

Yorkshire Cancer Network Board Performance Report

December 2009

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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.

All three breast screening centres have maintained their 36 month round length performance in Q2 (2009/10) They are now all achieving above 95%. This is the same position for the percentage of women receiving a normal breast screening result within 2 weeks of screening and women recalled for assessment within 3 weeks.

For cervical screening uptake has increased for all PCTs between Q4 (2008/9) and Q1 (2009/10). Only NHS Bradford and Airedale (77%) and NHS Leeds (77.6%) did not quite achieve the 80% level. The data has been published (Q1 2009/10) relating to time from screening to notification of result by PCT. Performance has slipped for all PCTs within the Network with just over 14% for the SHA population receiving their results within 2 weeks. This is down from 38% in Q4 2008/9.

Q1 (2009/10) bowel screening data shows the same performance as Q4 with a 61.5% uptake for the North Yorkshire and York population and a 50.4% uptake for Bradford and Airedale population.

Bradford and Airedale Screening Centre and Calderdale, Kirklees and Wakefield Screening have now achieved 100% of patients having an appointment in the nurse assessment clinic within 14 days of their abnormal FOB result for the last two quarters. Harrogate, Leeds and York Screening Centre reported their first data for Q2 2009/10 and showed 100% performance.

The operational standards for all standards with the exception of Consultant Upgrades have been published and the performance of PCTs and Trusts are benchmarked against these new thresholds.

The third quarter data (Q2 2009/10) relating to the new cancer reform strategy going further on cancer waits standards have been published. The revised rules mean that patient reason adjustments are not allowed in the pathway now.

The threshold for achievement of the urgent GP referral to first seen target (14 days) has been set at $\geq 93\%$ and NHS Kirklees, NHS Wakefield District and Mid Yorkshire Hospitals NHS Trust did not achieve this level.

The threshold for achievement of the 31 day standard for first treatment has been set at $\geq 96\%$ and all PCTs and acute Trusts with the exception of Airedale NHS Trust achieved this.

The threshold for achievement of the 62 day standard for first treatment has been set at $\geq 85\%$. This continues to be a challenge and NHS Leeds and NHS Wakefield District as well as Leeds Teaching Hospitals NHS Trust and Mid Yorkshire Hospitals NHS Trust did not achieve the threshold.

In Q2 (2009/10) there were 1282.5 accountable patients treated with 213.5 accountable patients breaches (83.4%). 65.6% of all breaches (140/213.5) were in-house and 34.4% (73.5/213.5) were inter-trust breaches.

Yorkshire Cancer Network

Urological cancers again showed the highest number of breaches (65.5) with performance overall at 78.6%. Lower GI cancers were the next highest at 32 breaches (up from 15.5 in Q1 2009/10) with performance overall at 76.5%. Lung cancer was the next highest at 25 breaches and performance at 81.9%. Performance was worst for Head and Neck at 61.1% (18.5/47.5 patients breached). Gynaecology showed the second worst performance at 71.8% (22/78 patients breached).

Tumour	In House				Inter-Trust Transfers				Total Breaches
	%	in target	breaches	total	%	in target	breaches	total	
Breast	99.6	226	1	227	100	1	0	1	1
Lung	91.6	87	8	95	60.5	26	17	43	25
Haematological (excl acute leuk)	84.2	48	9	57	0	0	2	2	11
Upper Gastrointestinal	90.4	66	7	73	63.6	14	8	22	15
Lower Gastrointestinal	79.6	90	23	113	60.9	14	9	23	32
Skin	89.7	148	17	165	80	4	1	5	18
Gynaecological	73.5	36	13	49	69.0	20	9	29	22
Brain/CNS	100	1	0	1	-	-	-	-	0
Urological (excl. testicular)	82.7	235	49	284	26.7	6	16.5	22.5	65.5
Head & Neck	67.7	21	10	31	48.5	8	8.5	16.5	18.5
Sarcoma	100	2	0	2	0	0	0.5	0.5	0.5
Other	83.3	15	3	18	33.3	1	2	3	5
TOTALS	87.4	975	140	1115	56.1	94	73.5	167.5	213.5

The thresholds for subsequent treatments have been set individually for each modality of treatment.

The $\geq 94\%$ threshold for subsequent surgical treatment was not achieved for patients from NHS Calderdale, NHS Leeds and NHS North Yorkshire. Additionally this was not achieved by Leeds Teaching Hospitals NHS Trust.

The $\geq 98\%$ threshold for subsequent drug treatments was not achieved by one Trust which was York Hospitals NHS Foundation Trust.

The threshold for the 62 day standard for patients treated with cancer having originated in one of the national cancer screening programmes has been set at $\geq 90\%$. All PCTs and Acute Trusts achieved this threshold in Q2 2009/10. However the numbers of patients being reported against this standard are still low and work is continuing to identify any shortfalls in reporting methodology.

The data continues to show low levels of treated cancers that have been upgraded by Consultants having been originally referred routinely not via the 2ww route.

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. Recent publications include the National Bowel Cancer Audit 2009 report, 2nd Annual Report of the Mastectomy and Breast Reconstruction Audit and the National Oesophago-Gastric Annual Report 2009.

The Cancer Reform Strategy mandated the collection of the national cancer registration dataset from all providers including foundation trusts. 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 will be a considerable challenge for most Trusts.

The first self-assessment deadline for the 2009/10 round of peer review was the 31st August 2009 and the internal validation deadline was the 30th September 2009. This performance report contains details of all the areas in the Network that will be either self-assessing or receiving an actual visit and the percentage achievement against the measures for both self-assessment and internal validation.

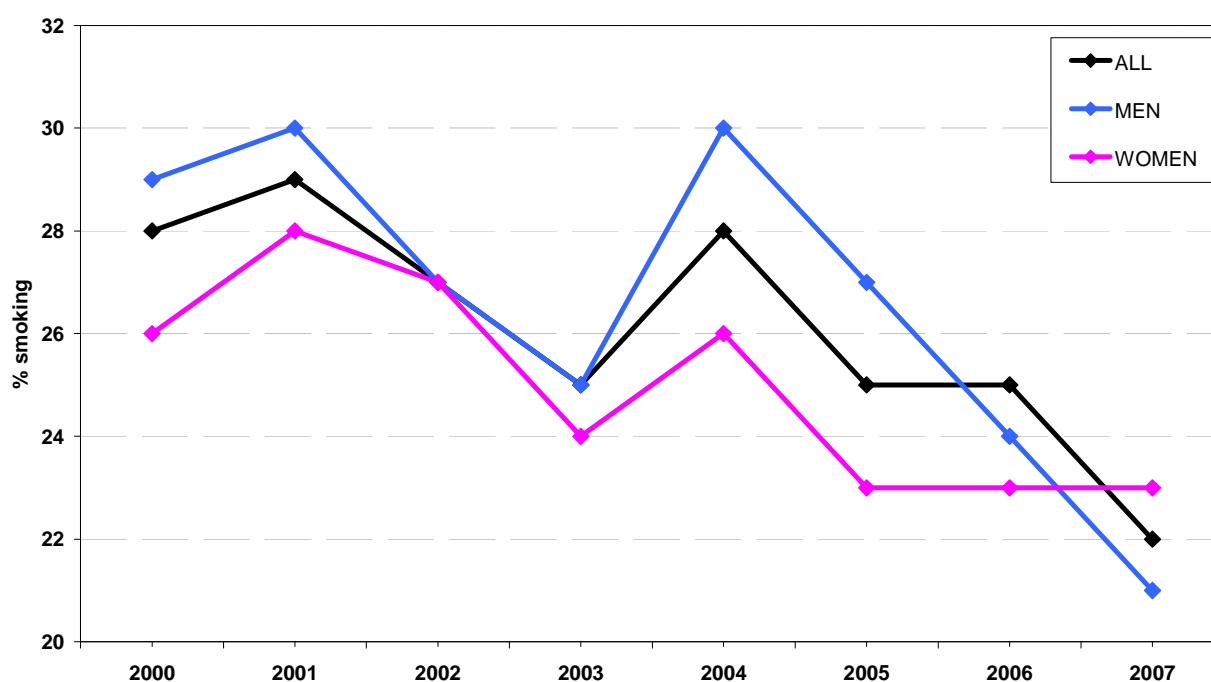
Following the YCRN Annual Report at the Board meeting in November 2009 the research chapter has been updated to include the annual accrual rates for 2008/9.

