

Yorkshire Cancer Network Board Performance Report

June 2010

Produced by:	Yorkshire Cancer Network
Address:	21 Wetherby Road, Harrogate, HG2 7RY
Telephone:	01423 555705
Fax:	01423 555680
Website:	www.ycn.nhs.uk
Document Version	10.0
Publication Date	June 2010
Review Date	September 2010

1	INTRODUCTION	4
2	PREVENTION	6
2.1	SMOKING PREVALENCE	6
2.2	STOP SMOKING	7
3	SCREENING	9
3.1	BREAST	9
3.1.1	<i>Proportion of women aged 53-64 offered screening for breast cancer</i>	9
3.1.2	<i>Proportion of women aged 53-70 offered screening for breast cancer</i>	9
3.1.3	<i>Proportion of women aged 47-49 offered screening for breast cancer</i>	10
3.1.4	<i>Proportion of women aged 71-73 offered screening for breast cancer</i>	10
3.1.5	<i>Percentage of eligible women whose first offered appointment is within 36 months of their previous screen (round length)</i>	10
3.1.6	<i>Percentage of women receiving a normal breast screening result within 2 weeks of screening</i>	11
3.1.7	<i>Percentage of women assessed within 3 weeks of a recall for assessment</i>	11
3.2	CERVICAL	12
3.2.1	<i>80% eligible women screened</i>	12
3.2.2	<i>Women to get results within 2 weeks</i>	12
3.3	BOWEL	13
3.3.1	<i>60% uptake of FOB</i>	13
3.3.2	<i>Access time to Screening Centre</i>	13
4	TREATMENT	14
4.1	DIAGNOSTIC WAITS	14
4.2	EFFECTIVE PATHWAY MANAGEMENT	14
4.2.1	<i>14 Days : Urgent GP referral to Date First Seen</i>	14
4.2.2	<i>14 days : 2ww rates (number of referrals per 100,000 population)</i>	15
4.2.3	<i>14 days: All breast symptom referrals</i>	15
4.2.4	<i>31 days: Decision to Treat to First Treatment</i>	16
4.2.5	<i>31 days: Percentage of first treatments that were 2 week referrals</i>	17
4.2.6	<i>31 days: Subsequent Treatments (Surgery)</i>	17
4.2.7	<i>31 days: Subsequent Treatments (Drug)</i>	18
4.2.8	<i>62 days: Urgent GP referral to First Treatment</i>	19
4.2.9	<i>62 days: Patients detected through national screening programmes</i>	19
4.2.10	<i>62 days: Patients not referred urgently and upgraded by Consultants</i>	20
4.3	NATIONAL AUDITS	21
4.3.1	<i>National Lung Cancer Audit</i>	21
4.3.2	<i>National Head and Neck Cancer Audit</i>	21
4.3.3	<i>National Bowel Cancer Audit</i>	21
4.3.4	<i>National Oesophago-Gastric Cancer Audit</i>	22
4.3.5	<i>National Mastectomy and Reconstruction Audit</i>	22
4.4	CANCER REGISTRATION DATASET	23
4.4.1	<i>Clinical data</i>	23
4.4.2	<i>Histopathology data</i>	24
5	IMPROVING OUTCOMES GUIDANCE	25
5.1	OVERALL SUMMARY	25
5.2	SUPPORTIVE AND PALLIATIVE CARE IMPLEMENTATION	26
5.2.1	<i>Implementation by Dec 2008</i>	26
5.2.2	<i>Implementation by Dec 2009</i>	26
6	PEER REVIEW COMPLIANCE	27
6.1	NETWORK	27
6.2	PCTs	27
6.3	ACUTE TRUSTS	28

7	ADVANCED COMMUNICATION SKILLS TRAINING	29
8	END OF LIFE CARE	30
8.1	PROPORTION OF ALL DEATHS THAT OCCUR AT HOME	30
9	OUTCOMES.....	31
9.1	STANDARD MORTALITY RATIO.....	31
9.1.1	<i>All cancers (excluding nmsc) mortality, under 75 years</i>	<i>31</i>
9.1.2	<i>Colorectal cancer mortality, under 75 years</i>	<i>32</i>
9.1.3	<i>Lung cancer mortality, under 75 years.....</i>	<i>32</i>
9.1.4	<i>Breast cancer mortality, under 75 years.....</i>	<i>32</i>
9.1.5	<i>Prostate cancer mortality, under 75 years.....</i>	<i>33</i>
9.2	SURVIVAL.....	34
9.2.1	1 Year Survival Rates.....	34
9.2.2	5 Year Survival Rates.....	35
10	RESEARCH	36
10.1	ANNUAL ACCRUAL RATES (SUBJECTS WHO COUNT TOWARDS PRIMARY TARGETS).....	36
10.2	ANNUAL ACCRUAL RATES (ALL SUBJECTS).....	37

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 to April 2010. They are now all achieving above 95%. Pennine did not achieve the 90% threshold for women receiving a normal breast screening result within 2 weeks of screening for March 2010 and Leeds-Wakefield did not achieve target in January 2010 for women recalled for assessment within 3 weeks of screening.

For cervical screening uptake has remained static for all PCTs between Q1 (2009/10) and Q4 (2009/10). Only NHS Bradford and Airedale (77.1%) and NHS Leeds (78.1%) did not quite achieve the 80% level. The data has been published (Q4 2009/10) relating to time from screening to notification of result by PCT. Performance has improved significantly from the low point in Q1 (2009/10) for all PCTs within the Network with over 90% receiving their results within 2 weeks in Q4 (2009/10).

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 Q4 2009/10 data 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 all PCTs and Acute Trusts achieved this level.

The standard for 14 days for all breast symptomatic referrals to first seen (14 days) is now live and has been set a threshold of $\geq 93\%$. The majority of Trusts have shown significant improvements between Q3 and Q4 data. Only NHS Leeds and Leeds Teaching Hospitals NHS Trust did not achieve the 93% threshold for Q4 2009/10.

The threshold for achievement of the 31 day standard for first treatment has been set at $\geq 96\%$ and all PCTs and acute Trusts 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 Bradford and Airedale and NHS Wakefield District as well as Leeds Teaching Hospitals NHS Trust did not achieve the threshold.

In Q4 2009/10 there were 1283.5 accountable patients treated with 179.5 accountable patients breaches (86%). 64.1% of all breaches (115/179.5) were in-house and 35.9% (64.5/179.5) were inter-trust breaches.

Urological cancers again showed the highest number of breaches (60) with performance overall at 80.4%. Lung cancer was the next highest at 33 breaches with performance overall at 77.9%. Performance was worst for Other cancers (62.5%) followed by Sarcoma (69.6%). Gynaecology showed the third worst performance at 73% with 17/63 breaches (this is down 7% from Q3 2009/10).

Tumour	In House				Inter-Trust Transfers				Total Breaches
	%	in target	breaches	total	%	in target	breaches	total	
Breast	98.8	253	3	256	100	3.5	0	3.5	3
Lung	82.7	86	18	104	66.7	30	15	45	33
Haematological (excl acute leuk)	91.4	74	7	81	100	1	0	1	7
Upper Gastrointestinal	94.3	50	3	53	84.6	22	4	26	7
Lower Gastrointestinal	87.1	88	13	101	73.7	21	7.5	28.5	20.5
Skin	93.1	108	8	116	100	7.5	0	7.5	8
Gynaecological	79.3	23	6	29	67.6	23.0	11	34	17
Brain/CNS	-	-	-	0	100	2	0	2	0
Urological (excl. testicular)	84.7	238	43	281	32	8	17	25	60
Head & Neck	76.7	33	10	43	76.9	15	4.5	19.5	14.5
Sarcoma	100	6	0	6	36.4	2	3.5	5.5	3.5
Other	71.4	10	4	14	0	0	2	2	6
TOTALS	89.4	969	115	1084	67.7	135	64.5	199.5	179.5

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 and NHS Leeds and by Leeds Teaching Hospitals NHS Trust.

