

Yorkshire Cancer Network Board Performance Report

December 2008

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1 Introduction

This performance report provides data for all YCN partner organisations against a wide range of NHS cancer standards and targets.

Pennine Breast Screening have significantly improved their performance from 45% in Q1 to 93% in Q2 (2008/9). All 3 screening services are now achieving above the 80% target level for 36 months round length.

For cervical screening uptake the improvements seen for 2007/8 have been maintained for the Q1 (2008/9). Bradford & Airedale and Leeds PCTs did not quite achieve the 80% level. Leeds PCT and Leeds Teaching Hospitals NHS Trust Cervical Screening Service are one of the national pilot sites for achieving the 14 day turnaround times.

The first bowel screening data shows a 61% uptake for the North Yorkshire and York PCT population and a 50% uptake for Bradford and Airedale PCT population. This is lower than the NE Hub and England average. Bradford and Airedale Screening Centre have routinely achieved 98% of patients having an appointment in the nurse assessment clinic within 14 days of their abnormal FOB result.

All Trusts continue to meet the national operational standards for the 14 day and 31 day cancer waiting times targets.

Kirklees and Leeds PCTs, Leeds Teaching Hospitals NHS Trust and Mid Yorkshire Hospitals NHS Trust did not achieve the 95% operational standard for the 62 day target.

- In Q4 (2007/8) there were 99 accountable patient breaches for the Network of which 34 (34%) were inter-trust transfers.
- In Q1 (2008/9) this had fallen to 41 accountable patient breaches but the proportion of inter-trust transfer breaches rose to 59% (24/41).
- In Q2 (2008/9) this had risen slightly to 66 accountable patient breaches and the proportion of inter-trust transfers fell slightly to 52% (34/66). 27/66 breaches were lung cancers, 6 upper GI, 6 haematological, 5 urology, 5 head and neck, 5 other cancers, 4 skin, 4 lower GI, 2 gynae, 1 sarcoma and 1 breast.

Participation in the NCASP national audits is generally good and Trusts are submitting data by each individual audit yearly submission deadline. This is not always reflected in the timeliness of the national participation reports as each audit has slightly different reporting deadlines.

One of the key targets first published in the NHS Cancer Plan in 2000 was a reduction in death rates from cancer by 20% by 2010 in people under 76 (from the 1995-97 baseline).

