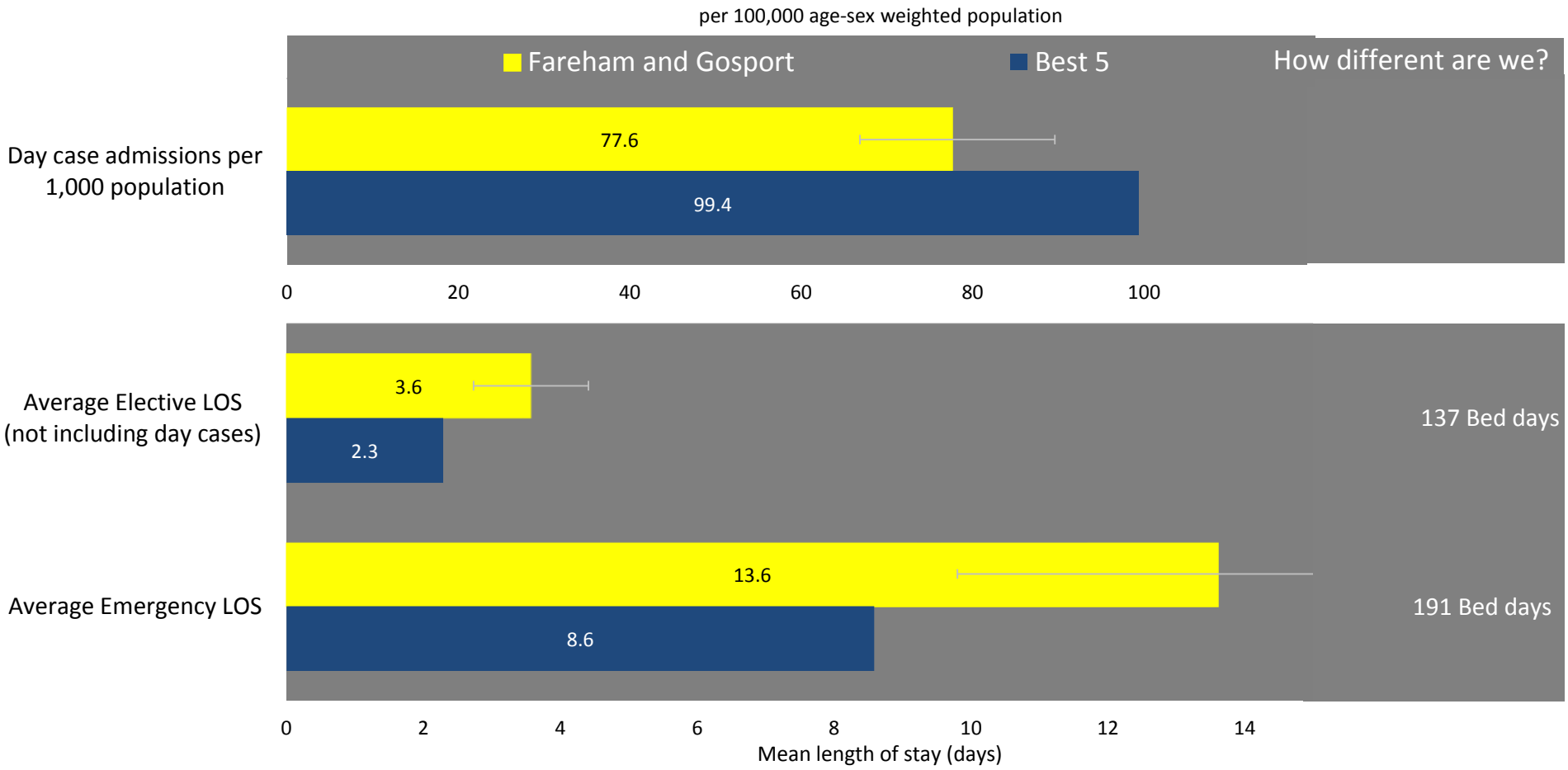
Cancer and tumours - Admissions - Urological



95% confidence intervals

NSS Not statistically significant*

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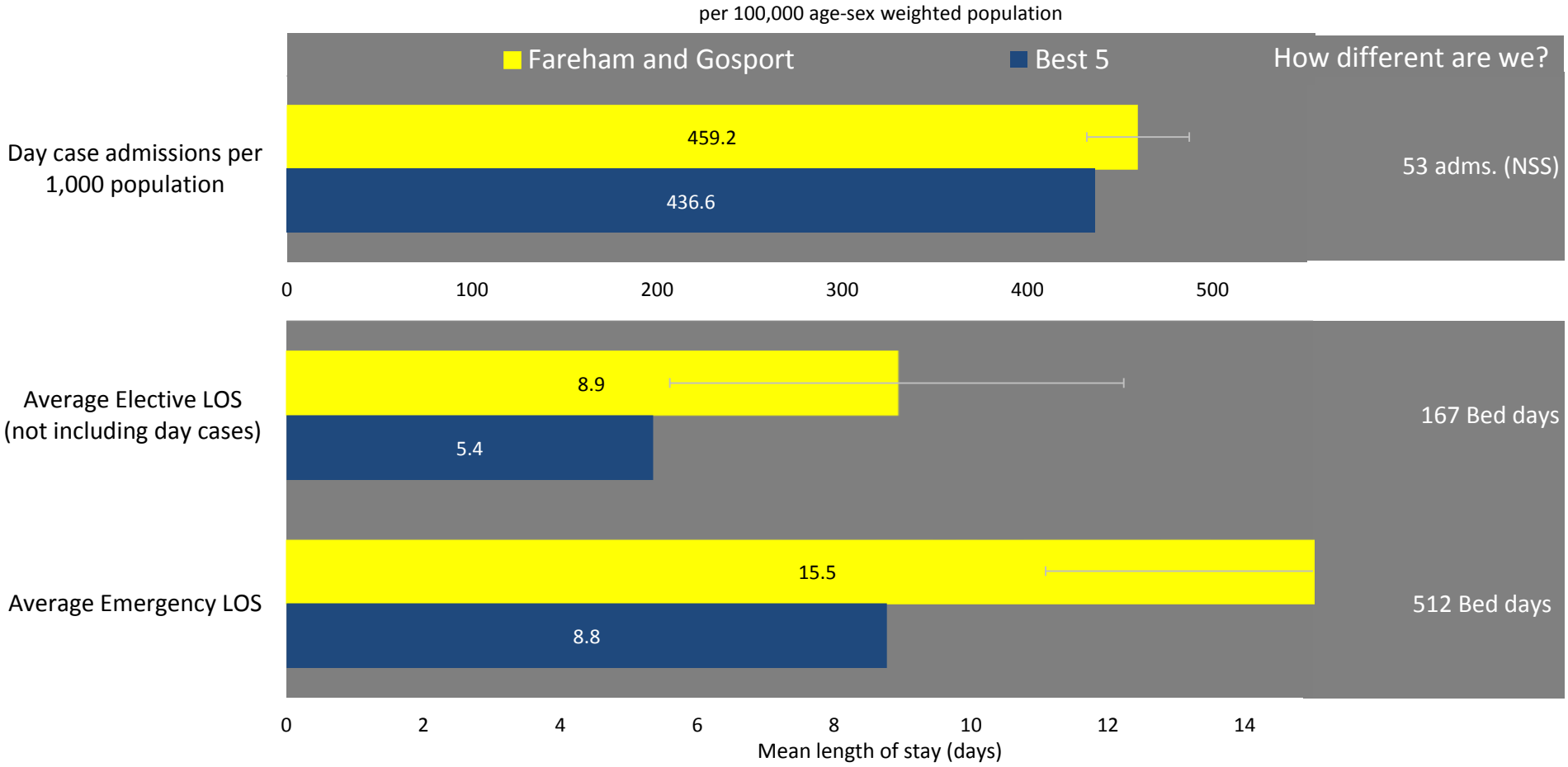
Cancer and tumours - Admissions - Haematological



95% confidence intervals

NSS Not statistically significant*

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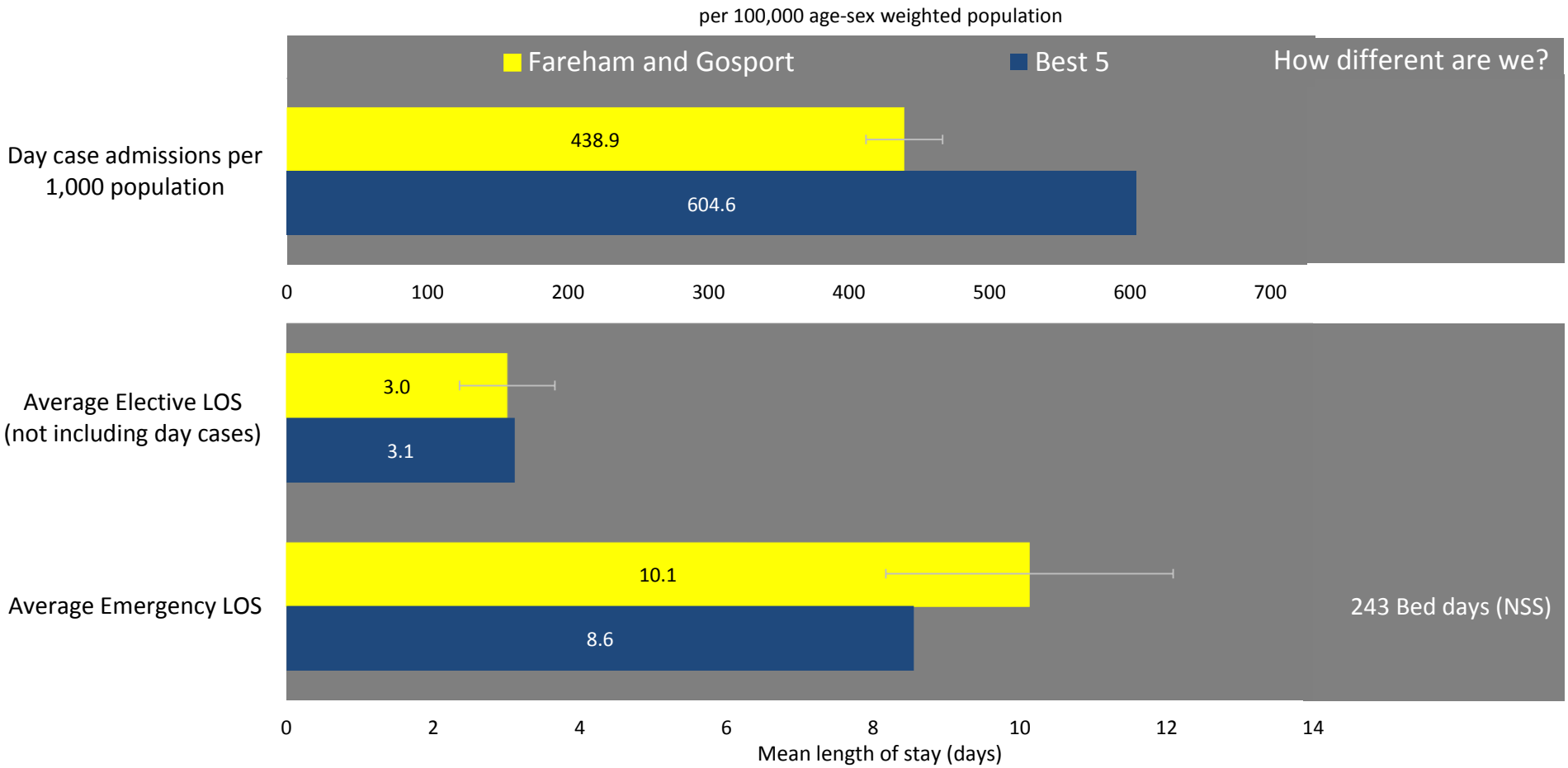
Cancer and tumours - Admissions - Other



95% confidence intervals

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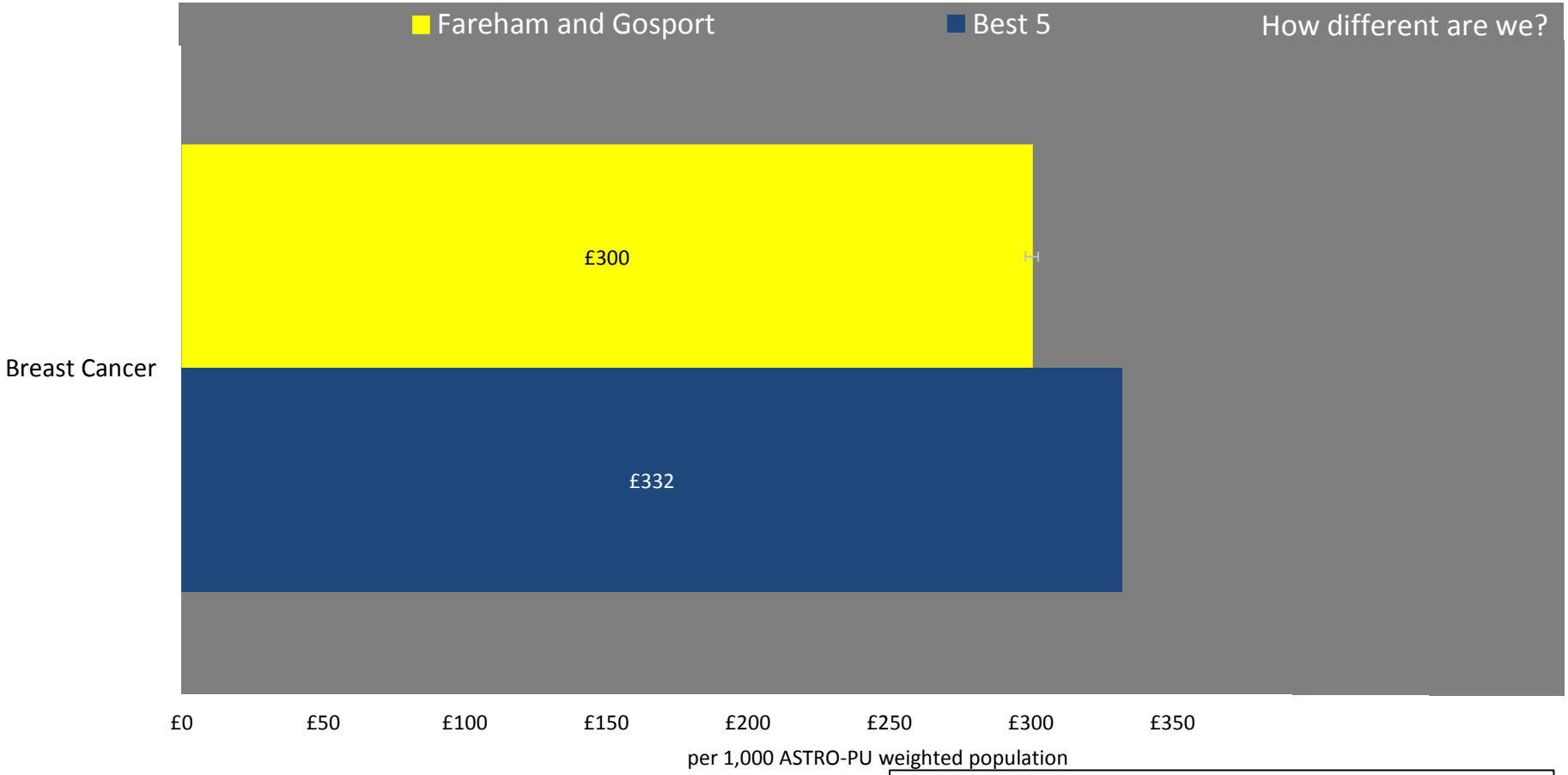
Primary Care Prescribing Spend - Breast Cancer



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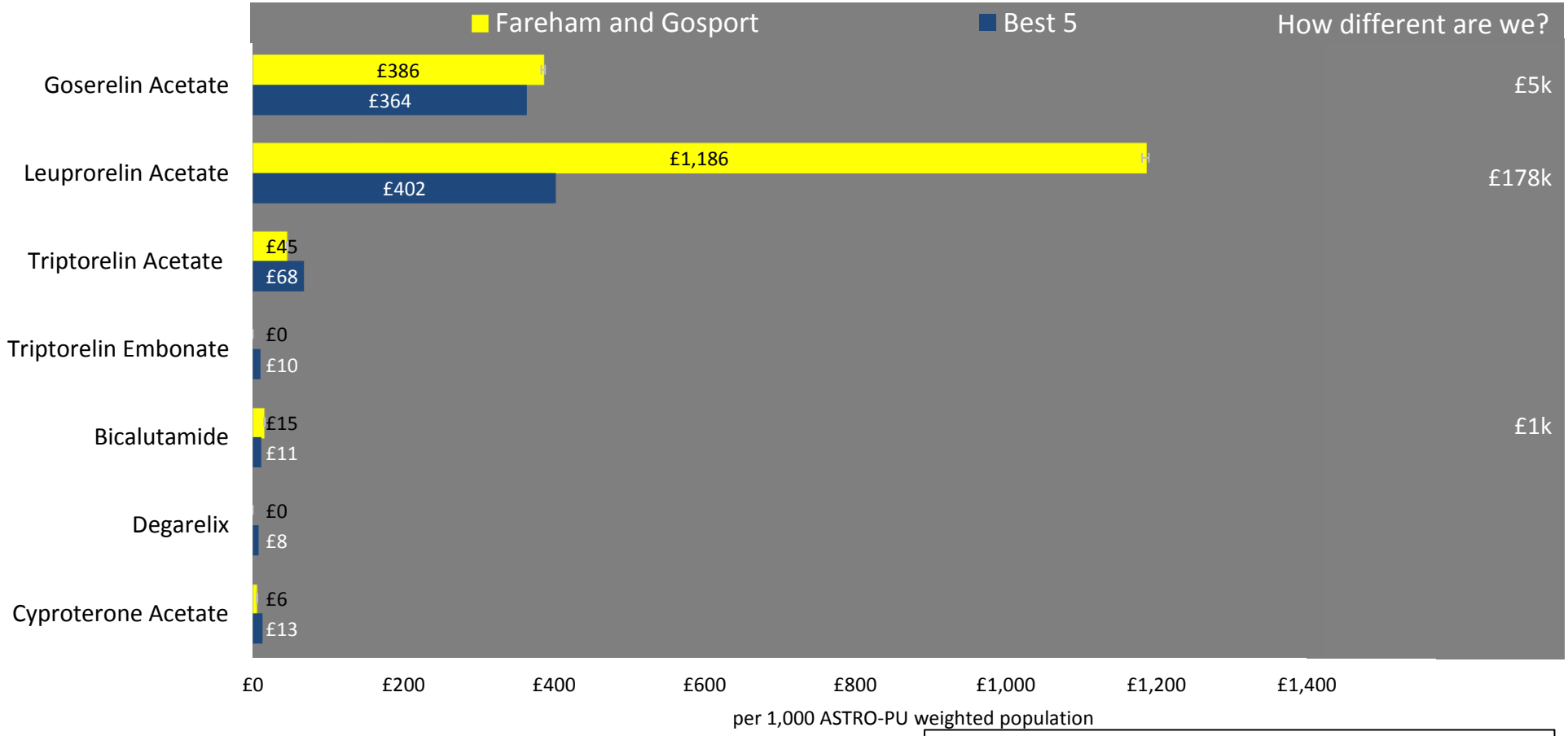
Medicines Optimisation Dashboard: https://www.england.nhs.uk/ourwork/pe/mo-dash/

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

Primary Care Prescribing Spend - Hormone Therapy



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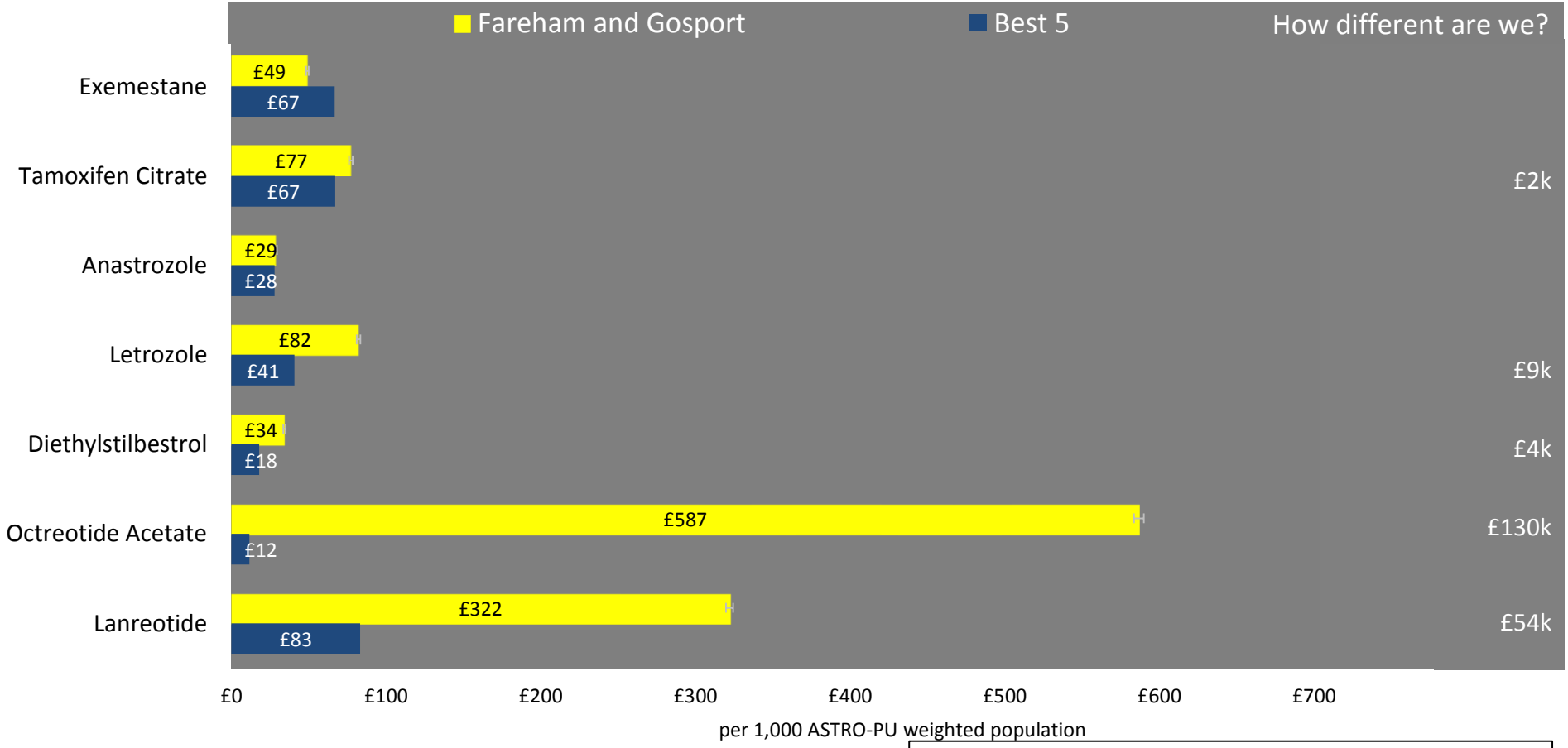
Primary Care Prescribing Spend - Hormone Therapy continued



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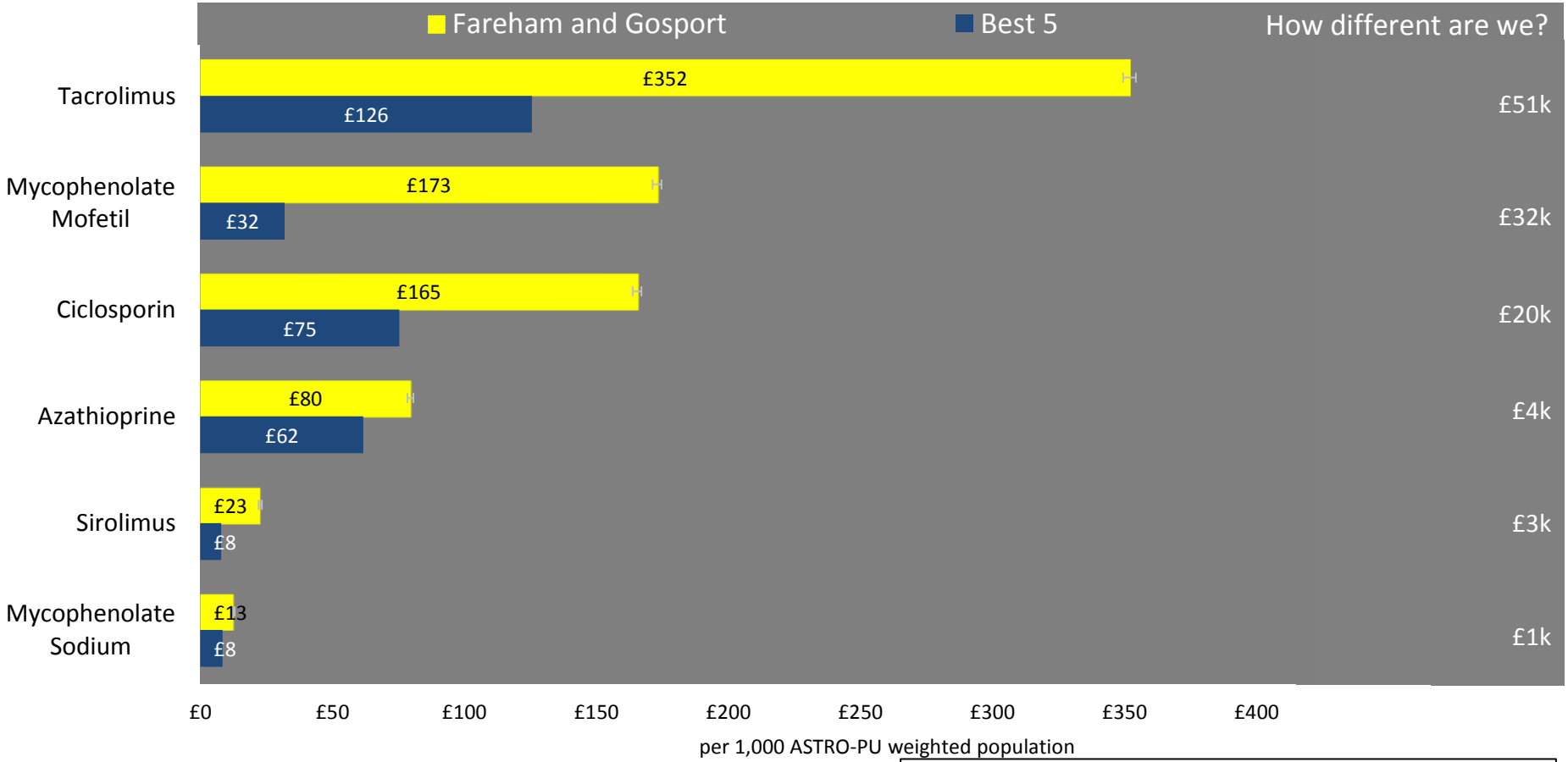
Innovation Scorecard: https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/

Primary Care Prescribing Spend - Immunosuppressants



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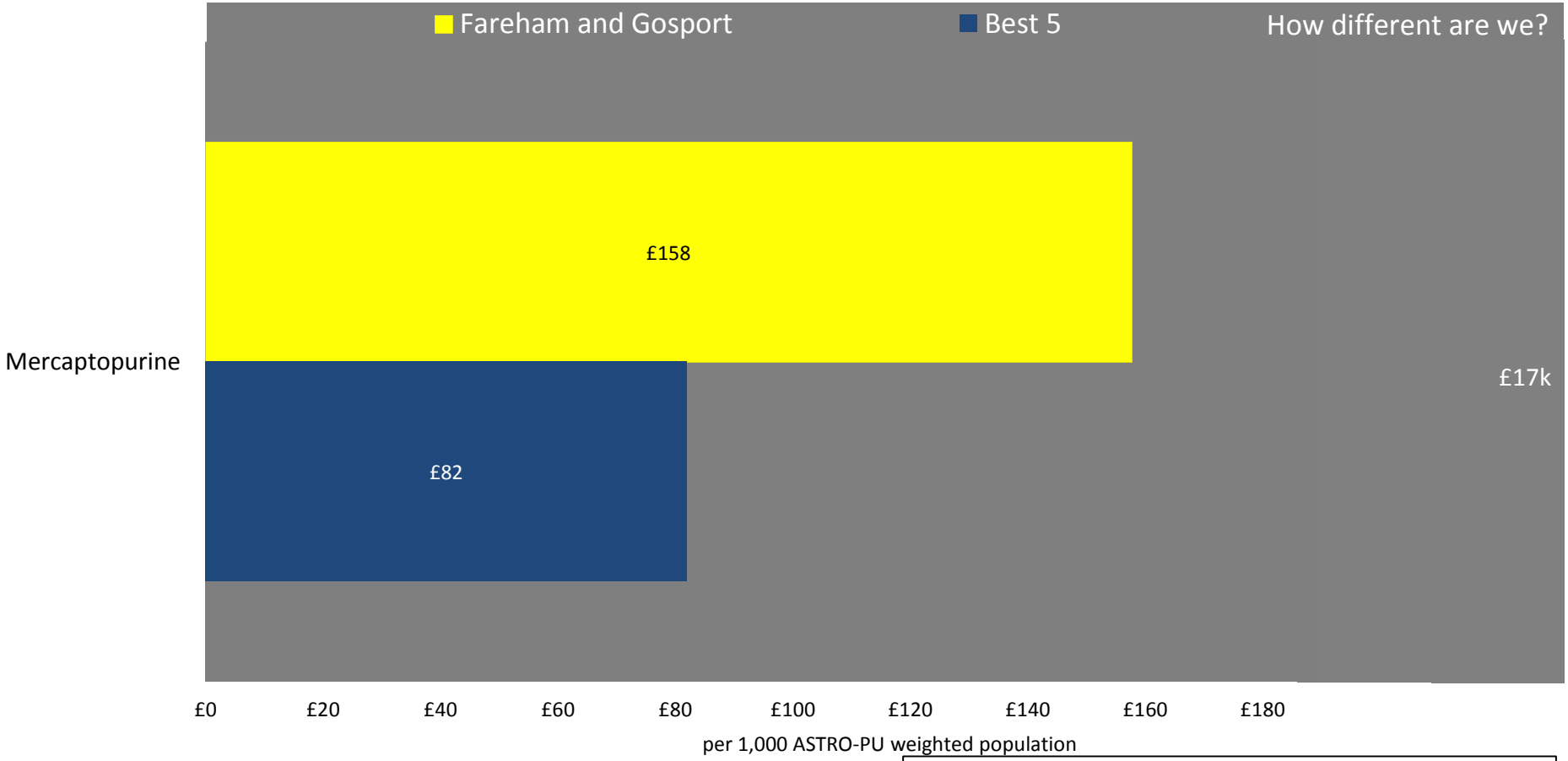
Primary Care Prescribing Spend - Other



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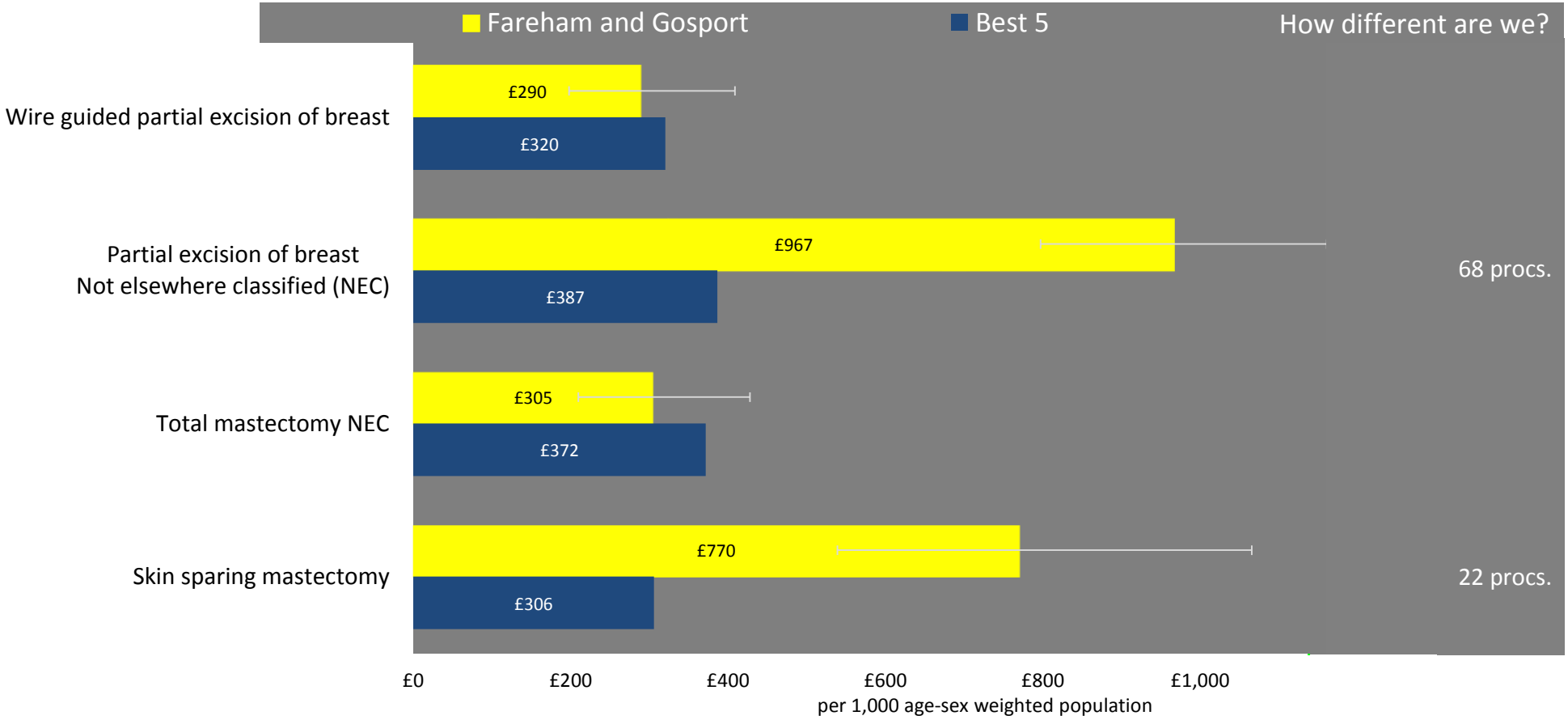
Procedures - Breast Cancer