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

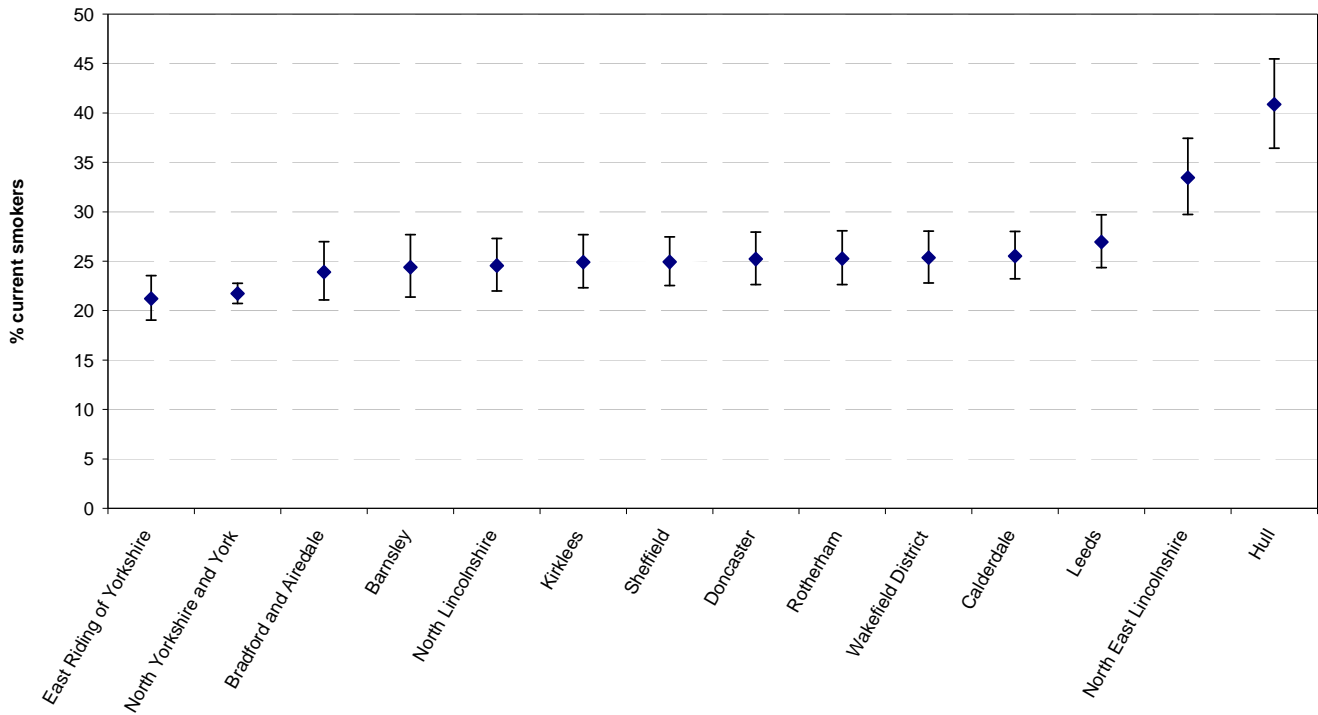
Prevalence of cigarette smoking among adults for Yorkshire and The Humber SHA



Model-based estimates of current smoking (adults) for PCTs in Yorkshire & The Humber, 2003-2005

PCT	Population	Estimate	Lower CI	Upper CI
Bradford and Airedale	493,307	23.9%	21.1%	27%
Calderdale	198,862	25.5%	23.2%	28%
Kirklees	389,061	24.9%	22.3%	27.7%
Leeds	756,433	27%	24.4%	29.7%
North Yorkshire and York	762,058	21.7%	20.7%	22.8%
Wakefield District	332,668	25.4%	22.8%	28.1%
SHA		25.5%	23.0%	28.0%
National		24.1%	23.4%	24.7%

Model-based estimates of current smoking (adults) for PCTs in Yorkshire & The Humber, 2003-2005



The NHS Information Centre for health and social care, 2008
 Source: Health Surveys for England 2003 to 2005
 Produced by National Centre for Social Research (NatCen), May 2008

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 2009//10

2008/9

PCT	Number Setting Quit Date	Number Success 4 Weeks	Number Success 4 Weeks (100000)	Success Rate %
Bradford & Airedale	7854	3620	939.3	46
Calderdale	3183	1569	980.0	49
Kirklees	5339	2571	807.2	48
Leeds	7257	4909	781.8	68
N Yorkshire & York	8581	4143	634.6	48
Wakefield District	6370	3007	1151.8	47
Yorkshire & The Humber SHA	69,511	36,514	869.0	53
England	671,259	337,054	813.4	50

Q1 2009/10

PCT	Number Setting Quit Date	Number Success 4 Weeks	% Success Rate (self assessed)	Number Success 4 weeks (confirmed)*	% success rate (confirmed)*
Bradford & Airedale	1,749	816	46.7%	413	23.6%
Calderdale	818	394	48.2%	304	37.2%
Kirklees	1,305	652	50%	405	31%
Leeds	1,958	1,271	64.9%	1,006	51.4%
N Yorkshire & York	2,153	1,004	46.6%	796	37%
Wakefield District	2,058	921	44.8%	811	39.4%
Yorkshire & The Humber SHA	18,492	9,482	51.3%	6,925	37.4%
England	163,946	79,351	48.4%	54,503	33.2%

* Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco.

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 2008 2008/9 report to be published January 2010

PCT	2006/7			2007/8		
	Eligible Population	Number Screened	Coverage 3 years	Eligible Population	Number Screened	Coverage 3 years
Bradford & Airedale	30,921	23,481	75.9%	31,428	23,220	73.9%
Calderdale	14,873	11,059	74.4%	15,034	10,769	71.6%
Kirklees	27,772	21,795	78.5%	27,870	21,773	78.1%
Leeds	48,063	34,507	71.8%	48,199	35,888	74.5%
N Yorkshire & York	62,588	52,099	83.2%	63,191	52,646	83.3%
Wakefield District	25,500	17,218	67.5%	25,668	20,066	78.2%
England	3,690,074	2,805,717	76.0%	3,713,812	2,847,824	76.7%

3.1.2 Proportion of women aged 53-70 offered screening for breast cancer

Measure	The number of women aged 53-70 screened for breast cancer in the last three years/The number of women aged 53-70 eligible for screening
Target	80%
Source	NHS Breast Screening Programme/Quality Assurance Reference Centre (QARC)
Time Period	As at 31 March 2008 2008/9 report to be published January 2010

PCT	2006/7			2007/8		
	Eligible Population	Number Screened	Coverage 3 years	Eligible Population	Number Screened	Coverage 3 years
Bradford & Airedale	42,595	30,531	71.7%	42,874	31,174	72.7%
Calderdale	20,074	14,137	70.4%	20,279	14,252	70.3%
Kirklees	37,810	27,985	74.0%	38,068	29,301	77.0%
Leeds	66,457	47,034	70.8%	66,545	49,165	73.9%
N Yorkshire & York	86,571	69,351	80.1%	87,599	72,334	82.6%
Wakefield District	34,854	23,134	66.4%	35,249	27,116	76.9%
England	5,066,409	3,738,149	73.8%	5,115,011	3,883,130	75.9%

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 Percentage of eligible women whose first offered appointment is within 36 months of their previous screen (round length)

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 (aged 50-70) 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 2009/10

Screening Unit	Q3 (2008/9)*	Q4 (2008/9)*	Q1 (2009/10)	Q2 (2009/10)
Leeds-Wakefield	98%	98%	97%	99%
North Yorkshire	97%	96%	96%	97%
Pennine	94%	97%	99%	98%
Yorkshire & Humber SHA	85%	96%	98%	98%

3.1.6 Percentage of women receiving a normal breast screening result within 2 weeks of screening

Measure	NSHBSP Guidelines state that 90% of women should receive their normal result within two weeks of screening. Screen-Normal Result reports are used to generate this data from the NBSS system, which uses a cohort of women defined by their date of first offered appointment and reports the time between screening and the production of the normal result letter.
Target	>=90%
Source	Quality Assurance Reference Centre (QARC)
Time Period	Latest data from Q2 2009/10 (July-Sept 2009)

Screening Unit	Q3 (2008/9)*	Q4 (2008/9)	Q1 (2009/10)	Q2 (2009/10)
Leeds Wakefield	50%	98%	98%	97%
North Yorkshire	96%	97%	97%	98%
Pennine	66%	96%	97%	96%