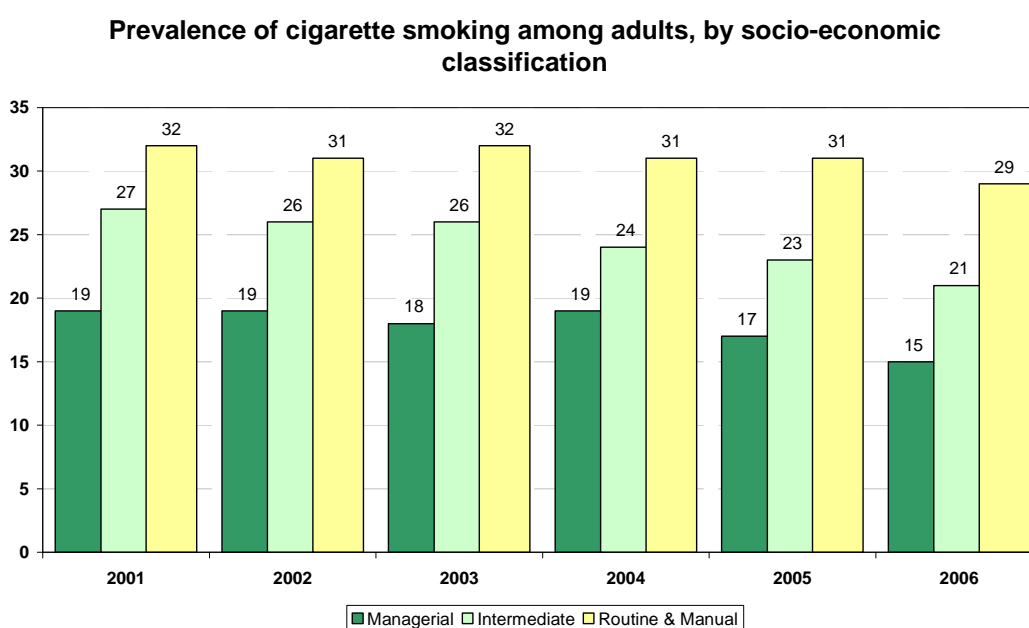
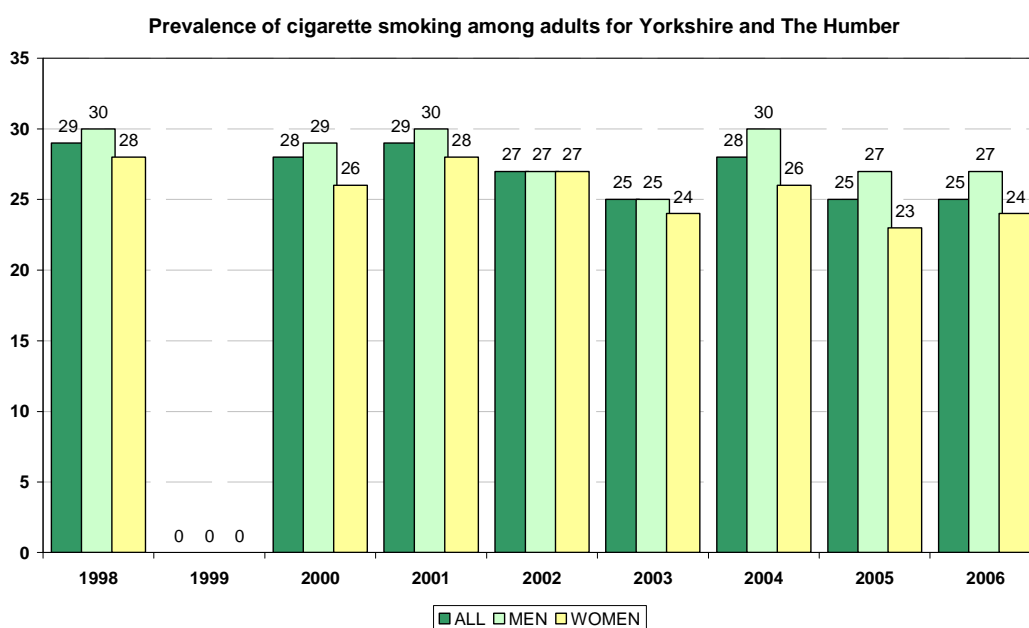
Three-year average mortality rates for cancer (ages under 75) for England have fallen for each period since the baseline, from 141.2 deaths per 100,000 population in 1995/6/7 to 115.5 deaths per 100,000 population in 2005/6/7, and are now 18.2% below the baseline rate.

The milestone for 2004/5/6 has been passed and if the trend of the last ten years were to continue, the target would be met. The Yorkshire Cancer Network overall has seen a fall in the mortality rate of 14.1% since 1997. The change for each PCT shows wider variation from 4% to 18.2%.

2 Prevention

2.1 Smoking Prevalence

Measure	Number of people smoking
Target	reducing adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less
Source	The NHS Information Centre for Health and Social Care
Time Period	1998-2006



2.2 Stop Smoking

Measure	Number of people successfully quitting at 4 week follow-up
Target	reducing adult smoking rates (from 26% in 2002) to 21% or less by 2010
Source	The NHS Information Centre for Health and Social Care (http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services)
Time Period	Latest from Q1 2008/9

2006/7

PCT	Number Setting Quit Date	Number Success 4 Weeks	Number Success 4 Weeks (100000)	Success Rate %
Bradford & Airedale Teaching	6,361	2,766	739	43
Calderdale	2,188	1,149	740	53
Kirklees	4,228	2,049	658	48
Leeds	7,217	4,380	744	61
N Yorkshire & York	7,579	3,658	580	48
Wakefield District	3,081	1,677	648	54
England	600,410	319,720	785	53

2007/8

PCT	Number Setting Quit Date	Number Success 4 Weeks	Number Success 4 Weeks (100000)	Success Rate %
Bradford & Airedale Teaching	8,521	4,335	1,136	51
Calderdale	3,103	1,620	1,022	52
Kirklees	6,108	3,092	980	51
Leeds	8,107	5,392	875	67
N Yorkshire & York	8,854	4,414	683	50
Wakefield District	4,578	2,514	967	55
England	680,289	350,800	854	52

