Public Health England

NHS

Practice Profiles Plus

Transforming Cancer Services Team for London

Selection

Select Area: NHS Newham CCG
Select Year: 2015-16

What is Practice Profiles Plus?

This profile provides a summary of the key diagnosis and referral indicators for your practice or CCG with regards to cancer. The profile enables comparisons to be made with other practices within a CCG, as well as with national figures, to allow for benchmarking and to highlight variations. Each indicator is accompanied by a description of key contextual or influencing factors and provides information on local and/or national resources and initiatives which practices can draw on to help improve cancer outcomes. For raw data methodology and further indicator definitions and

How should the profile be used?

The purpose of the profile is to help practices reflect on their clinical practice and cancer service delivery, with a particular focus on symptom recognition and early diagnosis. **It is not intended to be a measurement of performance.** However, you may wish to review indicators which are significant outliers for your profile. As many indicators are influenced by factors such as age and deprivation, practices should review this profile in conjunction with their demographic profile. This profile presents crude rates which are not adjusted for demographic factors.
A graph is provided for each indicator to visualise individual practices and how they are performing compared to the CCG, London and England averages. Significance compared to the CCG average is also being shown with colour coding. CCGs can also be visualised comparing how they are preforming to the London and England averages. Significance compared to the London average being shown by colour coding. There are five years of historic data available for each indicator as historical data may wish to be reviewed to assess data trends for each indicator over time.
Whilst the data in this tool is presented at the CCG level, individual practices may find it useful to visit the source website to see their individual practice data concisely presented.
Source: **http://fingertips.phe.org.uk/profile/cancerservices**

For further information regarding population size of each practice, and additional variables, for the most recent year please visit
http://fingertips.phe.org.uk/profile/general-practice/data

Contents

Version April 2017

Area:	NHS Newham CCG

Executive Summary

These measures contain some background information about the area population to provide context to the cancer measures. An index is provided at the back of the document containing information for each practice within a chosen CCG.

Please note that this data is based on varied year formats and ranges due to data availability. For this reason, the year for each indicator must be selected individually.

New Cancer Cases
Select Financial Year: 2013-14

Measuring the rate of new cancer cases in each GP and CCG allows for a direct standardised comparison between GPs within a CCG and between CCGs in London. It also allows for comparison between the rates of new cancer cases in a 12 month period. As this is a crude measurement it does not take into account the variation in demographics between GP practices in a CCG, and between CCGs in London, that could affect the rate of new cancer cases including age and deprivation rates (1).

	Area	London	England
New cancer cases (N)	772	31,707	290,133
New cancer cases (rate per 100,000 population)	212.4	349.8	515.4
Statistical difference from average	Lower	Lower	Lower

Quality and Outcomes Framework (QOF) Prevalence
Select Financial Year: 2015-16

General practice has a key role in the referral and subsequent support of these patients and in ensuring that care is appropriately coordinated. Prevalence of cancer has found to be associated with a large range of demographics including age, deprivation and ethnicity. This is an important indicator to provide insight into how many people are currently living with cancer at both CCG and GP level. Variation in cancer prevalence between GPs within a CGG and between CCGs in London may be accounted for by variation in socio-economic characteristics as well as variation in cancer care and treatment.

Extensive work has been carried out by the LWBC Team in TCST to improve the outcomes and quality of life in those living with and beyond cancer (2).

	Area	London	England
QOF prevalent cases (N)	3,255	156,310	1,392,577
QOF prevalence (%)	0.9	1.7	2.4
Statistical difference from average	-	Lower	Lower

Age (% aged 65+ years)
Select Calendar Year: 2016

The proportion of the population (%) aged 65 years or over is an important demographic to measure as increased age has been identified to be a risk factor in incidence for nearly all cancer types.

It has also been found that those living with cancer (prevalent cases) increase with age, with the two largest age group proportions being 50-64 years and 75+ years (1).