3.1.7 Percentage of women assessed within 3 weeks of a recall for assessment

Measure	NSHBSP Guidelines state that 90% of women recalled for assessment should be assessed within three weeks of their date of screening.
Target	>=90%
Source	Quality Assurance Reference Centre (QARC)
Time Period	Latest data from Q2 2009/10 (July-Sept 2009)

Screening Unit	Q3 (2008/9)*	Q4 (2008/9)	Q1 (2009/10)	Q2 (2009/10)
Leeds Wakefield	42%	73%	98%	95%
North Yorkshire	70%	98%	93%	97%
Pennine	73%	93%	97%	97%

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 2009

PCT	Q2 2008/9		Q3 2008/9		Q4 2008/9		Q1 2009/10	
	n	%	n	%	n	%	n	%
Bradford & Airedale	93,852	75.96	94,152	75.91	95,192	76.58	96,003	76.98
Calderdale	41,687	80.78	41,726	81.14	42,116	81.80	42,385	82.24
Kirklees	80,440	80.37	80,577	80.28	81,269	80.94	81,727	81.25
Leeds	146,267	76.22	146,747	76.26	148,626	77.16	149,576	77.57
N Yorkshire & York	158,855	82.56	158,763	82.34	159,246	82.67	159,458	82.8
Wakefield District	68,448	80.15	68,338	79.96	68,641	80.20	68,682	80.22
Yorkshire & The Humber SHA	1,028,094	79.69	1,028,918	79.62	1,036,524	80.16	1,041,460	80.48

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	Position at 30 th June 2009

PCT	Q2 2008/9		Q3 2008/9		Q4 2008/9		Q1 2009/10	
	n	%	n	%	n	%	n	%
Bradford & Airedale	310	3.6	3,473	45.1	2,238	20.5	434	4.4
Calderdale	552	13.6	762	21.7	1,798	33.6	991	22.2
Kirklees	2,078	14.6	1,583	23.8	3,692	37.7	2,049	24.4
Leeds	1,375	18.1	6,302	50.5	3,719	19.7	924	5.9
N Yorkshire & York	9,449	81.1	8,598	83.2	4,328	28.2	470	3.8
Wakefield District	1,208	22.1	1,209	26.0	3,416	48.3	1,742	26.1
Yorkshire & The Humber SHA	31,445	35.1	38,763	48.9	44,858	38.4	14,049	14.1

3.3 Bowel

3.3.1 60% uptake of FOB

Measure	Uptake is defined as, "response to an invitation", therefore only people who have been sent the standard "S1" invitation letter are included in the denominator of the calculation; opt-ins and self-referrals (over 70s) are not included.
Target	To be determined
Source	NHS Bowel Cancer Screening Programme
Time Period	Position at 30 th June 2009

Q3 2008/9

PCT	Screening Centre	Invites Sent	Returned Kit	Uptake
North Yorkshire & York	Tees/Bradford & Airedale	24,395	14,908	61.11%
Bradford & Airedale	Bradford & Airedale	31,214	15,770	50.52%
	North East Hub	373,435	201,609	53.99%
	England	2,074,533	1,079,438	52.03%

Q4 2008/9

PCT	Screening Centre	Invites Sent	Returned Kit	Uptake
North Yorkshire & York	Tees/Bradford & Airedale	28,845	17,649	61.19%
Bradford & Airedale	Bradford & Airedale	38,145	19,241	50.44%
	North East Hub	491,832	266,471	54.18%
	England	3,283,777	1,718,755	52.34%

Q1 2009/10

PCT	Screening Centre	Invites Sent	Returned Kit	Uptake
North Yorkshire & York	Tees Bradford & Airedale Hull Harrogate, Leeds & York	35,175	21,618	61.5%
Bradford & Airedale	Bradford & Airedale	44,880	22,635	50.4%
	North East Hub	583,065	319,356	54.8%
	England	3,370,769	1,769,915	52.5%

PCT	April 2009		May 2009		June 2009		July 2009	
	n	%	n	%	n	%	n	%
Bradford & Airedale	919	50.7	1089	51.2	850	48.9	916	50.4
Calderdale	1071	54.6	540	52.9	705	52.7	544	55.0
Kirklees	1523	55.7	817	55.8	1023	56.3	745	56.1
Leeds	1	20.0	1	14.3	994	48.9	1876	49.3
N Yorkshire & York	1143	59.6	1004	59.4	1255	60.2	1355	57.6
Wakefield District	1	100	0	-	1	100	0	-
YCN	4658	55.2	3451	54.7	4828	53.6	5436	52.8

3.3.2 Access time to Screening Centre

Measure	Patients with abnormal FOBt results must be booked into clinics with a screening nurse, at local screening centres, using the BCSS IT system.
Target	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	Latest data from Q2 2009/10

Screening Centre	Q3 (2008/9)	Q4 (2008/9)	Q1 (2009/10)	Q2 (2009/10)
Bradford & Airedale	100%	100%	100%	100%
Calderdale, Kirklees and Wakefield	-	-	100%	100%
Harrogate, Leeds and York	-	-	-	100%
Hull & East Yorkshire	100%	100%	100%	100%
South Yorkshire & Bassetlaw	100%	99.6%	100%	99.5%
Tees	100%	99.0%	100%	100%

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. The data relates to patients waiting longer than 6 weeks for the investigation.

Diagnostic Test	Apr 2009	May 2009	Jun 2009	Jul 2009	Aug 2009	Sept 2009
Colonoscopy	4 (York)	11 (York)	55 (York)	50 (York)	1 (Leeds) 32 (York)	9 (York)
Flexi-sigmoidoscopy	3 (York)	9 (York)	26 (York)	41 (York)	29 (York)	10 (York)
CT	0	0	1 (Leeds)	0	1 (Leeds)	0
MRI	0	0	0	0	0	1 (Leeds)

4.2 Effective Pathway Management

4.2.1 14 Days : Urgent GP referral to Date First Seen

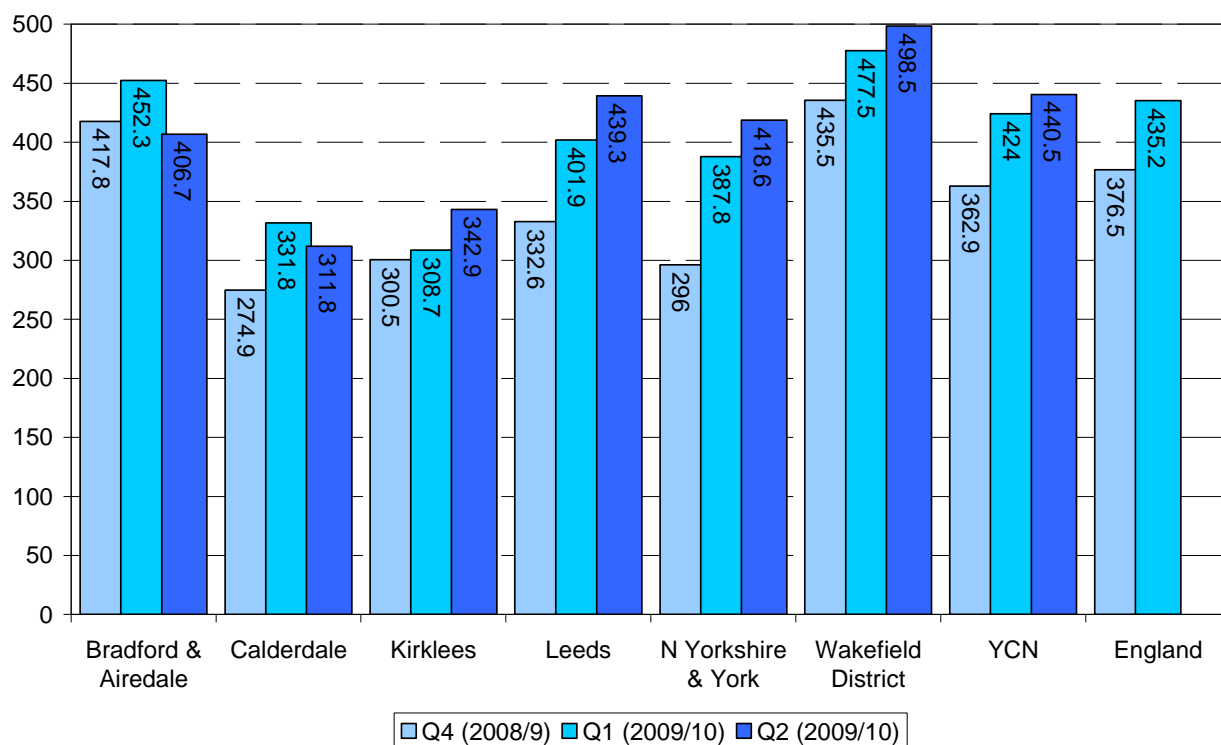
Measure	Everyone with suspected cancer will be able to see a specialist within two weeks of their GP deciding they need to be seen urgently and requesting an appointment.
Operational Standard	≥93%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10
Note	Data collected using DSCN 2008/20 rules and definitions.