Q1 2008/9

PCT	Number Setting Quit Date	Number Success 4 Weeks	Number Success 4 Weeks (100000)	Success Rate %
Bradford & Airedale Teaching	1969	885	230	44.9
Calderdale	790	346	216	43.8
Kirklees	1221	581	182	47.6
Leeds	1950	1367	218	70.1
N Yorkshire & York	1900	966	148	50.8
Wakefield District	1572	713	273	45.4
England	134,149	65,334	158	48.7

3 Screening

3.1 Breast

3.1.1 Proportion of women aged 53-64 offered screening for breast cancer

Measure	The number of women aged 53-64 screened for breast cancer in the last three years/The number of women aged 53-64 eligible for screening. Coverage is defined as the proportion of women resident and eligible for screening who have had a screening mammogram at least once in the previous three years. Women who are ineligible (eg those who have had a bilateral mastectomy) are excluded.
Target	80%
Source	NHS Breast Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	At at 31 March 2007

PCT	Eligible Population	Number Screened	Coverage 3 years
Bradford & Airedale Teaching	30,921	23,481	75.9%
Calderdale	14,873	11,059	74.4%
Kirklees	27,772	21,795	78.5%
Leeds	48,063	34,507	71.8%
N Yorkshire & York	62,588	52,099	83.2%
Wakefield District	25,500	17,218	67.5%

3.1.2 Proportion of women aged 65-70 offered screening for breast cancer

Measure	The number of women aged 65-70 screened for breast cancer in the last three years/The number of women aged 65-70 eligible for screening
Target	80%
Source	NHS Breast Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	To be determined

3.1.3 Proportion of women aged 47-49 offered screening for breast cancer

Measure	The number of women aged 47-49 screened for breast cancer in the last three years/The number of women aged 47-49 eligible for screening
Target	80%
Source	NHS Breast Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	To be determined. The NHS Breast Cancer Screening Programme will be extended to all women aged 47-73 by 2012

3.1.4 Proportion of women aged 71–73 offered screening for breast cancer

Measure	The number of women aged 71-73 screened for breast cancer in the last three years/The number of women aged 71-73 eligible for screening
Target	80%
Source	NHS Breast Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	To be determined. NHS Breast Cancer Screening Programme will be extended to all women aged 47–73 by 2012

3.1.5 The percentage of eligible women whose first offered appointment is within 36 months of their previous screen

Measure	To ensure that women are recalled for screening at appropriate intervals. Screening round length is the interval between the date of a woman's previous screening mammogram and the date of her next first offered appointment. The percentage of eligible women whose first offered appointment is within 36 months of their previous screen.
Target	>=90%
Source	NHS Breast Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	Q2 2008/9 (July-Sept 2008)

Screening Unit	Pennine	North Yorkshire	Leeds Wakefield
Screening Population	137,501	94,000	124,500

Q4 (2007/8)	Women Invited <=36 months	2,166	5,347	3,657
	Women Screened/Invited within 36 months	33%	99%	57%

Q1 (2008/9)	Women Invited <=36 months	3,667	4,133	6,694
	Women Screened/Invited within 36 months	45%	96%	98%

Q2 (2008/9)	Women Invited <=36 months	11,117	6,039	8,192
	Women Screened/Invited within 36 months	93%	97%	98%

3.2 Cervical

3.2.1 80% eligible women screened

Measure	The effectiveness of the programme can also be judged by coverage. This is the percentage of women in the target age group (25 to 64) who have been screened in the last five years.
Target	≥80%
Source	NHS Cervical Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	As at 30 th June 2008

2006/7

PCT	Eligible Population	Number Screened	Coverage 5 years
Bradford & Airedale Teaching	121,615	24,016	60.9%
Calderdale	50,852	11,005	63.9%
Kirklees	98,875	20,783	63.3%
Leeds	186,888	37,519	61.5%
N Yorkshire & York	192,417	49,509	77.7%
Wakefield District	84,679	20,956	74.6%

2007/8

PCT	Eligible Population	Number Screened	Coverage 5 years
Bradford & Airedale Teaching	122,489	92,979	75.91
Calderdale	51,507	41,472	80.52
Kirklees	99,814	80,329	80.48
Leeds	190,604	145,590	76.38
N Yorkshire & York	192,110	159,381	82.96
Wakefield District	85,476	68,430	80.06