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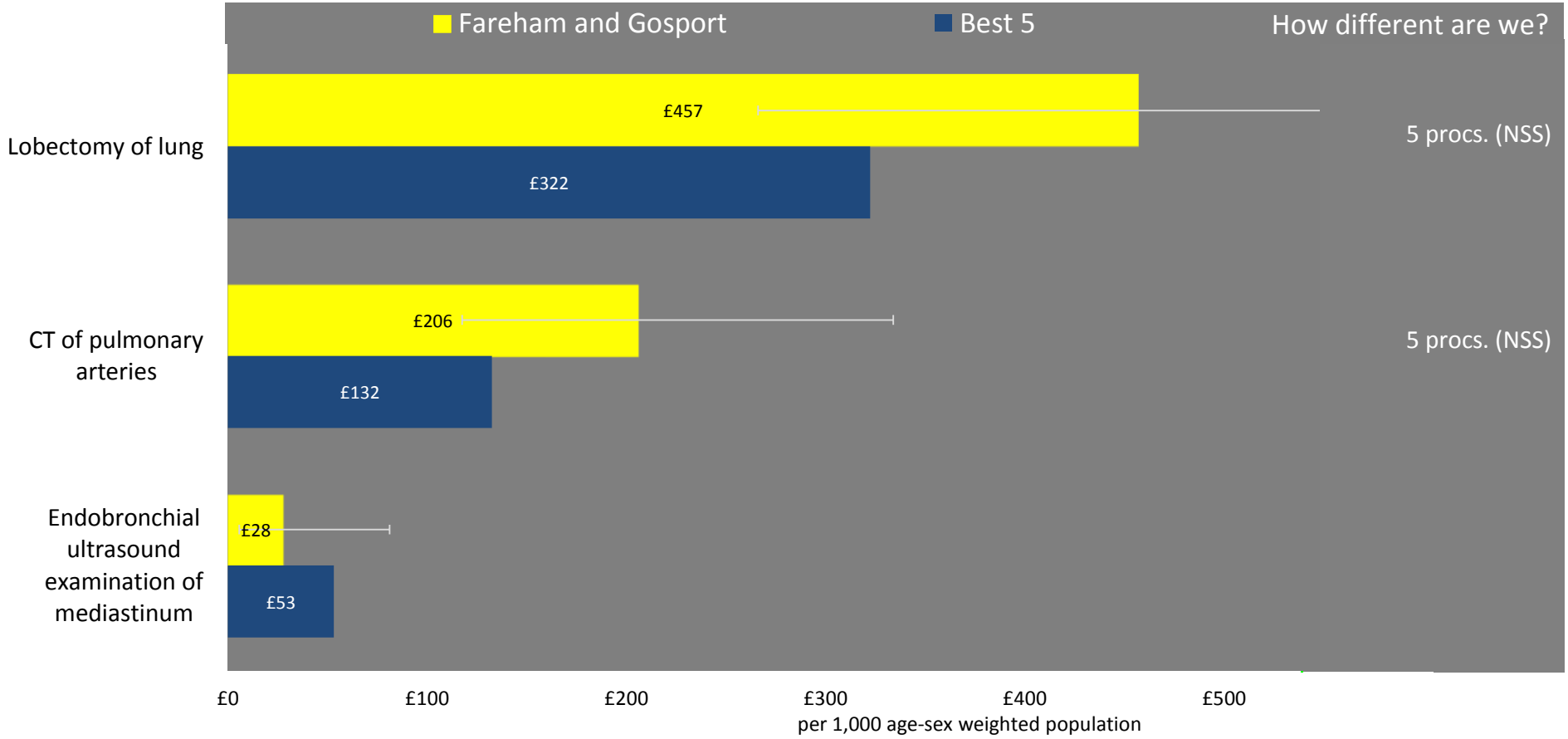
Procedures - Lung Cancer



95% confidence intervals

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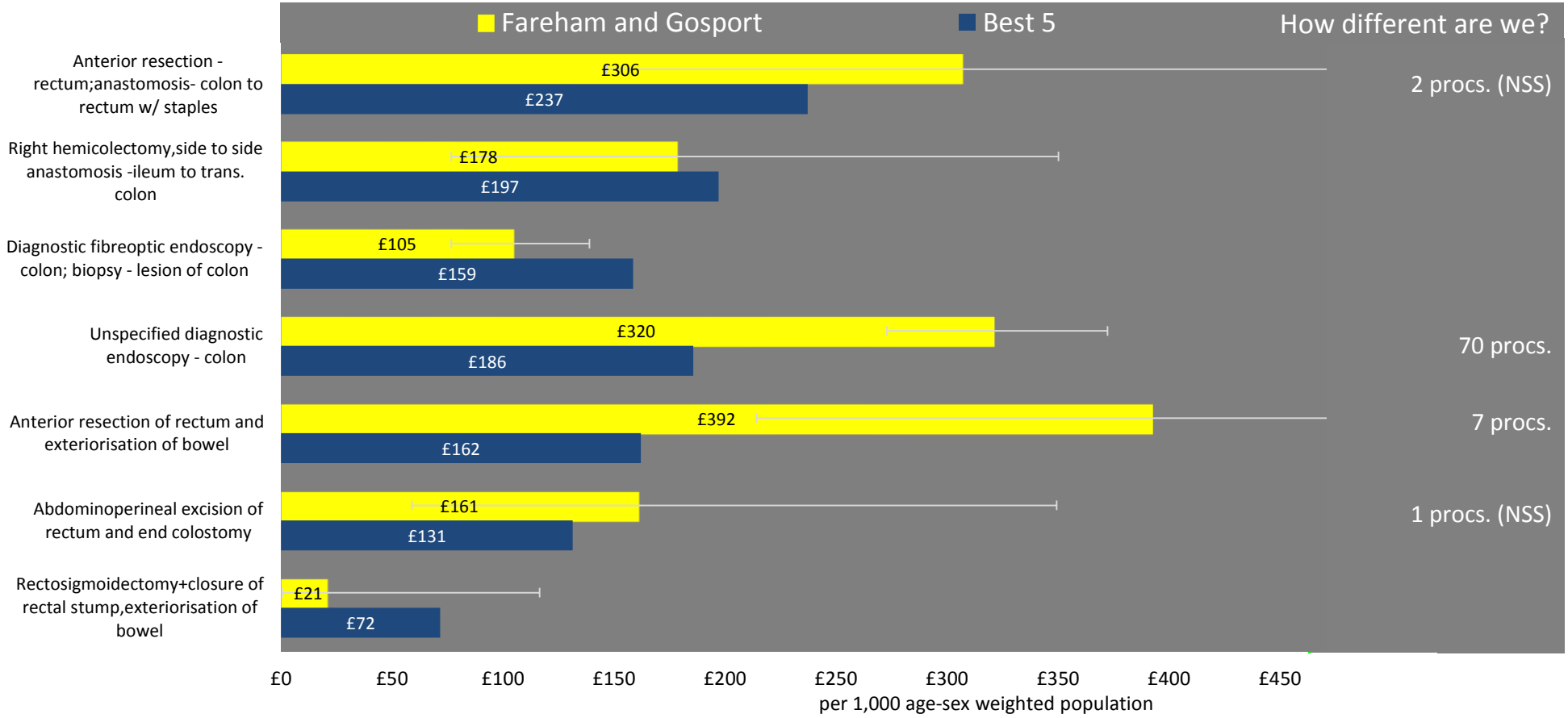
Procedures - Lower GI Cancer



95% confidence intervals

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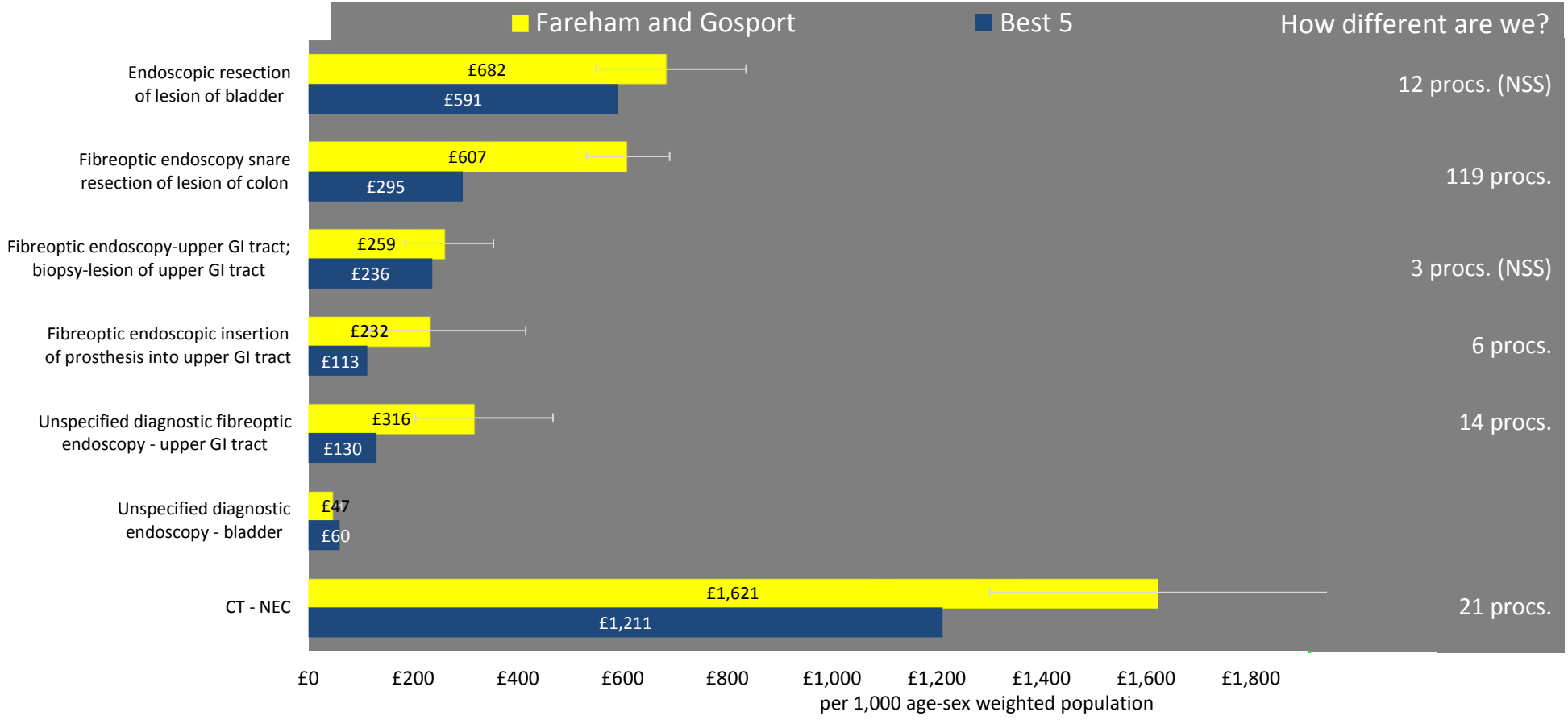
Procedures - Other



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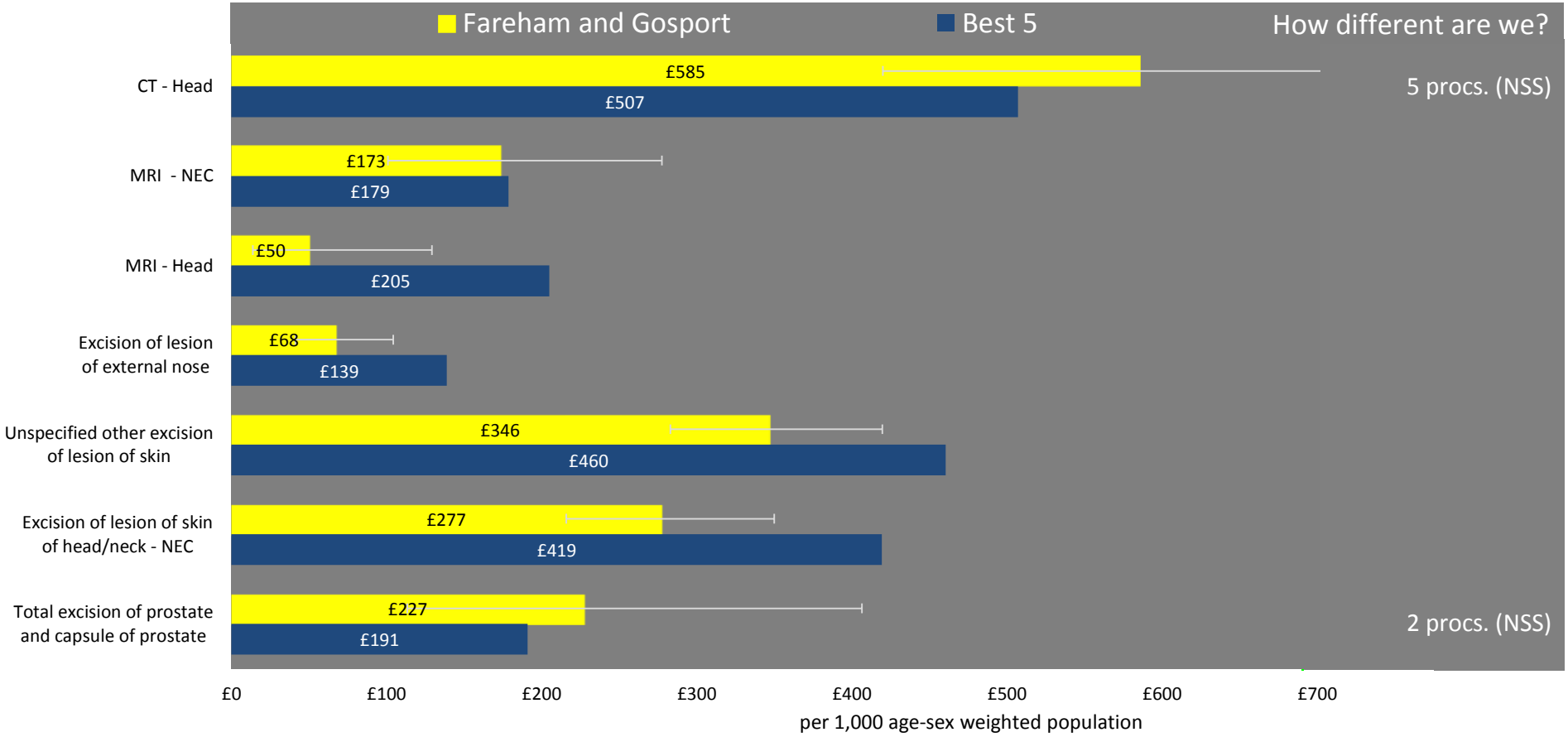
Procedures - Other continued

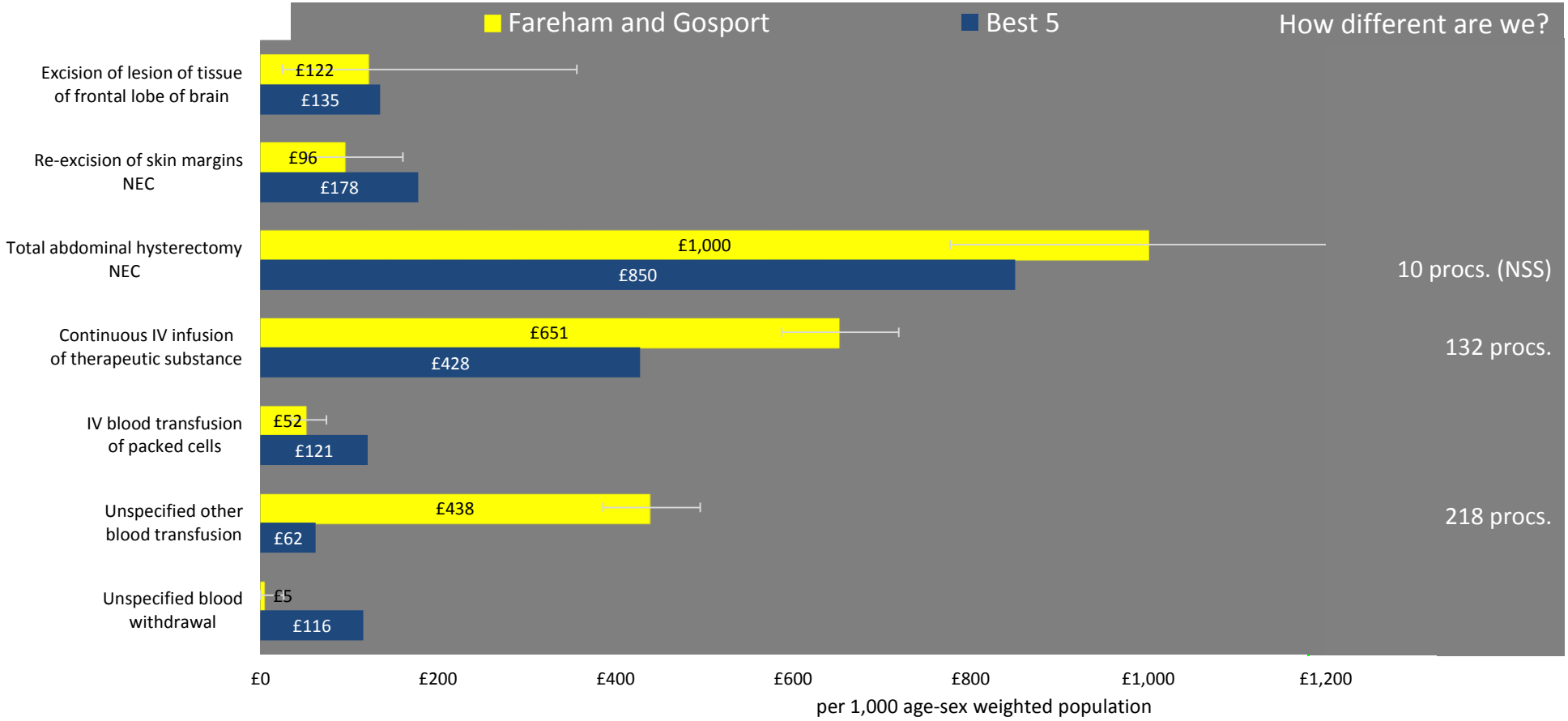


95% confidence intervals

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

Procedures - Other continued

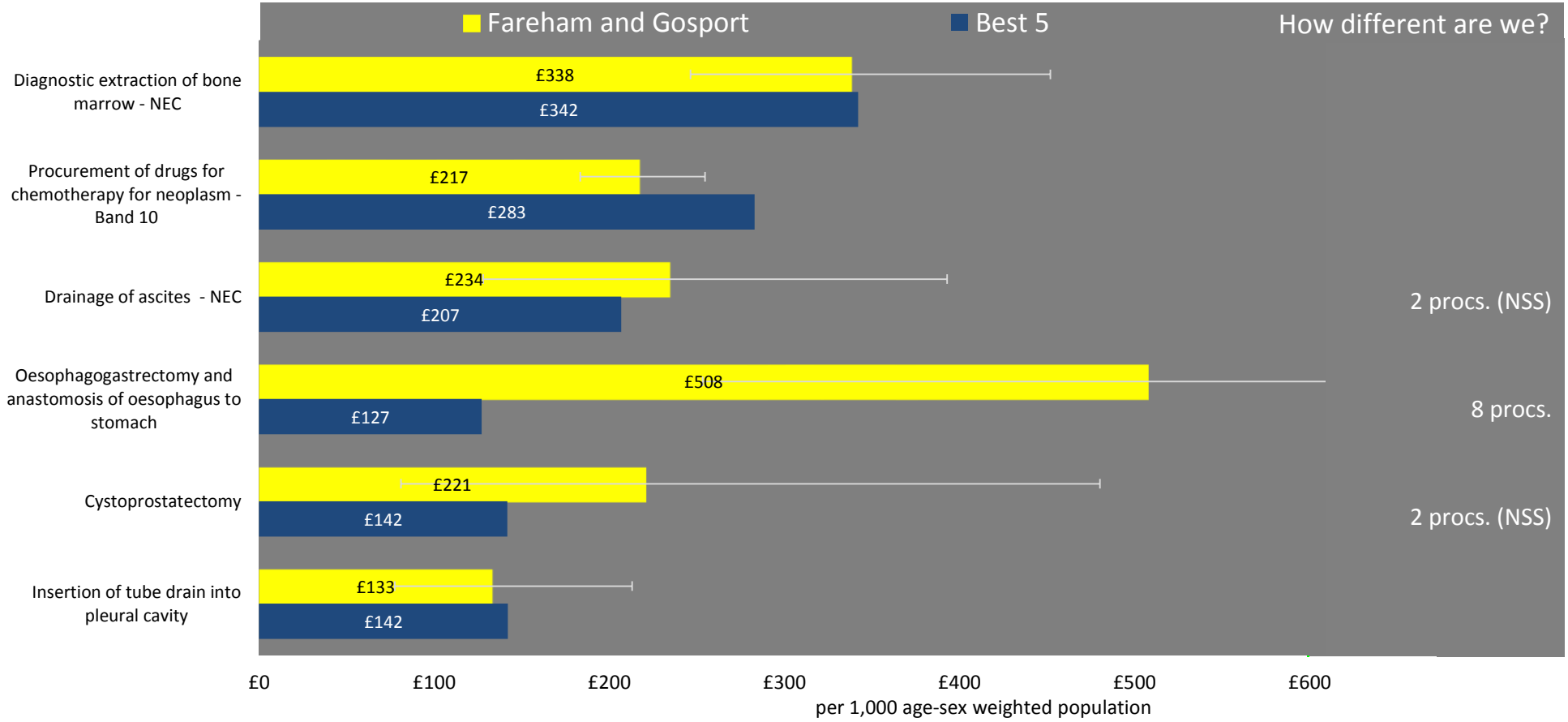


95% confidence intervals

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

Procedures - Other continued



95% confidence intervals

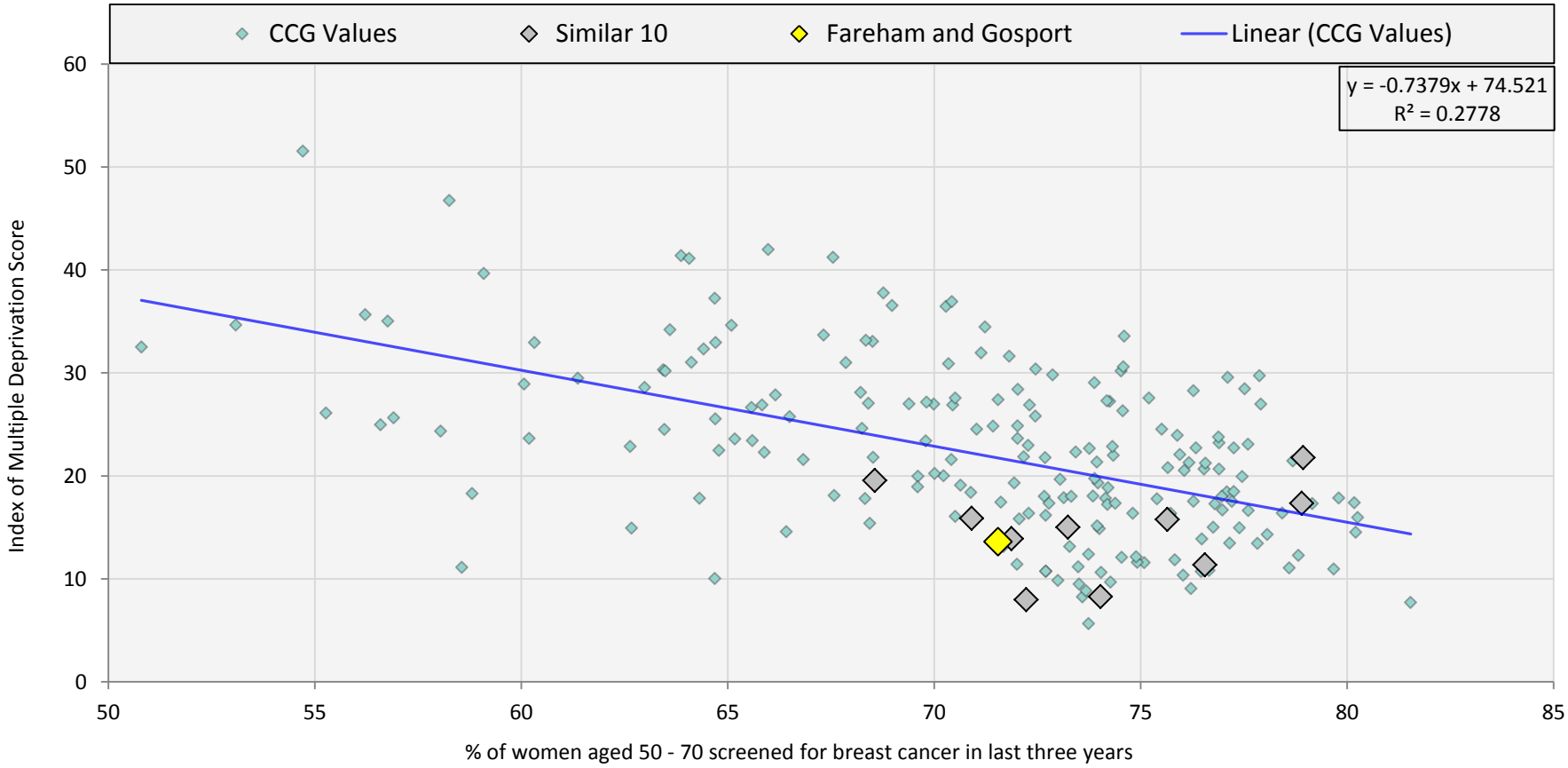
NSS Not statistically significant*

*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

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/



Opportunity table: Methodology

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

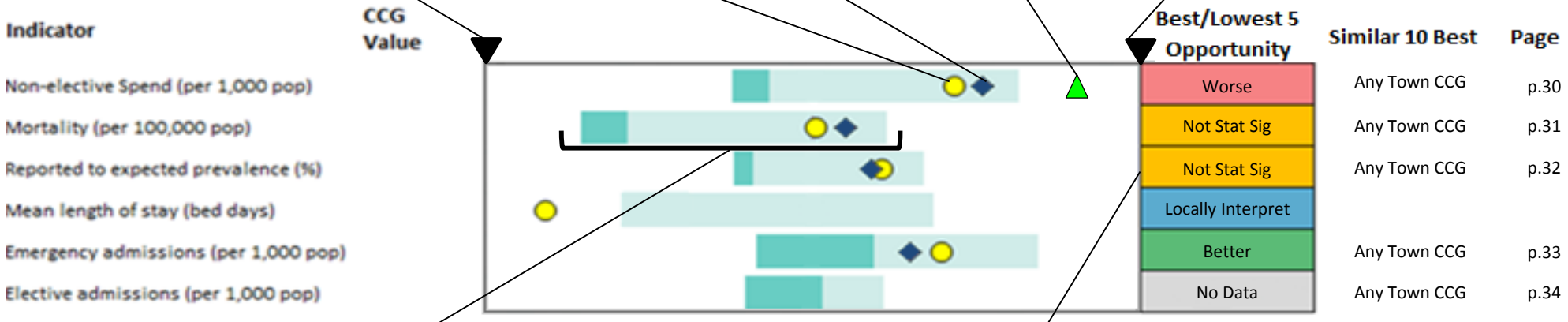
England **Worst**
or
England **Highest**
(for indicators that require Local Interpretation)

Your CCG

Best 5 CCG average

Wider cluster group best CCG‡

England **Best**
or
England **Lowest**
(for indicators that require Local Interpretation)



The shaded area is the range for your similar 10 group. Your CCG is the yellow circle and, as it is not part of the similar 10, it could appear anywhere from England worst/highest to the England best/lowest

The darker green shading shows the worst quintile in the similar 10.

Red = Statistically significantly worse than best 5 & quantified CCG opportunity

Amber & 'amount (NSS)' = Not statistically significant – *worse* than best 5

Amber & 'blank' = Not statistically significant – *better* than best 5

Blue = Indicator is to be locally interpreted and requires contextual information. Potential opportunities are **only** shown where the CCG is **higher** than the best 5. No potential opportunities are calculated for prevalence and some risk factors.

Green = Statistically significantly better than best 5

No Data = No CCG data or data has been supressed due to small numbers

‡ 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.

Cancer - Opportunity table - Risk

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

○ CCG ◆ Best 5 △ Best in Cluster

Indicator	CCG Value	England Worst or Highest	England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Overall index of multiple deprivation	13.6			NA*		
Obesity prevalence, 16+	9.4			NA*		
Smoking prevalence, 18+	14.1			NA*		
Estimated prevalence of binge drinkers, 16+	17.3			NA*		

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

Cancer - Opportunity table - Prevalence and detection

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

○ CCG ◆ Best 5 △ Best in Cluster

Indicator	CCG Value	England Worst or Highest	England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Breast Cancer Prevalence (%)	1.7			NA*		
Colorectal Cancer Prevalence (%)	0.4			NA*		
Lung cancer prevalence (%)	0.1			NA*		
Incidence of breast cancer (**)	187.2			NA*		
Incidence of colorectal cancer (**)	85.6			NA*		
Incidence of lung cancer (**)	82.0			NA*		

*** 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

○ CCG ◆ Best 5 △ Best in Cluster

Indicator	CCG Value	England Worst or Highest / England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Cancer, Head and Neck - Day case admissions (**)	16.1				
Cancer, Head and Neck - Average length of stay-elective (bed days)	4.8		109 Bed days (NSS)		
Cancer, Head and Neck - Average length of stay-emergency (bed days)	7.8				
Cancer, Upper GI - Day case admissions (**)	30.7				
Cancer, Upper GI - Average length of stay-elective (bed days)	8.5		178 Bed days (NSS)		
Cancer, Upper GI - Average length of stay-emergency (bed days)	11.3		98 Bed days (NSS)		
Cancer, Lower GI - Day case admissions (**)	156.5		50 Adms		
Cancer, Lower GI - Average length of stay-elective (bed days)	10.3		304 Bed days		
Cancer, Lower GI - Average length of stay-emergency (bed days)	16.8		218 Bed days (NSS)		
Cancer, Lung - Day case admissions (**)	20.9				
Cancer, Lung - Average length of stay-elective (bed days)	3.6				
Cancer, Lung - Average length of stay-emergency (bed days)	11.0		208 Bed days		
Cancer, Skin - Day case admissions (**)	87.3				
Cancer, Skin - Average length of stay-elective (bed days)	1.7				
Cancer, Skin - Average length of stay-emergency (bed days)	No Data		No Data		
Cancer, Breast - Day case admissions (**)	47.7				
Cancer, Breast - Average length of stay-elective (bed days)	0.9				
Cancer, Breast - Average length of stay-emergency (bed days)	7.0		24 Bed days (NSS)		
Cancer, Gynaecological - Day case admissions (**)	12.8				
Cancer, Gynaecological - Average length of stay-elective (bed days)	3.3		5 Bed days (NSS)		

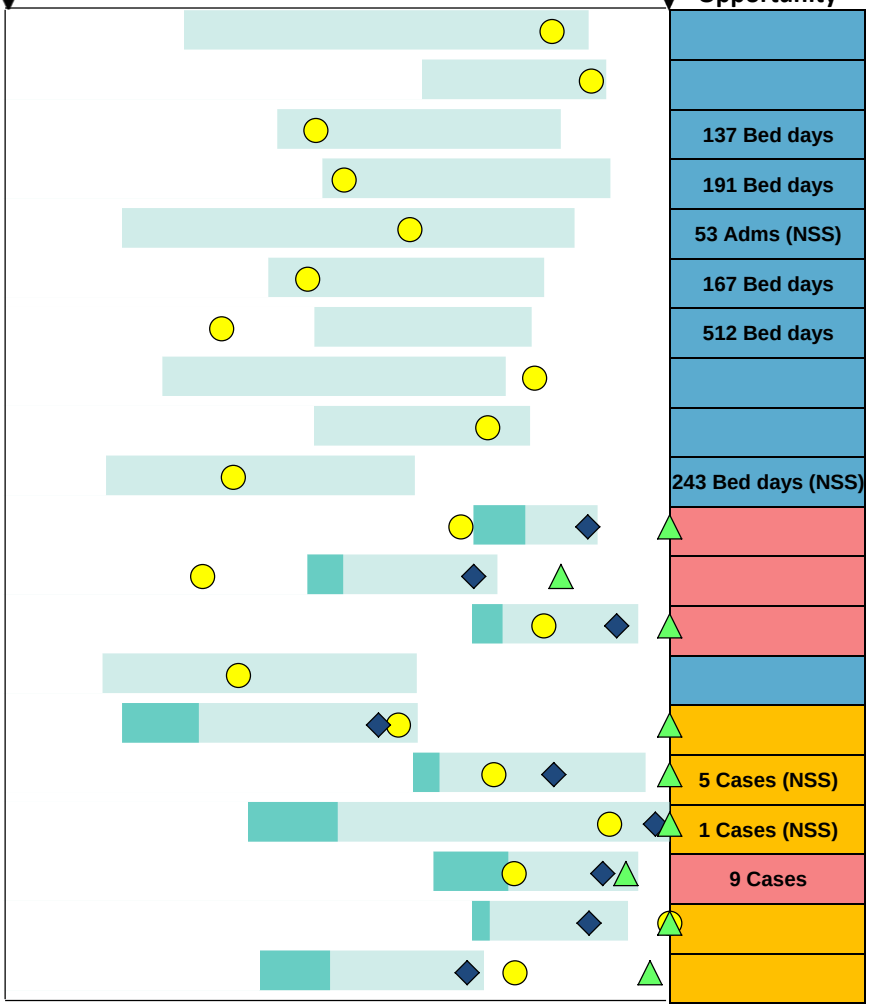
Please refer to slide 42 for full guidance on interpretation of this table of opportunities