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England
Q4 (2008/9)	93.1%	95.3%	94.6%	95.2%	96.1%	95.6%	94.9%	94.6%
Q1 (2009/10)	93.2%	94.7%	91.8%	95.9%	94.9%	93.2%	94.3%	94.1%
Q2 (2009/10)	93.8%	93.4%	92.4%	96.9%	95.5%	91.6%	94.6%	94.4%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q4 (2008/9)	97.2%	91.8%	95.4%	96.7%	95.2%	94.8%	94.8%	94.8%
Q1 (2009/10)	95.9%	92.0%	93.5%	96.6%	96.1%	92.5%	93.6%	94.1%
Q2 (2009/10)	96.5%	93%	93.6%	96.3%	97.1%	91.5%	94.4%	94.5%

4.2.2 14 Days : 2ww rates (number of referrals per 100,000 population)

Measure	Number of 2ww referrals per 100,000 population
Target	None – information only
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10



4.2.3 31 days: Decision to Treat to First Treatment

Measure	Maximum 1 month wait from diagnosis to treatment for all cancers
Operational Standard	≥96%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10
Note	Data collected using DSCN 2008/20 rules and definitions.

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England
Q4 (2008/9)	97.8% (482/493)	98.4% (181/184)	97.3% (356/366)	97% (777/801)	98.7% (930/942)	96.4% (377/391)	97.7% (3103/3177)	98.2%
Q1 (2009/10)	97.3% (463/476)	99% (202/204)	96.7% (382/395)	96.4% (828/859)	98.1% (1010/1030)	94.5% (361/382)	97% (3246/3346)	98.1%
Q2 (2009/10)	97.9% (461/471)	99.4% (175/176)	99.1% (448/452)	96.8% (841/869)	98.1% (1023/1043)	97.9% (410/419)	97.9% (3358/3430)	98.0%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q4 (2008/9)	97.3% (182/187)	97.8% (361/369)	100% (278/278)	100% (137/137)	96.3% (1082/1123)	97% (451/465)	98.7% (375/380)	97.5% (2866/2939)
Q1 (2009/10)	98.6% (136/138)	97.9% (371/379)	100% (306/306)	100% (192/192)	94.3% (1142/1211)	96.6% (430/445)	98.4% (369/375)	96.7% (2946/3046)
Q2 (2009/10)	95.3% (142/149)	98.7% (366/371)	100% (321/321)	99.5% (186/187)	96.9% (1186/1224)	98% (481/491)	97.9% (379/387)	97.8% (3061/3130)

4.2.4 31 days: Percentage of first treatments that were 2 week referrals

Measure	Percentage of all first treatments for new primary cancers that originated as a 2ww referral
Target	None – information only
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN
Q4 (2008/9)	36.3%	47.8%	45.6%	41.4%	41.2%	39.9%	41.2%
Q1 (2009/10)	42.4%	45.1%	34.7%	40.6%	42.6%	42.4%	41.3%
Q2 (2009/10)	43.5%	47.2%	36.1%	42.1%	40.3%	50.8%	42.3%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York
Q4 (2008/9)	39.6%	34.1%	50.0%	53.3%	39.6%	42.4%	33.9%
Q1 (2009/10)	46.4%	39.3%	41.8%	57.8%	39.3%	40.9%	36.0%
Q2 (2009/10)	40.9%	41.0%	43.0%	52.4%	39.2%	49.3%	33.3%

4.2.5 31 days: Subsequent Treatments (Surgery)

Measure	VSA11: 31-Day Standard for Subsequent Cancer Treatments (Surgery) Maximum 1 month wait from ready to treat to treatment for all second and subsequent surgical treatments.
Operational Standard	≥94%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10
Note	Data collected using DSCN 2008/20 rules and definitions.

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England
Q4 (2008/9)	93.4% (85/91)	91.3% (21/23)	87.7% (57/65)	85.1% (114/134)	86.5% (141/163)	95.1% (77/81)	88.9% (495/557)	94.8%
Q1 (2009/10)	94.1% (112/119)	100% (52/52)	98.5% (64/65)	80% (152/190)	84.4% (146/173)	92.6% (63/68)	88.3% (589/667)	95.1%
Q2 (2009/10)	95% (95/100)	89.4% (42/47)	94.1% (96/102)	90.3% (241/267)	88.1% (171/194)	94.7% (89/94)	91.3% (734/804)	95.7%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q4 (2008/9)	96.7% (29/30)	94.8% (73/77)	100% (11/11)	90.3% (28/31)	79.8% (206/258)	97.5% (78/80)	90.5% (19/21)	87.4% (444/508)
Q1 (2009/10)	100% (25/25)	96.3% (104/108)	100% (43/43)	90.7% (49/54)	79.3% (261/329)	100% (72/72)	88.9% (24/27)	87.8% (578/658)
Q2 (2009/10)	100% (17/17)	94.6% (88/93)	97.7% (43/44)	100% (43/43)	86.1% (395/459)	100% (89/89)	95.7% (22/23)	90.8% (697/768)

4.2.6 31 days: Subsequent Treatments (Drug)

Measure	VSA11: 31-Day Standard for Subsequent Cancer Treatments (Drugs) Maximum 1 month wait from ready to treat to treatment for all second and subsequent drug treatments.
Operational Standard	≥98%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10
Note	Data collected using DSCN 2008/20 rules and definitions.

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England
Q4 (2008/9)	99.1% (112/113)	100% (35/35)	100% (95/95)	98.9% (364/368)	99.7% (294/295)	100% (129/129)	99.4% (1029/1035)	99.2%
Q1 (2009/10)	100% (122/122)	100% (38/38)	100% (131/131)	98.8% (476/482)	99.3% (290/292)	98.6% (143/145)	99.2% (1200/1210)	99.4%
Q2 (2009/10)	100% (159/159)	100% (52/52)	100% (179/179)	99.8% (511/512)	99.4% (353/355)	100% (186/186)	99.8% (1440/1443)	99.5%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q4 (2008/9)	100% (7/7)	100% (67/67)	100% (26/26)	100% (58/58)	99.2% (628/633)	100% (94/94)	100% (73/73)	99.5% (953/958)
Q1 (2009/10)	100% (35/35)	100% (55/55)	100% (58/58)	95.7% (44/46)	99% (767/775)	100% (113/113)	100% (60/60)	99.1% (1132/1142)
Q2 (2009/10)	100% (58/58)	100% (89/89)	100% (67/67)	100% (61/61)	99.8% (863/865)	100% (160/160)	96.7% (58/60)	99.7% (1356/1360)

4.2.7 62 days: Urgent GP referral to First Treatment

Measure	Maximum 2 month wait from urgent GP referral to treatment for all cancers.
Operational Standard	≥85%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10
Note	Data collected using DSCN 2008/20 rules and definitions.

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England
Q4 (2008/9)	86% (154/179)	95.4% (83/87)	83.2% (139/167)	80.4% (263/327)	88% (331/376)	75.5% (117/155)	84.2% (1087/1291)	86.5%
Q1 (2009/10)	85.2% (167/196)	90.1% (82/91)	82.1% (110/134)	87.2% (300/344)	91% (395/434)	73.3% (118/161)	86.2% (1172/1360)	85.9%
Q2 (2009/10)	88.6% (179/202)	86.6% (71/82)	85.1% (137/161)	81.7% (294/360)	88.4% (365/413)	73.7% (157/213)	84.1% (1203/1431)	85.5%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q4 (2008/9)	88.8% (75/84.5)	86.7% (108/124.5)	94.6% (147.5/156)	83.6% (69/82.5)	78.2% (291/372)	76.3% (171/224)	91.6% (120.5/131.5)	83.6% (982/1175)
Q1 (2009/10)	94.9% (65/68.5)	84.1% (124.5/148)	94.3% (131.5/139.5)	87.1% (104.5/120)	83.7% (330/394.5)	75.4% (161/213.5)	91.3% (131.5/144)	85.3% (1048/1228)
Q2 (2009/10)	89.2% (62/69.5)	88.4% (133/150.5)	92.7% (140/151)	86.5% (86.5/100)	77.2% (310/401.5)	76.8% (209/272)	93.1% (128.5/138)	83.4% (1069/1282.5)

4.2.8 62 days: Patients detected through national screening programmes

Measure	VSA13: Extended 62-Day Cancer Treatment Targets All patients with cancer detected through national screening programmes will enter the 62 day pathway.
Operational Standard	≥90%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10
Note	Data collected using DSCN 2008/22 rules and definitions.