Q1 2008/9

PCT	Eligible Population	Number Screened	Coverage 5 years
Bradford & Airedale Teaching	123,024	93,404	75.92
Calderdale	51,563	41,567	80.61
Kirklees	99,933	80,368	80.42
Leeds	191,049	145,790	76.31
N Yorkshire & York	192,190	159,079	82.77
Wakefield District	85,156	68,328	80.24

3.2.2 Women to get results within 2 weeks

Measure	The cervical screening programme will ensure that all women receive the results of their screening tests within two weeks by 2010.
Target	100%
Source	NHS Cervical Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	To be determined

3.3 Bowel

3.3.1 60% uptake of FOB

Measure	
Target	
Source	NHS Bowel Cancer Screening Programme
Time Period	Position at 1 st September 2008

Screening Centre	PCT	Invites Sent	Returned Kit	Uptake
Tees/Bradford & Airedale	North Yorkshire & York	20,698	12,643	61.08%
Bradford & Airedale	Bradford & Airedale Teaching PCT	24,607	12,382	50.32%
North East Hub		280,929	150,826	53.69%
England		1,548,889	802,754	51.83%

3.3.2 Access time to Screening Centre

Measure	
Target	Patients with abnormal FOBt results must be booked into clinics with a screening nurse, at local screening centres, using the BCSS IT system. The appointments offered must be within 14 days of the date of a definitive positive test result.
Source	NHS Bowel Cancer Screening Programme
Time Period	Q4 2007/8 – Q2 2008/9

Screening Centre	Q4 (2007/8)		Q1 (2008/9)		Q2 (2008/9)	
	% in target	average wait	% in target	average wait	% in target	average wait
Bradford & Airedale	98.5	10.3	98.7	8.9	98.1	11.2
Hull & East Yorkshire	100.0	8.1	100.0	9.0	100.0	9.4
South Yorkshire & Bassetlaw	100.0	10.0	99.5	10.6	100.0	11.4

3.3.3 Colonoscopy QA standards

Measure	There a number of QA standards for colonoscopies following a positive FOB test
Target	Various
Source	NHS Bowel Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	To be determined

4 Treatment

4.1 Diagnostic waits

As part of the process to monitor the 18 weeks target the DH initiated a process for collecting monthly diagnostic investigation waiting times. This data is extracted from the national DH published data on a monthly basis.

4.1.1 Colonoscopy

In September 2008 there was no one waiting longer than 6 weeks for a colonoscopy within the Network

4.1.2 Flexi sigmoidoscopy

In September 2008 there was no one waiting longer than 6 weeks for a flexi-sigmoidoscopy within the Network.

4.1.3 CT

In September 2008 there was 1 patient in Mid Yorkshire waiting longer than 6 weeks for a CT scan.

4.1.4 MRI

In September 2008 there were 9 patients in Mid Yorkshire waiting longer than 6 weeks for a MRI scan.

4.2 Effective Pathway Management

4.2.1 14 Days : Urgent GP referral to Date First Seen

Measure	Everyone with suspected cancer will be able to see a specialist within two weeks of their GP deciding they need to be seen urgently and requesting an appointment by 2000
Target	>=98%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Q3 2007/8 to Q2 2008/9

	Bradford & Airedale Teaching	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN
Q3(2007/8)	100%	100%	100%	100%	100%	100%	100%
Q4(2007/8)	100%	100%	100%	99%	100%	100%	100%
Q1 (2008/9)	100%	100%	100%	100%	100%	100%	100%
Q2 (2008/9)	100%	100%	100%	100%	100%	100%	100%

	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q3(2007/8)	100%	100%	100%	100%	99%	100%	100%	100%
Q4(2007/8)	100%	100%	100%	100%	99%	100%	100%	100%
Q1 (2008/9)	100%	100%	100%	100%	100%	100%	100%	100%
Q2 (2008/9)	100%	100%	100%	100%	100%	100%	100%	100%

4.2.2 31 days: Decision to Treat to First Treatment

Measure	Maximum 1 month wait from diagnosis to treatment for all cancers by 2005
Target	>=98%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Q2 2007/8 to Q1 2008/9