The $\geq 98\%$ threshold for subsequent drug treatments was achieved by all PCTs and Acute Trusts.

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 Q4 2009/10.

The data continues to show variable levels of treated cancers that have been upgraded by Consultants having been originally referred routinely not via the 2ww route. However the total numbers of upgrades for Q4 showed a 50% increase on the Q3 numbers.

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. The next immediate deadline is the 30th June 2010 for the National Lung Cancer Audit.

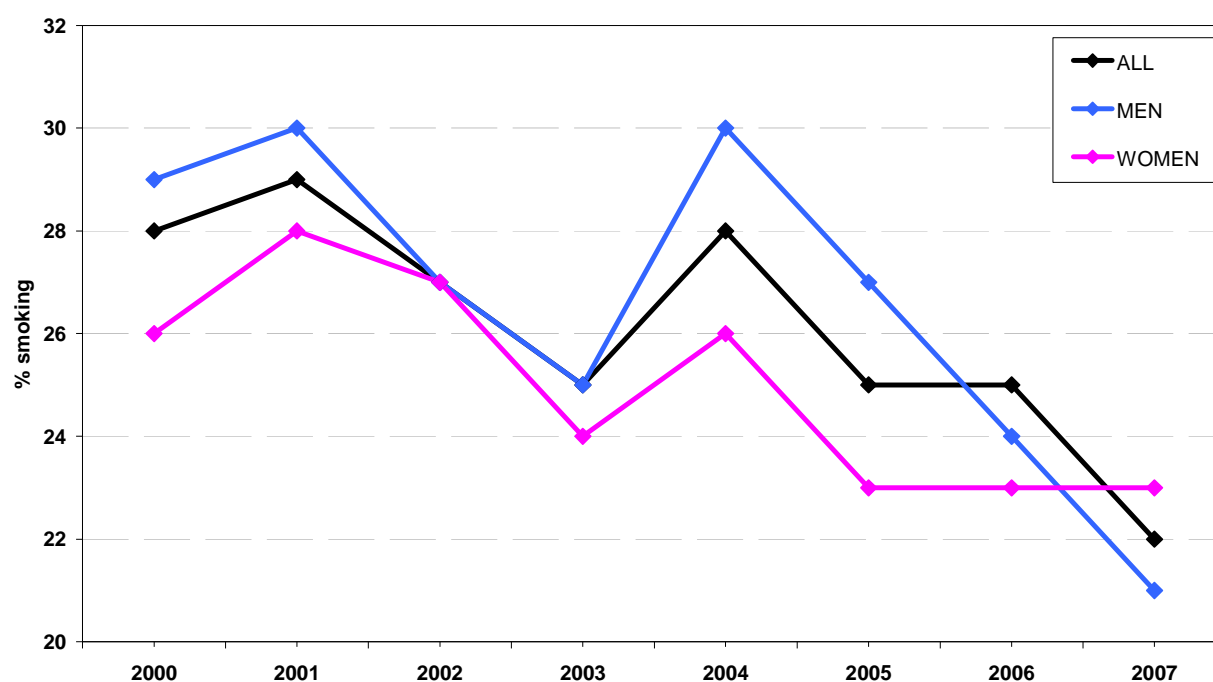
The Cancer Reform Strategy mandated the collection of the national cancer registration dataset from all providers including foundation trusts. By the end of March 2011 all Providers must ensure the full Cancer Registration Dataset is provided in an electronic format to their local Cancer Registry. This will be a considerable challenge for most Trusts.

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	2000-2007

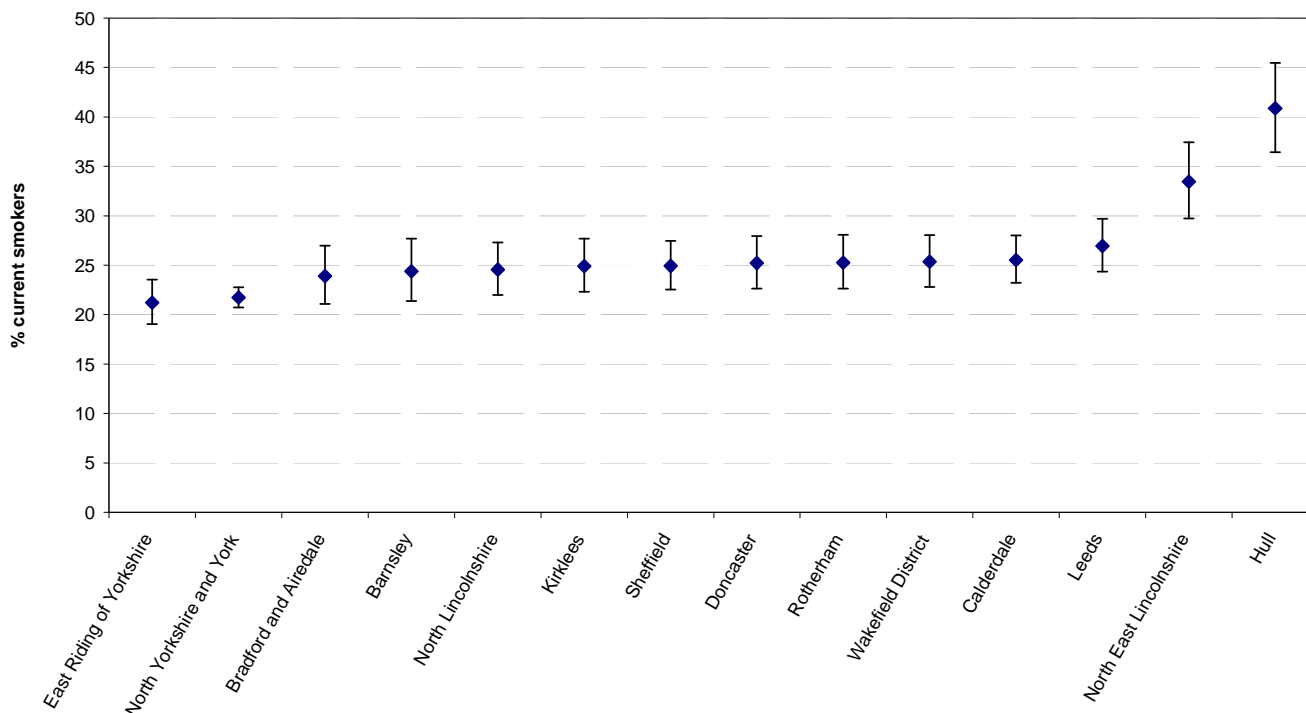
Prevalence of cigarette smoking among adults for Yorkshire and The Humber SHA