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England
Q4 (2008/9)	90.6% (29/32)	100% (5/5)	86.4% (19/22)	98% (50/51)	91.7% (11/12)	100% (13/13)	94.1% (127/135)	95.5%
Q1 (2009/10)	92.9% (26/28)	100% (5/5)	85% (51/60)	98.2% (55/56)	98% (50/51)	100% (14/14)	93.9% (201/214)	94.4%
Q2 (2009/10)	91.7% (22/24)	100% (4/4)	100% (43/43)	93.9% (31/33)	93.8% (61/65)	91.7% (11/12)	95% (172/181)	93.8%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q4 (2008/9)	100% (13.5/13.5)	85.7% (27/31.5)	90% (13.5/15)	100% (1/1)	98.1% (51/52)	100% (14/14)	100% (1/1)	94.5% (121/128)
Q1 (2009/10)	84.6% (5.5/6.5)	89.3% (54.5/61)	92.1% (17.5/19)	no patients	94.6% (52.5/55.5)	94.1% (16/17)	100% (38/38)	93.4% (184/197)
Q2 (2009/10)	90.5% (9.5/10.5)	93.8% (45/48)	100% (25/25)	100% (4.5/4.5)	93.8% (30.5/32.5)	95.7% (11/11.5)	100% (26/26)	95.9% (151.5/158)

4.2.9 62 days: Suspected cancer patients not referred urgently and upgraded by Consultants

Measure	VSA13: Extended 62-Day Cancer Treatment Targets 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
Operational Standard	To be determined (patient numbers currently very low)
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q2 2009/10
Note	Data collected using DSCN 2008/22 rules and definitions.

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England
Q4 (2008/9)	100% (13/13)	0	100% (3/3)	83.3% (5/6)	100% (5/5)	100% (2/2)	96.6% (28/29)	97.7%
Q1 (2009/10)	100% (18/18)	100% (11/11)	100% (3/3)	100% (13/13)	100% (20/20)	87.5% (7/8)	98.6% (72/73)	94.7%
Q2 (2009/10)	80% (12/15)	100% (5/5)	100% (8/8)	95.6% (43/45)	100% (21/21)	83.3% (10/12)	93.4% (99/106)	93.8%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q4 (2008/9)	0	100% (11/11)	100% (0.5/0.5)	0	71.4% (5/7)	100% (2/2)	100% (1/1)	90.7% (19.5/21.5)
Q1 (2009/10)	100% (2/2)	100% (13.5/13.5)	100% (15/15)	100% (0.5/0.5)	96.9% (15.5/16)	90% (4.5/5)	100% (5/5)	98.2% (56/57)
Q2 (2009/10)	0	80% (10/12.5)	100% (7/7)	100% (1.5/1.5)	91.5% (43/47)	93.5% (14.5/15.5)	100% (6/6)	91.6% (82/89.5)

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)
Annual Report	National Lung Cancer Audit Report 2007
Time Period	As at August 2009
Next Deadline	June 2010 (Patients first seen in 2009)

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)
Annual Report	2007 - 2008 Full Report
Time Period	As at June 2009
Next Deadline	20 th November 2009 (Patients diagnosed between 1 November 2008 and 31 October 2009)

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)
Annual Report	National Bowel Cancer Audit Full Report 2009
Time Period	As at June 2009
Next Deadline	2 nd December 2009 (Patients diagnosed between 1 August 2008 and 31 July 2009)

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)
Annual Report	National Oesophago-gastric Cancer Audit Annual Report 2009
Time Period	As at June 2009
Next Deadline	20 th February 2010 (Date of diagnosis between 1 October 2007 to the 30 June 2009)

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)
Annual Report	Mastectomy and Breast Reconstruction Audit 2009
Time Period	As at June 2009
Next Deadline	18 th December 2009 (Patients treated between 1 January 2008 and 31 March 2009)

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

Over the past year NYCRIS has met with each Trust to develop individual action plans for full electronic submission of the cancer registry dataset by the end of 2010/11. The action plans will require Trust Chief Executive (or authorised deputy) sign-off and final versions signed by the NYCRIS Director have been circulated.

There are two electronic feeds required. One from the clinical cancer system and the second from the histopathology system.

Clinical data

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York

Histopathology data

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York



A plan is in place but data has not yet been submitted



No plan developed to provide the necessary data electronically

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	December 2009
Head & Neck	Nov 2004		December 2008	December 2008
Children & Young Peoples	Aug 2005	To be confirmed	To be confirmed	December 2010
Skin	Feb 2006		To be confirmed	December 2010
Sarcoma	March 2006	To be confirmed	To be confirmed	December 2010
Brain & CNS	June 2006	To be confirmed	To be confirmed	December 2011

5 Peer Review Compliance

Measure	Assessment against the published quality measures for peer review
Target	To be determined
Source	CQUINS
Time Period	2009/10 assessment round

5.1 Network

Site	Topics	self assessment (SA)	internal validation (IV)	external verification (EV)	peer review visit (V)
BREAST	Network (08-1A-2b)	33.3%	33.3%		none
	NSSG (08-1C-2b)	78.6%	71.4%		none
LUNG	Network (08-1A-2c)	100%	100%		none
	NSSG (08-1C-2c)	100%	92.3%		none
GYNAE	Network (08-1A-2e)	90.0%	100%		26/03/2010
	NSSG (08-1C-1e)	80.0%	70.0%		26/03/2010
UPPER GI	Network (08-1A-2f)	100%	100%		26/03/2010
	NSSG (08-1C-1f)	91.7%	83.3%		26/03/2010
PANCREATIC	network (08-1A-2f)	100%	100%		26/03/2010
	NSSG (08-1C-1f)	83.3%	75.0%		26/03/2010
UROLOGY	Network (08-1A-2g)	100%	100%		26/03/2010
	NSSG (08-1C-1g)	100%	88.9%		26/03/2010
SKIN	Network (08-1A-2j)	29.4%	23.5%		26/03/2010
	NSSG (08-1C-1j)	62.5%	56.3%		26/03/2010

5.2 PCTs

Skin (08-6A-1J)	self assessment	internal validation	external verification	peer review visit
Bradford & Airedale	22/01/2010			16/03/2010
Calderdale	22/01/2010			15/03/2010
Kirklees	22/01/2010			09/03/2010
Leeds	100%			25/03/2010
N Yorkshire & York	22/01/2010			08/03/2010
Wakefield District	22/01/2010			09/03/2010

5.3 Acute Trusts

	Breast MDT (08-2B-1)				Lung MDT (08-2C-1)			
	SA	IV	EV	Visit	SA	IV	EV	V
Airedale	88.6%	85.7%		none	93.5%	90.3%		none
Bradford	85.7%	85.7%		none	93.5%	87.1%		none
Calderdale-Huddersfield	91.7%	86.1%		none	93.5%	90.3%		none
Harrogate	94.3%	80.0%		none	90.0%	87.1%		none
Leeds	94.4%	88.9%		none	84.4%	81.3%		none
Mid Yorkshire	94.3%	94.3% [‡]		none	93.5%	93.5% [‡]		none
York	88.9%	77.1%		none	93.5%	93.5% [‡]		none

	Local Gynae MDT (08-2E-1)				Local Upper GI MDT (08-2F-1)			
	SA	IV	EV	Visit	SA	IV	EV	V
Airedale	87.9%	84.8%		none	94.3%	94.3%		none
Bradford	22/01/2010			16/03/2010	n/a			
Calderdale-Huddersfield	94.1%	88.2%		none	88.2%	82.9%		none
Harrogate	22/01/2010			08/03/2010	88.2%	85.3%		none
Leeds	n/a				n/a			
Mid Yorkshire	22/01/2010			09/03/2010	22/01/2010			09/03/2010
York	87.5%	67.6%		none	82.9%	70.6%		none