	Bradford & Airedale Teaching	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	National average
Q3 (2007/8)	99%	100%	99%	98%	100%	99%	99%	100%
Q4 (2007/8)	99%	98%	98%	98%	99%	99%	99%	100%
Q1 (2008/9)	100%	99%	99%	98%	100%	99%	99%	100%
Q2 (2008/9)	99%	99%	99%	99%	100%	99%	99%	100%

	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN	National average
Q3 (2007/8)	99%	99%	100%	100%	98%	99%	100%	99%	100%
Q4 (2007/8)	99%	99%	100%	100%	97%	99%	99%	99%	100%
Q1 (2008/9)	99%	99%	100%	100%	98%	99%	100%	99%	100%
Q2 (2008/9)	99%	99%	100%	100%	98%	100%	99%	99%	100%

4.2.3 62 days: Urgent GP referral to First Treatment

Measure	Maximum 2 month wait from urgent GP referral to treatment for all cancers by 2005
Target	>=95%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Q2 2007/8 to Q1 2008/9

	Bradford & Airedale Teaching	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	National average
Q3 (2007/8)	96%	97%	94%	92%	97%	94%	95%	97%
Q4 (2007/8)	97%	92%	93%	87%	94%	89%	92%	97%
Q1 (2008/9)	97%	92%	95%	98%	99%	95%	97%	97%
Q2 (2008/9)	96%	99%	91%	93%	98%	93%	95%	97%

	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN	National average
Q3 (2007/8)	95%	98%	97%	97%	90%	94%	97%	94%	97%
Q4 (2007/8)	96%	98%	96%	96%	83%	93%	92%	92%	97%
Q1 (2008/9)	98%	98%	96%	98%	94%	96%	100%	97%	97%
Q2 (2008/9)	96%	98%	98%	96%	90%	94%	97%	94%	97%

In Q4 (2007/8) there were 99 accountable patient breaches for the Network of which 34 (34%) were inter-trust transfers.

In Q1 (2008/9) this had fallen to 41 accountable patient breaches but the proportion of inter-trust transfer breaches rose to 59% (24/41). 22/41 breaches were lung cancers, 6/41 were upper GI, 3 head and neck, 3 sarcoma, 3 lower GI, 2 urological, 1 haematological and 1 other.

In Q2 (2008/9) this had risen to 66 accountable patient breaches. The proportion of inter-trust transfer breaches fell slightly to 52% (34/66). 27/66 breaches were lung cancers, 6 upper GI, 6 haematological, 5 urology, 5 head and neck, 5 other cancers, 4 skin, 4 lower GI, 2 gynae, 1 sarcoma and 1 breast.

4.2.4 31 days: Second and Subsequent Treatments (Chemo & Surgery)

Measure	VSA11: 31-Day Standard for Subsequent Cancer Treatments (Chemotherapy and Surgery)
Target	Maximum 1 month wait from ready to treat to treatment for all second and subsequent chemotherapy and surgery treatments by December 2008.
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	

First data to be published in May 2009.

4.2.5 31 days: Second and Subsequent Treatments (Radiotherapy)

Measure	VSA12: 31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)
Target	Maximum 1 month wait from ready to treat to treatment for all second and subsequent radiotherapy treatments by December 2010.
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	

First data to be published in May 2009.

4.2.6 62 days: Patients detected through national screening programmes

Measure	VSA13: Extended 62-Day Cancer Treatment Targets
Target	All patients with suspected cancer detected through national screening programmes will in future enter the 62 day pathway.
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	

First data to be published in May 2009.

4.2.7 62 days: Suspected cancer patients not referred urgently and upgraded by Consultants

Measure	VSA13: Extended 62-Day Cancer Treatment Targets
Target	Hospital specialists will now have the right to ensure that patients who were not referred urgently by their GP, but who have symptoms or signs indicating a high suspicion of cancer, are managed on the 62 day pathway
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	

First data to be published in May 2009.

4.2.8 14 days: All breast symptom referrals

Measure	VSA08: Breast Symptom Two Week Wait
Target	All patients referred to a specialist with breast symptoms, even if cancer is not suspected, should be seen within two weeks of referral (by December 2009)
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	

First data to be published in May 2009.