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 Q3 2009/10

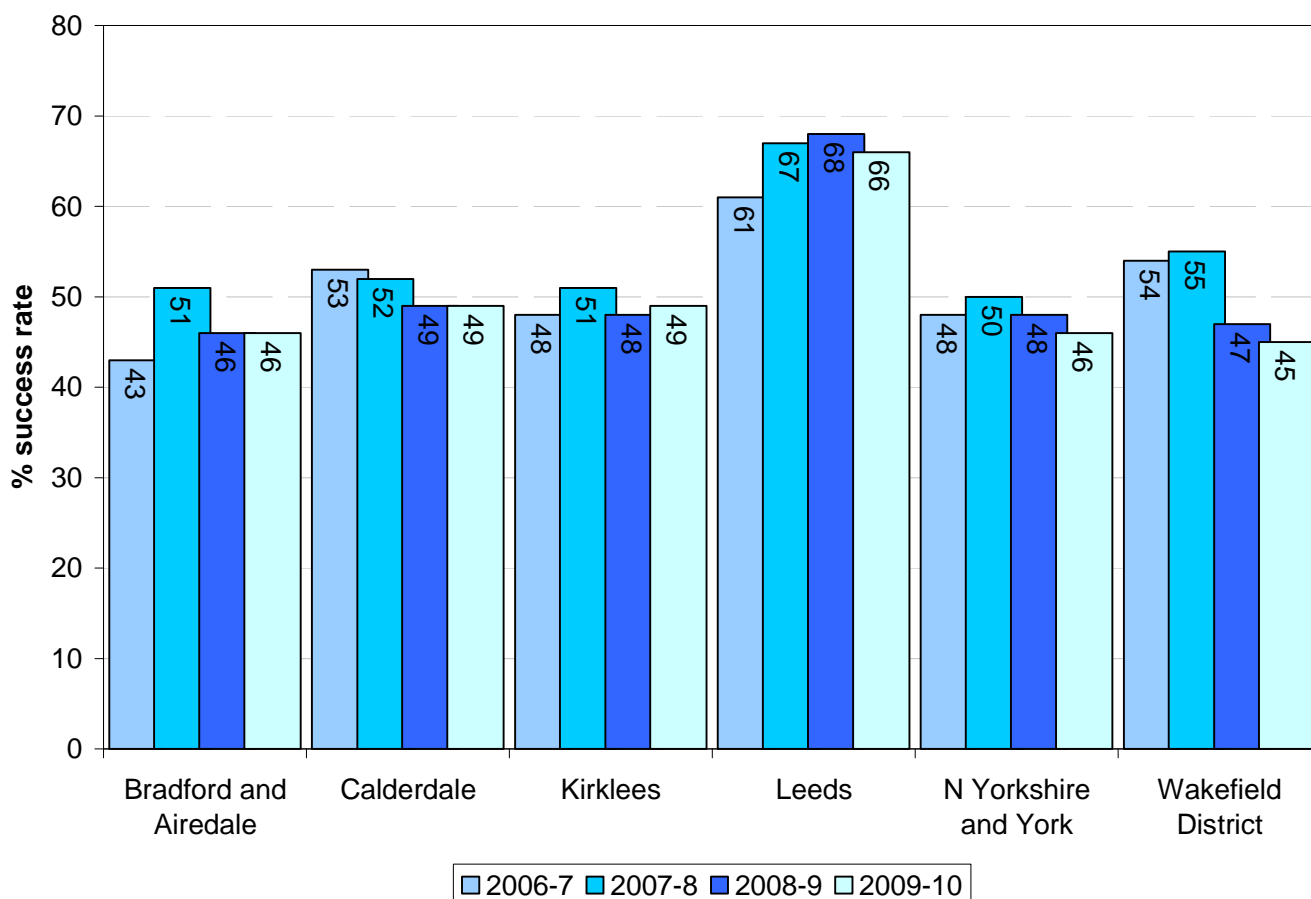
2008/9

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, Q2 and Q3 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	5,140	2,362	46	1,099	21.4
Calderdale	2,172	1,056	48.6	806	37.1
Kirklees	3,707	1,834	49.5	1,104	29.8
Leeds	4,958	3,250	65.6	2,648	53.4
N Yorkshire & York	5,872	2,725	46.4	2,164	36.9
Wakefield District	5,283	2,353	44.5	2,051	38.8
Yorkshire & The Humber SHA	51,457	26,430	51.4	18,966	36.9
England	492,166	236,735	48.1	163,979	33.3

* 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 2009

PCT	2007/8			2008/9		
	Eligible Population	Number Screened	Coverage 3 years	Eligible Population	Number Screened	Coverage 3 years
Bradford & Airedale	31,428	23,220	73.9%	31,932	23,508	73.6%
Calderdale	15,034	10,769	71.6%	15,258	11,661	76.4%
Kirklees	27,870	21,773	78.1%	28,074	22,302	79.4%
Leeds	48,199	35,888	74.5%	48,554	35,887	73.9%
N Yorkshire & York	63,191	52,646	83.3%	63,613	52,707	82.9%
Wakefield District	25,668	20,066	78.2%	25,855	20,249	78.3%
England	3,713,812	2,847,824	76.7%	3,734,110	2,874,703	77.0%

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 2009

PCT	2007/8			2008/9		
	Eligible Population	Number Screened	Coverage 3 years	Eligible Population	Number Screened	Coverage 3 years
Bradford & Airedale	42,874	31,174	72.7%	43,351	31,584	72.9%
Calderdale	20,279	14,252	70.3%	20,702	15,739	76.0%
Kirklees	38,068	29,301	77.0%	38,356	30,157	78.6%
Leeds	66,545	49,165	73.9%	67,035	49,280	73.5%
N Yorkshire & York	87,599	72,334	82.6%	88,434	72,899	82.4%
Wakefield District	35,249	27,116	76.9%	35,590	27,687	77.8%
England	5115011	3883130	75.9%	5,166,515	3,954,050	76.5%

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	As at April 2010

Screening Unit	Jan 2010	Feb 2010	Mar 2010	Apr 2010
Leeds-Wakefield	99%	99%	99%	99%
North Yorkshire	98%	98%	97%	96%
Pennine	99%	99%	98%	100%
Yorkshire & Humber SHA	96%	93%	92%	92%

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	As at March 2010

Screening Unit	Dec 2009	Jan 2010	Feb 2010	Mar 2010
Leeds Wakefield	97%	98%	98%	98%
North Yorkshire	97%	98%	98%	97%
Pennine	95%	95%	96%	84%
Yorkshire & Humber SHA	97%	97%	97%	95%

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	As at March 2010

Screening Unit	Dec 2009	Jan 2010	Feb 2010	Mar 2010
Leeds Wakefield	96%	66%	97%	99%
North Yorkshire	99%	94%	100%	100%
Pennine	99%	98%	99%	94%
Yorkshire & Humber SHA	95%	84%	98%	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 31 st March 2010

PCT	Q1 2009/10		Q2 2009/10		Q3 2009/10		Q4 2009/10	
	n	%	n	%	n	%	n	%
Bradford & Airedale	96,003	76.98	96,271	76.94	96,474	76.80	97,178	77.13
Calderdale	42,385	82.24	42,357	81.95	42,310	81.79	42,655	82.12
Kirklees	81,727	81.25	81,588	80.99	81,446	80.84	81,862	81.09
Leeds	149,576	77.57	150,247	77.52	150,547	77.47	151,974	78.16
N Yorkshire & York	159,458	82.80	159,302	82.62	158,641	82.15	158,127	81.8
Wakefield District	68,682	80.22	68,658	80.13	68,545	80.00	68,643	80.03
SHA	1,041,460	80.48	1,041,845	80.37	1,040,703	80.16	1,042,808	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	Position at 31 st March 2010