There is an important role for secondary prevention within this patient cohort, including providing support to individuals at risk of recurrence of cancer and new primary cancers.

	Area	London	England
Age (% aged 65+ years)	6.5	11.0	17.2
Statistical difference from average	-	Lower	Lower

Deprivation score (IMD 2015)
Data only available for: 2015

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation attempt to measure a broader concept of multiple deprivation, made up of several distinct dimensions, or domains, of deprivation. A score is calculated based on a wide variety of factors thought to contribute to deprivation. The lower the score, the less deprived the area is considered to be.

Research has found that for all major cancers, higher mortality and worse one-year survival are associated with more deprived areas. The only exception being to malignant melanoma, in which higher mortality is associated with the least deprived (2). Note, there is no summary data available for London.

More information can be found at https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015.

	Area	London	England
Deprivation score (IMD 2015)	32.9	N/A	21.8

1. National Cancer Intelligence Network (NCIN), What cancer statistics are available, and where can I find them? (2013).

2. National Cancer Survivorship Initiative Network (NCIN), Living with and beyond cancer: taking action to improve outcomes (2015).

3. National Cancer Intelligence Network (NCIN), Cancer and equality groups: key metrics. (2015).

Area:	NHS Newham CCG	Year:	2015-16

Two Week Wait Referral Ratio (indirectly age standardised)

The number of Two Week Wait (2ww) referrals observed at the practice, divided by the number expected based on the practice population age and the age-specific rates for England.

Although there is no standard rate or number of 2ww referrals, practices should consider how their 2ww referral ratio compares to the England averages, in the context of the socio-demographic profile of the practice population and the underlying incidence of cancer in the local population.

Practices which are significantly above or below the London or England average may wish to review this. Factors to consider are:

• Practices serving very deprived populations with a high prevalence of cancer risk factors, such as smoking, might expect to have higher rates of 2ww referrals.

• Practices serving populations with lower levels of cancer symptom awareness may have lower referral ratios and more cancers diagnosed through emergency presentation.

• Practices should also consider this indicator alongside their conversion rate. A high conversion rate and a low 2ww referral ratio may indicate a high threshold of suspicion of cancer before a 2ww referral is made.

Area Comparison of Indirectly Age Standardised Two Week Wait Referral Ratio

Please note that no data is available at the London NHS region level.

Practice	Ratio
F84004	101.6
F84006	58.9
F84009	71.3
F84010	71.9
F84014	61.4
F84017	81.4
F84022	107.7
F84032	136.4
F84047	83.7
F84050	76.9
F84052	80.2
F84053	63.7
F84070	68.8
F84074	66.6
F84077	74.8
F84086	84.6
F84088	85.0
F84089	25.0
F84091	31.4
F84092	87.6
F84093	101.6
F84097	88.5
F84111	150.8
F84121	89.9
F84124	102.6
F84631	75.3
F84641	26.1
F84642	98.9
F84657	98.6
F84658	59.1
F84660	15.8
F84661	80.7
F84666	104.9
F84669	71.4
F84670	79.7
F84672	61.5
F84673	61.8
F84677	73.8
F84679	14.5
F84681	194.6
F84706	58.7
F84708	67.2
F84713	84.6
F84717	72.8
F84724	95.8
F84727	180.9
F84729	37.0
F84730	58.2
F84734	43.2
F84735	73.7
F84739	96.3
F84740	80.6
F84741	33.9
F84742	61.5
F84749	78.0
Y02823	90.3
Y02928	131.9
Y04273	90.3

2ww referral ratio (referrals divided by number expected)

Lower   No Difference   Higher   England Average

Area:	NHS Newham CCG		Year:	2015-16

Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all 2WW referrals)

The 'conversion rate', i.e., the proportion of Two Week Wait (2ww) referrals resulting in a diagnosis of cancer: the number of 2ww referrals resulting in a diagnosis of cancer in the year, divided by the total number of 2ww referrals in the year.