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

○ CCG ◆ Best 5 △ Best in Cluster

Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Cancer, Gynaecological - Average length of stay-emergency (bed days)	6.9			
Cancer, Urological - Day case admissions (**)	77.6			
Cancer, Urological - Average length of stay-elective (bed days)	3.6	137 Bed days		
Cancer, Urological - Average length of stay-emergency (bed days)	13.6	191 Bed days		
Cancer, Haematological - Day case admissions (**)	459.2	53 Adms (NSS)		
Cancer, Haematological - Average length of stay-elective (bed days)	8.9	167 Bed days		
Cancer, Haematological - Average length of stay-emergency (bed days)	15.5	512 Bed days		
Other Cancers and Tumours - Day case admissions (**)	438.9			
Other Cancers and Tumours - Average length of stay-elective (bed days)	3.0			
Other Cancers and Tumours - Average length of stay-emergency (bed days)	10.1	243 Bed days (NSS)		
Emergency presentations for breast cancer (age STD per 100,000)	8.4		South East Staffs and Seisdon Peninsular	p.56
Emergency presentations for lung cancer (age STD per 100,000)	20.8		Horsham and Mid Sussex	p.57
Emergency presentations for colorectal cancer (age STD per 100,000)	24.9		Horsham and Mid Sussex	p.58
Rate of urgent GP referrals (all cancers) (**)	3117.2			
% First definitive treatment within 2 months (all cancer)	86.8		South Eastern Hampshire	p.59
% who received 2nd/subseq. treatment within 1 month (surgery)	94.2	5 Cases (NSS)	South Eastern Hampshire	p.60
% who received 2nd/subseq. treatment within 1 month (chemo)	99.8	1 Cases (NSS)	Castle Point and Rochford	p.61
% who received 2nd/subseq. treatment within 1 month (radiotherapy)	97.1	9 Cases	Castle Point and Rochford	p.62
% received 1st treatment within 2 months after decision to upgrade	100.0		Fareham and Gosport	p.63
%patients with cancer who had a review 6 months after diagnosis	83.2		Fareham and Gosport	p.64



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

○ CCG ◆ Best 5 △ Best in Cluster

Indicator	CCG Value	England Worst or Highest – England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
% of women aged 50-70 screened for breast cancer in last 3 years	71.6		1484 Ppl	Erewash	p.65
Females,50-70,screened for breast cancer in 6 months of invite(%)	75.2		301 Ppl	Nottingham North and East	p.66
% of breast cancers detected at an early stage (1 or 2)	68.2		15 Pats	Castle Point and Rochford	p.67
Number of 2 week wait referrals for suspected breast cancer (**)	476.7		NA*		
% 1st outpatient apt within 2 wks-breast cancer not init. suspected	94.2		14 Pats	South Gloucestershire	p.68
Females,25-64,attending cervical screening within target period (%)	76.6		1174 Ppl	Nottingham North and East	p.69
% 60-69 who were screened for bowel cancer (previous 30 months)	65.0			Fareham and Gosport	p.70
% 60-69 screened for bowl cancer within 6 months of invite	65.2			Fareham and Gosport	p.71
% of colorectal cancers detected at an early stage (1 or 2)	34.6		10 Pats (NSS)	South Gloucestershire	p.72
Number of 2 week wait referrals for suspected lower GI cancers (**)	378.5		NA*		
% of lung cancers detected at an early stage (1 or 2)	12.5		10 Pats	Surrey Downs	p.73
Number of 2 week wait referrals for suspected lung cancer (**)	74.4		NA*		
Patient`s rating of care `excellent`/ `very good` (%)	89.6		127 Pats (NSS)	South Eastern Hampshire	p.74
Saw GP once/twice before being told had to go to hospital (%)	72.6		298 Pats	Castle Point and Rochford	p.75
Given easy to understand written information about test (%)	88.3		105 Pats (NSS)	Erewash	p.76
Patient given written information about side effects (%)	85.2			Nottingham North and East	p.77
Patient given written information about the operation (%)	66.1		698 Pats	Nottingham North and East	p.78
Given clear written information about what to do post discharge (%)	77.3		472 Pats	South East Staffs and Seisdon Peninsular	p.79
Patient offered written assessment and care plan (%)	16.5		177 Pats (NSS)	Basildon and Brentwood	p.80
Smoking - successful quitters 16+ (**)	2276.2		233 Ppl	South East Staffs and Seisdon Peninsular	p.81

*** No opportunity is calculated for 2 week wait referrals**

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

○ CCG ◆ Best 5 △ Best in Cluster

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)	167.4			NA*		
Rate of computed tomography (CT) colonoscopy procedures (per 10,000 [pop)	58.8			NA*		
GP Exception Rate - Cancer (%)	13.7			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

CCG ◆ Best 5 △ Best in Cluster

Indicator	CCG Value	England Worst or Highest / England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Cancer - Total (*)	28855				
Cancer - Total elective (*)	21441		£49k (NSS)		
Cancer - Total non-elective (*)	7435			Fareham and Gosport	p.82
Cancer, Head and Neck- elective (*)	932		£51k		
Cancer, Head and Neck- non-elective (*)	305		£38k	Horsham and Mid Sussex	p.83
Cancer, Upper GI- elective (*)	1798		£181k		
Cancer, Upper GI- non-elective (*)	617			Fareham and Gosport	p.84
Cancer, Lower GI- elective (*)	2899		£152k		
Cancer, Lower GI- non-elective (*)	881			Surrey Downs	p.85
Cancer, Lung- elective (*)	841		£43k		
Cancer, Lung- non-elective (*)	748		£41k (NSS)	Horsham and Mid Sussex	p.86
Cancer, Skin- elective (*)	1031				
Cancer, Skin- non-elective (*)	69		£8k (NSS)	Horsham and Mid Sussex	p.87
Cancer, Breast- elective (*)	2937		£170k		
Cancer, Breast- non-elective (*)	166		£16k (NSS)	Erewash	p.88
Cancer, Gynaecological- elective (*)	883		£4k (NSS)		
Cancer, Gynaecological- non-elective (*)	166			Fareham and Gosport	p.89
Cancer, Urological- elective (*)	2134				
Cancer, Urological- non-elective (*)	552		£5k (NSS)	Horsham and Mid Sussex	p.90
Cancer, Haematological- elective (*)	1633				

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

CCG ◆ Best 5 ▲ Best in Cluster

Indicator	CCG Value	England Worst or Highest / England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Cancer, Haematological- non-elective (*)	1512		£74k (NSS)	South Eastern Hampshire	p.91
Other Cancers & Tumours- elective (*)	6305				
Other Cancers & Tumours- non-elective (*)	2437			Fareham and Gosport	p.92
Breast cancer - primary care prescribing spend (*)	300				
Prescribing spend - Goserelin Acetate (***)	386		£5k		
Prescribing spend - Leuprorelin Acetate (***)	1186		£178k		
Prescribing spend - Triptorelin Acetate (***)	45				
Prescribing spend - Tamoxifen Citrate (***)	77		£2k		
Prescribing spend - Diethylstilbestrol (***)	34		£4k		
Prescribing spend - Anastrozole (***)	29				
Prescribing spend - Letrozole (***)	82		£9k		
Prescribing spend - Triptorelin Embonate (***)	No Data		No Data		
Prescribing spend - Bicalutamide (***)	15		£1k		
Prescribing spend - Degarelix (***)	No Data		No Data		
Prescribing spend - Cyproterone Acetate (***)	6				
Prescribing spend - Exemestane (***)	49				
Prescribing spend - Tacrolimus (***)	352		£51k		
Prescribing spend - Mycophenolate Mofetil (***)	173		£32k		
Prescribing spend - Ciclosporin (***)	165		£20k		
Prescribing spend - Azathioprine (***)	80		£4k		

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

CCG ◆ Best 5 ▲ Best in Cluster

Indicator	CCG Value	England Worst or Highest / England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Prescribing spend - Sirolimus (***)	23		£3k		
Prescribing spend - Mycophenolate Sodium (***)	13		£1k		
Prescribing spend - Octreotide Acetate (***)	587		£130k		
Prescribing spend - Lanreotide (***)	322		£54k		
Prescribing spend - Mercaptopurine (***)	158		£17k		
Proc.- Wire guided partial excision of breast (*)	290				
Proc.- Partial excision of breast Not elsewhere classified (*)	967		£136k		
Proc.- Total mastectomy Not elsewhere classified (*)	305				
Proc.- Skin sparing mastectomy (*)	770		£101k		
Proc.- Lobectomy of lung (*)	457		£32k (NSS)		
Proc.- CT - pulmonary arteries (*)	206		£18k (NSS)		
Proc.- Endobronchial ultrasound examination of mediastinum(*)	28				
Proc.- Anterior resection-rectum;anastomosis-colon to rectum(*)	306		£16k (NSS)		
Proc.-Right hemicolectomy,anastomosis-ileum to trans.colon(*)	178				
Proc.- Fibreoptic endoscopy - colon; biopsy - lesion of colon(*)	105				
Proc.- Unspecified diagnostic endoscopy - colon(*)	320		£31k		
Proc.- Anterior resection of rectum and exteriorisation of bowel(*)	392		£55k		
Proc.- Abdominoperineal excision of rectum and end colostomy(*)	161		£7k (NSS)		
Proc.-Rectosigmoidectomy+closure of rectal stump,exter. of bowel(*)	21				
Proc.- Endoscopic resection of lesion of bladder(*)	682		£22k (NSS)		

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

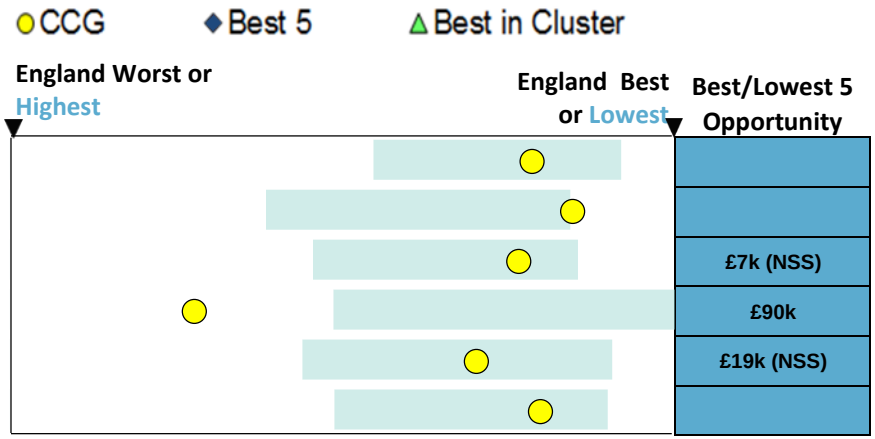
CCG ◆ Best 5 ▲ Best in Cluster

Indicator	CCG Value	England Worst or Highest / England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Proc.- Endoscopy snare resection of lesion of colon(*)	607		£74k		
Proc.- Endoscopy-upper GI tract;biopsy-lesion of upper GI tract(*)	259		£6k (NSS)		
Proc.- Endoscopic insertion of prosthesis into upper GI tract(*)	232		£29k		
Proc.-Unspecified diagnostic fibreoptic endoscopy-upper GI tract(*)	316		£45k		
Proc.- Unspecified diagnostic endoscopy - bladder(*)	47				
Proc.- CT - Not elsewhere classified(*)	1621		£99k		
Proc.- CT - Head(*)	585		£19k (NSS)		
Proc.- MRI - Not elsewhere classified(*)	173				
Proc.- MRI - Head(*)	50				
Proc.- Excision of lesion of external nose(*)	68				
Proc.- Unspecified other excision of lesion of skin(*)	346				
Proc.- Excision of lesion of skin of head/neck-Not elsewhere classified(*)	277				
Proc.- Total excision of prostate and capsule of prostate(*)	227		£8k (NSS)		
Proc.- Excision of lesion of tissue of frontal lobe of brain(*)	122				
Proc.- Re-excision of skin margins - Not elsewhere classified(*)	96				
Proc.- Total abdominal hysterectomy - Not elsewhere classified(*)	1000		£34k (NSS)		
Proc.- Continuous IV infusion of therapeutic substance(*)	651		£53k		
Proc.- IV blood transfusion of packed cells(*)	52				
Proc.- Unspecified other blood transfusion(*)	438		£92k		
Proc.- Unspecified blood withdrawal(*)	5				

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

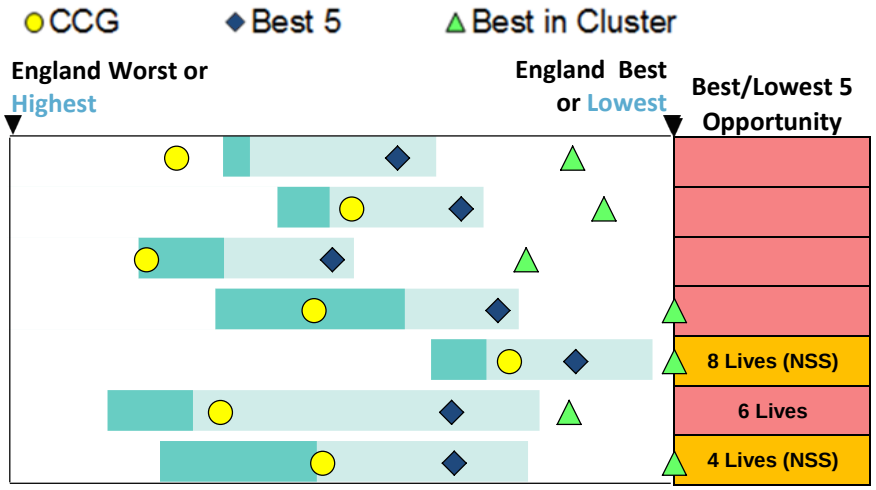


Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Proc.- Diagnostic extraction of bone marrow - Not elsewhere classified(*)	338			
Proc.-Procurement of drugs for chemotherapy for neoplasm-Band 10(*)	217			
Proc.- Drainage of ascites - Not elsewhere classified(*)	234	£7k (NSS)		
Proc.- Oesophagogastrectomy+anastomosis of oesophagus to stomach(*)	508	£90k		
Proc.- Cystoprostatectomy(*)	221	£19k (NSS)		
Proc.- Insertion of tube drain into pleural cavity(*)	133			

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) (%)	68.5	South Gloucestershire	p.93
One year survival for colorectal cancer (%)	77.1	Surrey Downs	p.94
One year survival for lung cancer (%)	28.4	South Gloucestershire	p.95
One year survival for breast cancer (%)	95.7	Erewash	p.96
<75 mortality from lung cancer (**)	28.2	Horsham and Mid Sussex	p.97
<75 mortality from breast cancer (**)	26.0	Surrey Downs	p.98
<75 mortality from colorectal cancer (**)	13.5	Horsham and Mid Sussex	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

Further analysis

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.

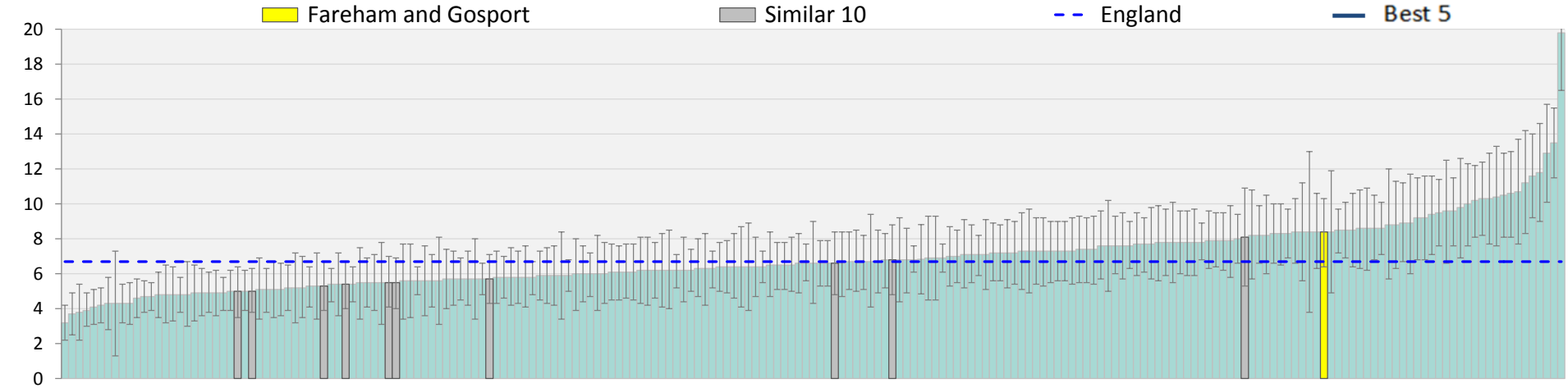
Top chart:
The opportunity box from the spine chart is shown in the top right of the blue banner. The top chart shows the whole England distribution together with the highlighted Similar 10 group (grey bars) and your CCG (yellow bar). The England average is shown by the dashed blue line. The England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

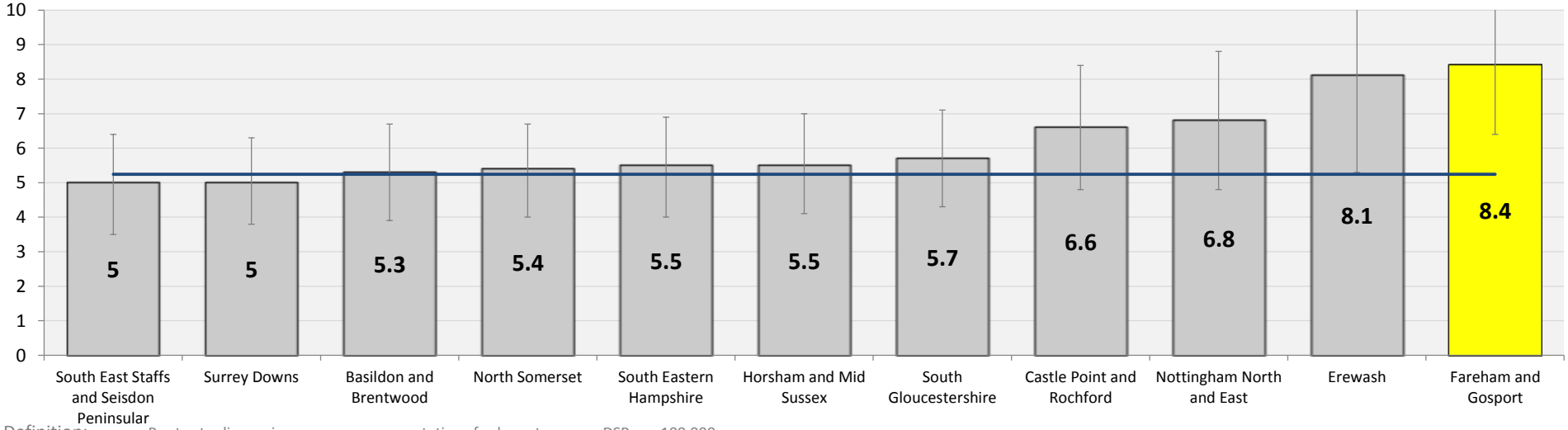
The analysis presented in the following pages can be replicated for *all* indicators in the focus pack using the Commissioning for Value Focus Pack Tool. The tool is available on the Commissioning for Value web pages. The link is shown on page 103.

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



England	6.7

Best 5	5.2

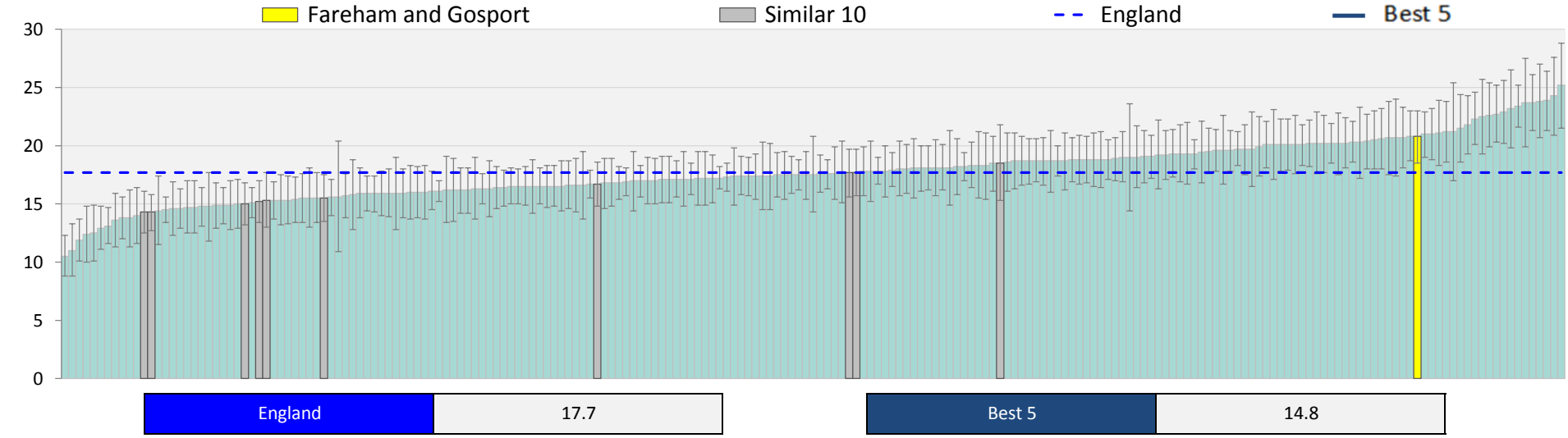


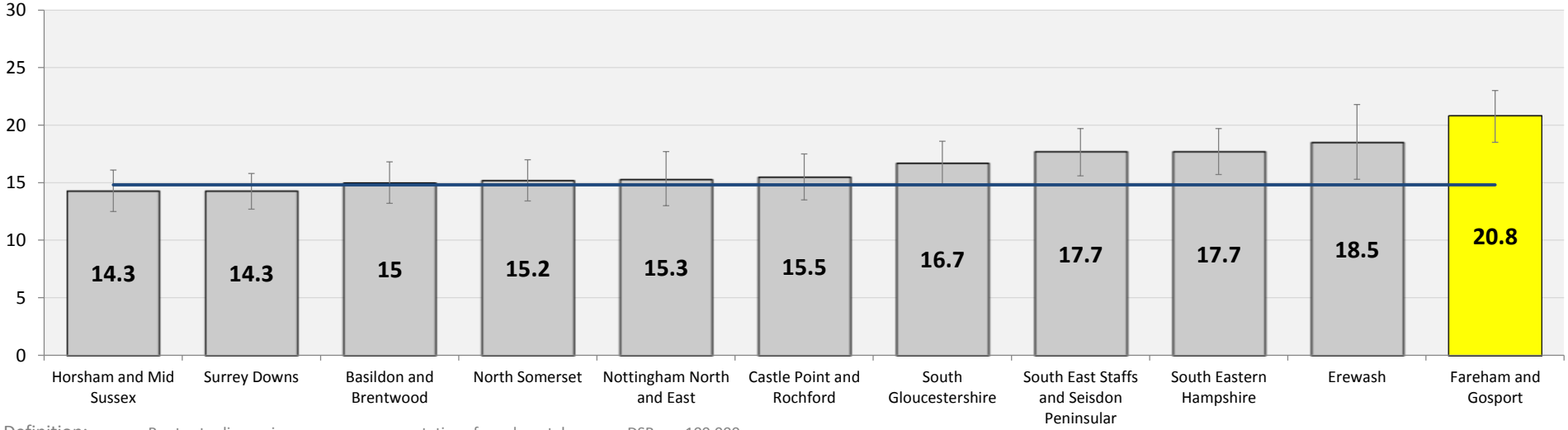
Definition: Routes to diagnosis - emergency presentations for breast cancer - DSR per 100,000 women

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)



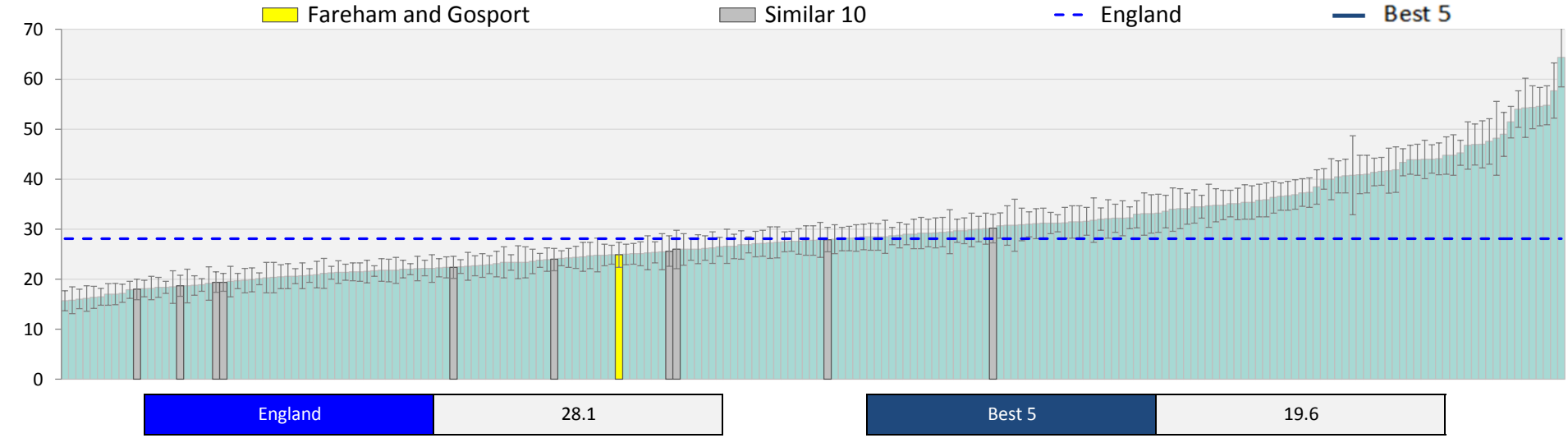


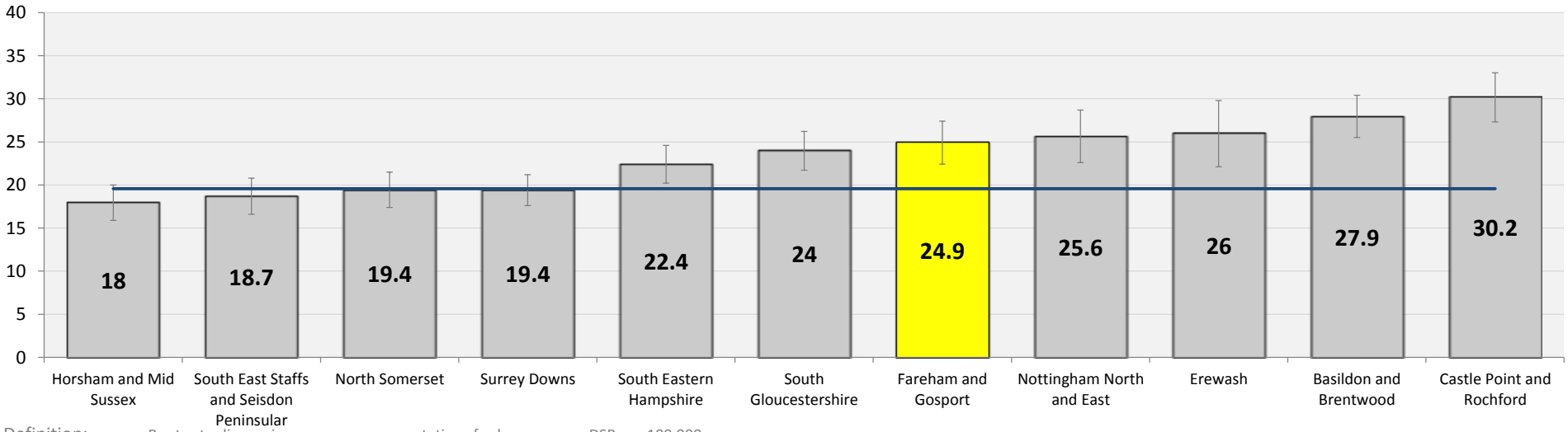
Definition: Routes to diagnosis - emergency presentations for colorectal cancer - DSR per 100,000

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)



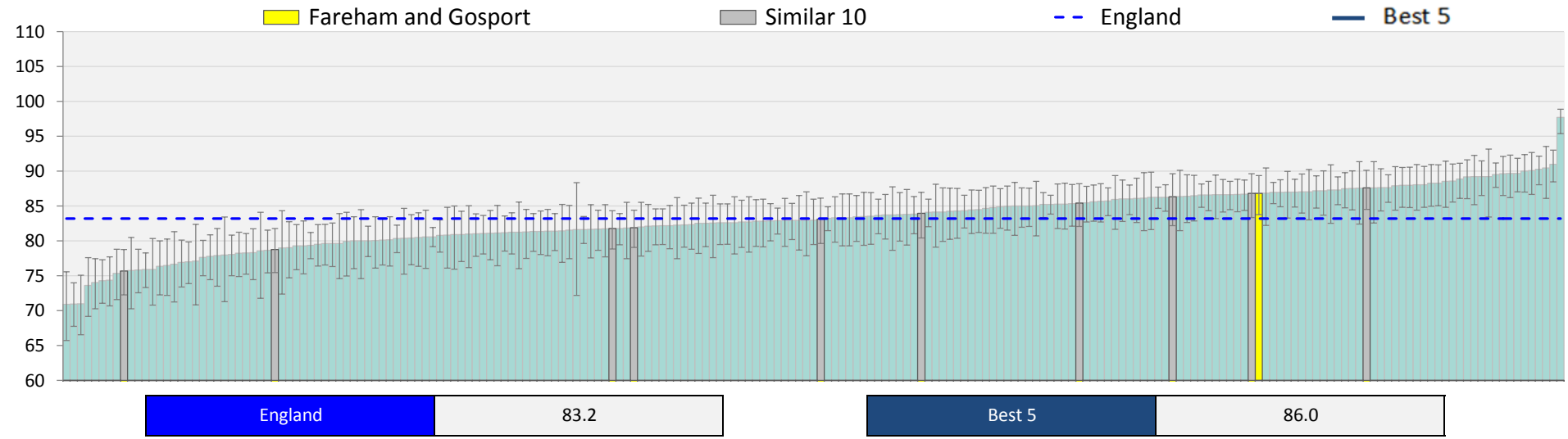


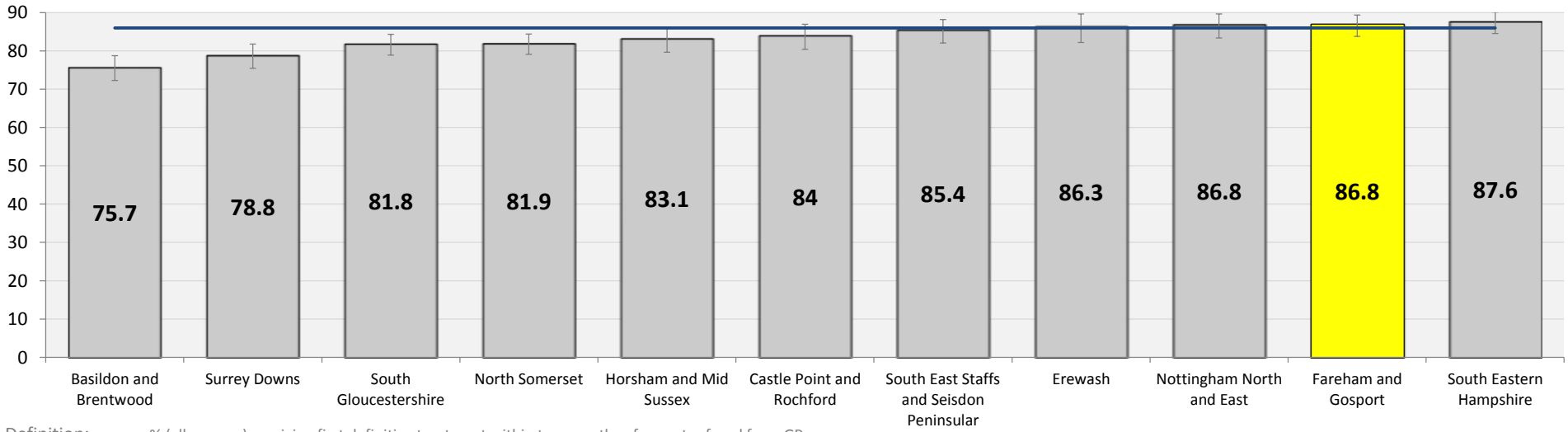
Definition: Routes to diagnosis - emergency presentations for lung cancer - DSR per 100,000

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





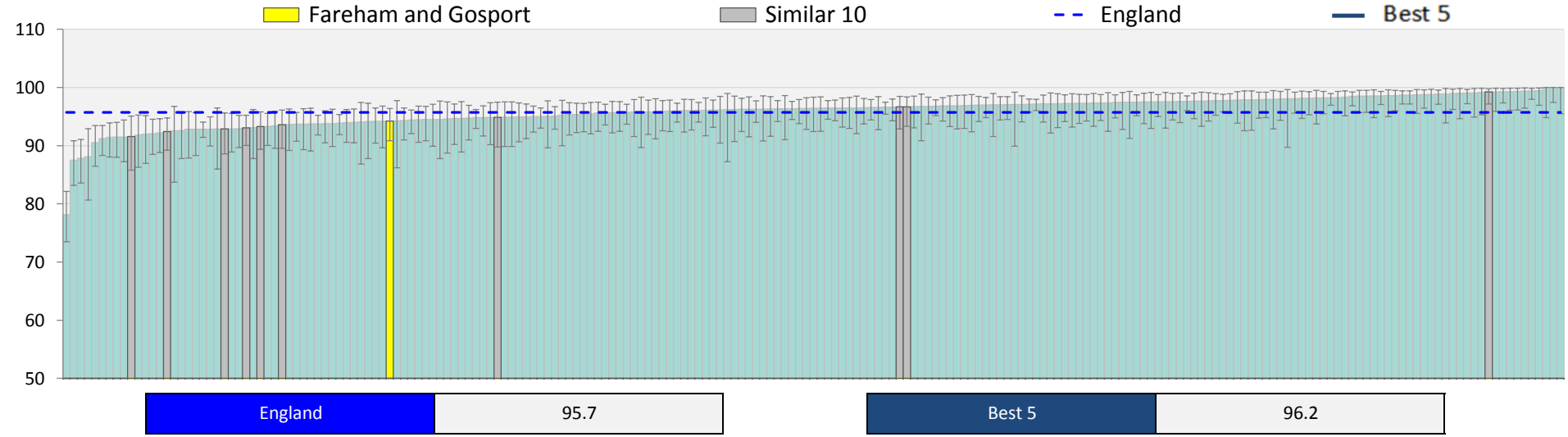
Definition: % (all cancers) receiving first definitive treatment within two months of urgent referral from GP