PCT	Q1 2009/10		Q2 2009/10		Q3 2009/10		Q4 2009/10	
	n	%	n	%	n	%	n	%
Bradford & Airedale	434	4.4	5,857	73.3	6,714	97.2	7,400	96.6
Calderdale	991	22.2	2,788	76.9	2,790	94.6	3,222	91.1
Kirklees	2,049	24.4	5,233	73.3	5,592	94.9	6,065	92.1
Leeds	924	5.9	10,099	75.4	10,901	91.7	12,691	97.6
N Yorkshire & York	470	3.8	2,848	27.7	8,872	91.7	13,087	98.6
Wakefield District	1,742	26.1	4,237	72.0	4,953	94.1	6,142	97.2
SHA	14,049	14.1	57,508	70.3	66,047	94.2	80,925	91.9

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 31 st March 2010

Screening Centre	Q2 (2009/10)	Q3 (2009/10)	Q4 (2009/10)	Since Go-Live
Bradford & Airedale	54.2%	68.8%	60.1%	54.6%
Calderdale, Kirklees & Wakefield	53.9%	53.0%	53.3%	53.8%
Harrogate, Leeds & York	51.6%	51.0%	52.2%	51.4%
HUB	53.9%	55.5%	58.0%	55.5%

PCT	Q2 (2009/10)	Q3 (2009/10)	Q4 (2009/10)	Since Go-Live
Bradford & Airedale	51.5%	66.3%	58.1%	51.9%
Calderdale	54.0%	54.6%	54.0%	53.9%
Kirklees	55.9%	53.4%	53.7%	54.8%
Leeds	49.6%	49.2%	48.7%	49.2%
N Yorkshire & York	59.4%	60.8%	62.2%	61.7%
Wakefield District	49.7%	51.3%	52.4%	51.0%

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 Q4 2009/10

Screening Centre	Q1 (2009/10)	Q2 (2009/10)	Q3 (2009/10)	Q4 (2009/10)
Bradford & Airedale	100%	100%	100%	100%
Calderdale, Kirklees and Wakefield	100%	100%	100%	100%
Harrogate, Leeds and York	-	100%	100%	99.4%
Hull & East Yorkshire	100%	100%	100%	100%
South Yorkshire & Bassetlaw	100%	99.5%	100%	100%
Tees	100%	100%	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	Oct 2009	Nov 2009	Dec 2009	Jan 2010	Feb 2010	Mar 2010
Colonoscopy	0	0	1 (Leeds)	45 (Leeds)	1 (Leeds) 3 (York)	6 (York)
Flexi-sigmoidoscopy	0	0	0	32 (Leeds) 2 (York)	1 (York)	5 (York)
CT	0	0	0	0	0	0
MRI	0	1 (Leeds)	0	2 (Leeds) 1 (York)	0	1 (Leeds)

4.2 Effective Pathway Management

4.2.1 14 Days : Urgent GP referral to Date First Seen

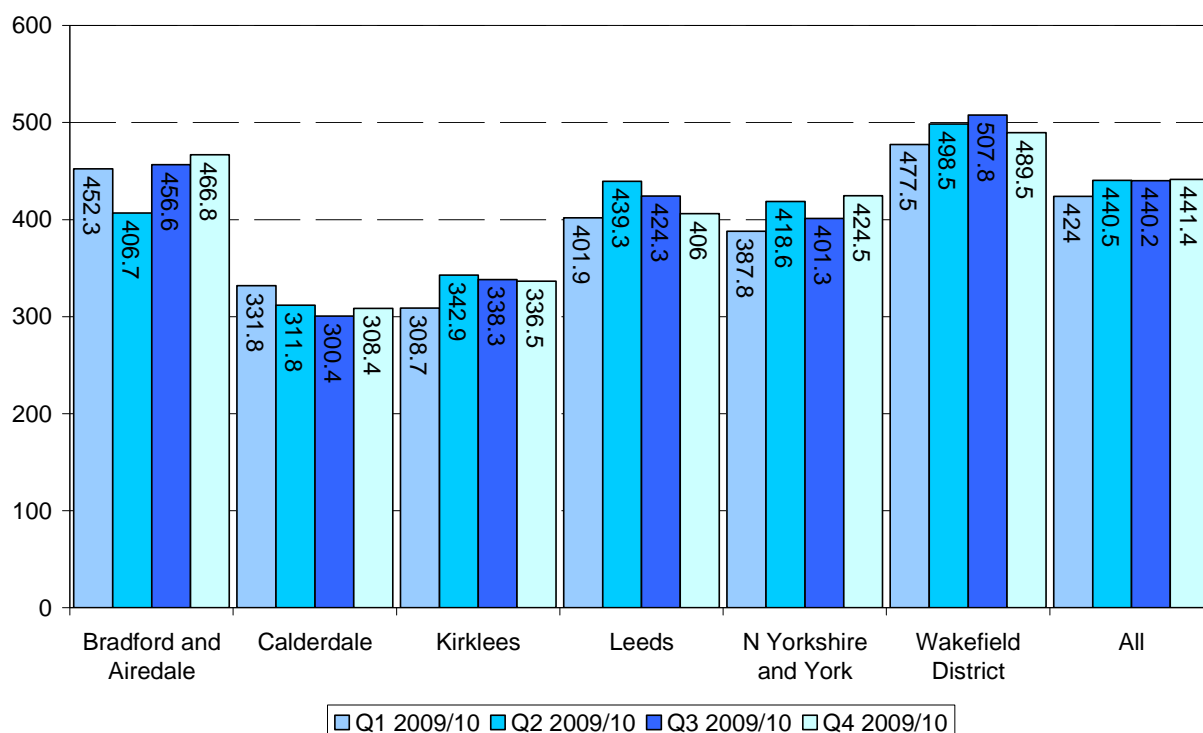
Measure	Everyone with suspected cancer will be able to see a specialist within two weeks of their GP deciding they need to be seen urgently and requesting an appointment.
Operational Standard	≥93%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q4 2009/10
Note	Data collected using DSCN 2008/20 rules and definitions.

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN	England
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%
Q3 (2009/10)	94.3%	99.2%	95.1%	96.6%	95.7%	93.5%	95.5%	95.6%
Q4 (2009/10)	96.3%	98.2%	97.1%	96.1%	96.5%	97.6%	96.6%	95.6%
2009/10	94.4%	96.3%	94.2%	96.4%	95.7%	94.0%	95.3%	

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
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%
Q3 (2009/10)	95.6%	94.1%	98.3%	95.8%	96.9%	93.6%	95.0%	95.5%
Q4 (2009/10)	94.5%	96.9%	98.1%	95.5%	95.8%	97.4%	97.0%	96.6%
2009/10	95.6%	94.0%	95.9%	96.0%	96.5%	93.7%	95.0%	95.2%

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 Q4 2009/10



4.2.3 14 days: All breast symptom referrals

Measure	VSA08: Breast Symptom Two Week Wait 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)
Operational Standard	≥93%
Source	National Cancer Waiting Times Database (Open Exeter)
Time Period	Latest from Q4 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 (2009/10)	94.5% (530/561)	97.2% (313/322)	95.5% (465/487)	40.2% (321/798)	94.6% (668/706)	93.9% (356/379)	81.6% (2653/3253)	92.0%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
Q4 (2009/10)	97.1% (165/170)	94.8% (455/480)	96.4% (640/664)	93% (160/172)	32.5% (234/719)	95.5% (510/534)	93.1% (268/288)	80.3% (2432/3027)

4.2.4 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 Q4 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
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%
Q3 (2009/10)	98.4% (546/555)	98.4% (251/255)	97.4% (370/380)	97.3% (785/807)	98.7% (1139/1154)	98.2% (480/489)	98.1% (3571/3640)	98.4%
Q4 (2009/10)	97.9% (477/487)	97.4% (186/191)	98.0% (388/396)	97.5% (866/888)	98.5% (1062/1078)	97.4% (456/468)	97.9% (3435/3508)	98.4%
2009/10	97.9%	98.5%	97.8%	97.0%	98.4%	97.1%	97.7%	