4.3 National Audits

Auditing services allows providers to identify areas for improvement, which can lead to better outcomes. Three high profile audits likely to be included in the Acute Trust Healthcare Commission Annual Healthcheck 2008/9 are LUCADA (lung cancer), DAHNO (head and neck cancer) and bowel cancer.

4.3.1 National Lung Cancer Audit

Measure	Participation in cancer data collection
Target	Participation in cancer data collection
Source	The NHS Information Centre for Health and Social Care (http://www.ic.nhs.uk/our-services/improving-patient-care/national-clinical-audit-support-programme-ncasp/cancer/lung)
Time Period	As at August 2008

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York

4.3.2 National Head and Neck Cancer Audit

Measure	Participation in cancer data collection
Target	Participation in cancer data collection
Source	The NHS Information Centre for Health and Social Care (http://www.ic.nhs.uk/our-services/improving-patient-care/national-clinical-audit-support-programme-ncasp/cancer/head-and-neck)
Time Period	As at August 2008

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York

4.3.3 National Bowel Cancer Audit

Measure	Participation in cancer data collection
Target	Participation in cancer data collection
Source	The NHS Information Centre for Health and Social Care (http://www.ic.nhs.uk/our-services/improving-patient-care/national-clinical-audit-support-programme-ncasp/cancer/bowel)
Time Period	As at August 2008

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York

4.3.4 National Oesophago-Gastric Cancer Audit

Measure	Participation in cancer data collection
Target	Participation in cancer data collection
Source	The NHS Information Centre for Health and Social Care (http://www.ic.nhs.uk/our-services/improving-patient-care/national-clinical-audit-support-programme-ncasp/cancer/oesophago-gastric)
Time Period	As at August 2008

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York

4.3.5 National Mastectomy and Reconstruction Audit

Measure	Participation in cancer data collection
Target	Participation in cancer data collection
Source	The NHS Information Centre for Health and Social Care (http://www.ic.nhs.uk/our-services/improving-patient-care/national-clinical-audit-support-programme-ncasp/cancer/mastectomy-and-breast-reconstruction)
Time Period	As at August 2008

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York

4.4 Cancer Registration Dataset

Measure	The collection of the national cancer registration dataset has received Ministerial approval and ROCR have given a licence to collect the dataset for two years until the 4th February 2010 (renewal thereafter, licence number: ROCR/OR/0220/FT6). This mandates the collection of data from all providers including foundation trusts.
Target	By the end of March 2011 all Providers must ensure the full Cancer Registration Dataset is provided in an electronic format to their local Cancer Registry, this may be via the submission of multiple data extracts which will make up the full dataset e.g. Cancer Waiting Times, Radiotherapy Dataset, etc
Source	Yorkshire Cancer Network/NYCRIS
Time Period	Full implementation by 2011

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York

4.5 Improving Outcomes Guidance

Measure	
Target	The IOGs are part of the Public Service Agreement (PSA) Target area Cancer Mortality (PSA03b) and the Department of Health Recovery and Support Unit (RSU) monitor progress with Strategic Health Authorities (SHA) twice a year (June and December). This is also a Healthcare Commission assessment area for PCTs and LDPs are used to assess compliance.
Source	
Time Period	

IOG	Published	Action Plan Signed Off by CAT	Implementation Status (CAT)	Implementation Deadline
Gynaecological	July 1999			December 2007
Upper GI	Jan 2001			December 2007
Urological	Sept 2002			December 2007
Haematological	Dec 2003			December 2007
Supportive & Palliative Care	March 2004		To be confirmed	
Head & Neck	Nov 2004		December 2008	December 2008
Children & Young Peoples	Aug 2005	To be confirmed	To be confirmed	
Skin	Feb 2006		To be confirmed	
Sarcoma	March 2006	To be confirmed	To be confirmed	
Brain	June 2006	To be confirmed	To be confirmed	

5 End of Life Care

5.1 Proportion of all deaths that occur at home

Measure	Proportion of all deaths that occur at home
Target	To be determined
Source	NYCRIS
Time Period	Latest published data from 2002 (old PCTs mapped as closely as possible to new PCTs)