A data quality issue has been identified for this indicator/measure: The number of patients per practice is often quite small so variation is inflated by chance considerably. Generally with small sample sizes, process indicators (e.g., rate of 2ww referrals) are considered to be more reliable than outcome indicators, such as this indicator.

	Area	London	England
Number of cases (N) of 2ww referrals resulting in cancer diagnosis	279	13,171	133,016
Average rate (%) 2ww referrals resulting in cancer diagnosis	4.5	5.5	7.8
Expected area cases (N) given regional average	-	341	484
Statistical significance compared to area	-	Lower	Lower

This indicator, together with the 2ww referral ratio, provides some insight into thresholds of suspicion of cancer within practices before making a 2ww referral, as well as the case-mix of cancers diagnosed in the practice.
There is no standard for this indicator. Practices will want to consider how their conversion rate compares to the CCG average, and how the CCG average compares to that of London. Practices which are statistically different to the CCG average, or CCGs which are statistically different to the London average, may wish to review this.
Factors which should be taken into consideration when reviewing this indicator are:
• 2ww referral rate - a high conversion rate could be a reflection of low 2ww referral ratio and a high threshold of suspicion of cancer.
• Cancer case-mix - the conversion rate varies by cancer type so it will depend on the case-mix of cancers in the practice.

Area Comparison of Two Week Wait Referrals Resulting in Diagnosis of Cancer
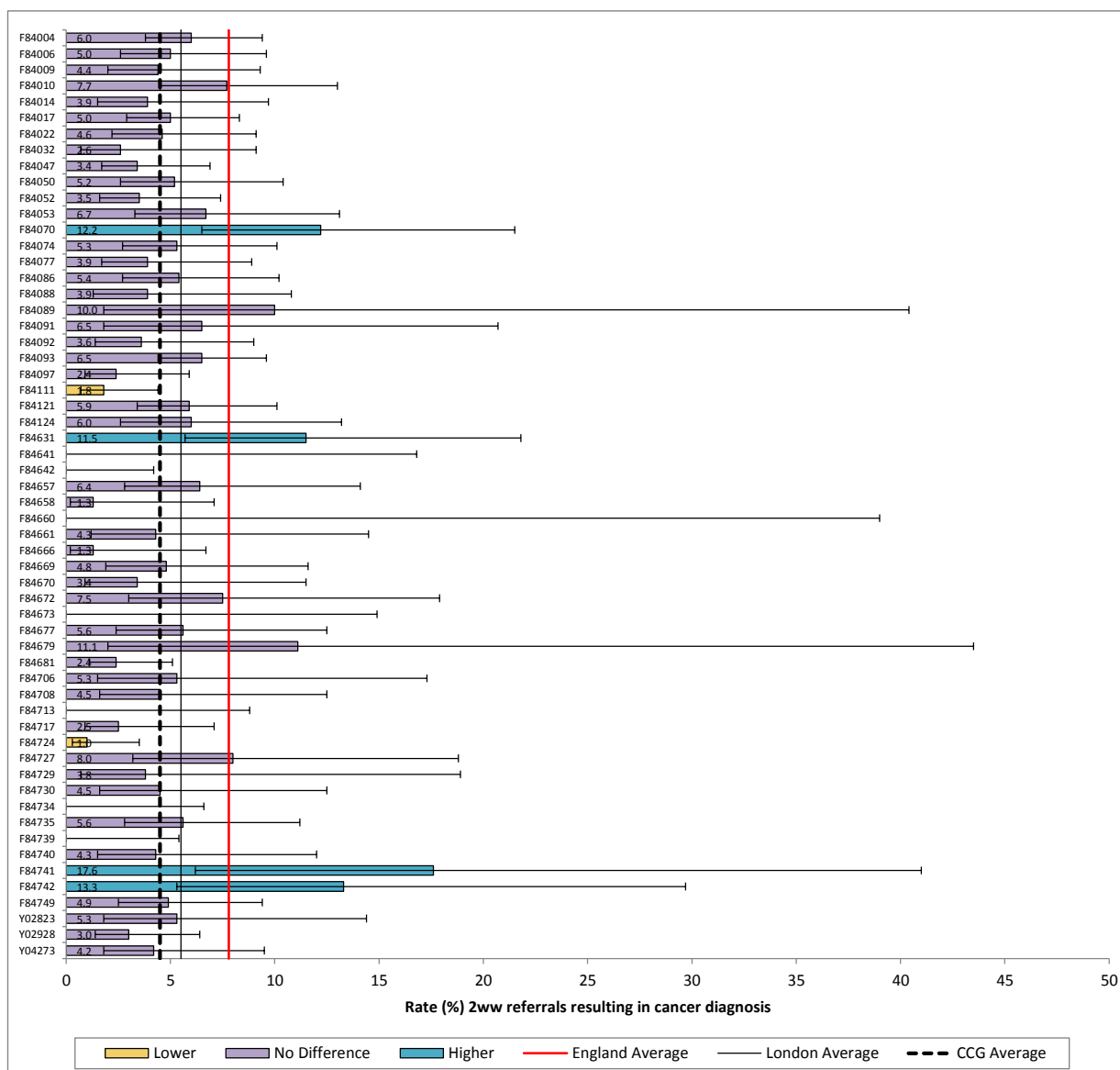
Area:	NHS Newham CCG	Year:	2015-16