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
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)
Q3 (2009/10)	100% (176/176)	98.1% (416/424)	100% (362/362)	98.2% (167/170)	96.3% (1164/1209)	98.6% (499/506)	98.9% (446/451)	97.9% (3230/3298)
Q4 (2009/10)	98.6% (140/142)	98.8% (336/340)	100% (314/314)	99.0% (193/195)	96.2% (1221/1269)	97.8% (530/542)	99.3% (399/402)	97.8% (3133/3204)
2009/10	98.2%	98.3%	100%	99.2%	95.9%	97.8%	98.6%	97.6%

4.2.5 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 Q4 2009/10

PCT	Bradford & Airedale	Calderdale	Kirklees	Leeds	N Yorkshire & York	Wakefield District	YCN
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%
Q3 (2009/10)	42.5%	43.5%	43.2%	43.1%	41.1%	42.1%	42.3%
Q4 (2009/10)	43.5%	36.1%	45.2%	39.4%	39.5%	43.2%	41.0%

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York
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%
Q3 (2009/10)	40.3%	40.8%	46.1%	48.2%	40.5%	43.5%	38.6%
Q4 (2009/10)	52.8%	42.1%	39.8%	40.5%	40.0%	44.6%	31.8%

4.2.6 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 Q4 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
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%
Q3 (2009/10)	93.8% (121/129)	90.9% (40/44)	95.5% (84/88)	94.8% (200/211)	94.3% (216/229)	98.1% (101/103)	94.8% (762/804)	97.1%
Q4 (2009/10)	99.1% (116/117)	92.9% (52/56)	95.5% (84/88)	93.7% (193/206)	95.3% (241/253)	96.0% (96/100)	95.4% (782/820)	97.0%
2009/10	95.5%	93.5%	95.6%	89.9%	91.2%	95.6%	92.6%	

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
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)
Q3 (2009/10)	100% (24/24)	94.1% (111/118)	98% (48/49)	96.3% (52/54)	93.3% (362/388)	96.9% (95/98)	98.4% (61/62)	95% (753/793)
Q4 (2009/10)	100% (21/21)	97.8% (91/93)	100% (57/57)	94.2% (65/69)	92.0% (368/400)	97.1% (100/103)	100% (49/49)	94.8% (751/792)
2009/10	100%	95.6%	99%	95%	87.9%	98.3%	96.9%	92.3%

4.2.7 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 Q4 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
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%
Q3 (2009/10)	99.4% (175/176)	100% (56/56)	100% (158/158)	99.8% (443/444)	99.5% (365/367)	100% (189/189)	99.7% (1386/1390)	99.7%
Q4 (2009/10)	99.5% (199/200)	100% (74/74)	98.4% (127/129)	99.8% (463/464)	99.5% (425/427)	99.5% (204/205)	99.5% (1492/1499)	99.5%
2009/10	99.7%	100%	99.7%	99.5%	99.4%	99.6%	99.6%	

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
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)
Q3 (2009/10)	100% (82/82)	99% (103/104)	100% (97/97)	100% (61/61)	99.9% (705/706)	100% (161/161)	98% (99/101)	99.7% (1308/1312)
Q4 (2009/10)	100% (75/75)	100% (114/114)	100% (105/105)	100% (80/80)	99.6% (708/711)	98.9% (176/178)	98.6% (143/145)	99.5% (1401/1408)
2009/10	100%	99.7%	100%	99.2%	99.5%	99.7%	98.4%	99.5%

4.2.8 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 Q4 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
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%
Q3 (2009/10)	87.2% (204/234)	89.2% (99/111)	84.1% (138/164)	85.2% (294/345)	90.9% (428/471)	78.9% (161/204)	86.6% (1324/1529)	86.5%
Q4 (2009/10)	84.1% (175/208)	94.2% (65/69)	88.1% (156/177)	85.0% (294/346)	87.6% (367/419)	84.5% (169/200)	86.4% (1226/1419)	86.5%
2009/10	86.3%	89.8%	85.1%	84.7%	89.5%	77.8%	85.8%	

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
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)
Q3 (2009/10)	90.1% (68.5/76)	88.5% (157/177.5)	92.4% (171/185)	92.9% (85.5/92)	81% (325/401)	79.4% (202/254.5)	89.7% (166/185)	85.7% (1175/1371)
Q4 (2009/10)	92.0% (75/81.5)	85.7% (126/147)	95.7% (133.5/139.5)	86.3% (82/95)	81.0% (335/413.5)	85.5% (233/272.5)	88.8% (119.5/134.5)	86.0% (1104/1283.5)
2009/10	91.5%	86.8%	93.7%	88.1%	80.7%	79.5%	90.7%	85.1%

4.2.9 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 Q4 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
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%
Q3 (2009/10)	84.4% (27/32)	100% (34/34)	100% (23/23)	93.3% (28/30)	98.5% (67/68)	96.3% (26/27)	95.8% (205/214)	94.4%
Q4 (2009/10)	100% (2/2)	91.3% (21/23)	93.3% (14/15)	93.5% (43/46)	96.3% (79/82)	95.0% (38/40)	94.7% (197/208)	93.9
2009/10	89.5%	97%	92.9%	95.2%	96.6%	95.7%	94.9%	

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
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)
Q3 (2009/10)	90% (13.5/15)	93.5% (50/53.5)	100% (27.5/27.5)	97.6% (20/20.5)	90.5% (38/42)	97.1% (16.5/17)	100% (27/27)	95.1% (192.5/202.5)
Q4 (2009/10)	100% (1.5/1.5)	91.2% (15.5/17)	95.8% (23/24)	94.9% (28/29.5)	93.5% (58/62)	95.0% (19/20)	100% (22.5/22.5)	94.9% (167.5/176.5)
2009/10	89.6%	91.9%	97.4%	96.5%	93.2%	95.4%	100%	94.8%

4.2.10 62 days: 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 Q4 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
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%
Q3 (2009/10)	91.7% (11/12)	100% (11/11)	100% (17/17)	84% (21/25)	94.7% (18/19)	75% (9/12)	90.6% (87/96)	94.9%
Q4 (2009/10)	100% (42/42)	84.6% (11/13)	100% (8/8)	100% (38/38)	96.4% (27/28)	81.2% (13/16)	95.9% (139/145)	93.7%
2009/10	95.4%	95%	100%	95%	97.7%	81.3%	94.5%	

Acute Trust	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York	YCN
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)
Q3 (2009/10)	80% (4/5)	88.9% (8/9)	100% (19/19)	100% (1/1)	85.1% (28.5/33.5)	84.6% (11/13)	100% (1/1)	89% (72.5/81.5)
Q4 (2009/10)	100% (6/6)	100% (34.5/34.5)	92.3% (12/13)	100% (1/1)	90.1% (45.5/50.5)	92.9% (13/14)	95.2% (10/10.5)	94.2% (122/129.5)
2009/10	92.3%	95%	98.1%	100%	90.1%	90.5%	97.8%	93%

4.3 National Audits

Auditing services allows providers to identify areas for improvement, which can lead to better outcomes. The following high profile audits may be included in the Acute Trust Annual Healthcheck.