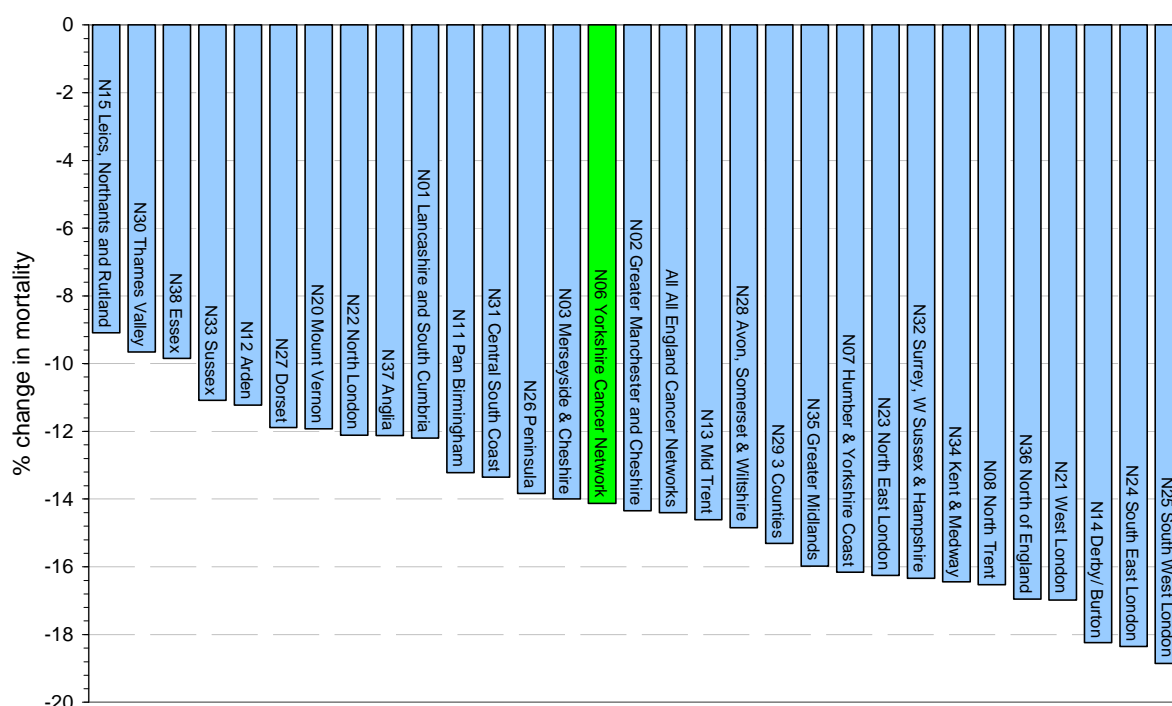
PCT	% Cancer Deaths at Home	% Cancer Deaths in Hospital	% Cancer Deaths Other
Bradford & Airedale Teaching	23.0	43.3	33.7
Calderdale	26.2	40.9	32.9
Kirklees	27.2	45.0	27.8
Leeds	19.2	46.9	33.8
N Yorkshire & York	25.6	48.1	26.4
Wakefield District	23.0	44.6	32.4

6 Outcomes

6.1 Standard Mortality Ratio

Measure	Age Standardised Mortality Rate
Target	Reduction in death rates from cancer by 20% by 2010 in people under 76 (from the 1995-97 baseline)
Source	Northern & Yorkshire Cancer Registry and Information Service (NYCRIS)
Time Period	2005

Percentage change in mortality rates (persons) in 0-74 since 1997 by cancer network (mortality rates in 2005 expressed as a percentage of the rates in 1997)



Percentage change in mortality rates (persons) in 0-74 since 1997 by PCT

	Bradford & Airedale Teaching	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England average
1998	5.5	12.0	-7.4	-2.0	-2.7	-4.7		-6.5
1999	-4.2	13.9	-8.6	3.7	-1.5	6.5		-8.8
2000	-5.4	-2.7	-17.5	-14.1	-1.4	-6.9		-10.4
2001	-7.8	4.4	-12.2	-4.0	-9.6	-1.5		-12.1
2002	-7.9	11.9	-5.2	-6.1	-6.3	0.7		-13.9
2003	-14.4	7.2	-7.3	-7.1	-6.3	-8.9		-15.7
2004	-5.6	-3.2	-20.9	-13.0	-8.2	-14.7		-17.1
2005	-18.2	-4.0	-12.3	-16.1	-10.6	-11.6	-14.1	-18.2