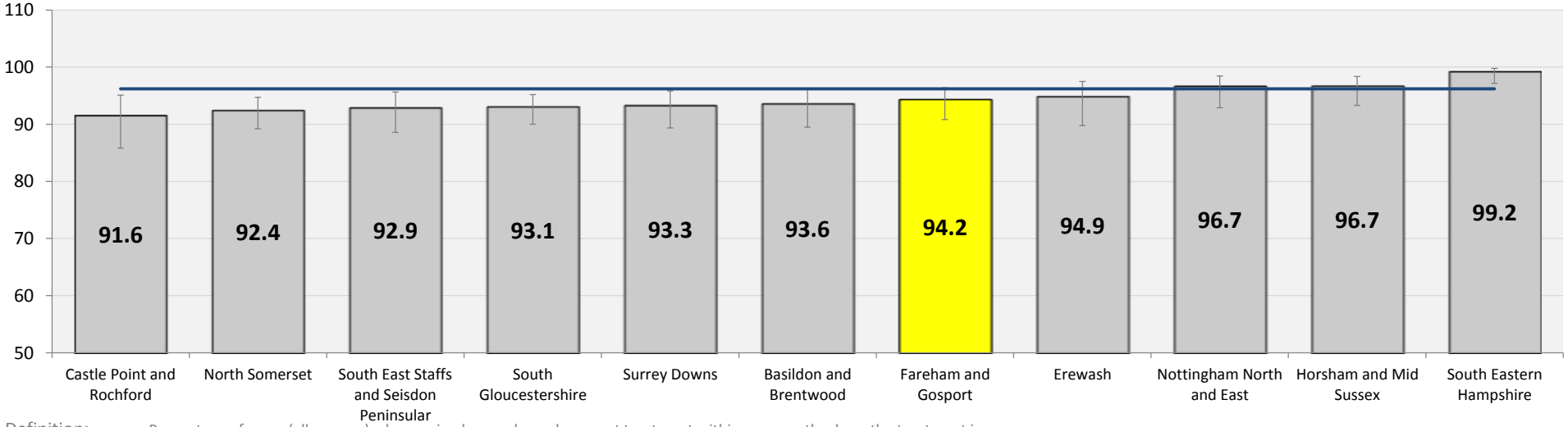
Source: Commissioner-based cancer waiting statistics 2014/15, NHS England

Year: 2014/15

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

5 Cases (NSS)





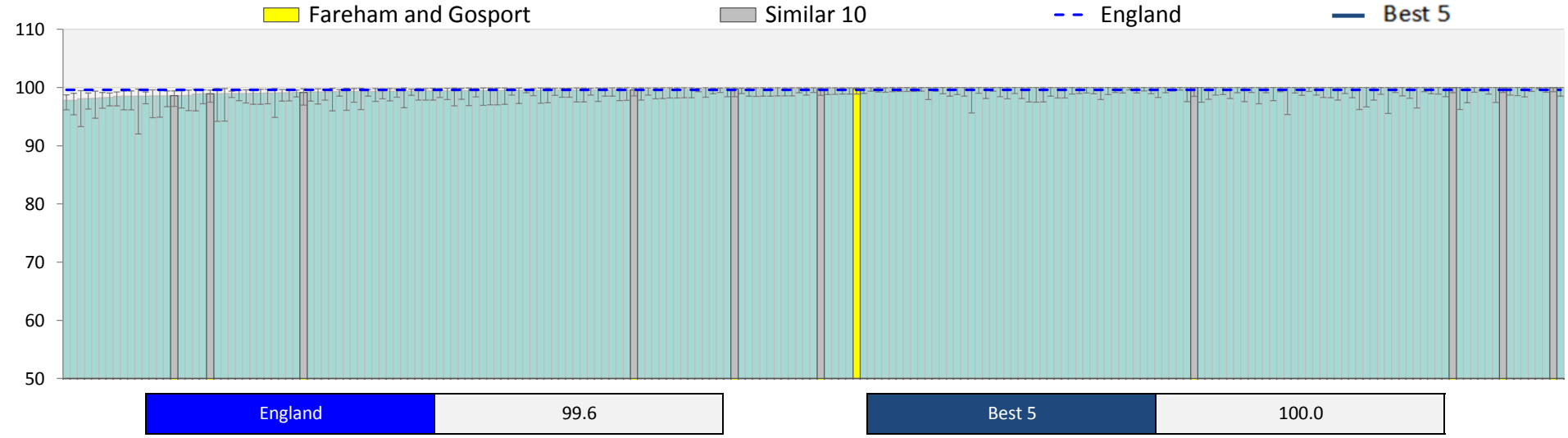
Definition: Percentage of cases (all cancers) who received second or subsequent treatment within one month where the treatment is surgery

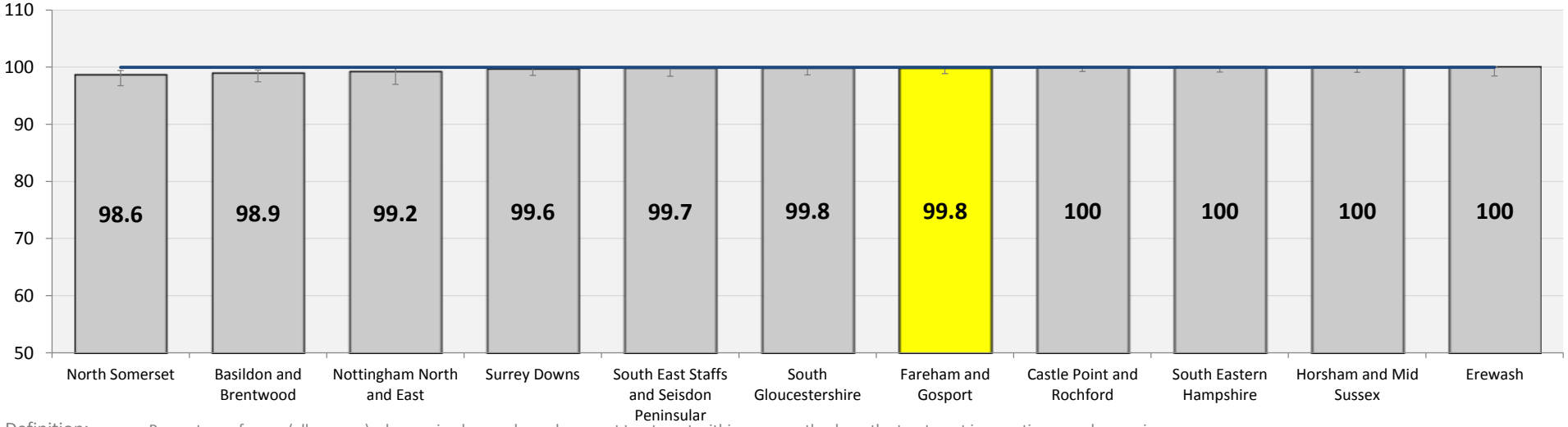
Source: NHS England Cancer Waiting Times Database

Year: 2014-15

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

1 Cases (NSS)





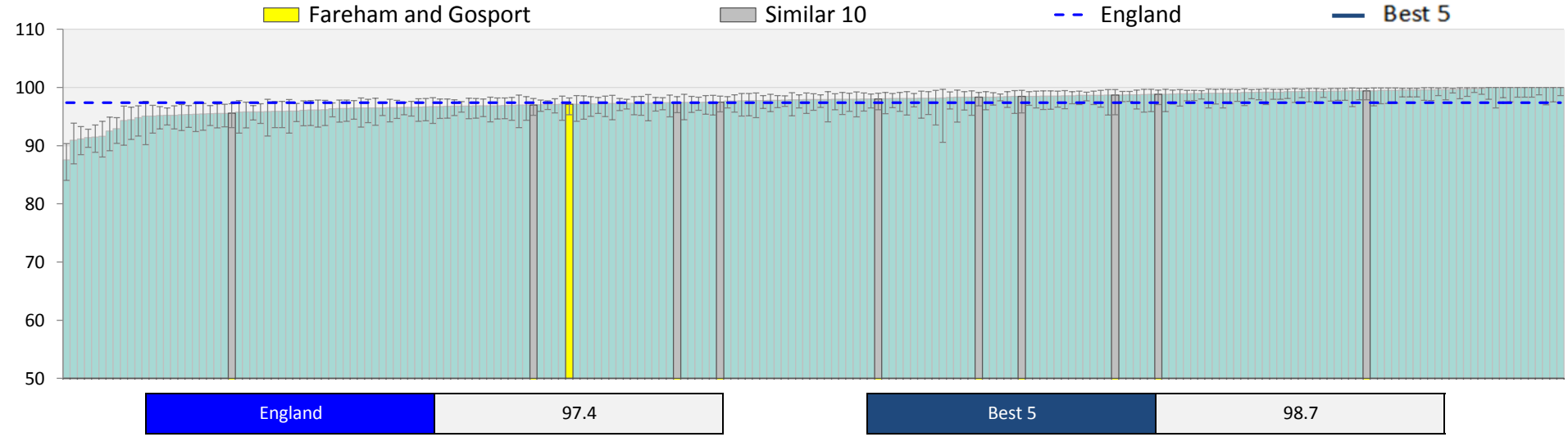
Definition: Percentage of cases (all cancers) who received second or subsequent treatment within one month where the treatment is an anti-cancer drug regimen

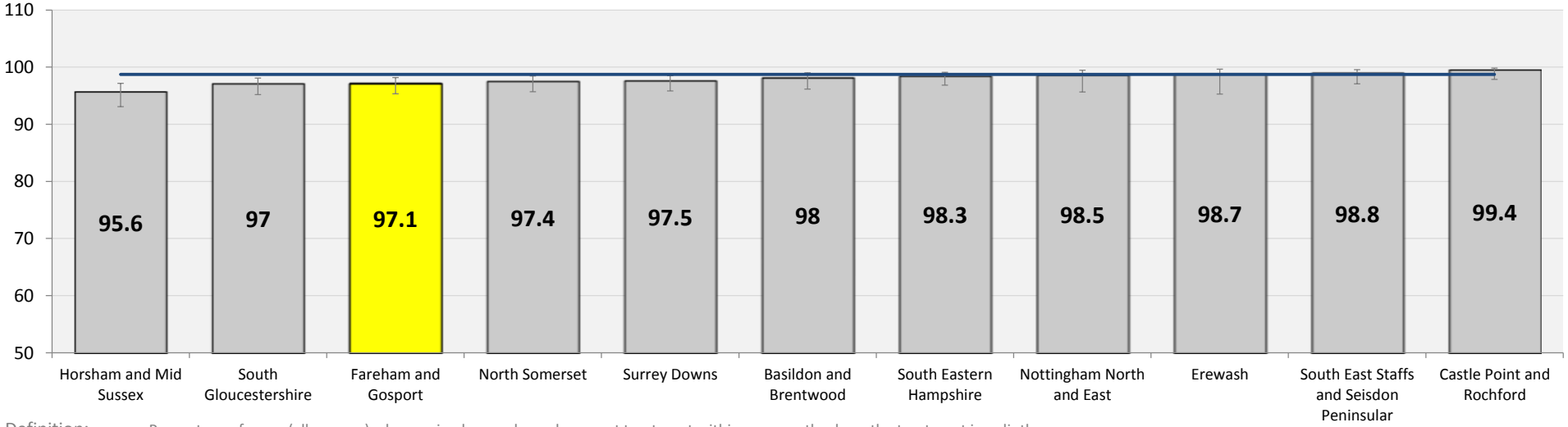
Source: NHS England Cancer Waiting Times Database

Year: 2014-15

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

9 Cases



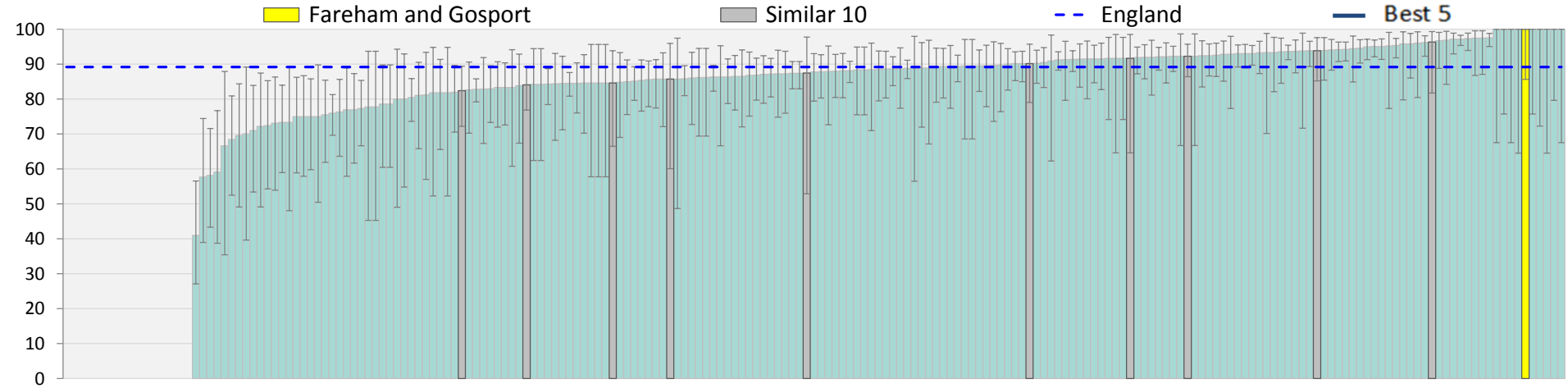


Definition: Percentage of cases (all cancers) who received second or subsequent treatment within one month where the treatment is radiotherapy

Source: NHS England Cancer Waiting Times Database

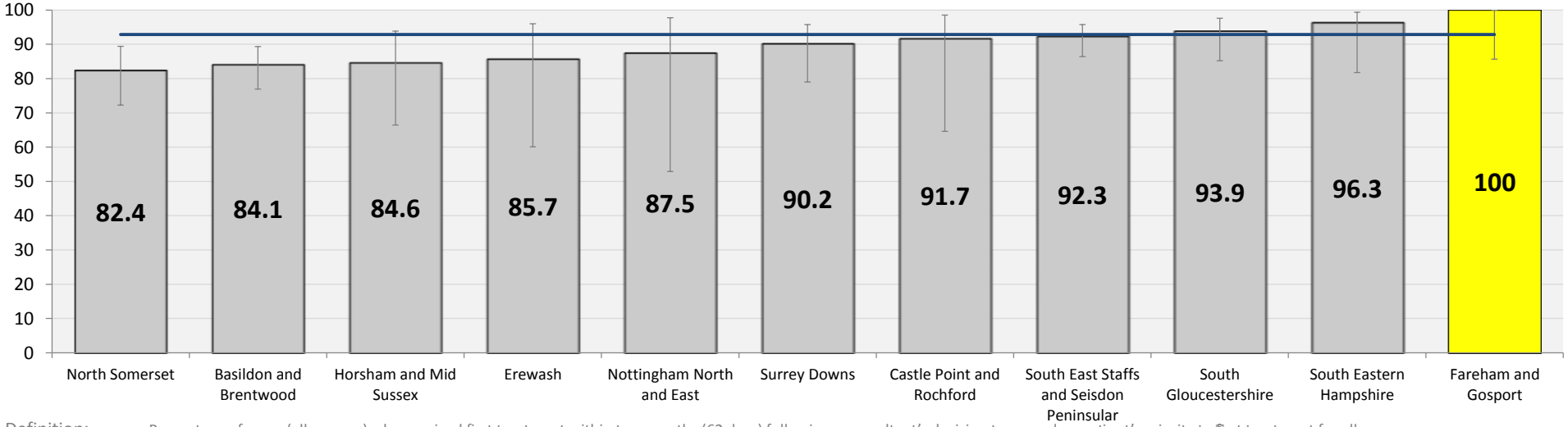
Year: 2014-15

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



England	89.2

Best 5	92.9

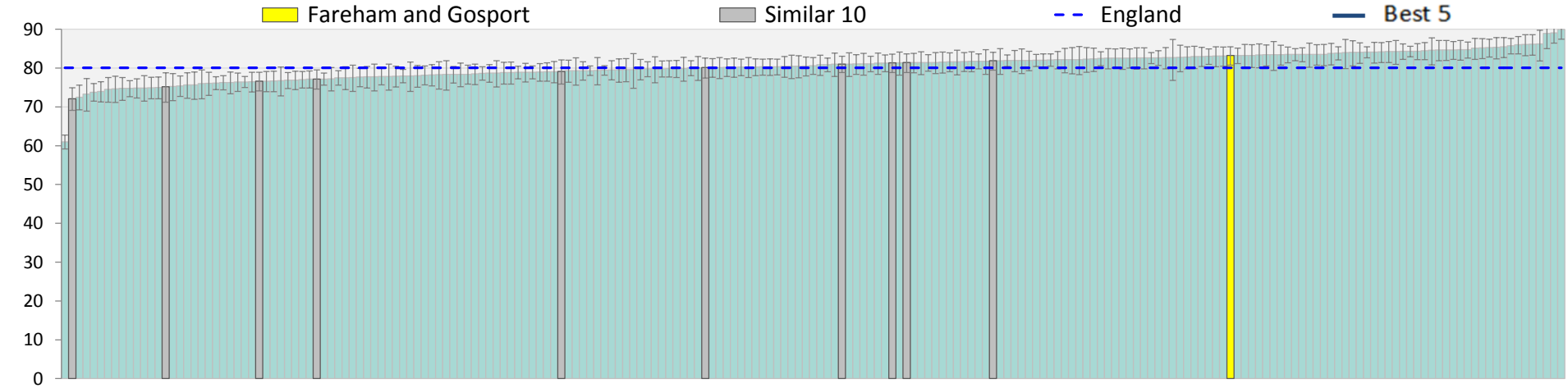


Definition: Percentage of cases (all cancers) who received first treatment within two months (62 days) following a consultant's decision to upgrade a patient's priority to first treatment for all cancers

Source: NHS England Cancer Waiting Times Database

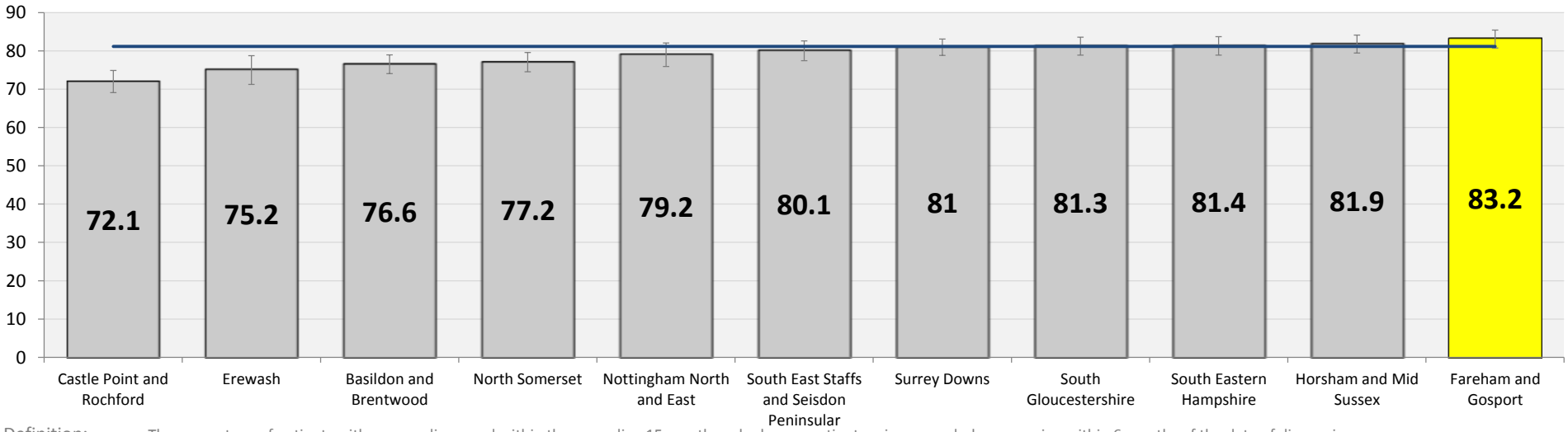
Year: 2014-15

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



England	80.1

Best 5	81.2



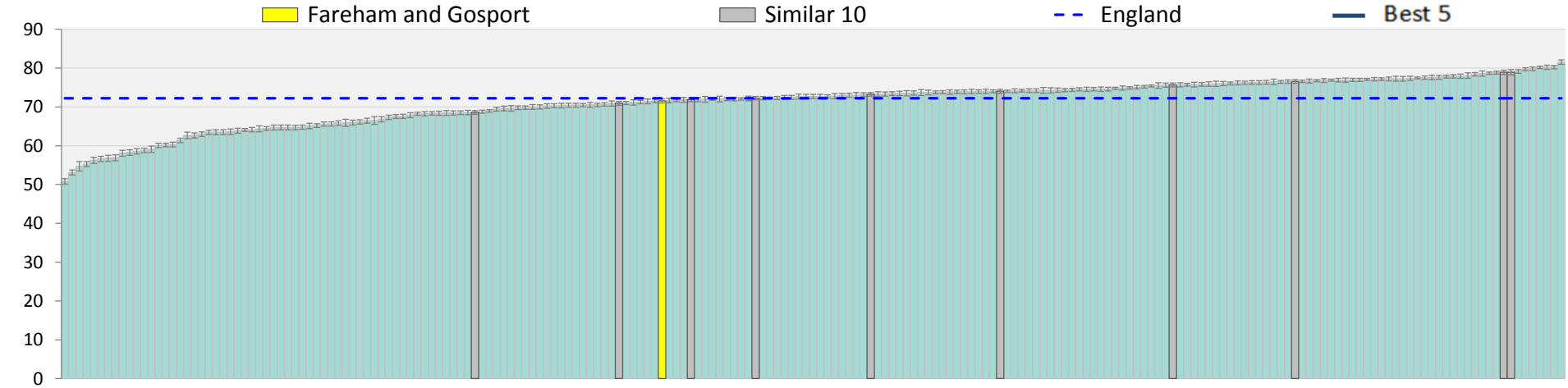
Definition: The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis

Source: Quality and Outcomes Framework

Year: 2014/15

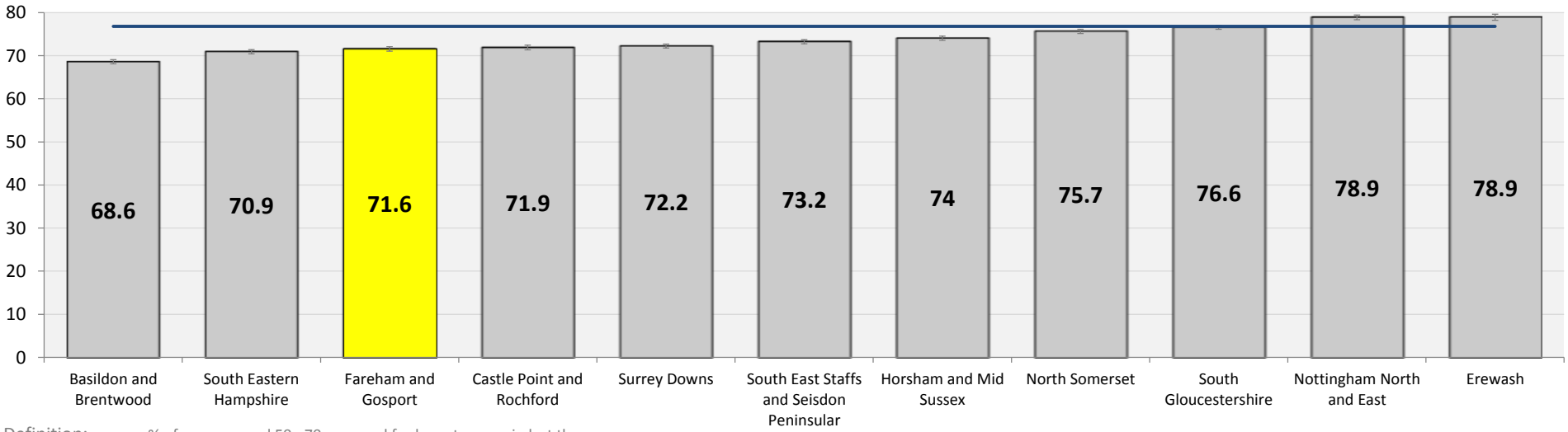
% of women aged 50-70 screened for breast cancer in last 3 years

1484 Ppl



England	72.2

Best 5	76.8



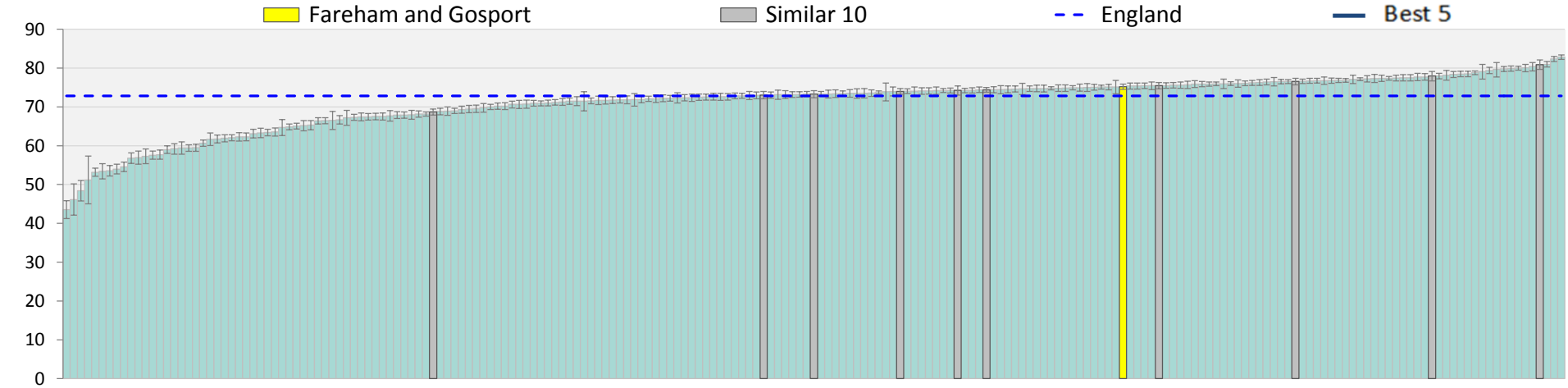
Definition: % of women aged 50 - 70 screened for breast cancer in last three years

Source: Cancer Commissioning Toolkit

Year: 2014

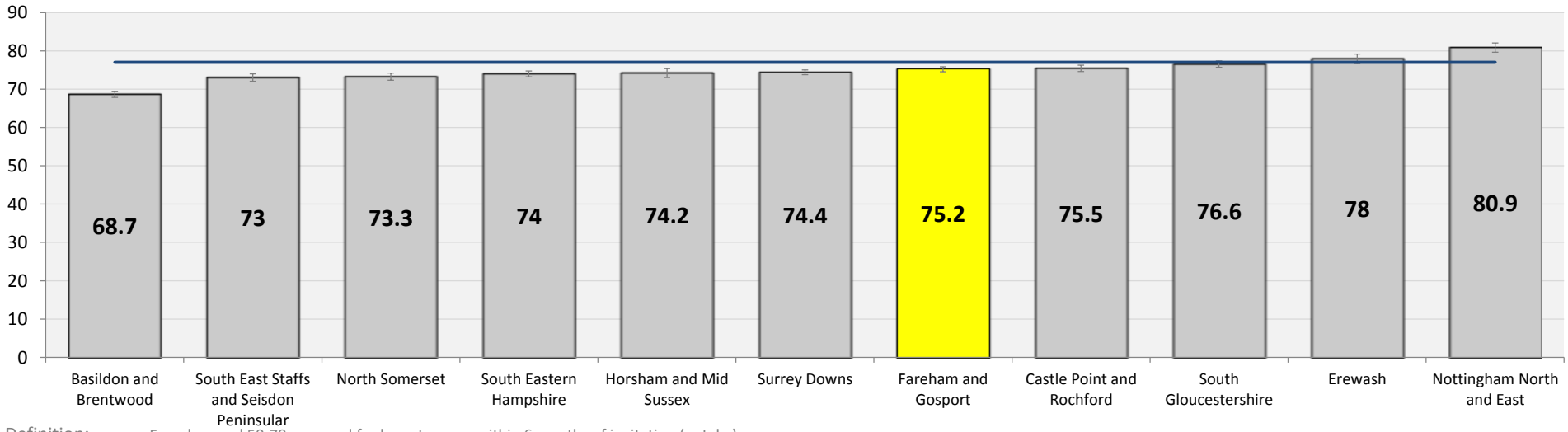
Females,50-70,screened for breast cancer in 6 months of invite(%)

301 Ppl



England	72.8

Best 5	77.1



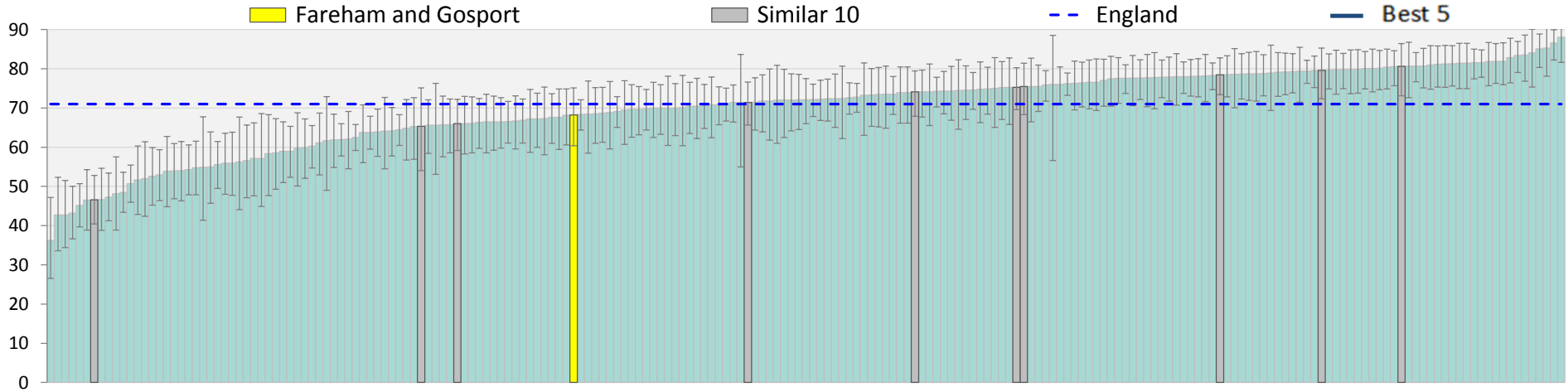
Definition: Females aged 50-70 screened for breast cancer within 6 months of invitation (uptake)

Source: Cancer Services, Fingertips

Year: 2014/15

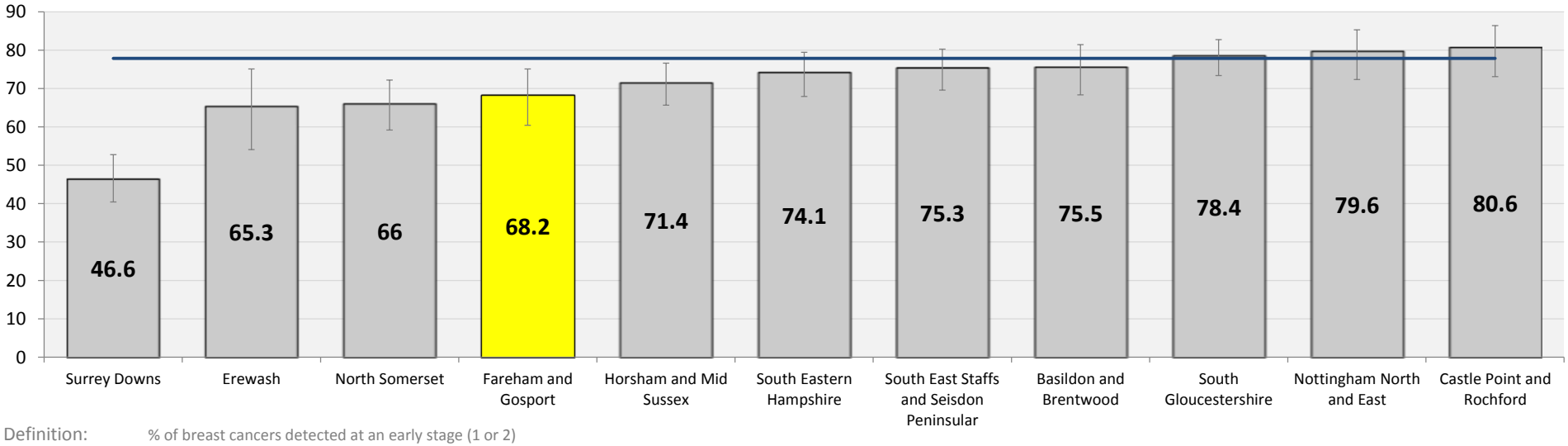
% of breast cancers detected at an early stage (1 or 2)