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 April 2010
Next Deadline	June 2010 (Patients first seen in 2009)

	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York
Expected	118	240	244	91	565	380	173
Actual	92	201	247	94	3	136	161

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	2009 Full Report
Time Period	As at April 2010
Next Deadline	November 2010 (Patients diagnosed between 1 November 2009 and 31 October 2010)

	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York
Case ascertainment		>85%			<60%	0%	>85%

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 February 2010
Next Deadline	December 2010 (Patients diagnosed between 1 August 2009 and 31 July 2010)

	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York
Expected	91	154	151	93	300	250	174
Actual	118	167	149	83	320	258	196

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 March 2010
Next Deadline	Closed

	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York
Expected	62	207	144	73	346	206	154
Actual	66	129	18	71	521	63	154

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 Feb 2010
Next Deadline	Closed

	Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York
Expected	126	214	193	44	236	171	164
Actual	81	205	143	117	242	187	166

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.

4.4.1 Clinical data

	Reporting System	Full CRDS	Pilot Dataset	Cancer sites included	Data items included	Status: CWT items	Status: CRDS items	Monthly submission
Airedale	None	N/A	No date	N/A	N/A	N/A	N/A	Not agreed yet
Bradford	PPM	Under evaluation	31/12/10	N/A	N/A	N/A	N/A	Not agreed yet
Calderdale-Huddersfield	PPM	Under evaluation	Not agreed yet	N/A	N/A	N/A	N/A	Not agreed yet
Harrogate	None	N/A	01/04/11	N/A	N/A	N/A	N/A	Not agreed yet
Leeds	PPM	Under evaluation	Yes	Under evaluation	Under evaluation	Under evaluation	Under evaluation	Not agreed yet
Mid Yorkshire	Infoflex	Unknown	15/10/10	N/A	N/A	N/A	N/A	Not agreed yet
York	Cancer spell	Unknown	Not received	N/A	N/A	N/A	N/A	Not agreed yet

4.4.2 Histopathology data

Airedale	Bradford	Calderdale-Huddersfield	Harrogate	Leeds	Mid Yorkshire	York

	<p>Phase 1: Secure File Transfer</p> <p>Where the pathology system is unable to produce a file which can be processed electronically, the required reports should be printed to a file so that this file can be submitted to NYCRIS via NHS Secure File Transfer and then printed locally using a standard office printer.</p> <p>This phase achieves consistent case selection (as it is based on data that has been input rather than on manual case selection); secure transit and the minimal level of electronic data provision. The NYCRIS Registration Team will then process the reports manually as per current process.</p>
	<p>Phase 2: Partial Electronic Processing</p> <p>Where the pathology system is able to produce a file, for submission via NHS Secure File Transfer, which enables at least demographic details and SNOMED T/M codes to be extracted and processed electronically. In addition to Phase 1 this enables the basic details of the case to be added automatically. The reports will then be reviewed by the Registration Team, via the PRAXIS screens, to obtain the additional details.</p>
	<p>Phase 3: Full Electronic Processing</p> <p>The final phase has been reached when the Pathology system is capable of producing a file containing the required dataset in a fully delimited format. The file will be submitted via NHS Secure File Transfer or HL7 messaging and will enable the complete pathology dataset to be processed automatically. This will reduce the manual input required by the Registration Team to that of resolving validation and patient/tumour matching issues.</p>

5 Improving Outcomes Guidance

5.1 Overall Summary

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

5.2 Supportive and Palliative Care Implementation

5.2.1 Implementation by Dec 2008

		ACST	Patient information	Specialist palliative care	User involvement
Bradford & Airedale	current			1	
	compliance			Review 2011	
Cald-Hudd	current			1	
	compliance			Review 2011	
Harrogate	current			1	
	compliance			Review 2011	
Leeds	current			1	
	compliance			Review 2011	
Mid Yorkshire	current			1	
	compliance			Review 2011	
York	current			1	
	compliance			Review 2011	
YCN	current			1	
	compliance			Review 2011	
ALL	current			1	
	compliance			Review 2011	

5.2.2 Implementation by Dec 2009

		Key worker	Holistic assessment	Psychology	Rehab	Advanced care planning	Bereavement
Bradford & Airedale	current		5	3			8
	compliance		Sept 2010	Dec 2010			July 2011
Cald-Hudd	current			4	2		1
	compliance			Dec 2010	Sept 2010		Dec 2010
Harrogate	current			4	2		4
	compliance			Dec 2010	Dec 2010		Oct 2010
Leeds	current				1		7
	compliance				Dec 2010		Dec 2010
Mid Yorks	current		3	1			3
	compliance		Sept 2010	Sept 2010			Jan 2011
York	current		1	1	1		7
	compliance		Dec 2010	Dec 2010			Dec 2010
YCN	current		1	1	2		2
	compliance		Sept 2010	Dec 2010	Dec 2010		Dec 2010
ALL	current						
	compliance		Dec 2010	Dec 2010	Dec 2010		July 2011

Achieved
Some achieved (number of actions to be achieved)
None achieved (planned date to be fully compliant)

6 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

6.1 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%	IV confirmed	none
	NSSG (08-1C-2b)	78.6%	71.4%	IV confirmed	none
LUNG	Network (08-1A-2c)	100%	100%	IV confirmed	none
	NSSG (08-1C-2c)	100%	92.3%	IV confirmed	none
GYNAE	Network (08-1A-2e)	90.0%	100%	56%	78%
	NSSG (08-1C-1e)	80.0%	70.0%	70%	80%
UPPER GI	Network (08-1A-2f)	100%	100%	43%	86%
	NSSG (08-1C-1f)	91.7%	83.3%	83%	83%
PANCREATIC	Network (08-1A-2f)	100%	100%	43%	71%
	NSSG (08-1C-1f)	83.3%	75.0%	75%	83%
UROLOGY	Network (08-1A-2g)	100%	100%	59%	94%
	NSSG (08-1C-1g)	100%	88.9%	89%	89%
SKIN	Network (08-1A-2j)	29.4%	23.5%	53%	71%
	NSSG (08-1C-1j)	62.5%	56.3%	63%	56%

6.2 PCTs

Skin (08-6A-1J)	self assessment	internal validation	external verification	peer review visit
Bradford & Airedale	100%	n/a	20%	40%
Calderdale	100%	n/a	0%	0%
Kirklees	100%	n/a	0%	0%
Leeds	100%	n/a	0%	0%
N Yorkshire & York	80%	n/a	40%	40%
Wakefield District	100%	n/a	0%	40%

6.3 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%	IV confirmed	none	93.5%	90.3%	IV confirmed (with exceptions)	none
Bradford	85.7%	85.7%	IV confirmed	none	93.5%	87.1%	IV confirmed	none
Calderdale-Huddersfield	91.7%	86.1%	IV confirmed	none	93.5%	90.3%	IV confirmed	none
Harrogate	94.3%	80.0%	IV confirmed	none	90.0%	87.1%	IV confirmed	none
Leeds	94.4%	88.9%	IV confirmed	none	84.4%	81.3%	IV confirmed	none
Mid Yorkshire	94.3%	94.3%	IV confirmed (with exceptions)	none	93.5%	93.5%	IV confirmed (with exceptions)	none
York	88.9%	77.1%	IV unconfirmed	none	93.5%	93.5%	IV confirmed	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%	n/a	none	94.3%	94.3%	n/a	none
Bradford	73.5%	n/a	61%	79%	n/a			
Calderdale-Huddersfield	94.1%	88.2%	n/a	none	88.2%	82.9%	n/a	none
Harrogate	100%	n/a	67%	79%	88.2%	85.3%	n/a	none
Leeds	n/a				n/a			
Mid Yorkshire	94.1%	n/a	61%	76%	88.6%	n/a	50%	68%
York	87.5%	67.6%	n/a	none	82.9%	70.6%	n/a	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	none	n/a			
Bradford	n/a				63.9%	n/a	41%	54%
Calderdale-Huddersfield	88.9%	n/a	62%	80%	76.5%	n/a	49%	56%
Harrogate	84.1%	84.1%	n/a	none	91.7%	n/a	56%	78%
Leeds	n/a				n/a			
Mid Yorkshire	n/a				91.9%	n/a	59%	73%
York	86.7%	86.7%	n/a	none	72.2%	n/a	30%	35%