	Local Urology MDT (08-2G-1)				Local Skin MDT (08-2J-1)			
	SA	IV	EV	Visit	SA	IV	EV	V
Airedale	88.9%	82.2%			n/a			
Bradford	n/a				22/01/2010			16/03/2010
Calderdale-Huddersfield	22/01/2010			15/03/2010	22/01/2010			15/03/2010
Harrogate	84.1%	84.1%			22/01/2010			08/03/2010
Leeds	n/a				n/a			
Mid Yorkshire	n/a				22/01/2010			09/03/2010
York	83.0%	83.0% [‡]			22/01/2010			08/03/2010

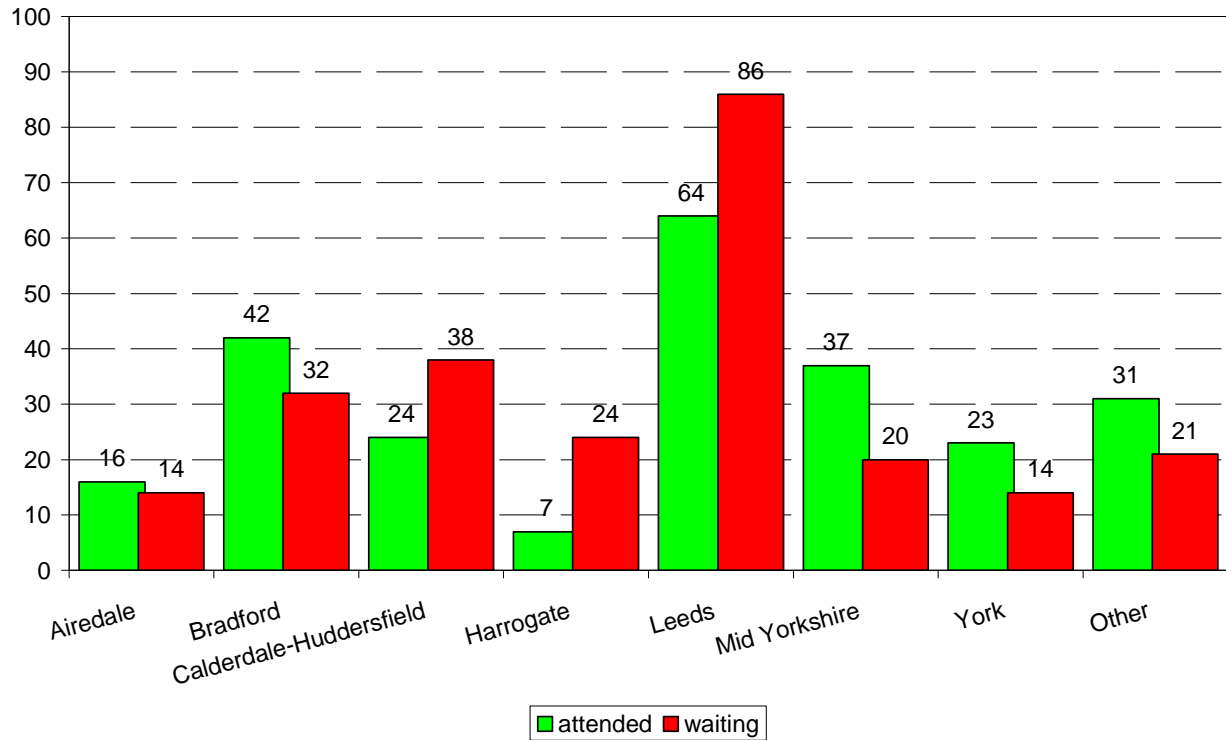
	Specialist Upper GI MDT (08-2F-2)				Specialist Urology MDT (08-2G-2)			
	SA	IV	EV	Visit	SA	IV	EV	V
Bradford	91.9%	80.6%		none	22/01/2010			16/03/2010
Leeds	22/01/2010			24/03/2010	22/01/2010			24/03/2010
Mid Yorkshire	n/a				93.9%	98.0% [‡]		none

LEEDS	SA	IV	EV	Visit
Specialist Gynae MDT (08-2E-2)	97.1%	82.4%		none
Specialist Pancreatic MDT (08-2F-3)	94.6%	81.1%		none
Testicular MDT (08-2G-3)	22/01/2010			24/03/2010
Penile MDT (08-2G-4)	22/01/2010			24/03/2010
Specialist Skin MDT (08-2J-2)	22/01/2010			25/03/2010
Melanoma MDT (08-2J-3)	22/01/2010			25/03/2010
Skin Lymphoma MDT (08-2J-4)	22/01/2010			25/03/2010

‡ % likely to change as 100% of measures not assessed

6 Advanced Communication Skills Training

This graph shows both the total number of ACST trained individuals by Trust and the total number on the waiting list for training.



7 End of Life Care

7.1 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	2003 – 2006

PCT	Year	Home (%)	Hospital (%)	Hospice (%)	Other (%)
Bradford & Airedale	2003	20.2	45.8	22.8	11.2
	2004	22.1	44.9	23.7	9.2
	2005	26.6	41.1	22.8	9.6
	2006	24.3	39.0	23.7	13.0

Calderdale	2003	22.0	46.8	21.1	10.0
	2004	21.5	44.4	23.4	10.7
	2005	20.5	49.7	19.5	10.3
	2006	20.8	48.8	19.9	10.5

Kirklees	2003	24.0	48.0	15.6	12.5
	2004	27.2	44.0	17.6	11.2
	2005	26.4	46.9	17.5	9.2
	2006	26.9	45.4	17.5	10.2

Leeds	2003	19.8	45.6	25.1	9.4
	2004	20.2	45.4	23.8	10.5
	2005	21.5	43.1	25.5	9.9
	2006	23.2	41.2	25.5	10.2

N Yorkshire & York	2003	24.0	44.8	21.0	10.2
	2004	24.7	46.6	19.8	8.9
	2005	26.2	43.6	19.2	11.0
	2006	23.8	46.5	20.3	9.5

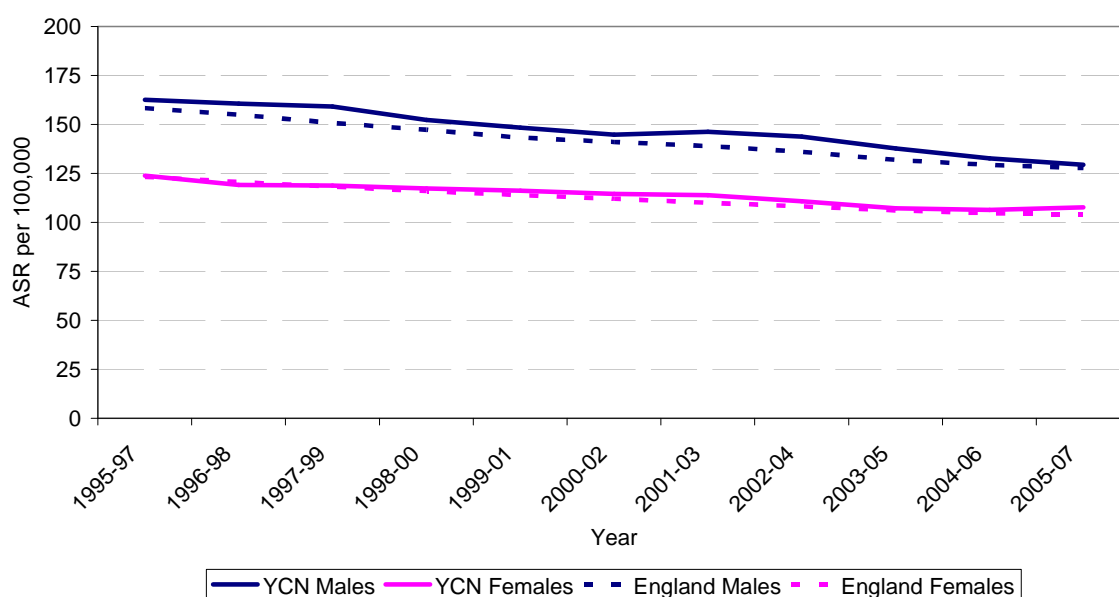
Wakefield District	2003	22.9	45.3	22.3	9.5
	2004	19.3	44.2	27.1	9.3
	2005	23.8	40.4	24.7	11.1
	2006	23.0	40.8	26.2	10.0

8 Outcomes

8.1 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	2005-2007

YCN, all cancers excluding nmsc mortality, under 75 years
Male/Female and England comparison