15 Pats



England	71.0

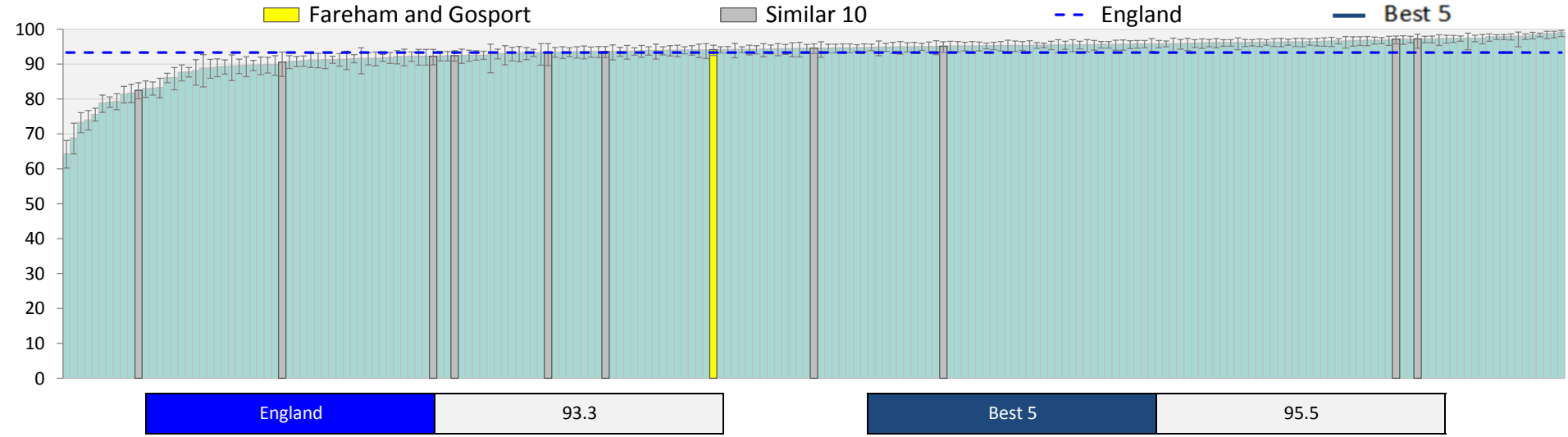
Best 5	77.9

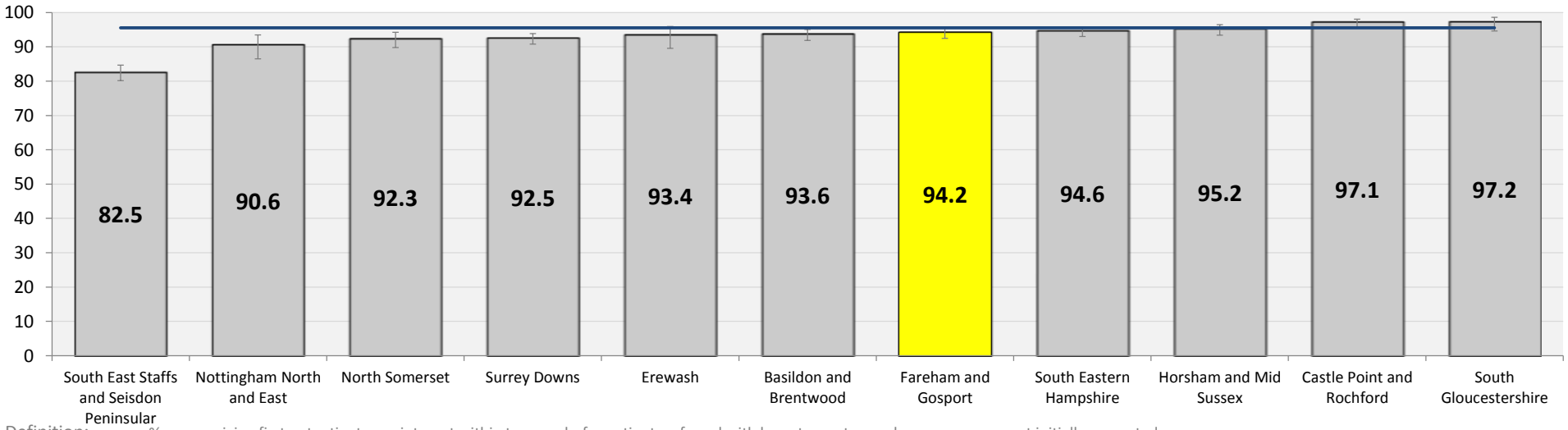


Definition: % of breast cancers detected at an early stage (1 or 2)
Source: Public Health England CAS1403 Stage by CCG data
Year: 2013

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

14 Pats





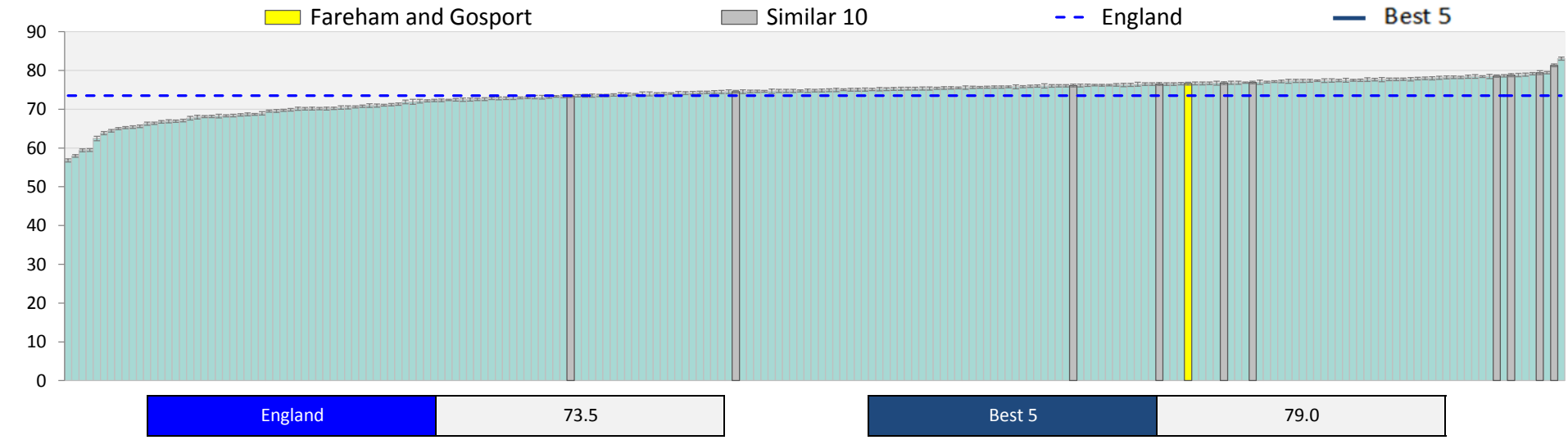
Definition: % age receiving first outpatient appointment within two weeks for patients referred with breast symptoms where cancer was not initially suspected

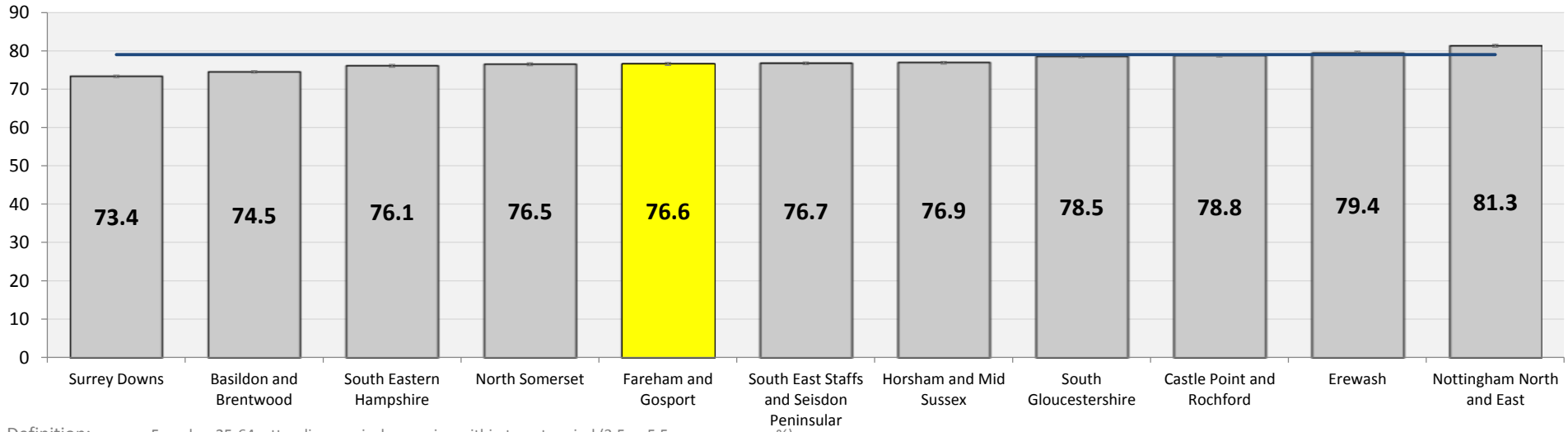
Source: NHS England Cancer Waiting Times Database

Year: 2014-15

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

1174 Ppl



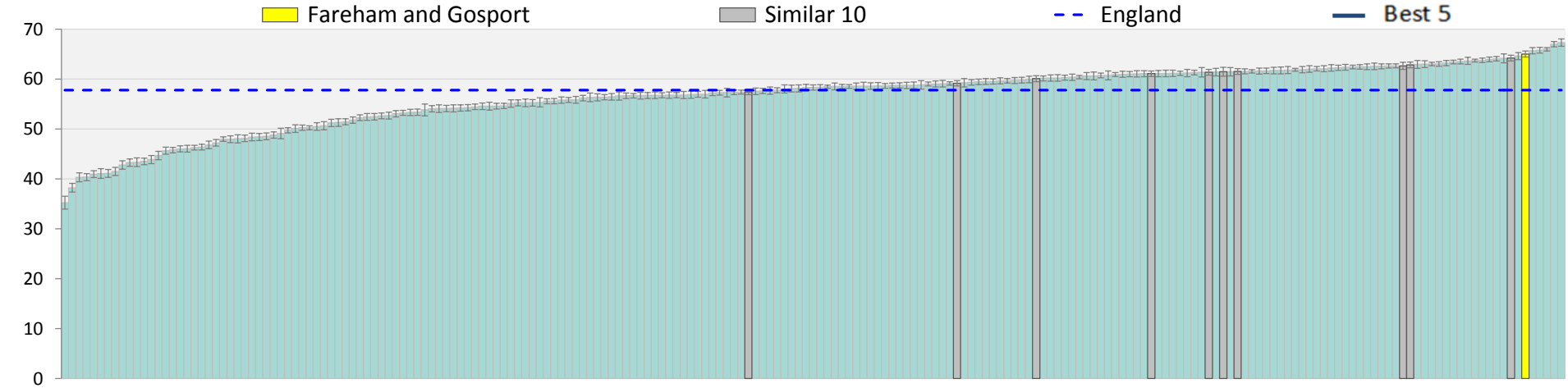


Definition: Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)

Source: Cancer Services, Fingertips

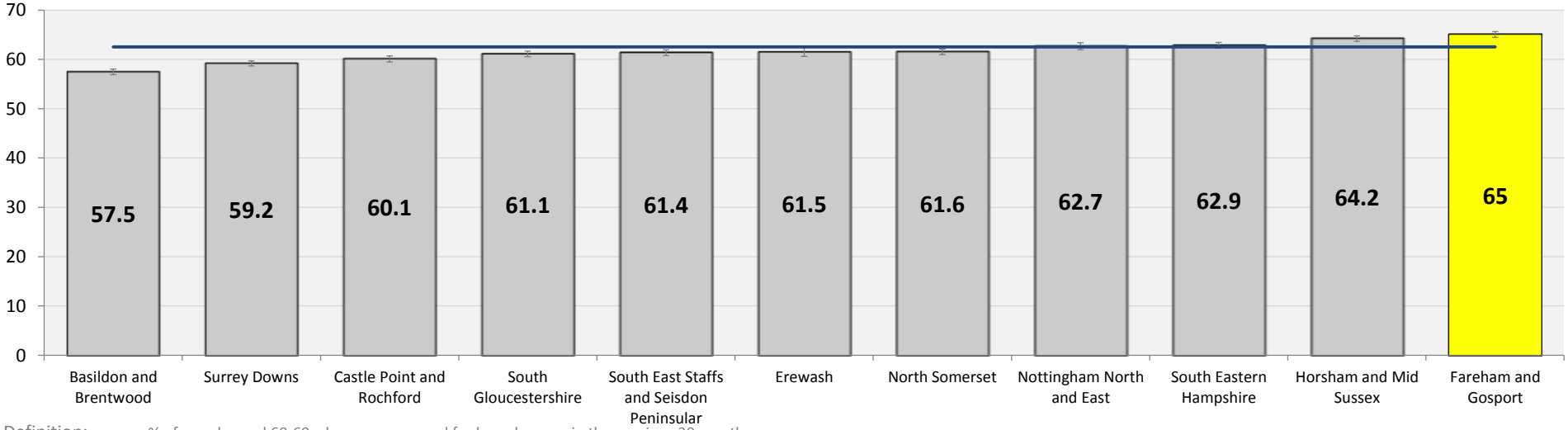
Year: 2014/15

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



England	57.8

Best 5	62.6

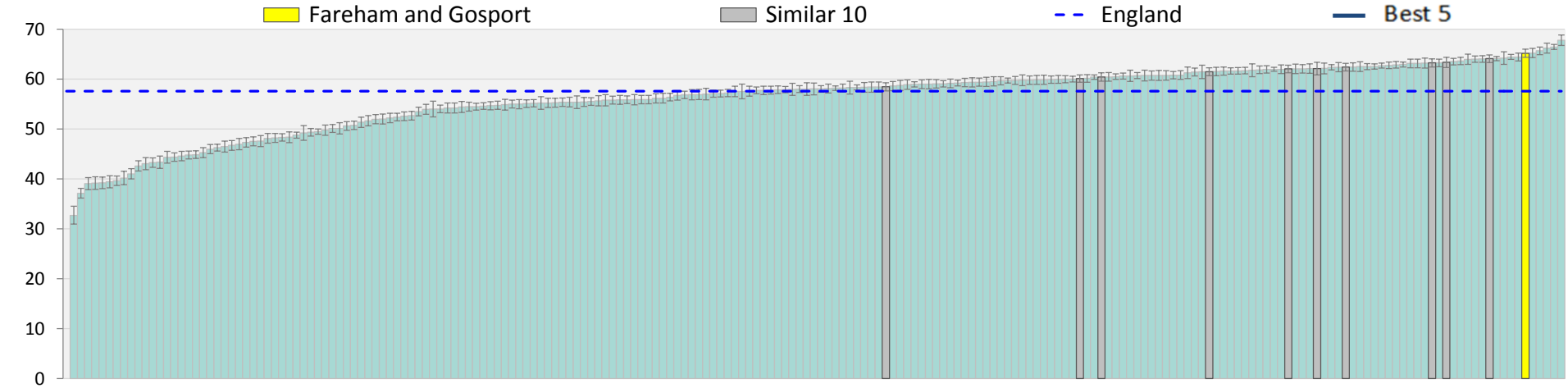


Definition: % of people aged 60-69 who were screened for bowel cancer in the previous 30 months

Source: Commissioning Toolkit

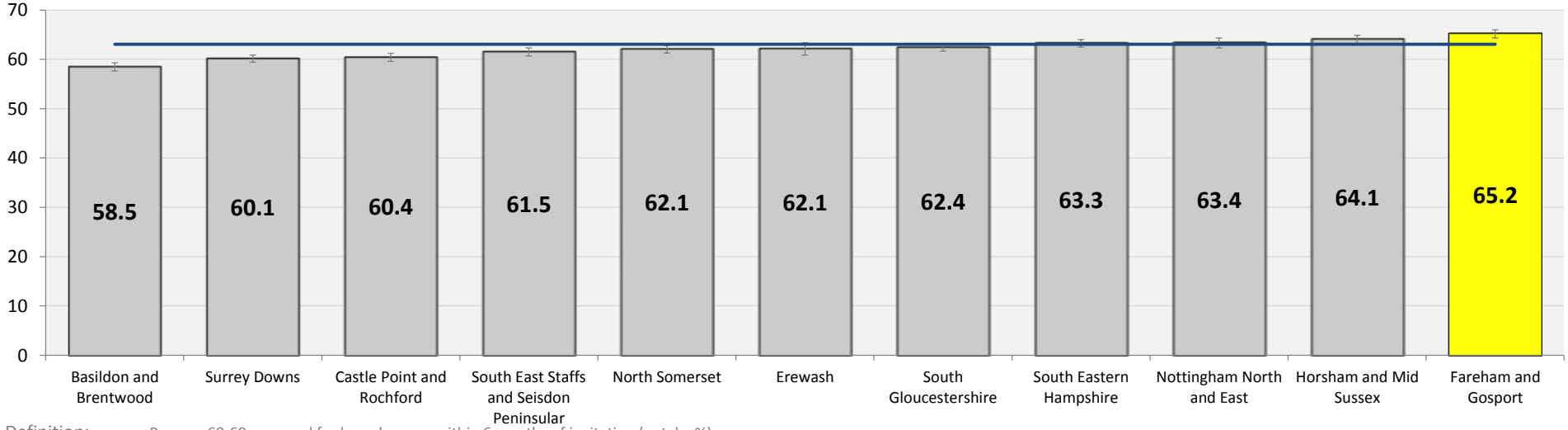
Year: 2014

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



England	57.6

Best 5	63.1



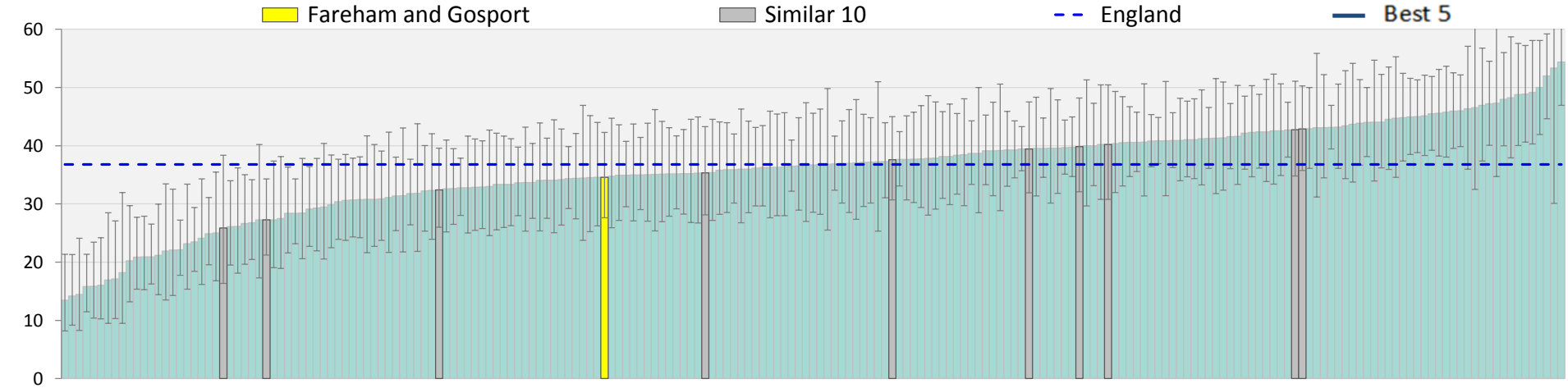
Definition: Persons 60-69 screened for bowel cancer within 6 months of invitation (uptake %)

Source: Cancer Services, Fingertips

Year: 2014/15

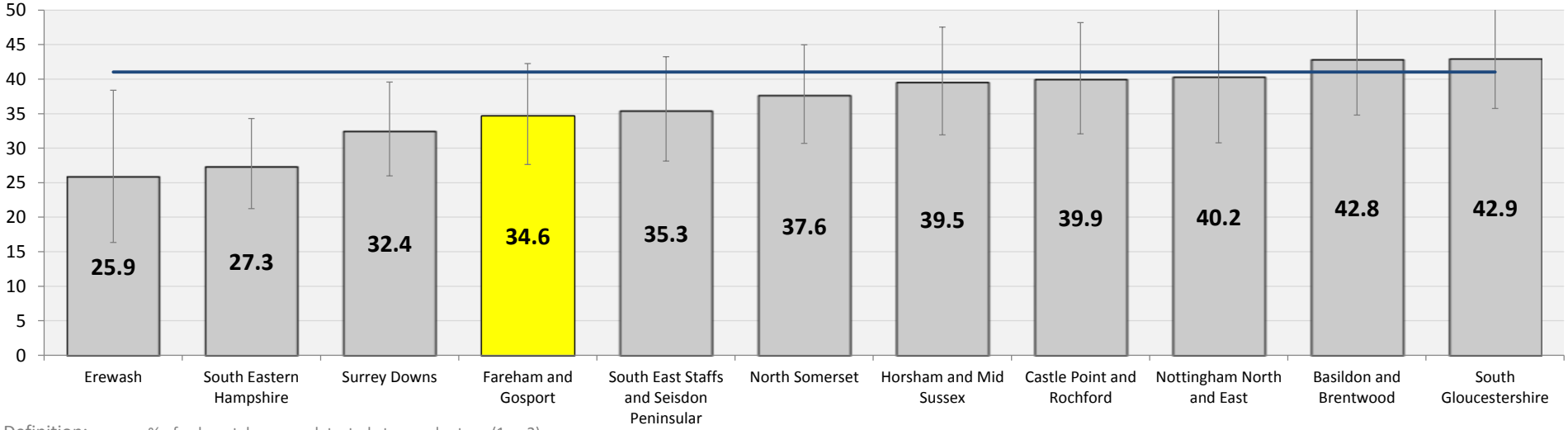
% of colorectal cancers detected at an early stage (1 or 2)

10 Pats (NSS)



England	36.8

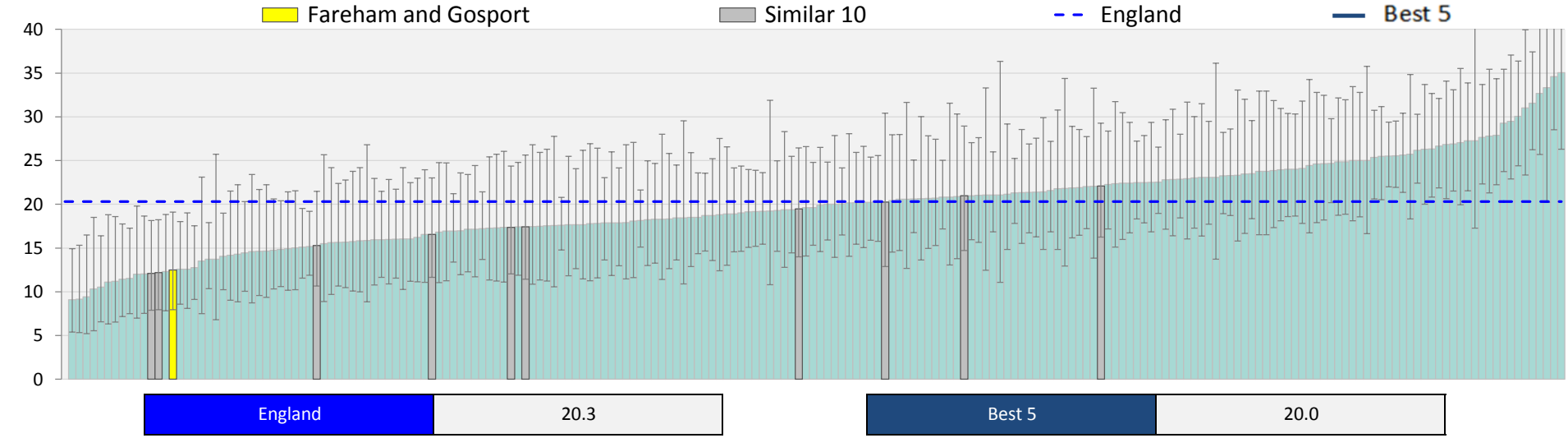
Best 5	41.0

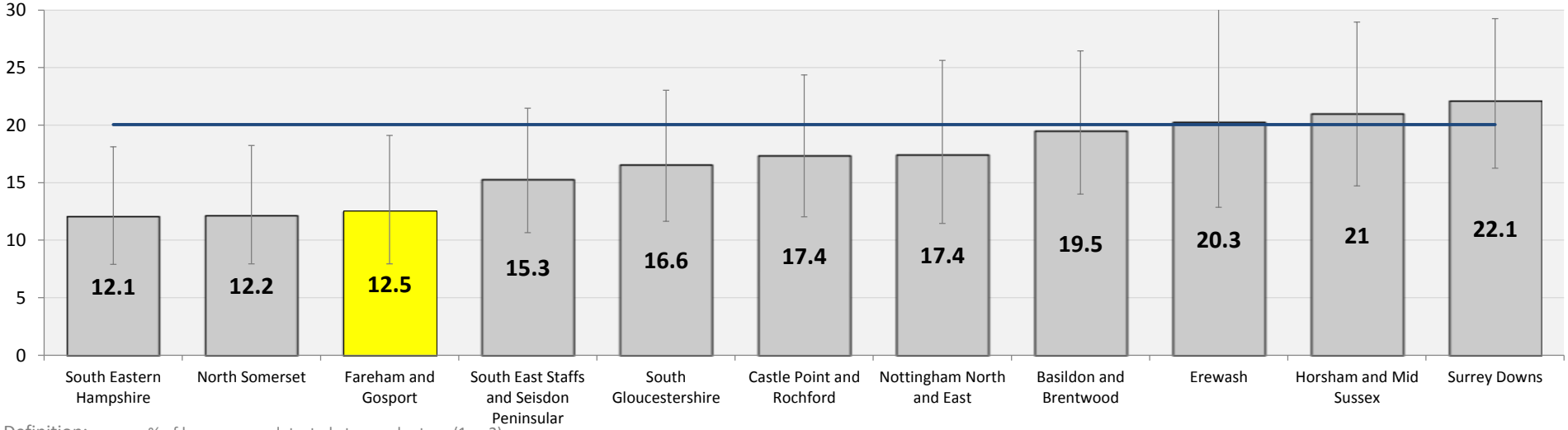


Definition: % of colorectal cancers detected at an early stage (1 or 2)
Source: Cancer Commissioning Toolkit
Year: 2013

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

10 Pats





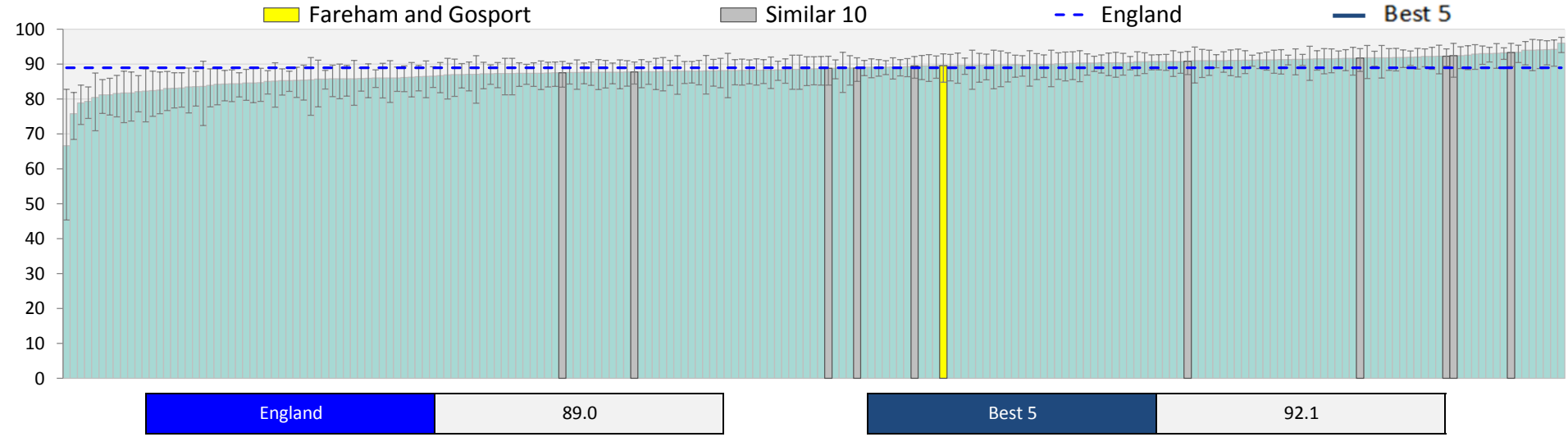
Definition: % of lung cancers detected at an early stage (1 or 2)

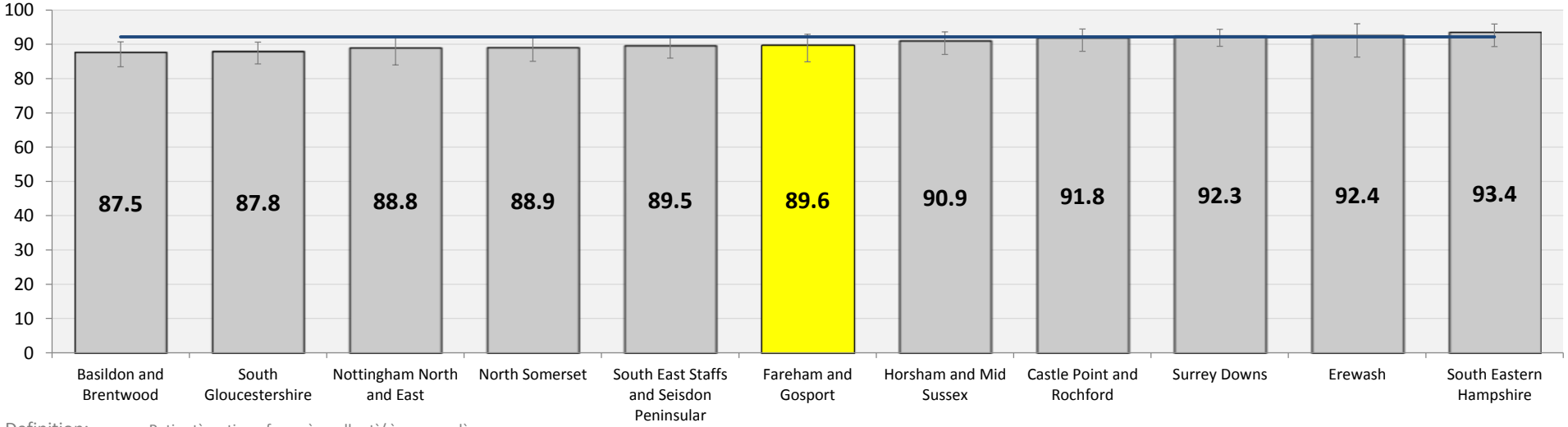
Source: Public Health England CAS1403 Stage by CCG data

Year: 2013

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

127 Pats (NSS)

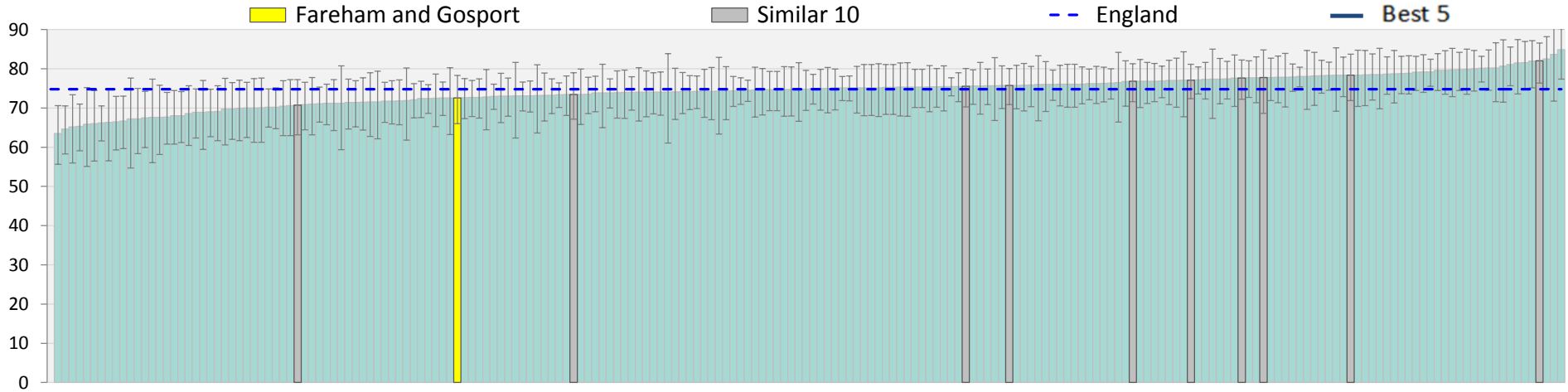




Definition: Patient`s rating of care `excellent`/ `very good`
Source: 2014 National Cancer Patient Experience Survey
Year: 2013/14

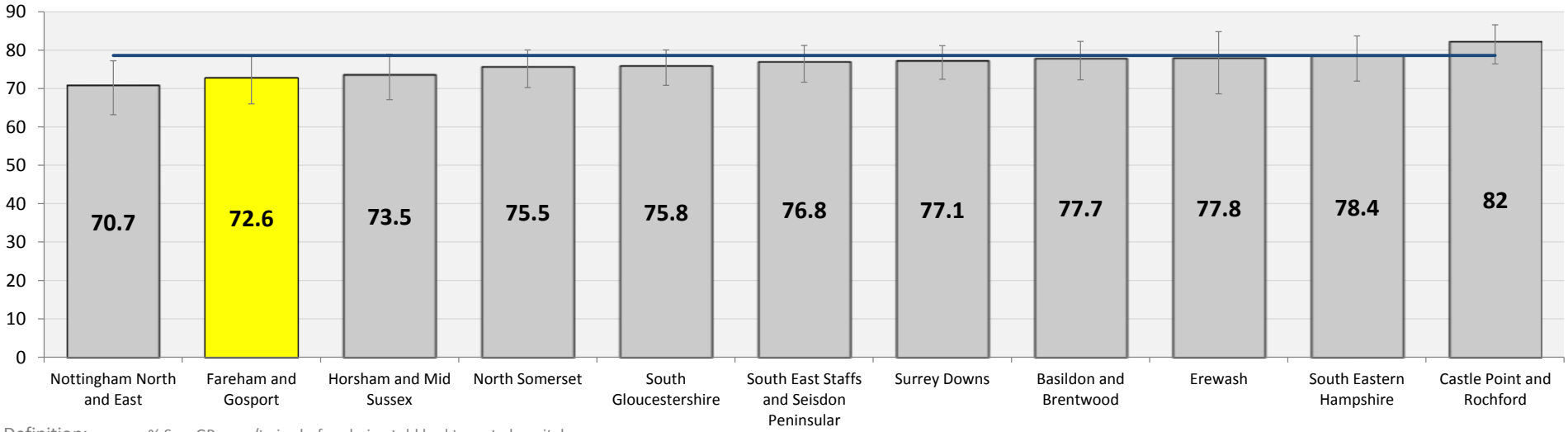
Saw GP once/twice before being told had to go to hospital (%)

298 Pats



England	74.8

Best 5	78.6



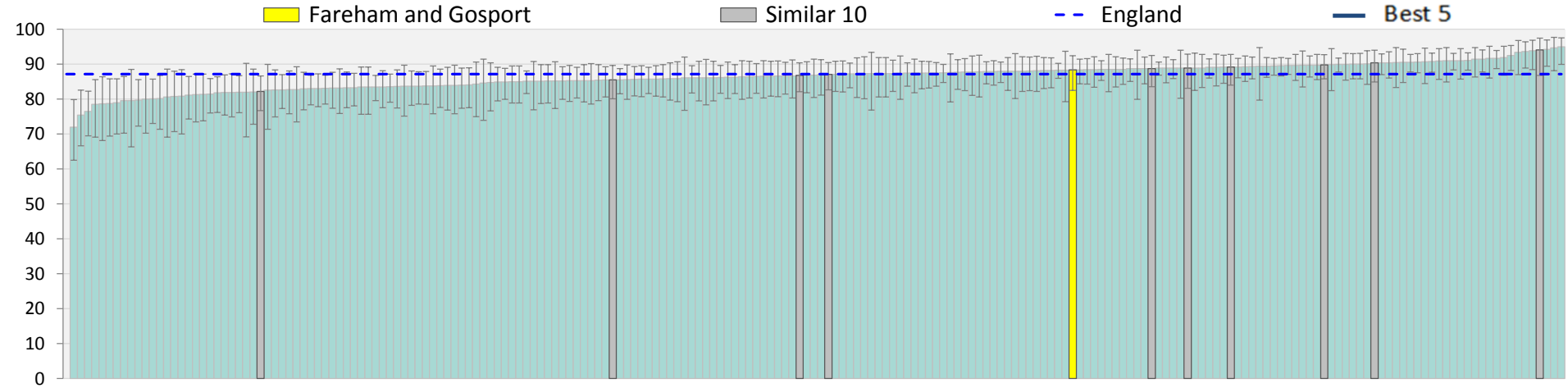
Definition: % Saw GP once/twice before being told had to go to hospital