	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%	n/a	none	79.6%	n/a	59%	80%
Leeds	91.9%	n/a	57%	73%	91.8%	n/a	67%	86%
Mid Yorkshire	n/a				93.9%	98.0%	n/a	none

LEEDS	SA	IV	EV	Visit
Specialist Gynae MDT (08-2E-2)	97.1%	82.4%	n/a	none
Specialist Pancreatic MDT (08-2F-3)	94.6%	81.1%	n/a	none
Testicular MDT (08-2G-3)	84.2%	n/a	41%	68%
Penile MDT (08-2G-4)	76.2%	n/a	48%	75%
Specialist Skin MDT (08-2J-2)	70.6%	n/a	34%	50%
Melanoma MDT (08-2J-3)	81.3%	n/a	59%	75%
Skin Lymphoma MDT (08-2J-4)	72.7%	n/a	27%	73%

7 Advanced Communication Skills Training

This table shows both the total number of ACST trained individuals by Trust and the total number on the waiting list for training. This is subdivided into Core vs Non-Core MDT membership.

	Core MDT Trained	Core MDT Waiting	Core MDT Not Registered	Total Core MDT Waiting	Other Trained	Other Waiting	TOTAL TRAINED	TOTAL WAITING
Airedale	13	6	15	21	11	8	24	29
Bradford	43	22	16	38	8	12	51	50
Cald-Hudd	24	22	21	43	14	18	38	61
Harrogate	9	11	12	23	4	7	14	30
Leeds	35	76	97	173	46	34	81	207
Mid Yorkshire	28	26	36	62	19	7	47	69
York	22	14	42	56	8	10	30	66
Other	2	3	3	6	35	20	37	26
TOTAL	176	180	242	422	146	116	322	538

8 End of Life Care

8.1 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

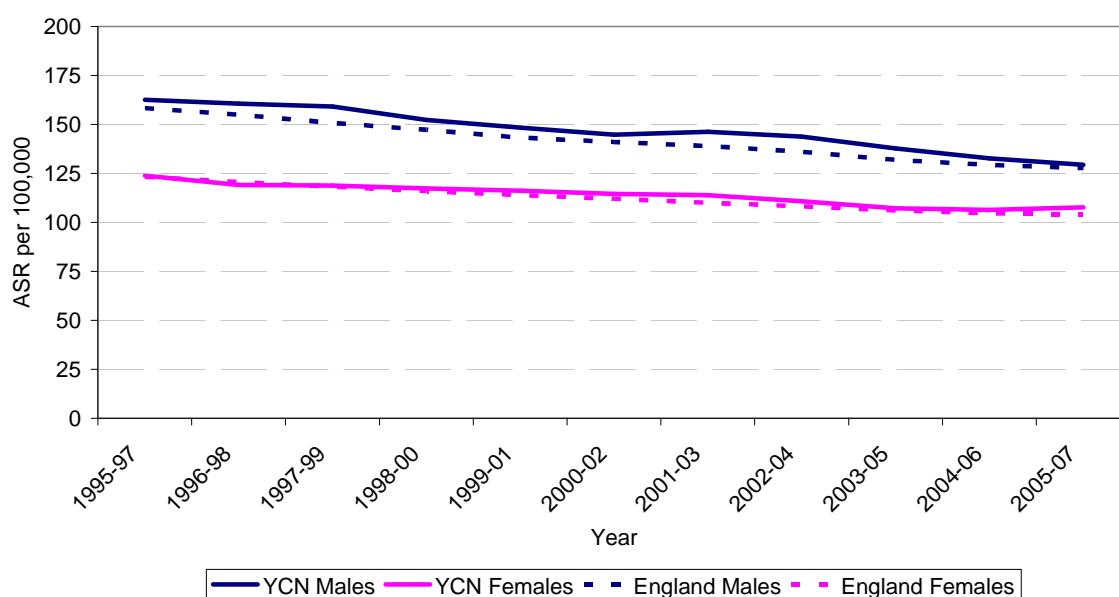
Wakefield District	2003	22.9	45.3	22.3	9.5
	2004	19.3	44.2	27.1	9.3
	2005	23.8	40.4	24.7	11.1
	2006	23.0	40.8	26.2	10.0

9 Outcomes

9.1 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



9.1.1 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

9.1.2 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

9.1.3 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

9.1.4 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

9.1.5 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

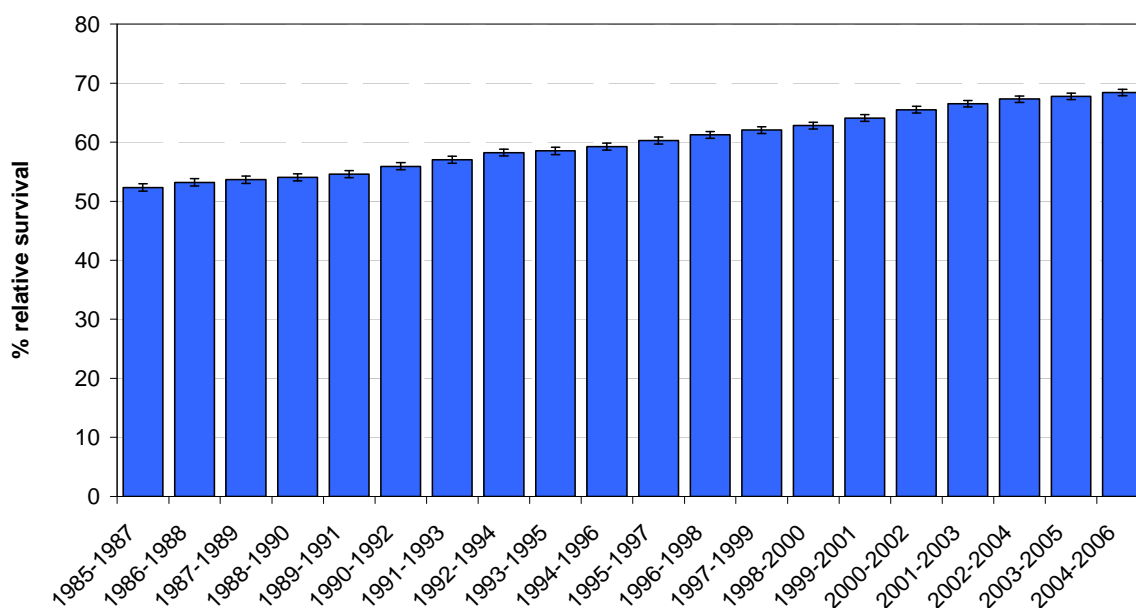
Target achieved	
Target not achieved but not significantly different	
Target not achieved and significantly different	