Number of new cancer cases treated
(Detection rate: % of which resulted from a 2WW referral)

The proportion of new cancer cases treated who were referred through the Two Week Wait (2ww) referral route. This is calculated as the number of new cancer cases treated in the year who were referred through the 2ww referral route, divided by the total number of patients registered at the practice who have a date of first treatment in the financial year on the Cancer Waiting Times system.

Please see the Detection Rate Index Table and the Rolling Averages Detection Rate Index Table for detection rates at a practice level for the previous six years.

A data quality issue has been identified for this indicator/measure: The number of patients per practice is often quite small so variation is inflated by chance considerably. Generally with small sample sizes, process indicators (e.g., rate of 2ww referrals) are considered to be more reliable than outcome indicators, such as this indicator.

	Area	England
Number new cancer cases (N) diagnosed through 2ww referral	313	136,050
Average proportion (%) of new cancer cases referred by 2ww	48.3	49.7
Expected area cases (N) given regional average	-	322
Statistical significance compared to area	-	No Difference

This indicator provides a measure of the relative importance of the 2ww pathway compared to other routes to diagnosis. Research indicates that cancers diagnosed via a "managed referral" route have a higher relative survival than cancers diagnosed via an emergency route (1). Although there is no standard for this indicator practices which are statistically different to the CCG average, or CCGs which are statistically different to the London average, may wish to review this. Factors that influence the proportion of cancers diagnosed through this route include thresholds of suspicion of cancer as well as patient awareness and delays in presentation. Practices can be encouraged to undertake audit of all cancer diagnoses and discuss route to diagnosis at clinical meetings to identify local trends and approached to cancer diagnosis.

Several resources are available to aid practices in making 2ww referrals:

• NICE referral guidelines for suspected cancer (https://www.nice.org.uk/guidance/ng12)

• Risk assessment tools for bowel, lung, prostate, ovarian and pancreatic cancers (2014)- (available at: www.qcancer.org)

• Referral forms (available at: https://www.myhealth.london.nhs.uk/healthy-london/suspected-cancer-referrals).

• BMJ Learning—Carcinoma of unknown primary origin: diagnosis and management: putting NICE guidelines into practice (last updated 2010) (http://learning.bmj.com/learning/module-intro/.html?moduleId=10017700)

• Practices may also wish to consider if they can do more to promote awareness of cancer symptoms and encourage earlier presentation amongst their registered population.

1. National Cancer Intelligence Network (NCIN), Routes to Diagnosis: Exploring Emergency Presentations (2013), http://www.ncin.org.uk/publications/data_briefings/routes_to_diagnosis_exploring_emergency_presentations

Area Comparison of Proportion of New Cancer Cases Treated

Please note no comparison data are available against the London NHS region average.