8.1.1 All cancers (excluding nmsc) mortality, under 75 years

	1995-1997		2005-2007				2010	relative change (%)
	mean deaths per yr	ASR	mean deaths per yr	ASR	LCI	UCI	target ASR	
NHS Bradford and Airedale	672	148.6	543	120.0	114.2	126.0	118.9	-19.2
NHS Calderdale	269	137.0	245	118.5	110.1	127.5	109.6	-13.5
NHS Kirklees	541	143.4	490	123.2	116.9	129.7	114.7	-14.1
NHS Leeds	1,068	149.1	866	122.1	117.4	126.9	119.3	-18.2
NHS North Yorkshire and York	1,028	126.4	986	107.6	103.7	111.6	101.1	-14.9
NHS Wakefield District	482	146.6	452	129.7	122.9	136.9	117.3	-11.5
Yorkshire Cancer Network	3,679	143.2	3,166	118.5	116.1	120.9	114.5	-17.2
England	70,424	140.7	61,610	115.9	115.3	116.4	112.6	-17.7

8.1.2 Colorectal cancer mortality, under 75 years

	1995-1997		2005-2007				2010	relative change (%)
	mean deaths per yr	ASR	mean deaths per yr	ASR	LCI	UCI	target ASR	
NHS Bradford and Airedale	63	14.1	52	11.5	9.8	13.5	11.3	-18.3
NHS Calderdale	22	11.4	16	7.8	5.8	10.5	9.1	-31.2
NHS Kirklees	50	13.4	46	11.4	9.6	13.6	10.7	-14.7
NHS Leeds	95	13.2	69	9.7	8.4	11.2	10.6	-26.7
NHS North Yorkshire and York	119	14.6	97	10.5	9.3	11.9	11.6	-27.7
NHS Wakefield District	52	15.5	41	11.6	9.6	14.0	12.4	-25.2
Yorkshire Cancer Network	360	14.0	282	10.5	9.8	11.3	11.2	-25.0
England	7,036	14.0	5,640	10.5	10.4	10.7	11.2	-24.5

8.1.3 Lung cancer mortality, under 75 years

	1995-1997		2005-2007				2010	relative change (%)
	mean deaths per yr	ASR	mean deaths per yr	ASR	LCI	UCI	target ASR	
NHS Bradford and Airedale	180	39.7	152	33.4	30.4	36.7	31.8	-15.8
NHS Calderdale	75	38.1	64	31.2	26.9	36.0	30.5	-18.2
NHS Kirklees	158	42.0	120	29.9	26.8	33.1	33.6	-29.0
NHS Leeds	316	43.7	247	34.5	32.1	37.2	34.9	-20.9
NHS North Yorkshire and York	236	28.7	211	22.6	20.9	24.5	22.9	-21.1
NHS Wakefield District	140	42.3	129	36.5	32.9	40.4	33.8	-13.8
Yorkshire Cancer Network	1,021	39.5	831	30.9	29.7	32.1	31.6	-21.9
England	17,366	34.3	14,270	26.7	26.4	26.9	27.4	-22.3

8.1.4 Breast cancer mortality, under 75 years

	1995-1997		2005-2007				2010	relative change (%)
	mean deaths per yr	ASR	mean deaths per yr	ASR	LCI	UCI	target ASR	
NHS Bradford and Airedale	58	26.4	33	14.3	11.6	17.5	21.1	-45.9
NHS Calderdale	24	23.9	17	16.3	12.1	21.6	19.1	-32.0
NHS Kirklees	42	21.7	45	22.2	18.6	26.4	17.4	2.4
NHS Leeds	86	24.7	80	22.6	19.8	25.8	19.7	-8.3
NHS North Yorkshire and York	106	26.4	98	21.7	19.2	24.4	21.2	-18.1
NHS Wakefield District	42	26.1	36	20.5	16.7	24.9	20.9	-21.7
Yorkshire Cancer Network	319	25.0	269	20.0	18.6	21.4	20.0	-20.2
England	6,893	27.9	5,627	21.2	20.9	21.5	22.3	-24.0

8.1.5 Prostate cancer mortality, under 75 years

	1995-1997		2005-2007				2010	relative change (%)
	mean deaths per yr	ASR	mean deaths per yr	ASR	LCI	UCI	target ASR	
NHS Bradford and Airedale	17	7.5	16	7.1	5.3	9.5	6.0	-5.3
NHS Calderdale	9	10.0	9	9.3	6.1	13.6	8.0	-7.6
NHS Kirklees	20	10.6	18	9.2	6.9	12.0	8.5	-13.9
NHS Leeds	36	9.6	34	9.4	7.7	11.5	7.7	-2.0
NHS North Yorkshire and York	43	10.1	44	9.3	7.8	11.1	8.1	-8.2
NHS Wakefield District	17	9.9	16	9.0	6.6	12.1	7.9	-9.0
Yorkshire Cancer Network	125	9.5	116	8.6	7.8	9.6	7.6	-9.4
England	2,796	10.9	2,394	8.9	8.7	9.1	8.7	-18.4

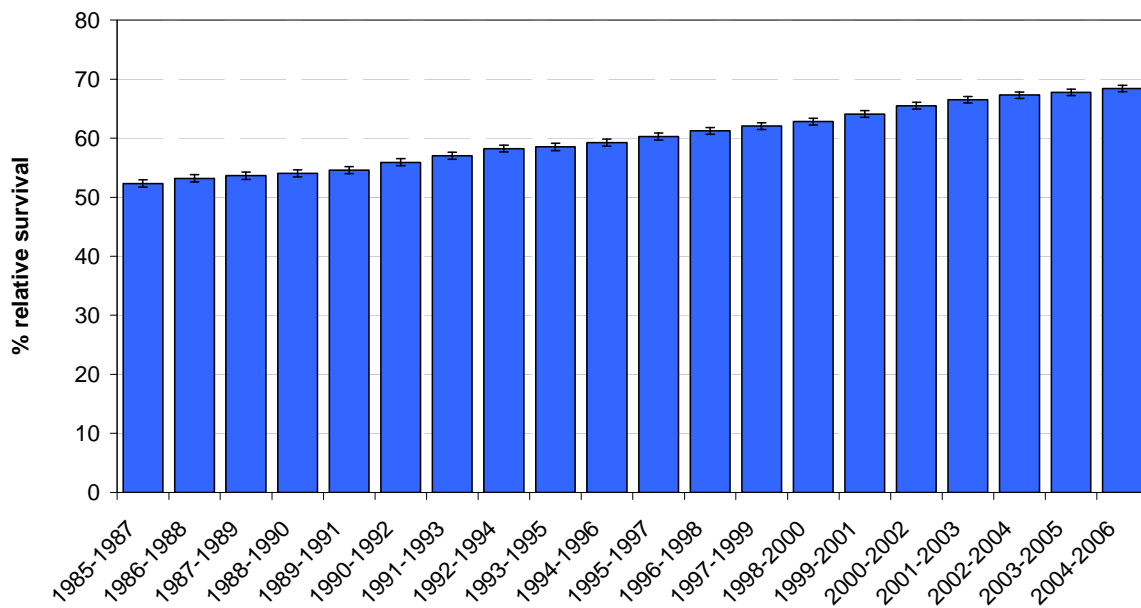
Target achieved	
Target not achieved but not significantly different	
Target not achieved and significantly different	

8.2 Survival

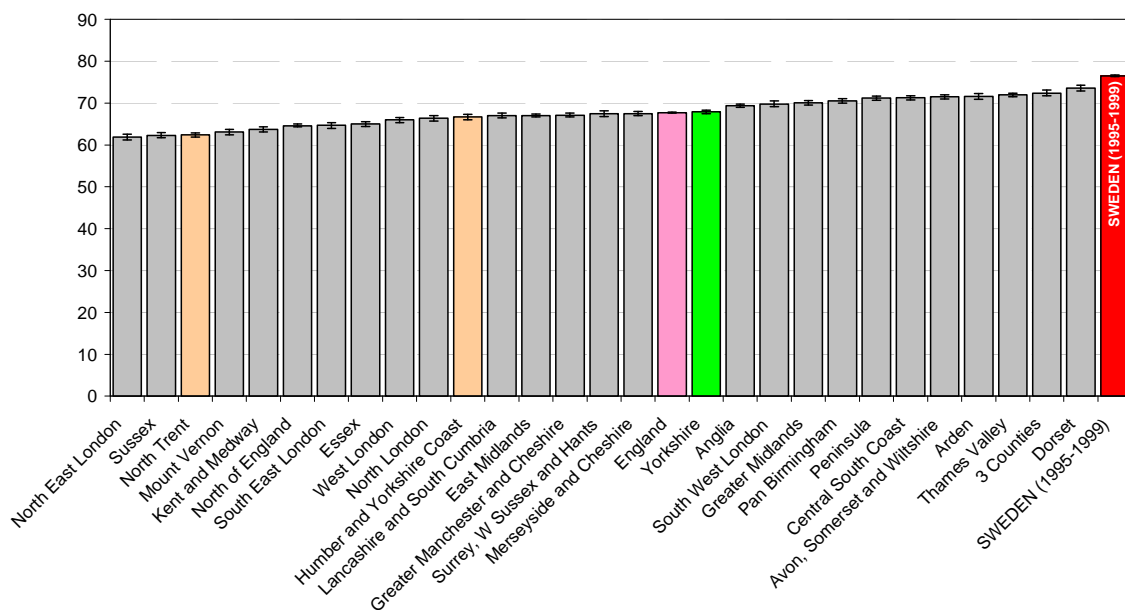
8.2.1 1 Year Survival Rates

Measure	Year on Year improvement in % survival rates by tumour site
Source	NYCRIS
Time Period	1985-2006