9.2 Survival

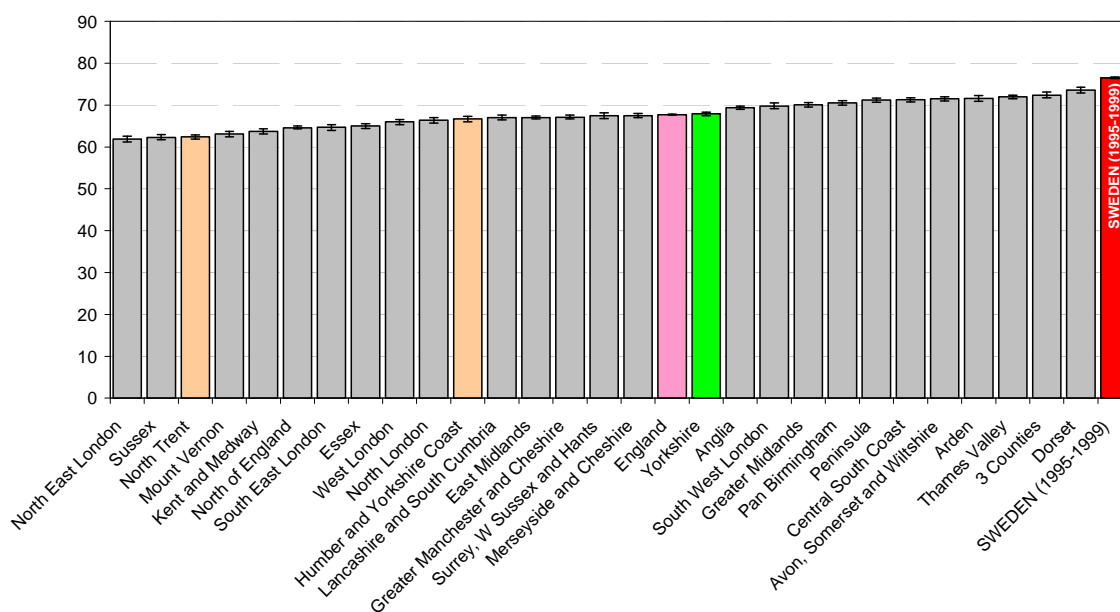
9.2.1 1 Year Survival Rates

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)



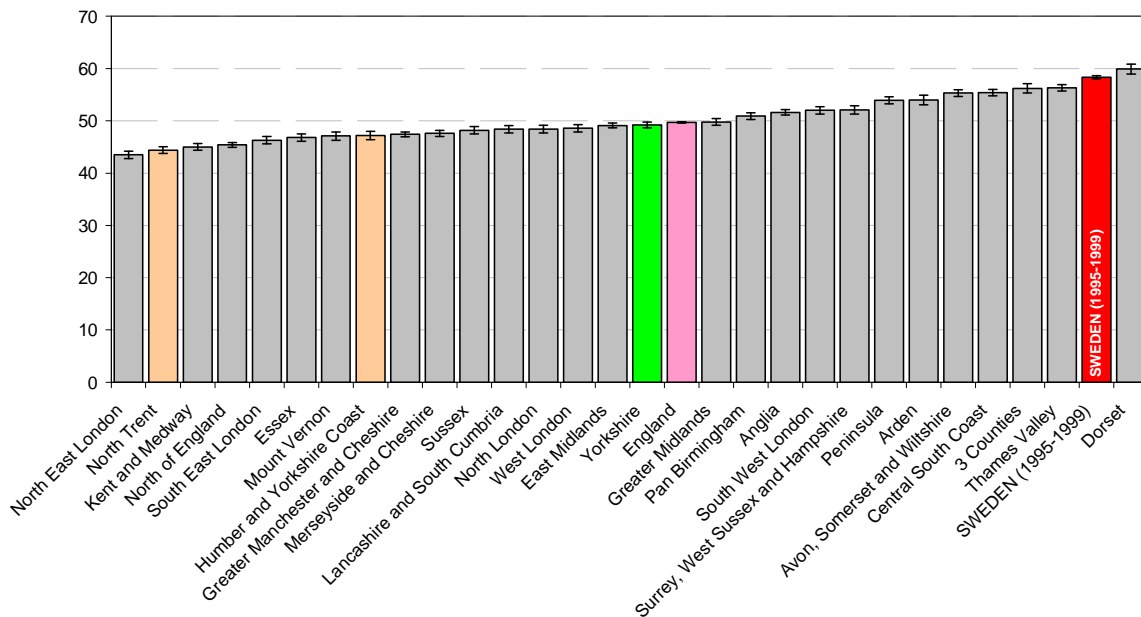
1yr survival (2002-2006) : C00-C97 exc C44



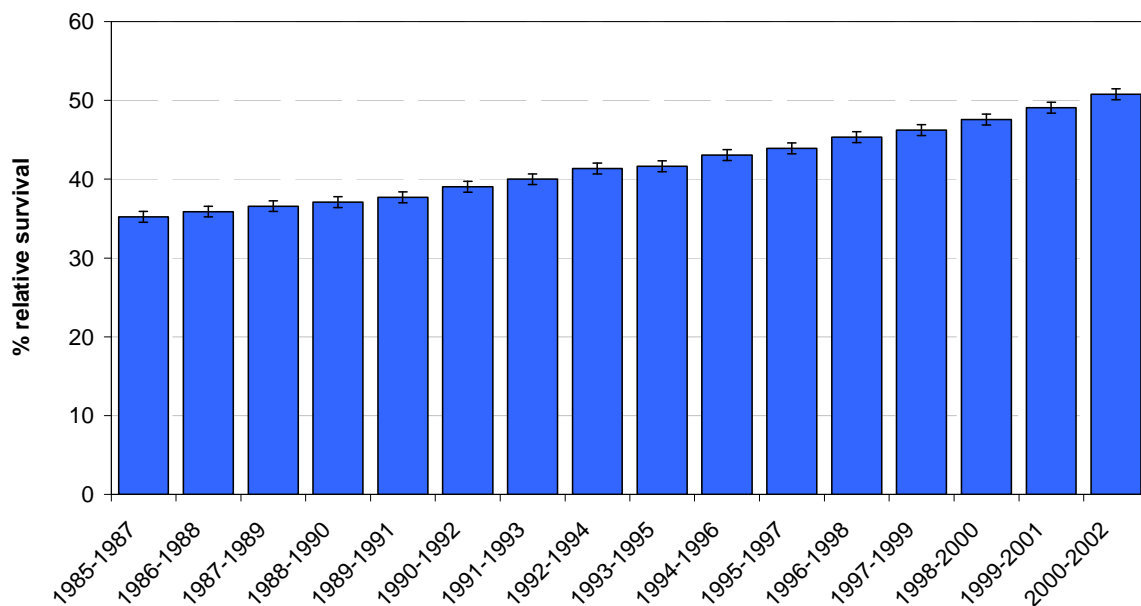
9.2.2 5 Year Survival Rates

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)



10 Research

10.1 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.

Trust	Recruitment Target (10% of CWT*)	2007/8	2008/9	2009/10
Airedale	67.6	173	175	129
Bradford	157.1	98	74	180
Calderdale-Huddersfield	127.8	64	68	104
Harrogate	56.5	28	30	121
Leeds	465.1	659	950	1604
Mid Yorkshire	189.4	118	200	205
York	141.8	27	70	75
Others ¹	N/A	85	133	275
YCN	1205.3	1261 ²	1700	2693 ³

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

NCRN performance target is 10% of cancer incidence. 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 20th May 2010.

10.2 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.

Trust	2007/8	2008/9	2009/10
Airedale	218	181	146
Bradford	222	105	186
Calderdale-Huddersfield	97	81	104
Harrogate	28	30	121
Leeds	776	164	1808
Mid Yorkshire	133	212	206
York	30	72	76
Other	85	133	277
YCN	1589	1845	2924