Source: 2014 National Cancer Patient Experience Survey

Year: 2013/14

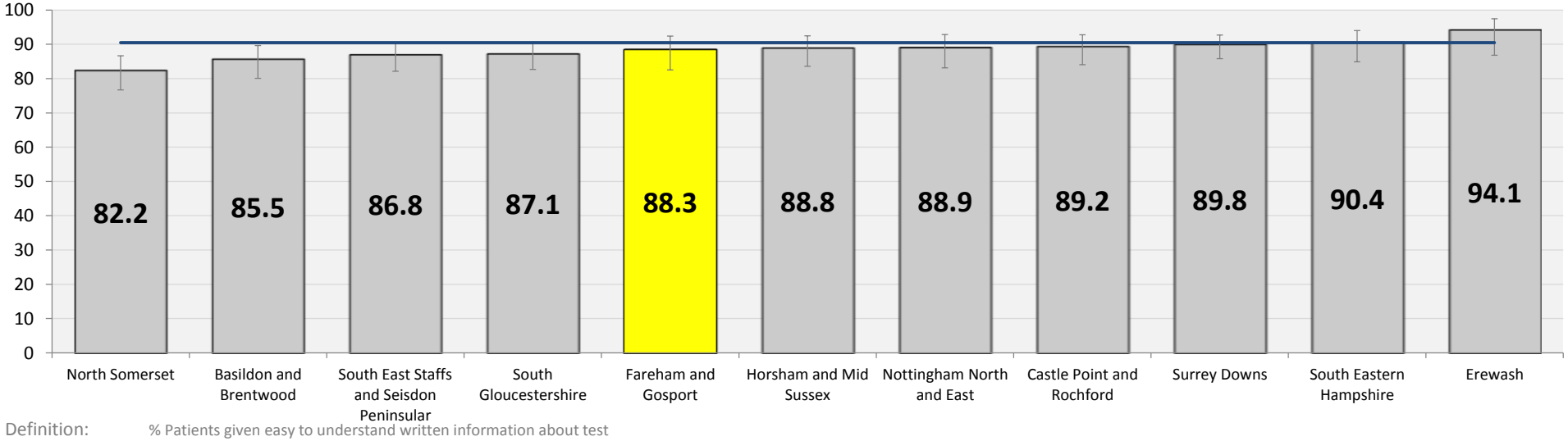
Given easy to understand written information about test (%)

105 Pats (NSS)



England	87.2

Best 5	90.5

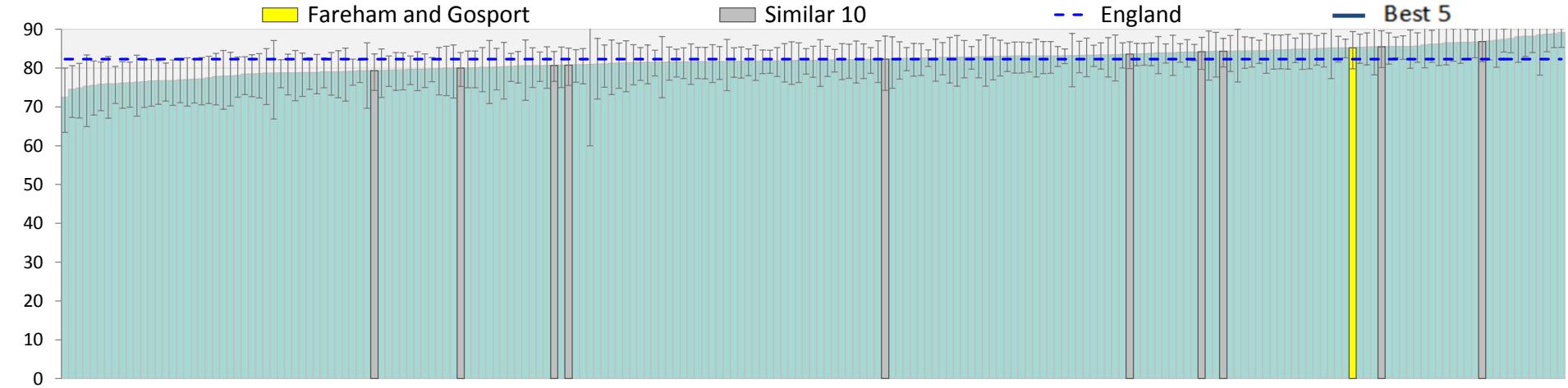


Definition: % Patients given easy to understand written information about test

Source: 2014 National Cancer Patient Experience Survey

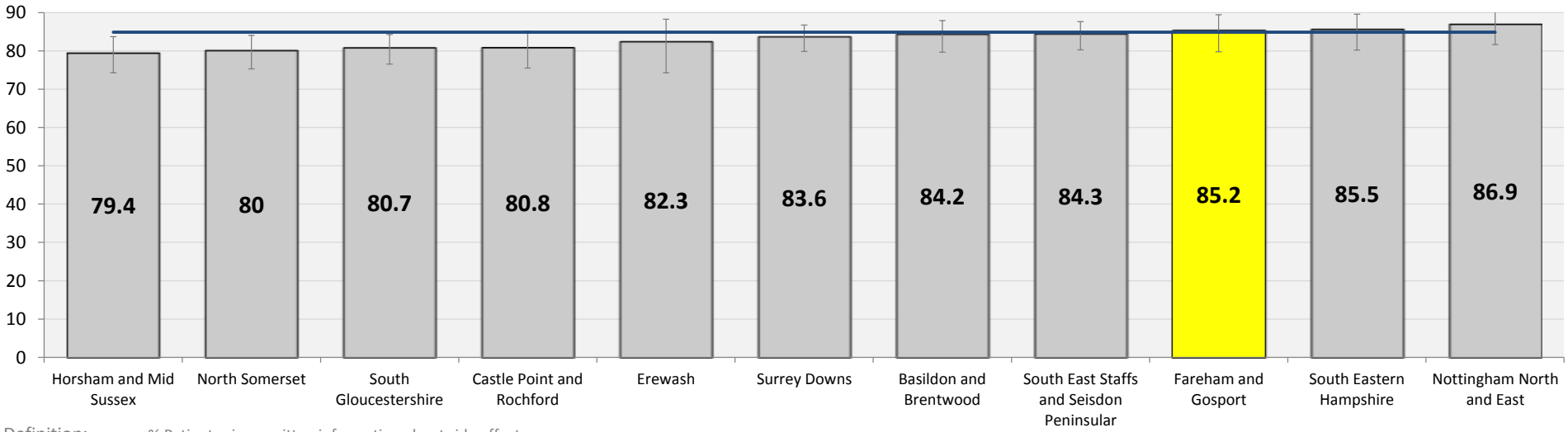
Year: 2013/14

Patient given written information about side effects (%)



England	82.3

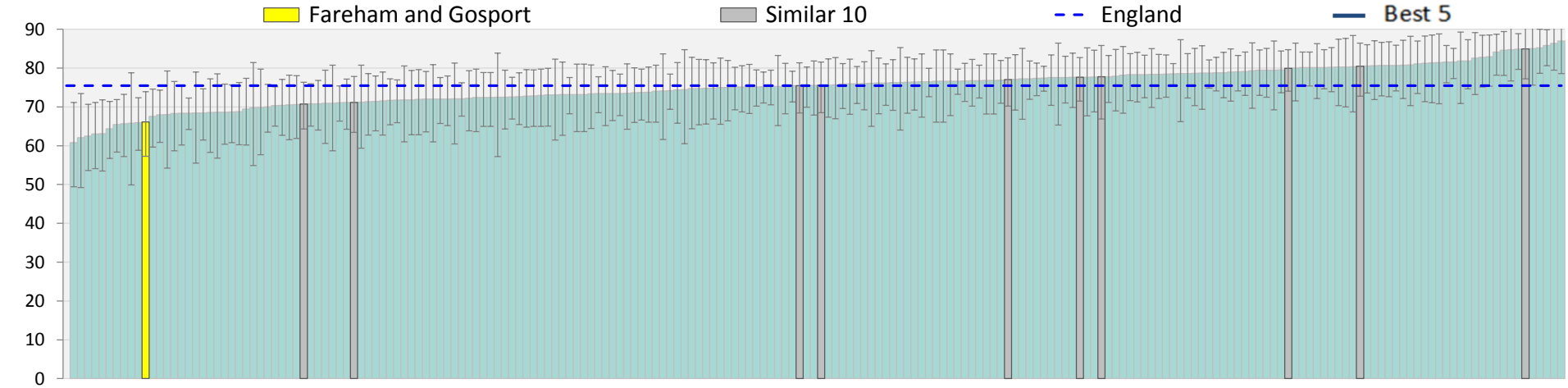
Best 5	84.9



Definition: % Patients given written information about side effects
Source: 2014 National Cancer Patient Experience Survey
Year: 2013/14

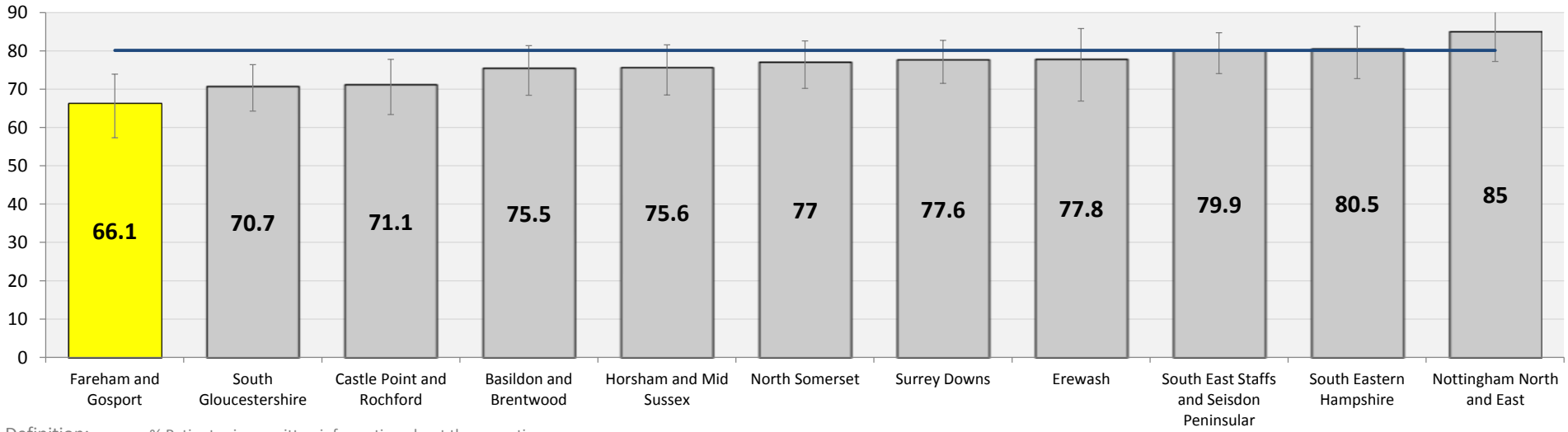
Patient given written information about the operation (%)

698 Pats



England	75.5

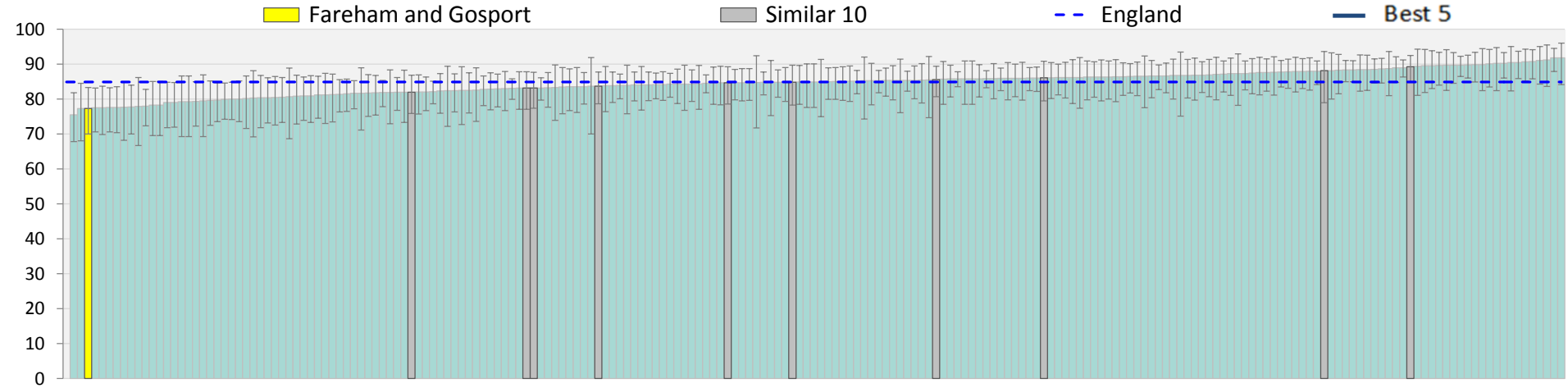
Best 5	80.1



Definition: % Patients given written information about the operation
Source: 2014 National Cancer Patient Experience Survey
Year: 2013/14

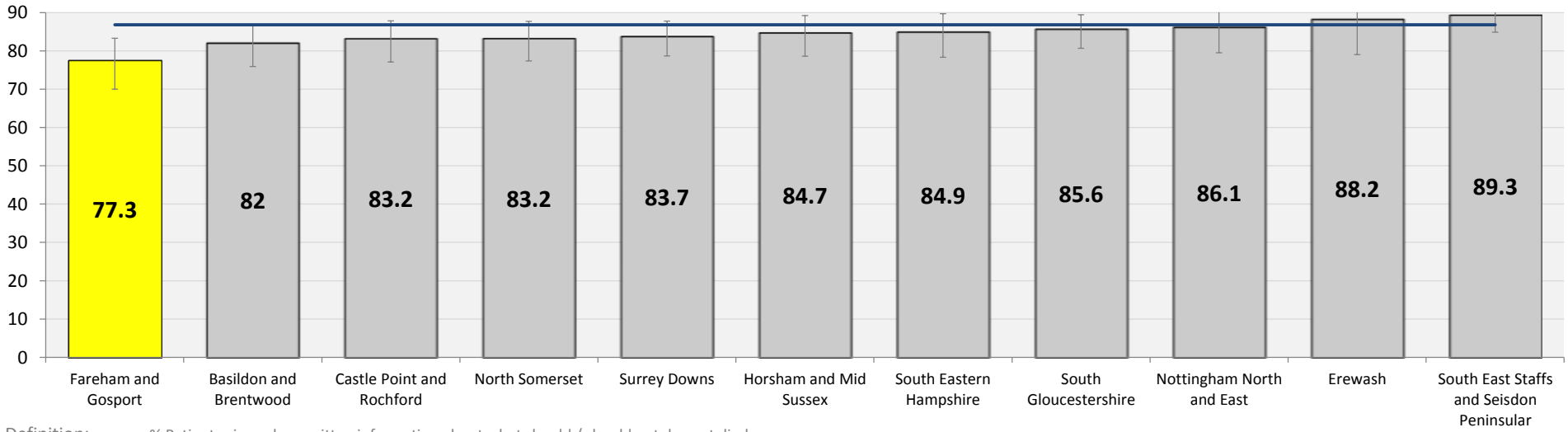
Given clear written information about what to do post discharge (%)

472 Pats



England	84.9

Best 5	86.8



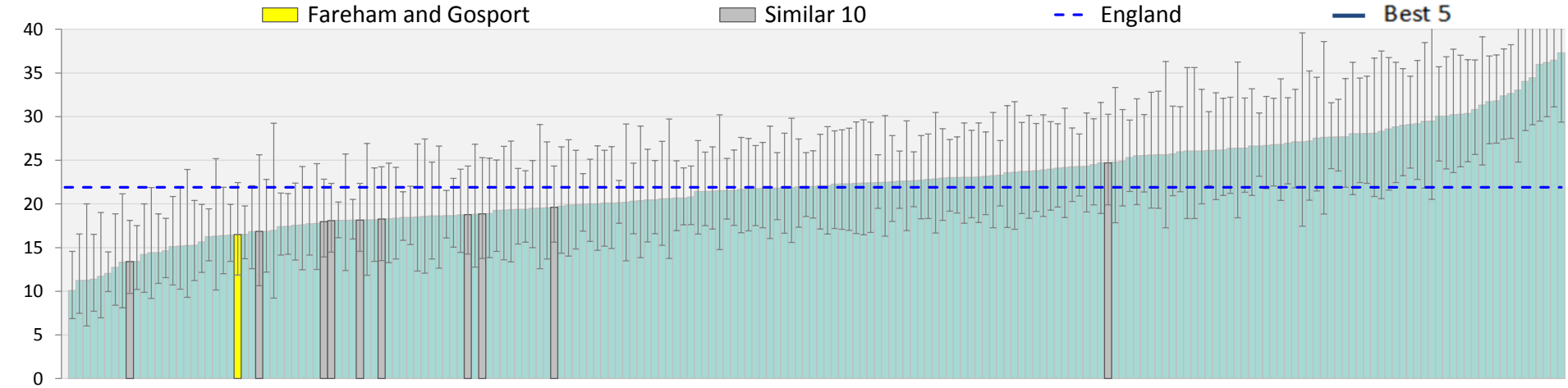
Definition: % Patients given clear written information about what should / should not do post discharge

Source: 2014 National Cancer Patient Experience Survey

Year: 2013/14

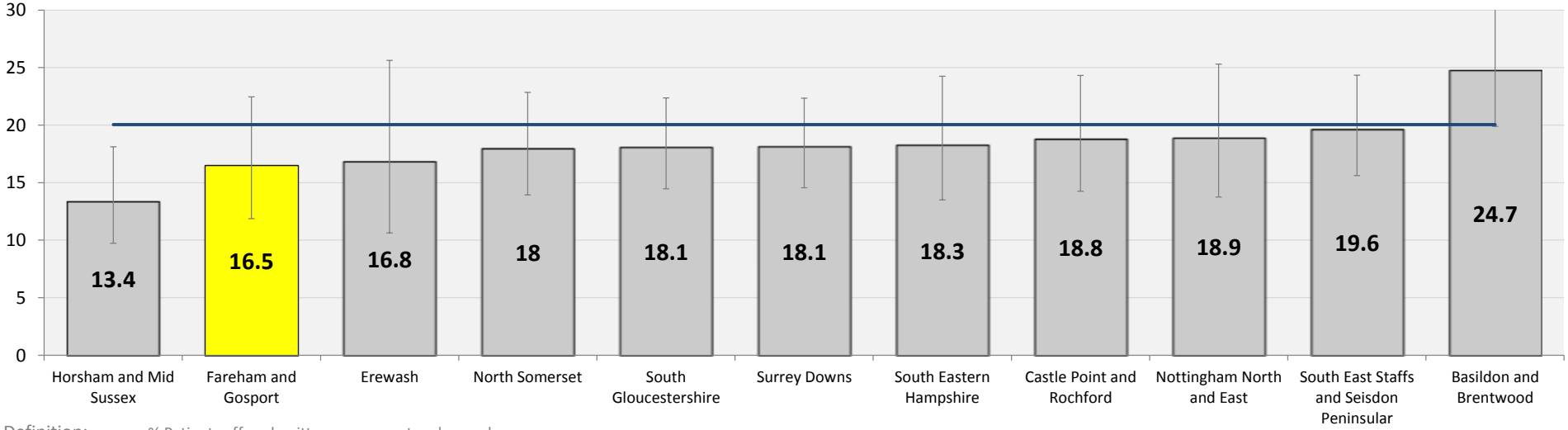
Patient offered written assessment and care plan (%)

177 Pats (NSS)



England	21.9

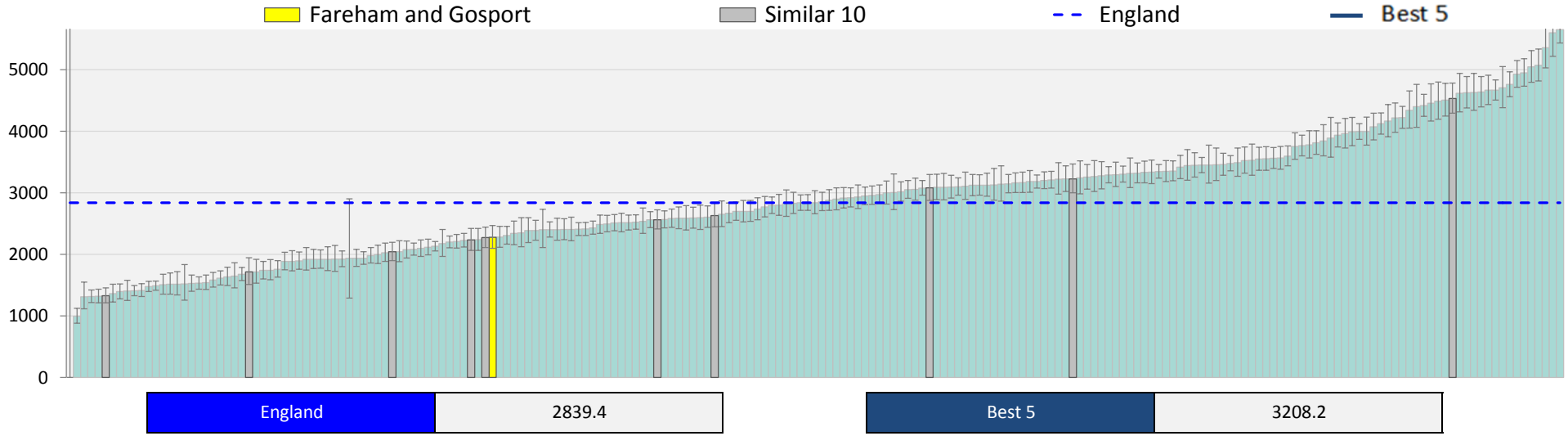
Best 5	20.0

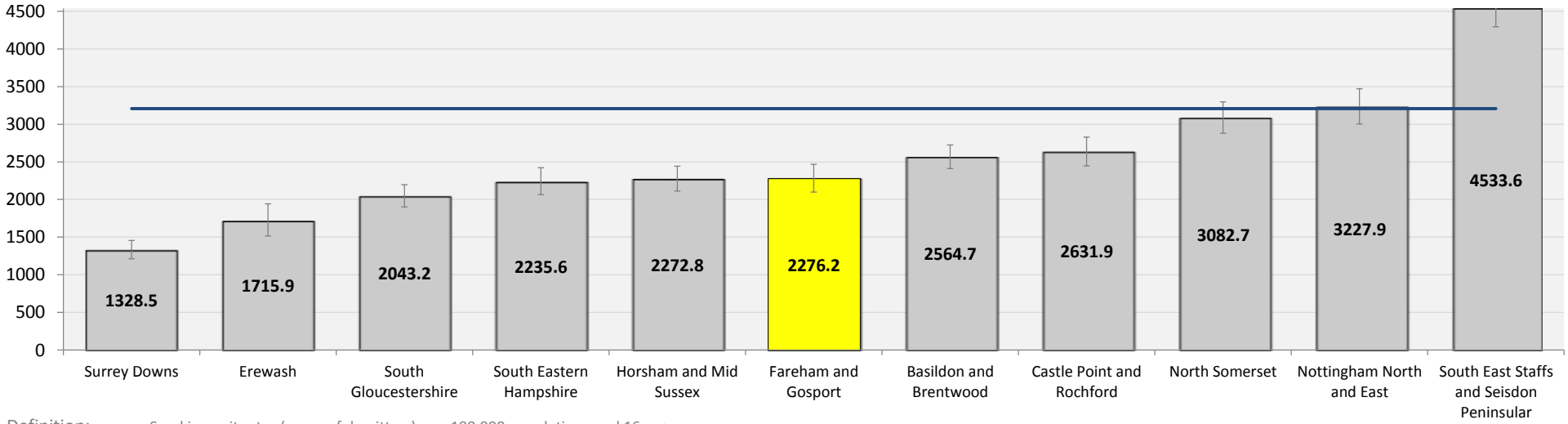


Definition: % Patients offered written assessment and care plan
Source: 2014 National Cancer Patient Experience Survey
Year: 2013/14

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

233 Ppl



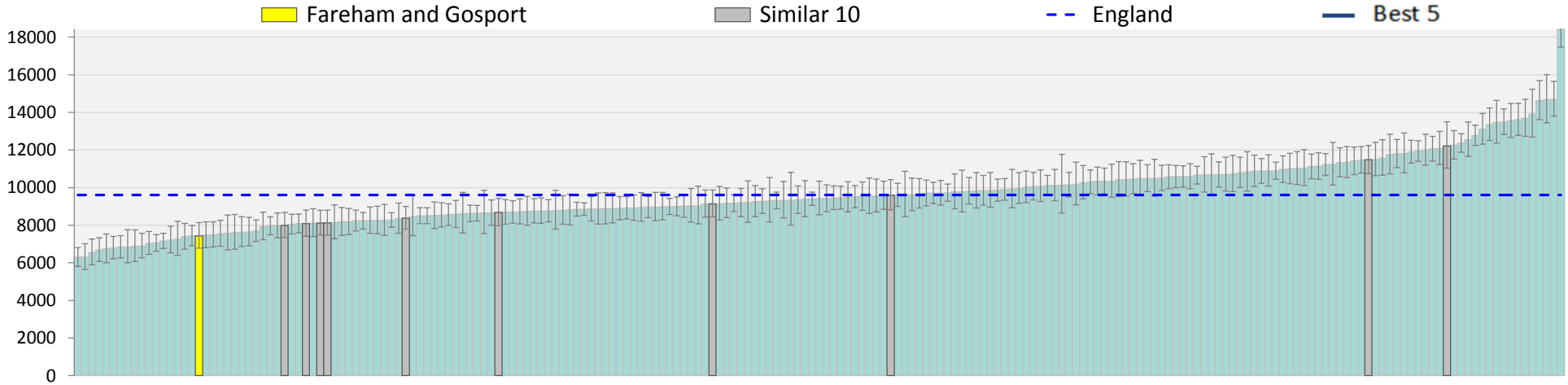


Definition: Smoking quit rates (successful quitters), per 100,000 population aged 16yrs+

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

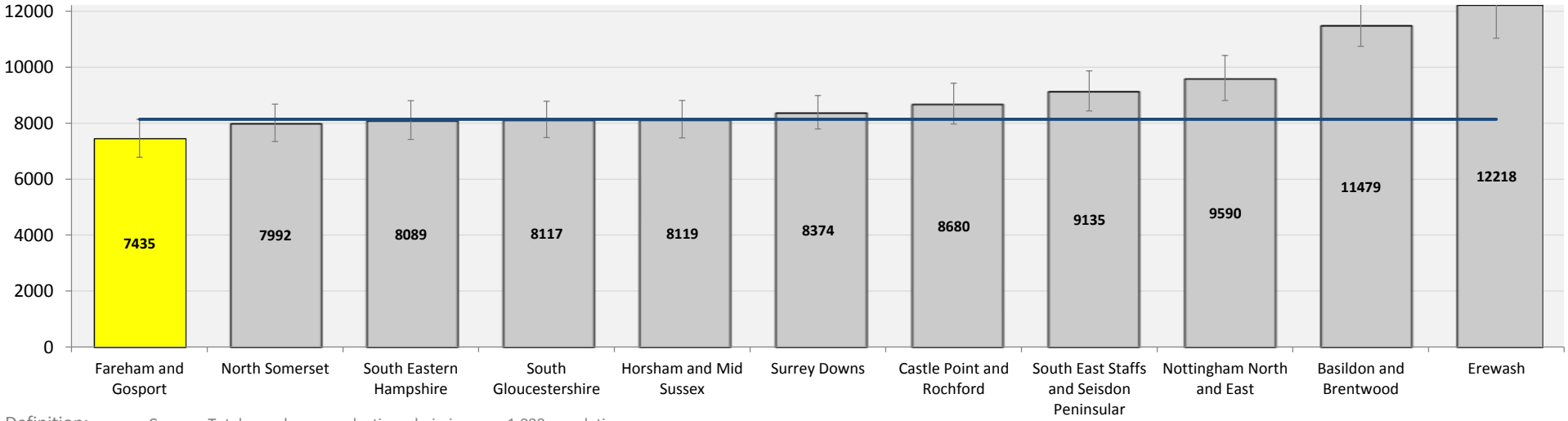
Year: 2014/15

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



England	9604.0

Best 5	8138.0



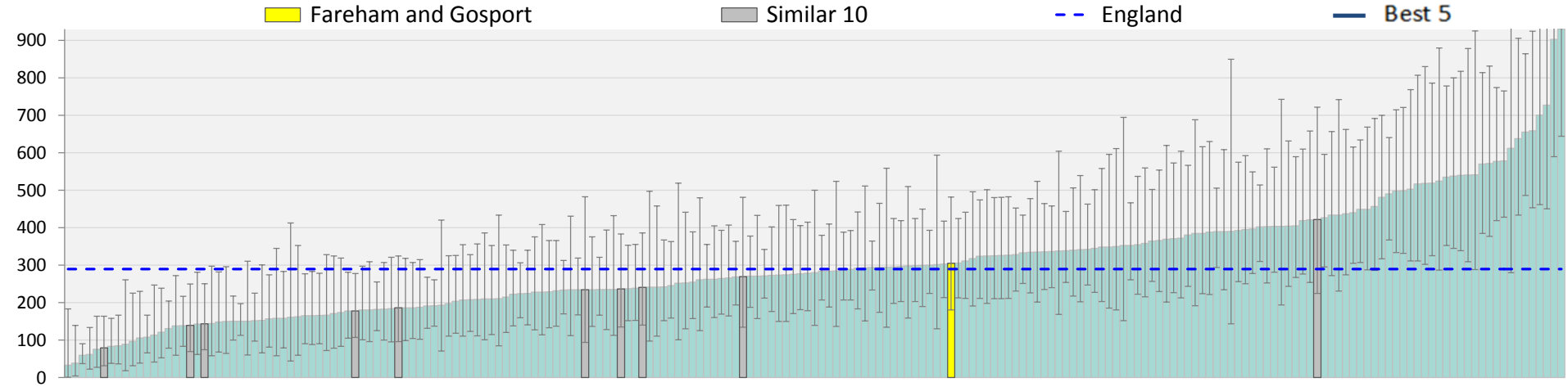
Definition: Cancer - Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

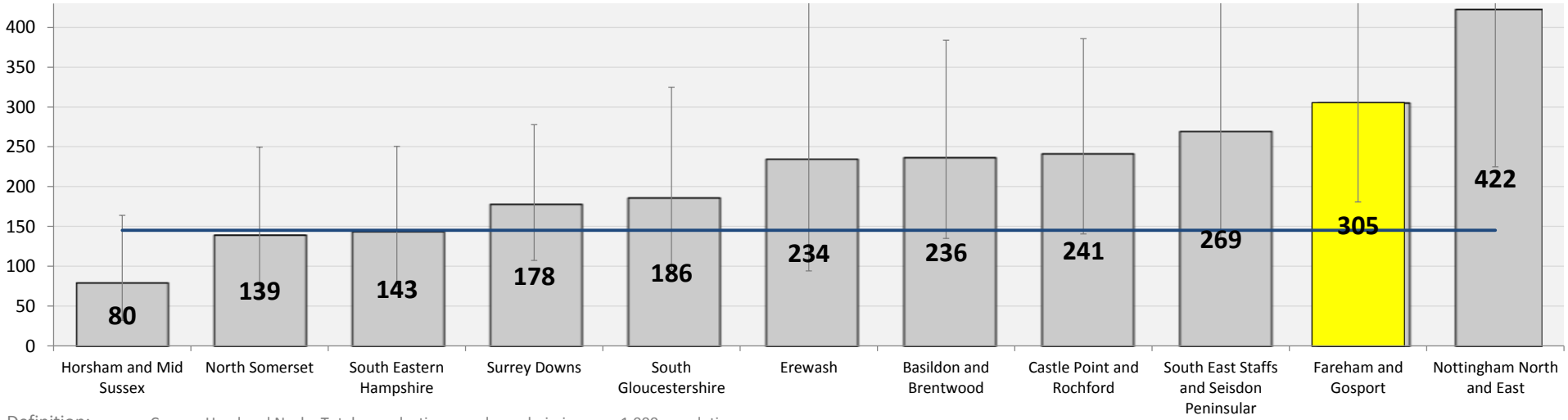
Cancer, Head and Neck- non-elective spend (£ per 1,000 pop)