1 year survival for all cancers (excludes non-melanoma skin)



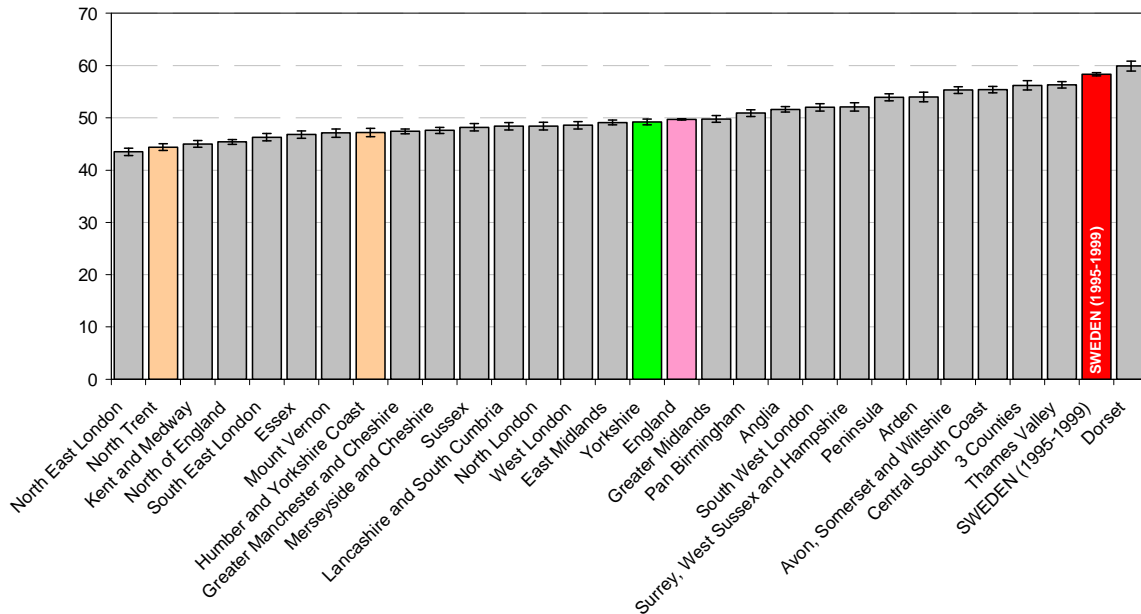
1yr survival (2002-2006) : C00-C97 exc C44



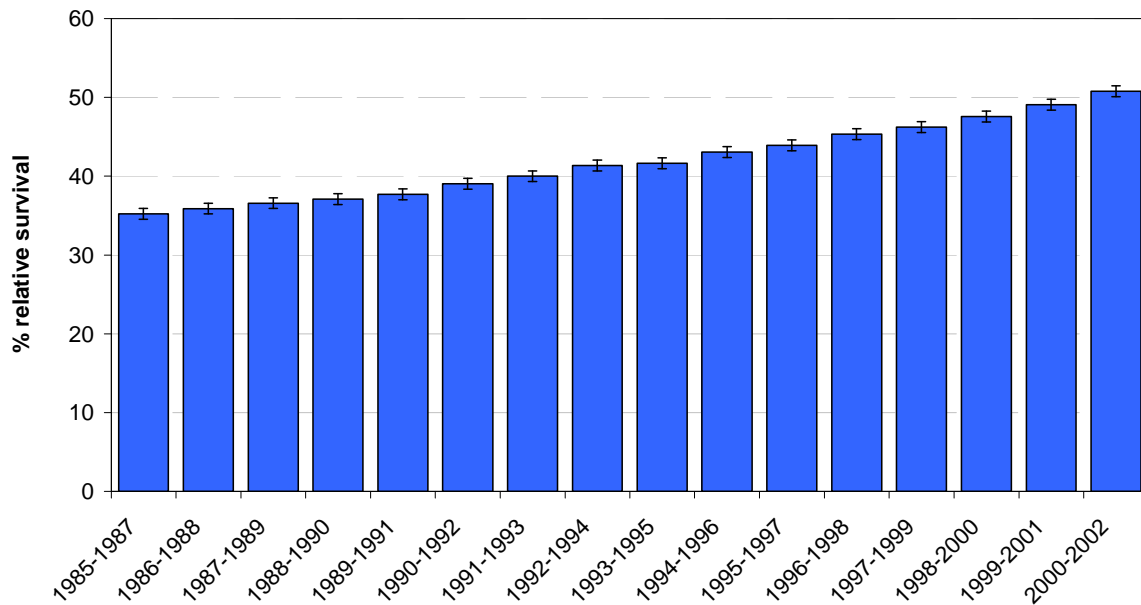
8.2.2 5 Year Survival Rates

Measure	Year on Year improvement in % survival rates by tumour site
Source	NYCRIS
Time Period	1985-2005

5 yr survival (1998-2002) : All cancers (excl. NMSC)



5 year survival - all cances (excludes non-melanoma skin)



9 Research

9.1 Annual Accrual Rates (subjects who count towards primary targets)

Measure	Accrual for studies which are: 'Funded by UKCRC partner; UKCRN adopted, commercial study; UKCRN adopted, non-commercial study' Accrual Types: 'Subjects who count towards Primary targets'
Target	
Source	YCRN
Time Period	Annual
Notes	The data is continually being validated and so total numbers might vary from previously published reports.

	Recruitment Target (10% of CWT*)	2007/8	2008/9	2009/10 (Q1 + Q2)	2009/10 (Projected)
Airedale	67.6	173	175	90	180
Bradford	157.1	98	74	113	225
Calderdale-Huddersfield	127.8	64	68	30	60
Harrogate	56.5	28	30	58	116
Leeds	465.1	659	950	669	1334
Mid Yorkshire	189.4	118	200	138	275
York	141.8	27	70	35	70
Others ¹	N/A	85	133	0	0
YCN	1205.3	1261 ²	1700 ³	1133	2260

* Cancer Waiting Times for 2008 is provided by National Cancer Waiting Times Database.

NCRN performance target is 10% of cancer incidence (11900 for YCN). In view of treatment pathways, suggested recruitment targets for localities is 10% of CWT first treated (as above).

1) Hospice recruitment has been mapped to YCN for year 2007/08. PCT recruitment has been mapped to YCN for year 2008/09.

2) Accrual (subject to who count towards primary targets) is consistent of the studies that have been reported into 'not count' section on the accrual database by mistake such as "AspecT" and "IBIS II-DCIS".

3) Accrual discrepancies resolved - recruitment is accurate as of 24th November 2009.

9.2 Annual Accrual Rates (all subjects)

Measure	Accrual for studies which are: 'Funded by UKCRC partner; UKCRN adopted, commercial study; UKCRN adopted, non-commercial study' Accrual Types: Subjects who count towards Primary targets and Subjects who DO NOT count towards targets'
Target	
Source	YCRN
Time Period	Annual
Notes	The data is continually being validated and so total numbers might vary from previously published reports.

	2007/8	2008/9	2009/10 (Q1 + Q2)	2009/10 (Projected)
Airedale	218	181	95	189
Bradford	222	105	116	231
Calderdale-Huddersfield	97	81	34	68
Harrogate	28	30	58	116
Leeds	776	164	779	1554
Mid Yorkshire	133	212	139	277
York	30	72	35	70
Other	85	133	0	0
YCN	1589	1845	1256	2505