£38k



England	290.0

Best 5	145.0

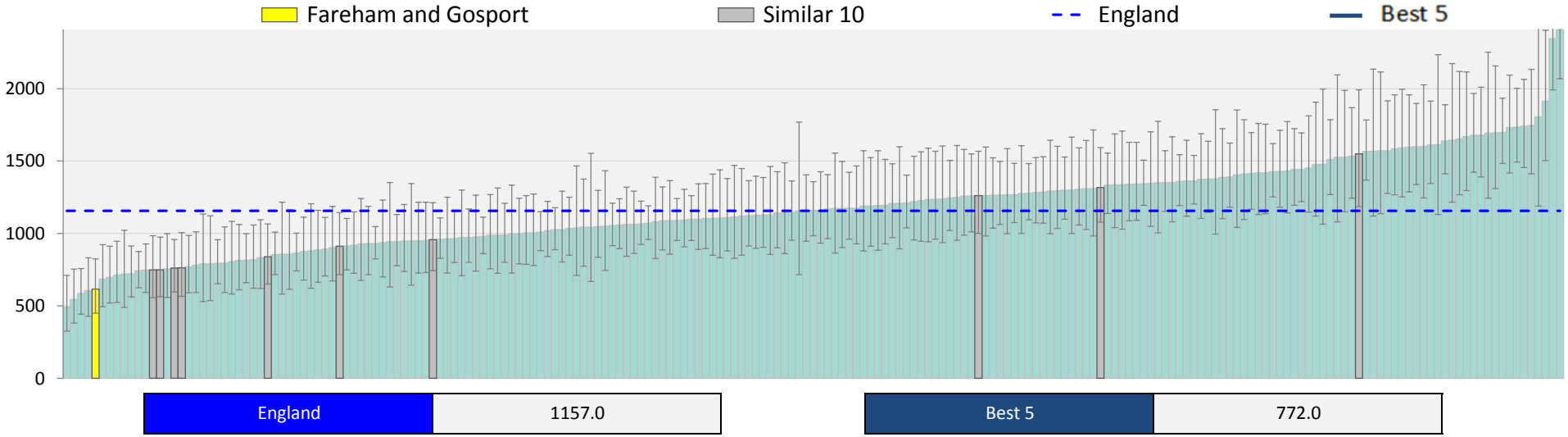


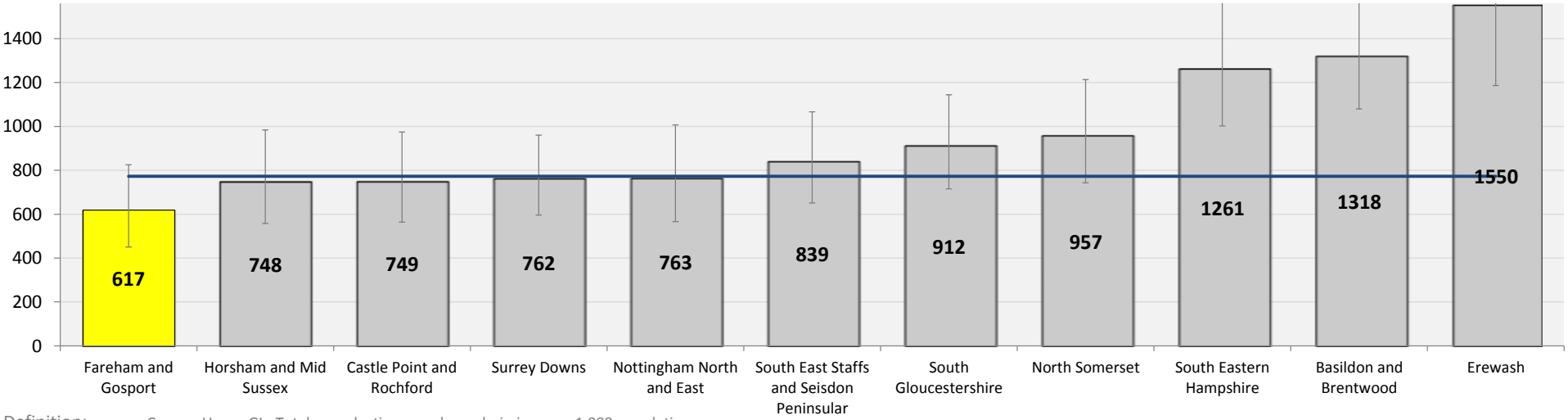
Definition: Cancer, Head and Neck - Total non-elective spend on admissions per 1,000 population

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)



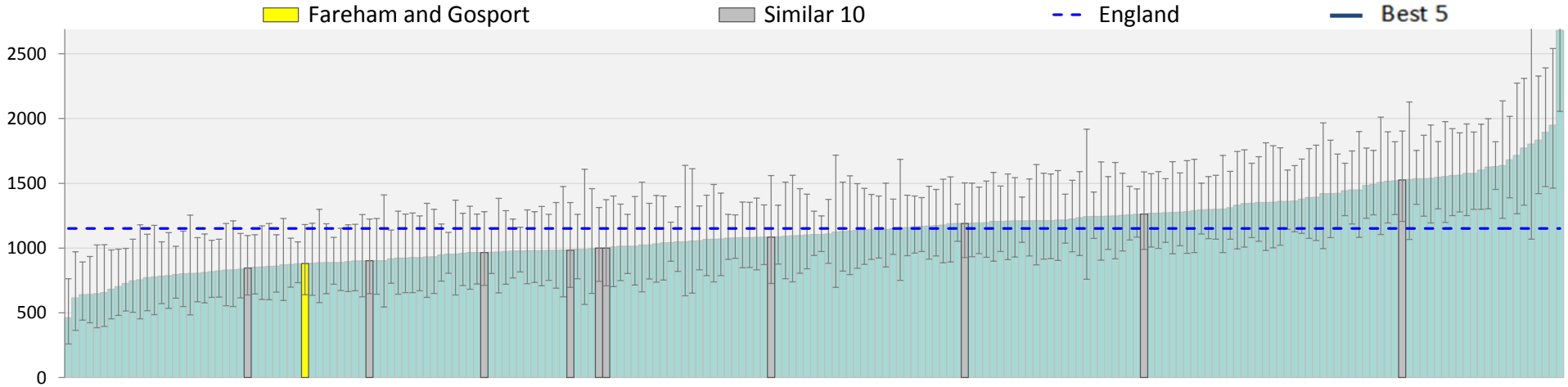


Definition: Cancer, Upper GI - Total non-elective spend on admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

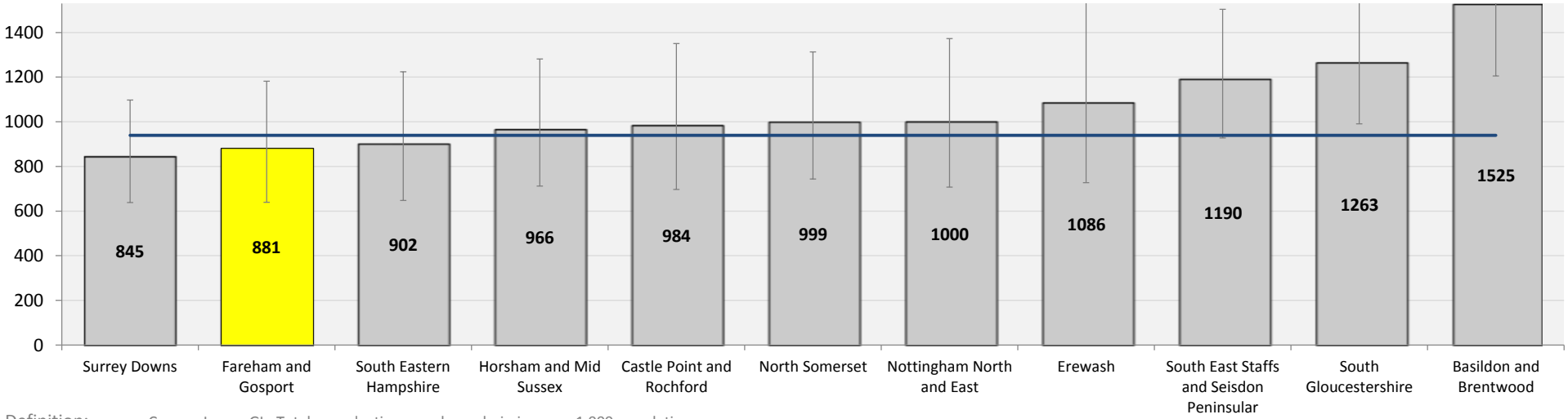
Year: 2014/15

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



England	1151.0

Best 5	939.0



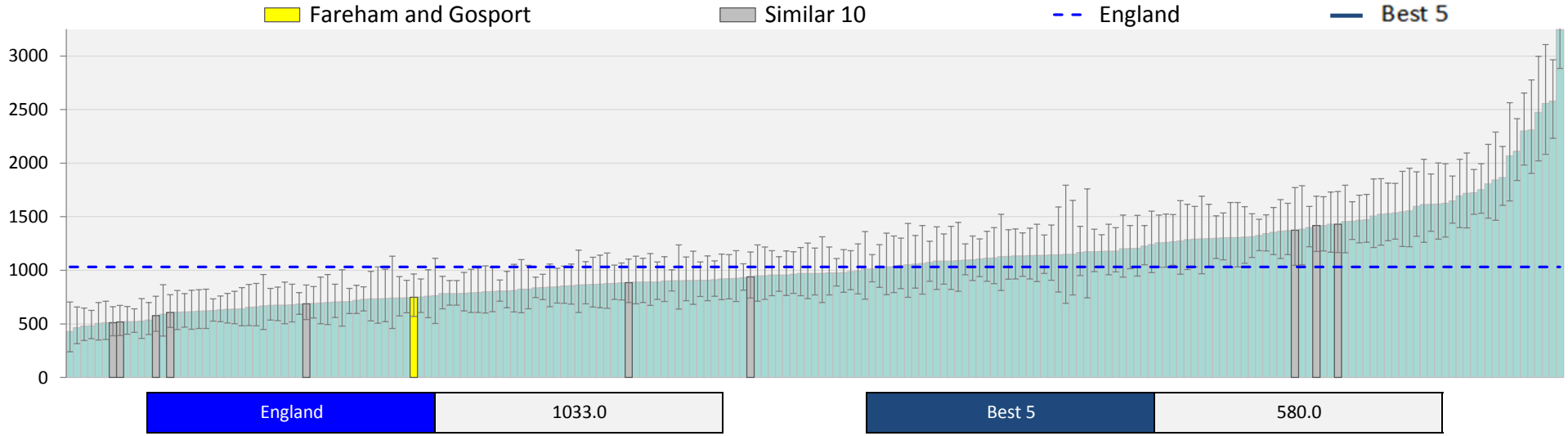
Definition: Cancer, Lower GI - Total non-elective spend on admissions per 1,000 population

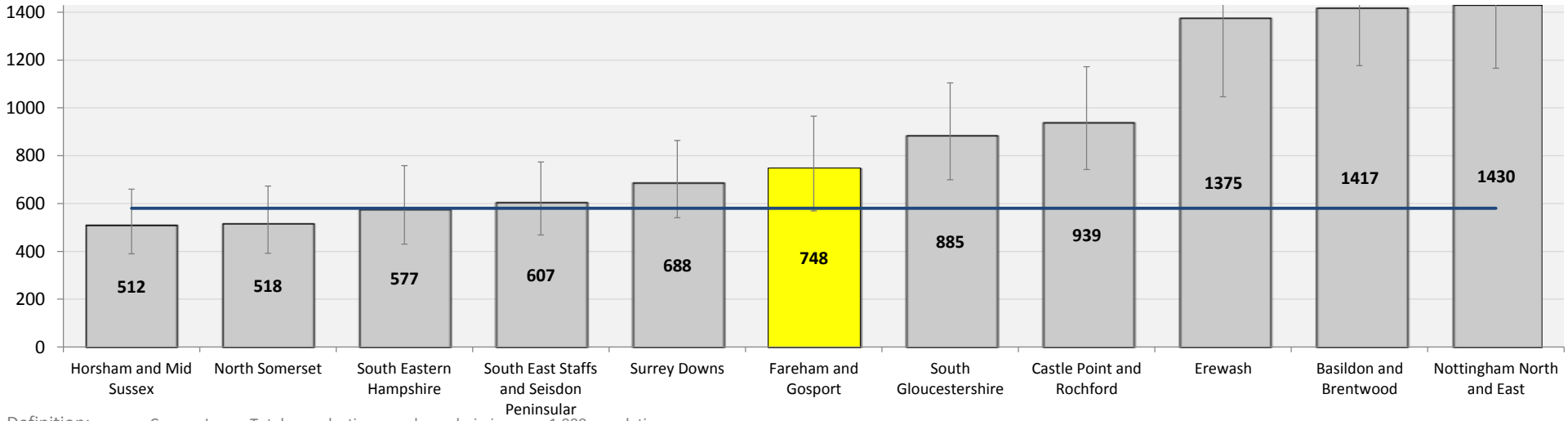
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

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

£41k (NSS)





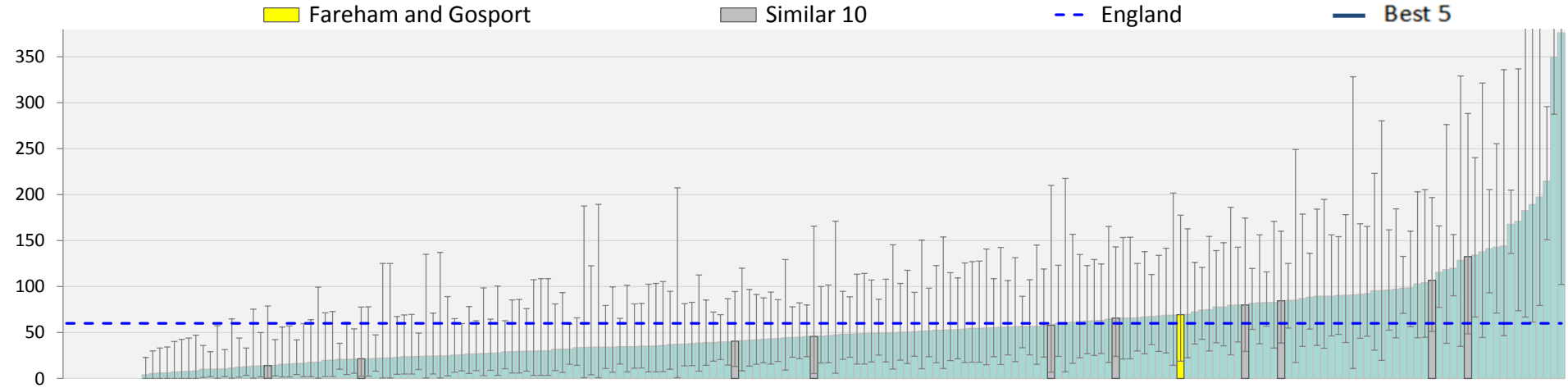
Definition: Cancer, Lung - Total non-elective spend on admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

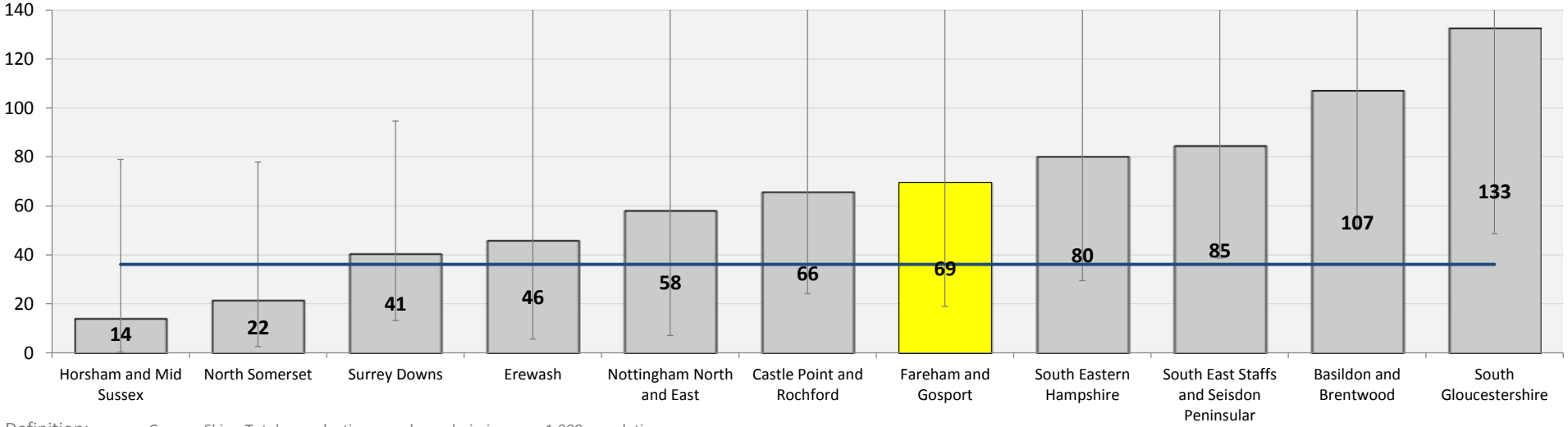
Cancer, Skin- non-elective spend (£ per 1,000 pop)

£8k (NSS)



England	60.0

Best 5	36.0



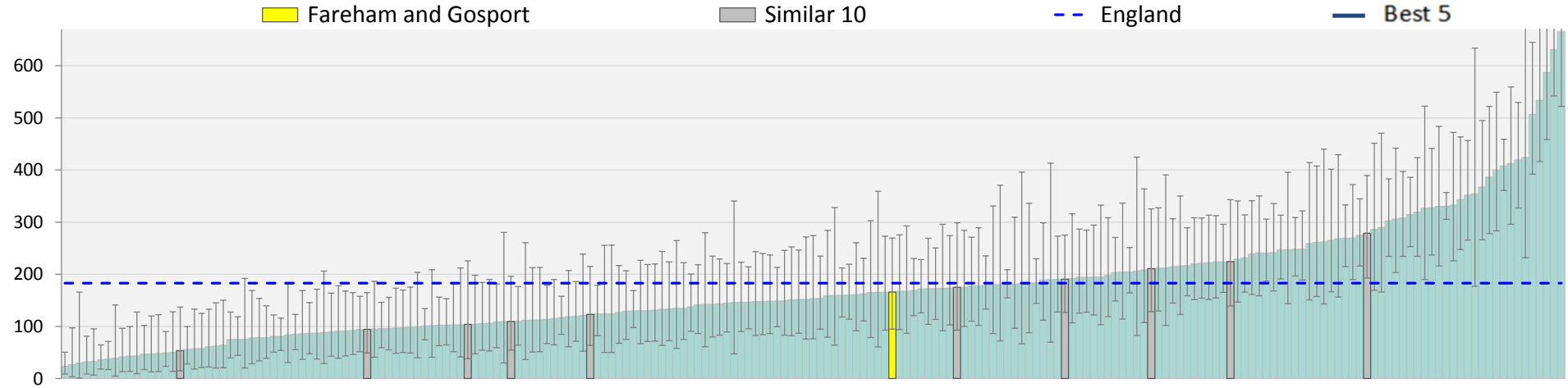
Definition: Cancer, Skin - Total non-elective spend on admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

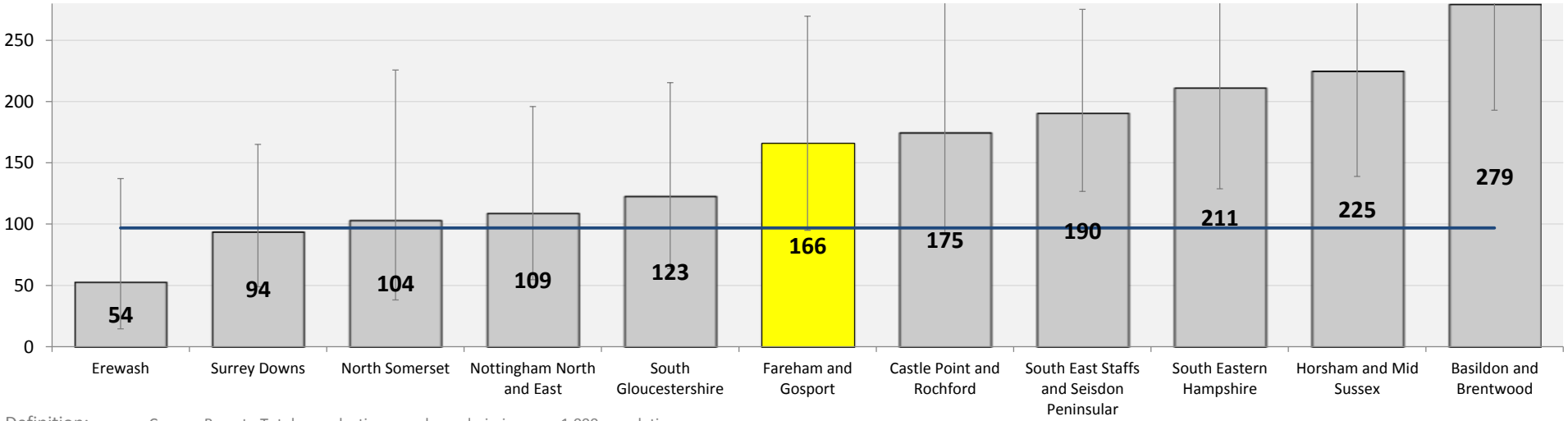
Cancer, Breast- non-elective spend (£ per 1,000 pop)

£16k (NSS)



England	183.0

Best 5	97.0

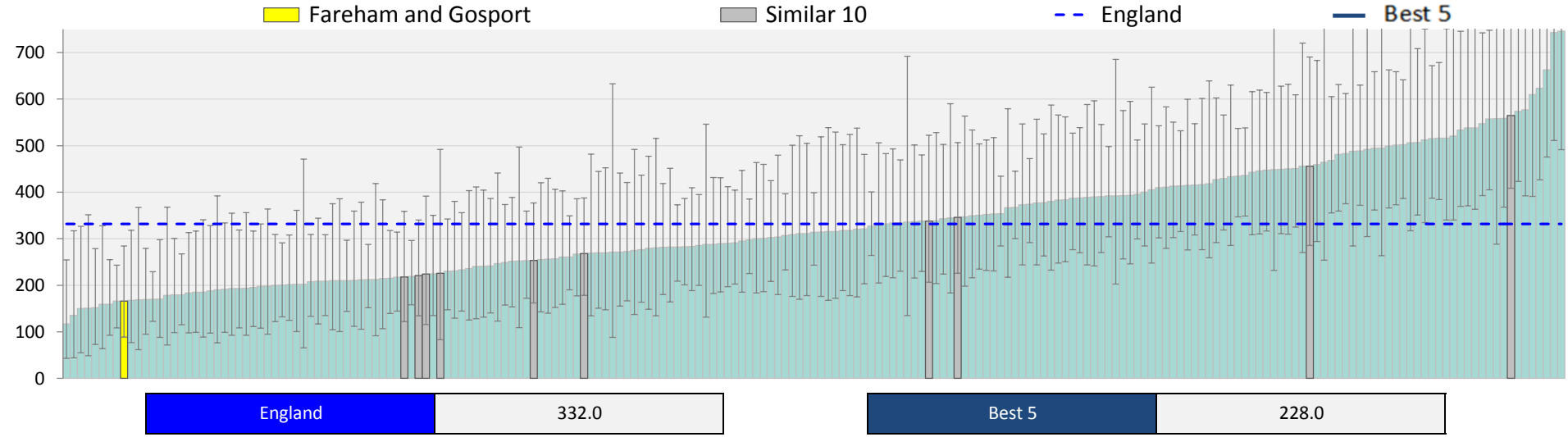


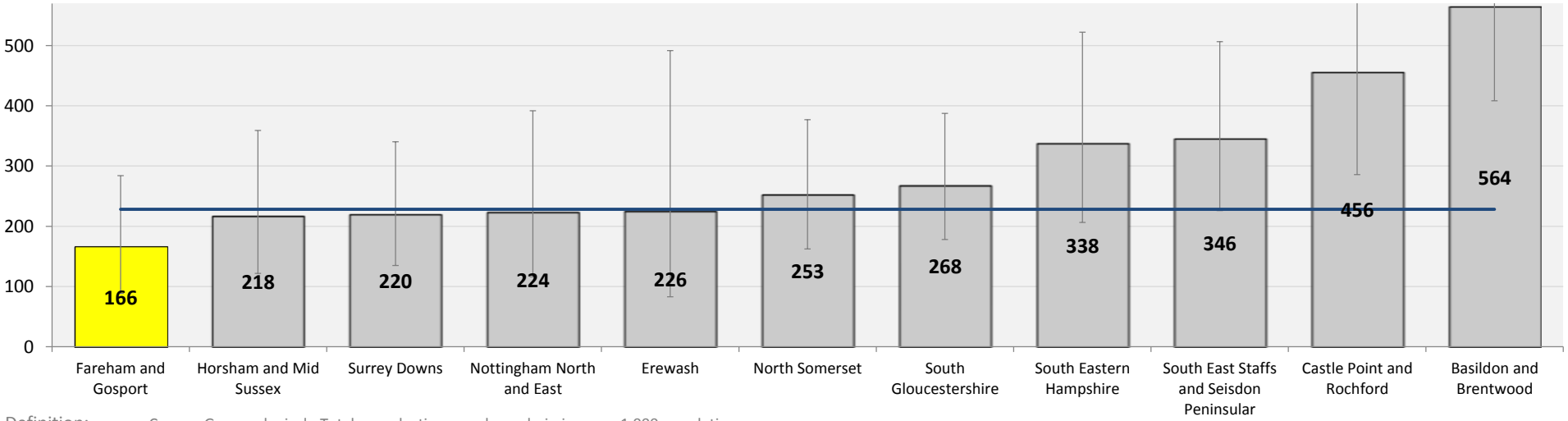
Definition: Cancer, Breast - Total non-elective spend on admissions per 1,000 population

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)





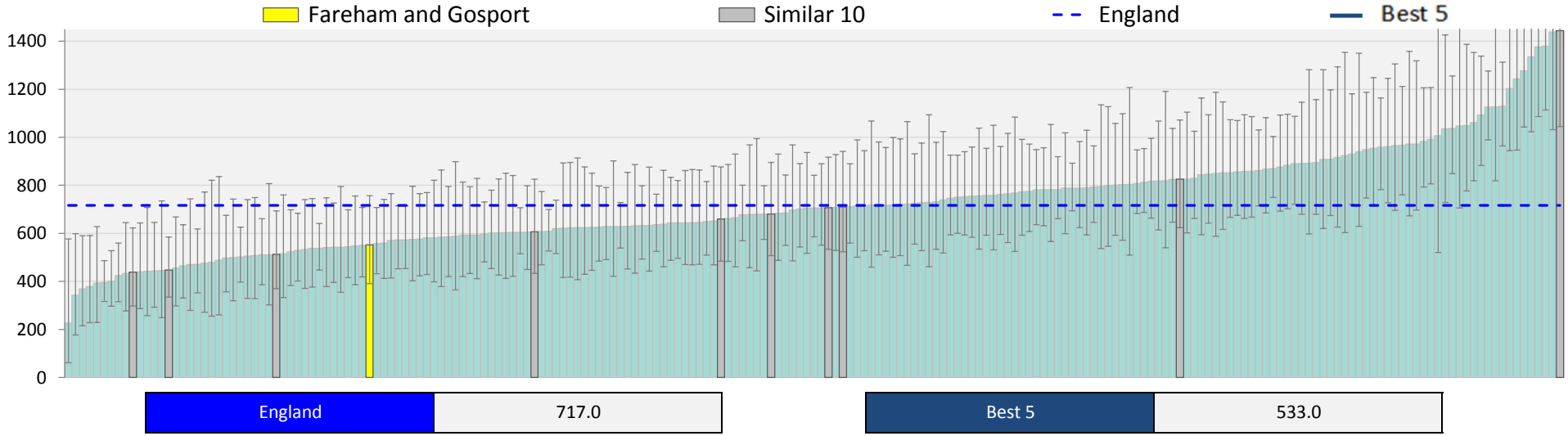
Definition: Cancer, Gynaecological - Total non-elective spend on admissions per 1,000 population

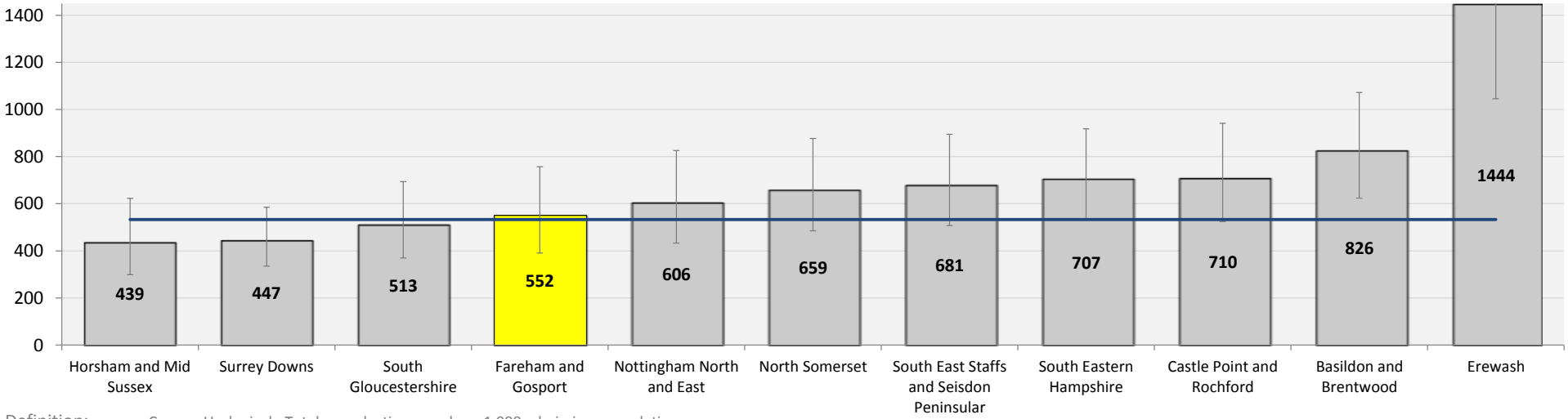
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

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

£5k (NSS)





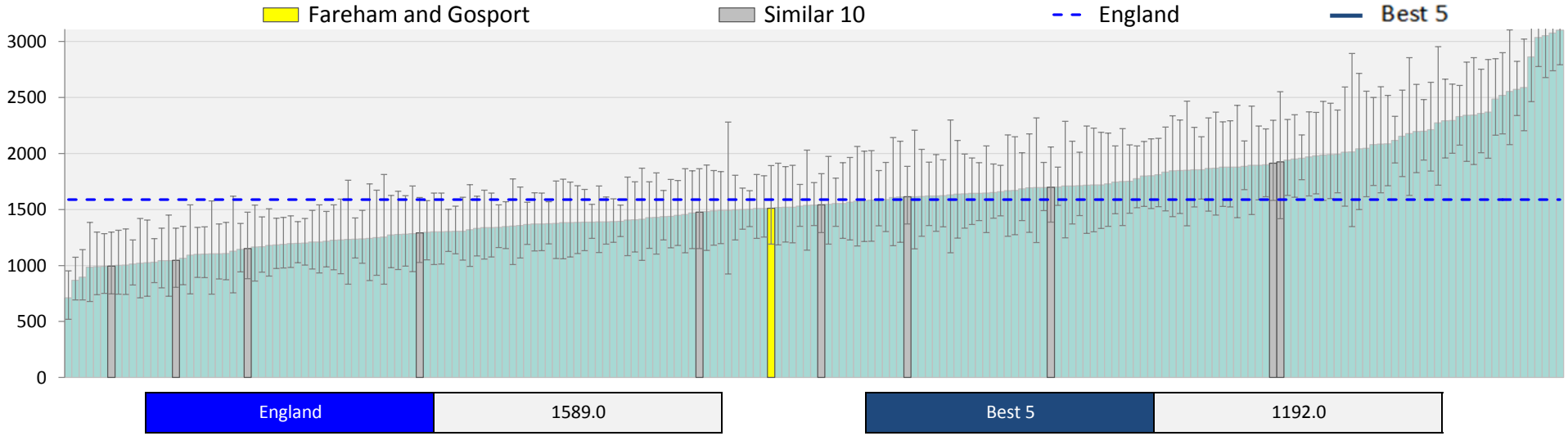
Definition: Cancer, Urological - Total non-elective spend per 1,000 admissions population

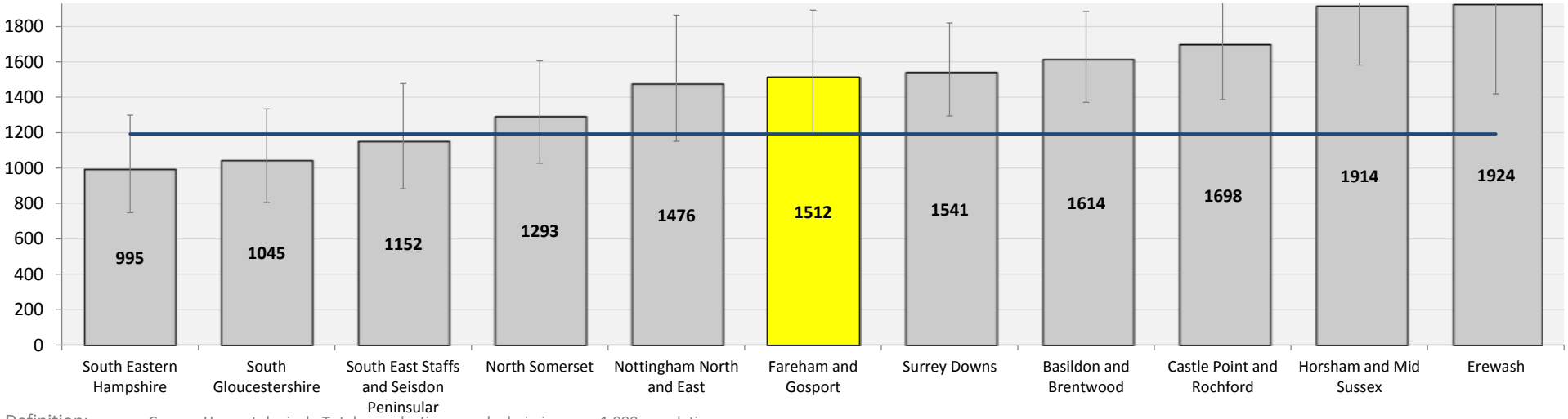
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

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

£74k (NSS)



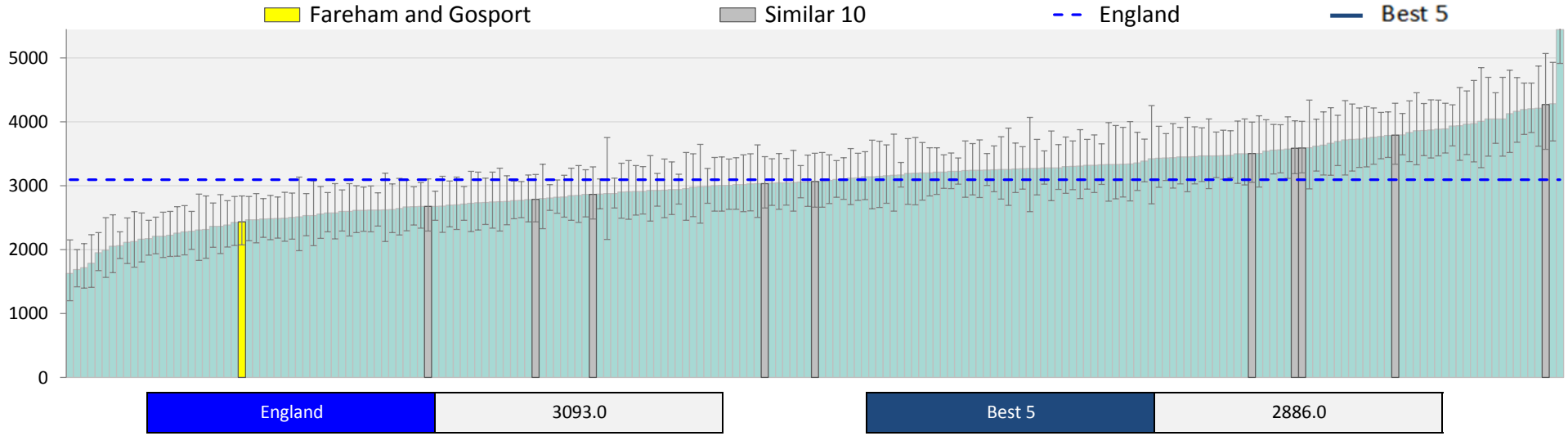


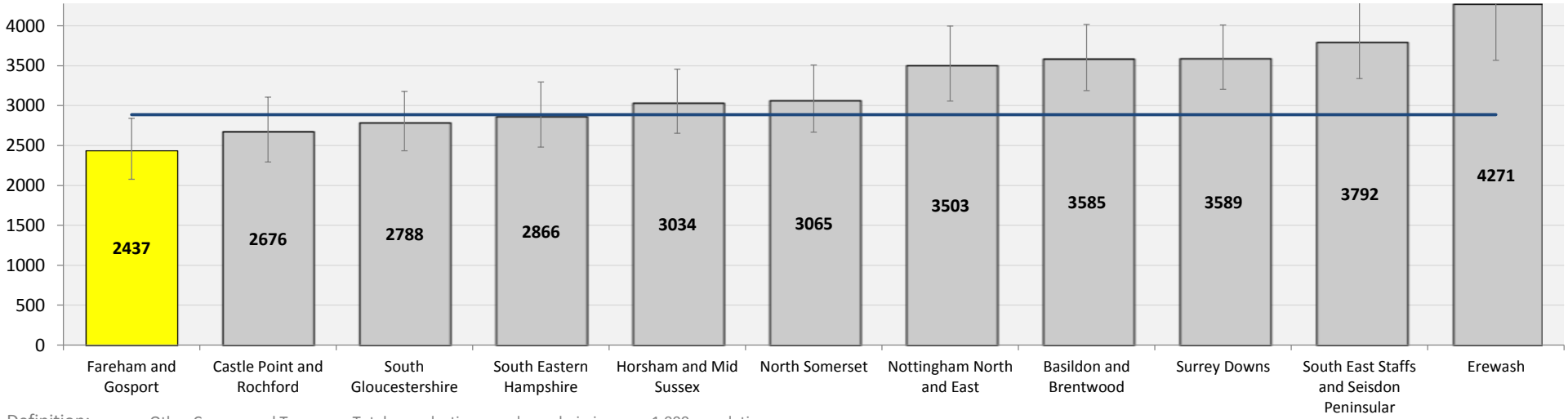
Definition: Cancer, Haematological - Total non-elective spend admissions per 1,000 population

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)



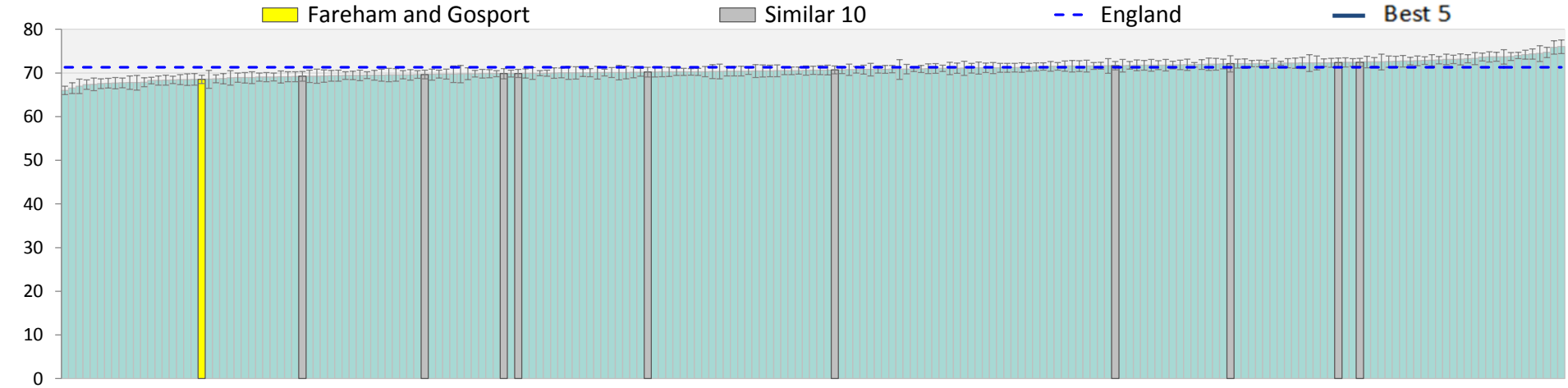


Definition: Other Cancers and Tumours - Total non-elective spend on admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

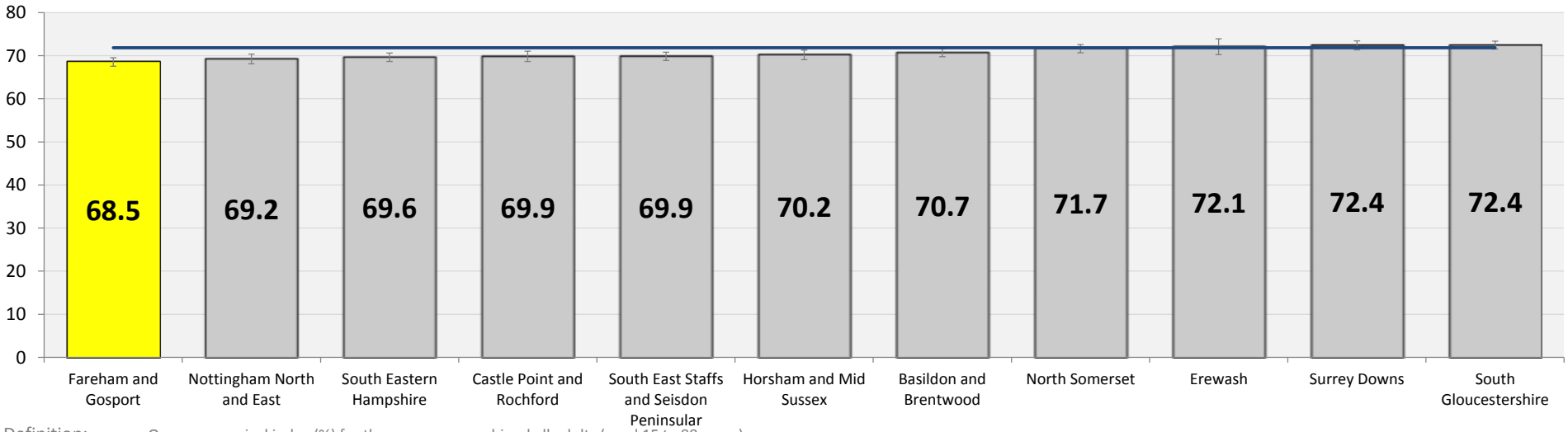
Year: 2014/15

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



England	71.3

Best 5	71.9

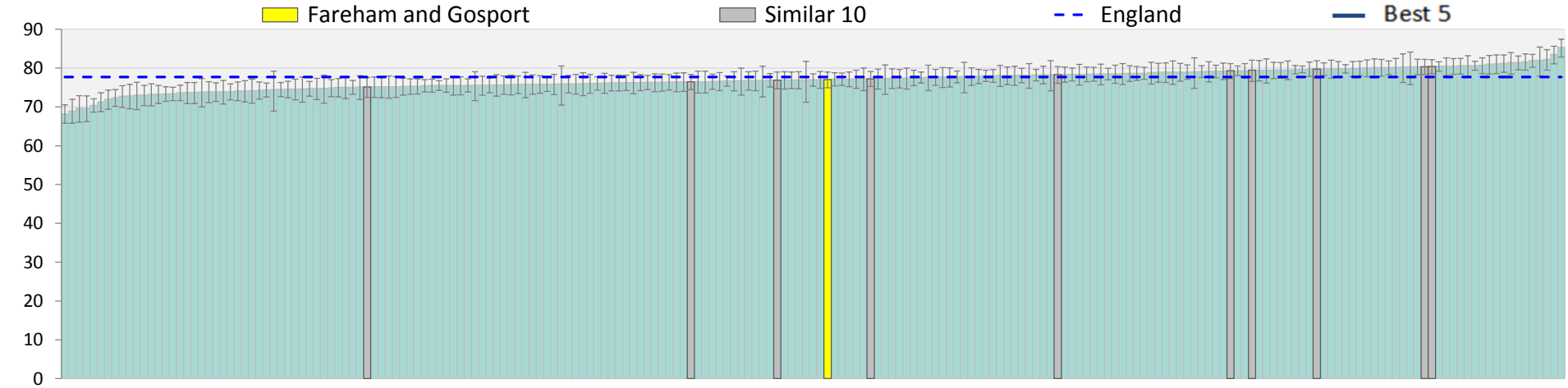


Definition: One-year survival index (%) for three-cancers combined all adults (aged 15 to 99 years)

Source: Office for National Statistics

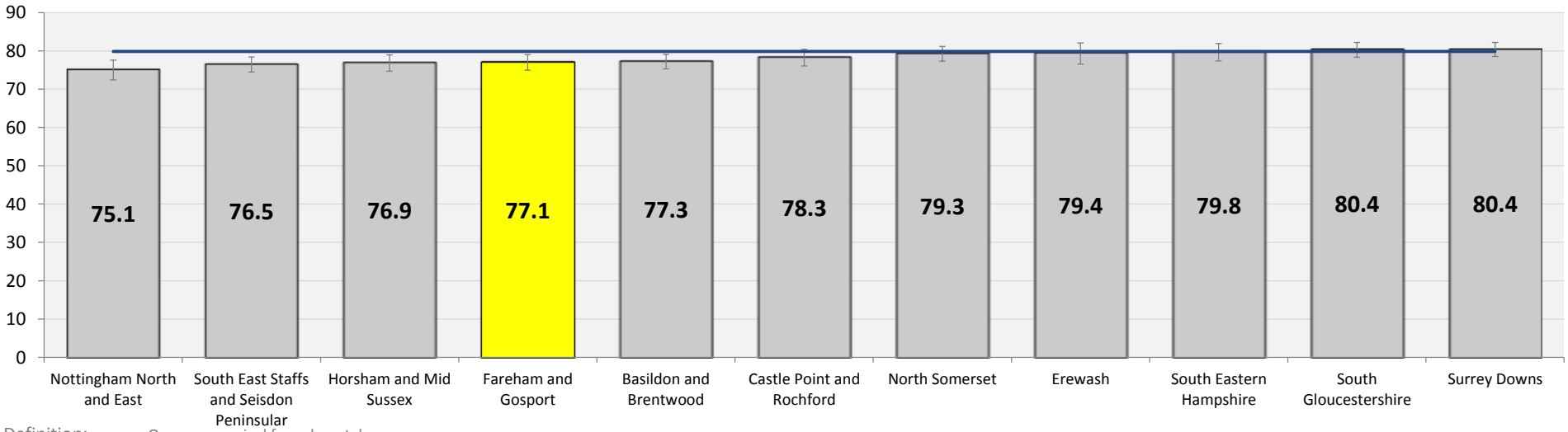
Year: 2013 (2011)

One year survival for colorectal cancer (%)



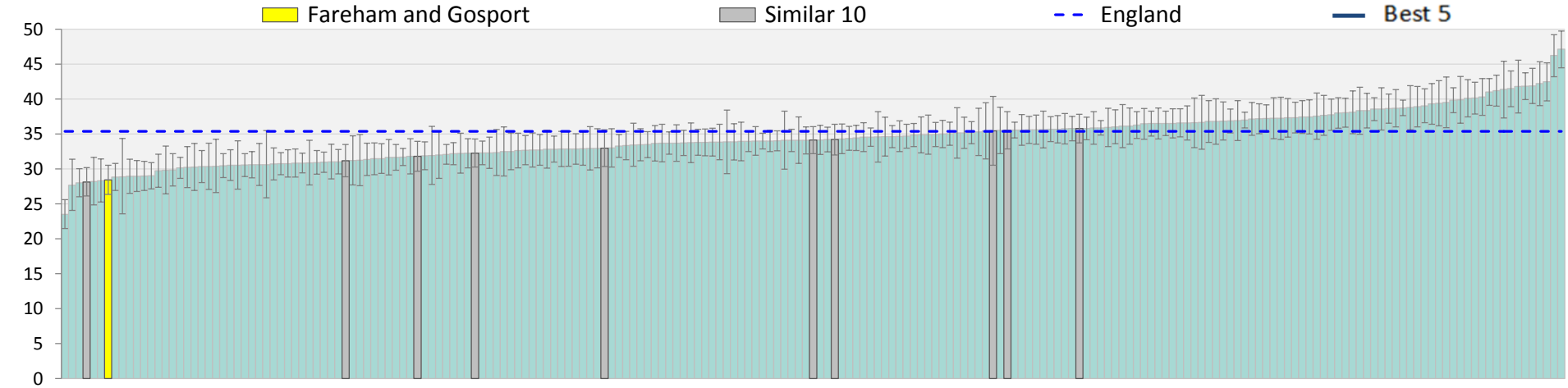
England	77.7

Best 5	79.9



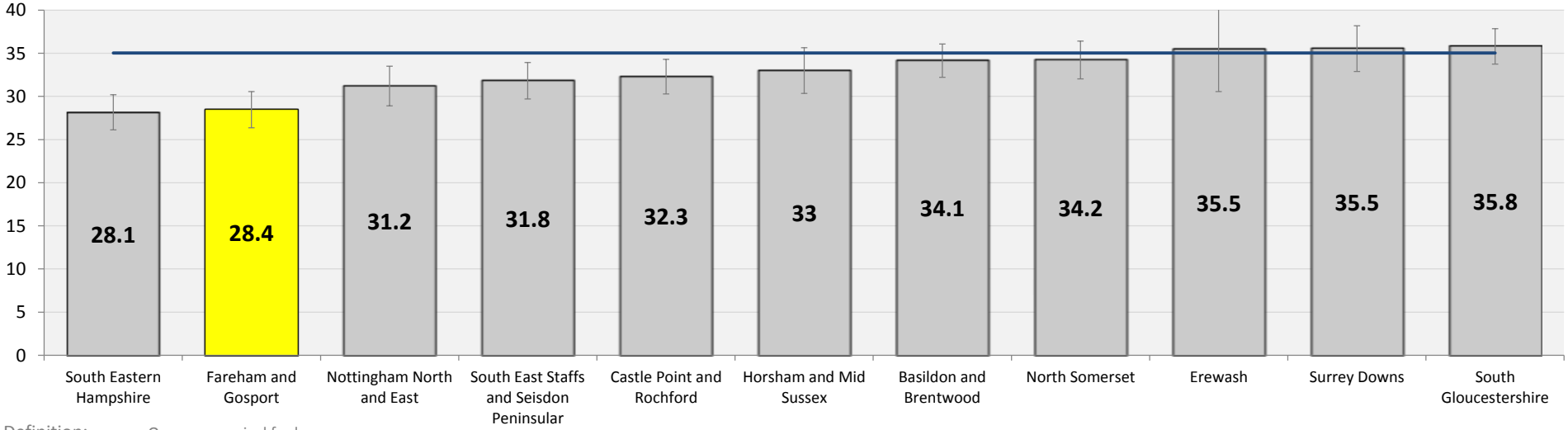
Definition: One year survival for colorectal cancer
Source: Office for National Statistics
Year: 2013 (2011)

One year survival for lung cancer (%)



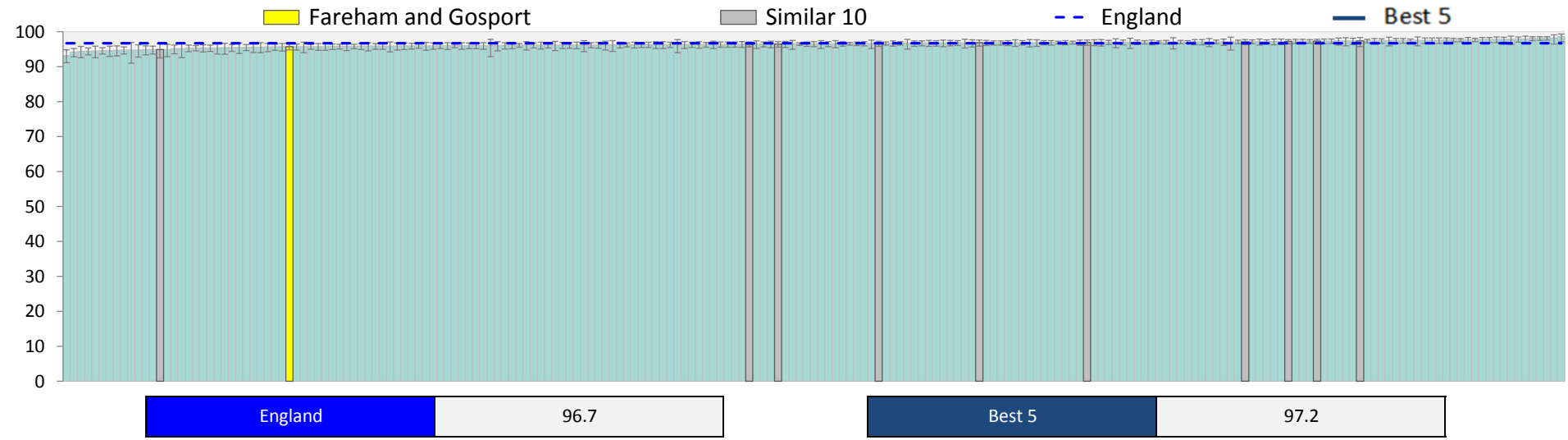
England	35.4

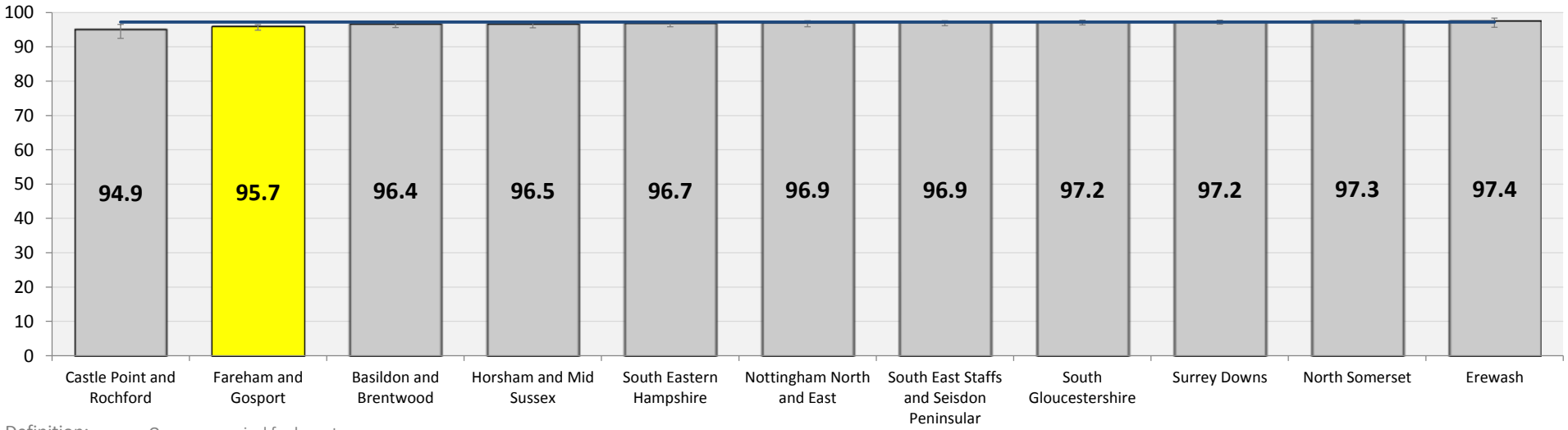
Best 5	35.0



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

One year survival for breast cancer (%)

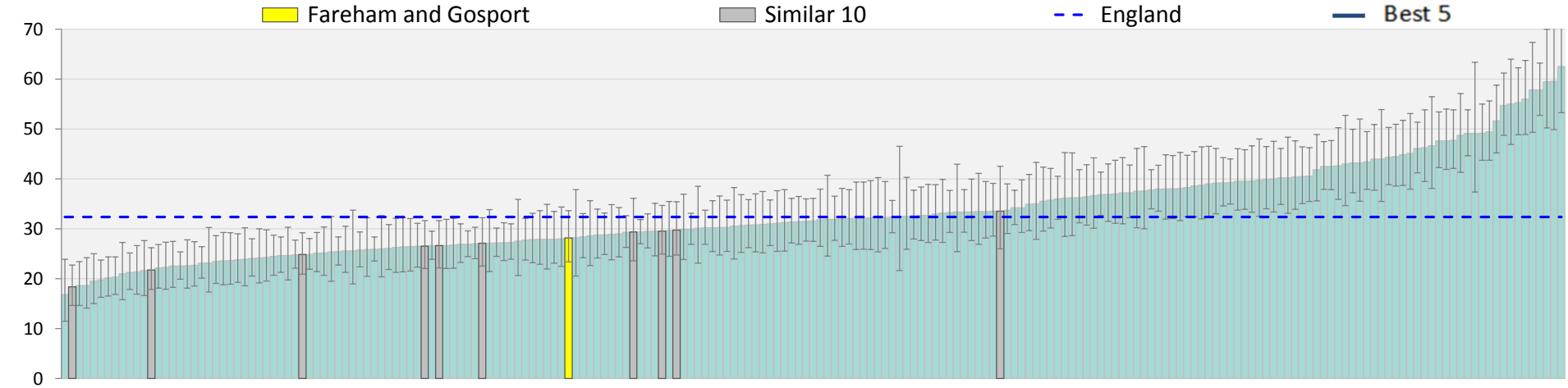




Definition: One year survival for breast cancer
Source: Office for National Statistics
Year: 2013 (2011)

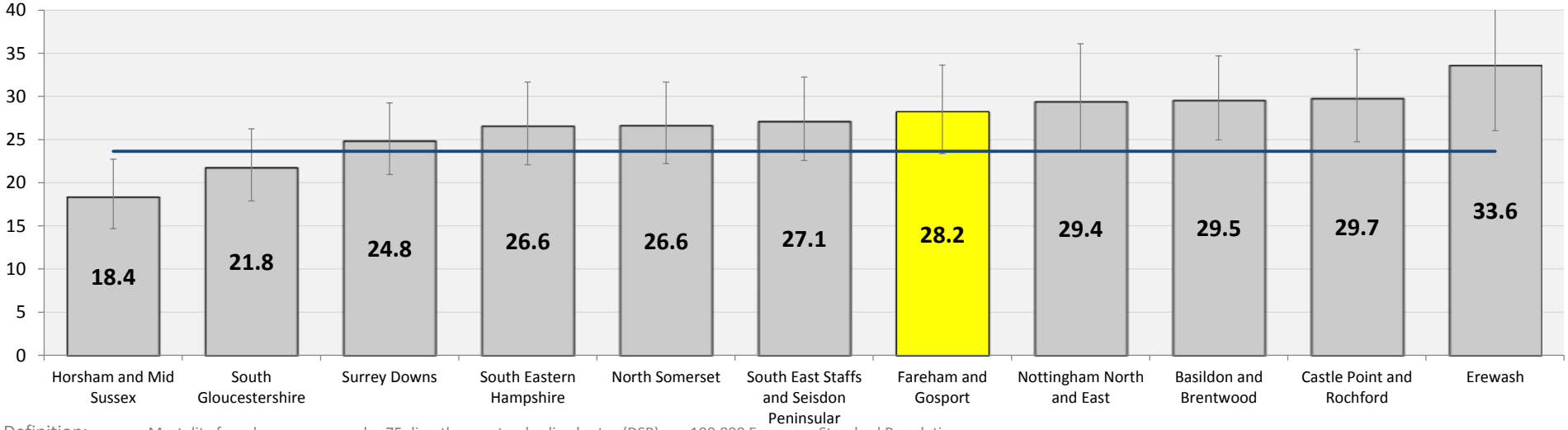
<75 mortality from lung cancer (per 100,000 pop)

8 Lives (NSS)



England	32.4

Best 5	23.6



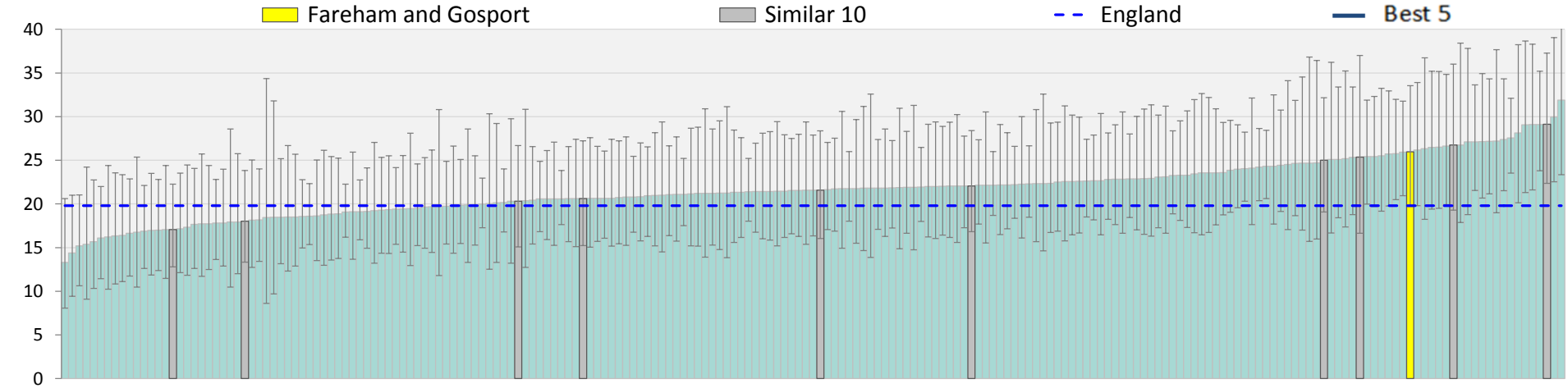
Definition: Mortality from lung cancer: under 75 directly age-standardised rates (DSR) per 100,000 European Standard Population

Source: Primary Care Mortality Database, HSCIC

Year: 2011-13

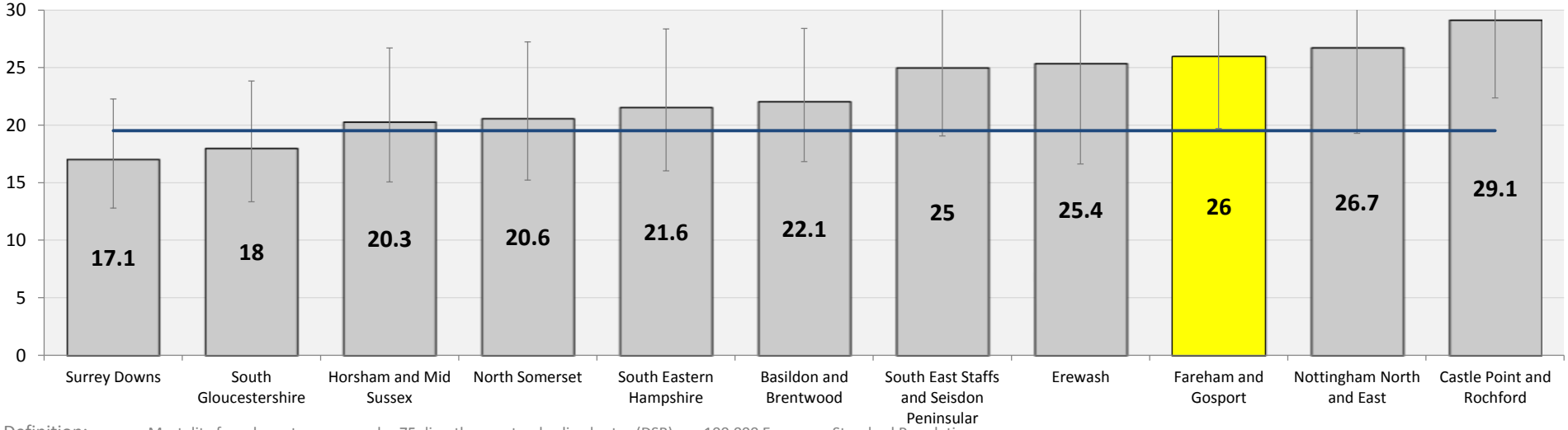
<75 mortality from breast cancer (per 100,000 pop)

6 Lives



England	19.8

Best 5	19.5



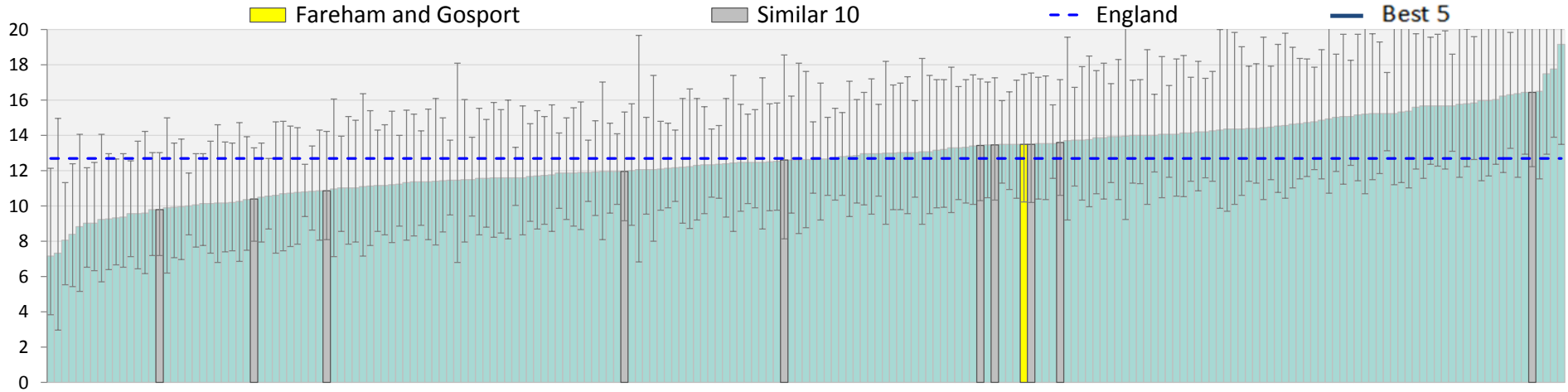
Definition: Mortality from breast cancer: under 75 directly age-standardised rates (DSR) per 100,000 European Standard Population

Source: Primary Care Mortality Database, HSCIC

Year: 2011-13

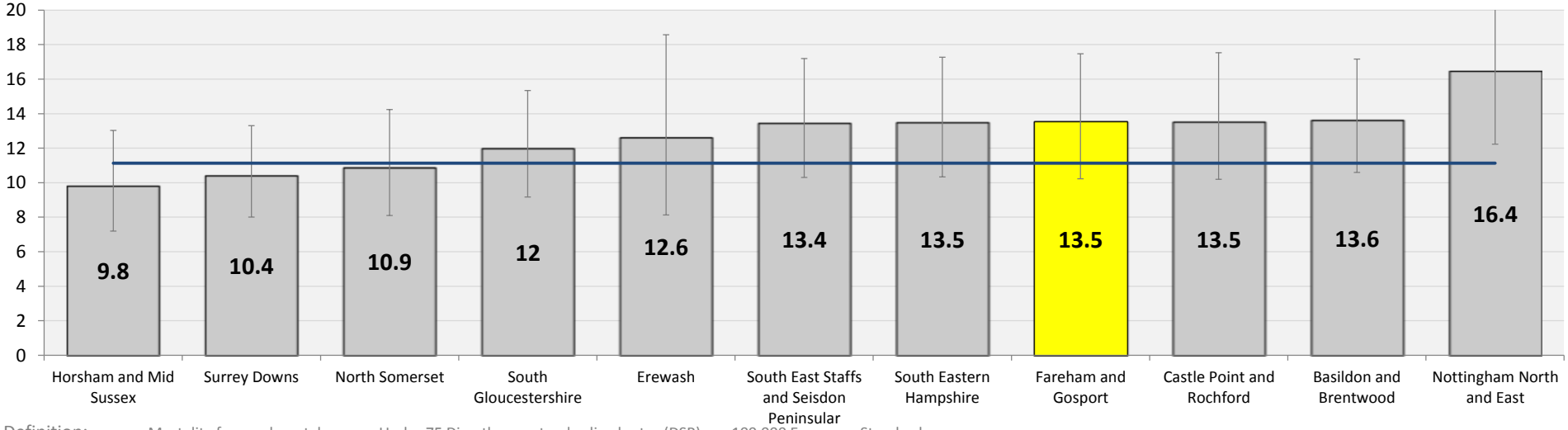
<75 mortality from colorectal cancer (per 100,000 pop)

4 Lives (NSS)



England	12.7

Best 5	11.1



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

Next steps and actions

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

Further support and information

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

Further surgical resources

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 sigmoisdoscopy
  - Surgical treatment of testicular cancer
  - Surgical treatment of prostatism

Useful links

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

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

Cancers and tumours

Programme Category Name	Programme Category Code
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

Breast cancer procedures

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.

OPCS Procedure Code	Full procedure description	Short name in focus packs
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

Lung cancer procedures

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.

OPCS Procedure Code	Full procedure description	Short name in focus packs
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

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.

OPCS Procedure Code	Full procedure description	Short name in focus packs
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 fibreoptic endoscopic examination of colon and biopsy of lesion of colon (Majority PBC = 02C&02X)	Diagnostic fibreoptic 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

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.

OPCS Procedure Code	Full procedure description	Short name in focus packs
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.

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.

OPCS Procedure Code	Full procedure description	Short name in focus packs
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 fibreoptic endoscopic examination of upper gastrointestinal tract (Majority PBC = All)	Unspecified diagnostic fibreoptic 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	Fibreoptic endoscopic insertion of prosthesis into upper gastrointestinal tract (Majority PBC = 02B)	Fibreoptic 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

Cancers and tumours prescribing

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

Cancers and tumours prescribing cont.

Individual drugs	BNF Category
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

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

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) http://www.hscic.gov.uk/sus
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

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) http://www.hscic.gov.uk/sus
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.

Length of stay indicators

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) http://www.hscic.gov.uk/sus
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.

Procedures spend and activity indicators

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) http://www.hscic.gov.uk/sus
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 (count s 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.

Prescribing spend indicators

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 weights 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

How have the potential opportunities been calculated?

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:

Potential Opportunity = (CCG Value – Benchmark Value) * 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.