Practice	%
F84004	60.0
F84006	55.6
F84009	45.0
F84010	58.3
F84014	42.9
F84017	54.5
F84022	50.0
F84032	66.7
F84047	38.5
F84050	58.3
F84052	53.3
F84053	50.0
F84070	58.8
F84074	45.0
F84077	28.6
F84086	36.8
F84088	25.0
F84089	50.0
F84091	25.0
F84092	37.5
F84093	62.2
F84097	46.7
F84111	23.1
F84121	84.6
F84124	50.0
F84631	66.7
F84641	
F84642	
F84657	50.0
F84658	33.3
F84660	
F84661	25.0
F84666	20.0
F84669	30.8
F84670	40.0
F84672	62.5
F84673	
F84677	62.5
F84679	50.0
F84681	61.5
F84706	50.0
F84708	50.0
F84713	
F84717	37.5
F84724	21.1
F84727	57.1
F84729	100.0
F84730	40.0
F84734	
F84735	47.6
F84739	
F84740	45.5
F84741	71.4
F84742	83.3
F84749	70.0
Y02823	50.0
Y02928	46.2
Y04273	58.3

Proportion (%) of new cancer cases referred by 2ww

Legend: Lower | No Difference | Higher | England Average | CCG Average

Area:	NHS Newham CCG	**Year:**	2015-16

Two-week wait referrals for suspected cancer
(Number per 100,000 population)

The crude rate of referrals per 100,000 persons: the number of Two Week Wait (2ww) referrals for suspected cancer (multiplied by 100,000), divided by the list size of the practice in question.

	Area	London	England
Number (N)	6,242	238,678	1,711,263
Rate per 100,000 population	1,667.2	2,538.9	2,975.1
Statistical difference from average	-	Lower	Lower

This indicator provides some insight into the thresholds of suspicion of cancer within both practices and CCGs. This information may also provide insight into health seeking behaviours within the region. This data can be used to compare the number of cancer cases at CCG level that were presented through different routes of diagnosis with those diagnosed through 2ww referral.

Although there is no standard rate or number of 2ww referrals, CCGs and practices should consider how their 2ww referral rate compares to the London and England averages, in the context of the socio-demographic profile of the practice population and the underlying incidence of cancer in the local population.

Practices which are statistically different to the CCG average, or CCGs which are statistically different to the London average, may wish to review this. Factors to consider are:

• Practices serving very deprived populations with a high prevalence of cancer risk factors, such as smoking, might expect to have higher rates of 2ww referrals.

• Practices serving populations with lower levels of cancer symptom awareness may have lower referral rates and more cancers diagnosed through emergency presentation.

• Practices should also consider this indicator alongside their conversion rate. For example, a high 2ww referral rate with a high conversion rate would be preferable to a high referral rate and a low conversion rate. A high conversion rate and a low 2ww referral rate may indicate a high threshold of suspicion of cancer before a 2ww referral is made.

Several resources are available to aid practices in making 2ww referrals for suspected cancer:

• NICE referral guidelines for suspected cancer (www.nice.org.uk/guidance/ng12)

• Referral forms for cancer (available at: https://www.myhealth.london.nhs.uk/healthy-london/suspected-cancer-referrals).

Area Comparison of Two Week Wait Referrals for Suspected Cancer

Practice	Rate
F84004	2287.4
F84006	1245.3
F84009	1526.5
F84010	1605.9
F84014	1408.8
F84017	1770.6
F84022	2338.7
F84032	2646.2
F84047	1833.3
F84050	1378.5
F84052	1962.8
F84053	1380.5
F84070	1566.1
F84074	1458.8
F84077	1600.7
F84086	2150.1
F84088	1994.3
F84089	757.0
F84091	687.1
F84092	1761.7
F84093	2135.4
F84097	1949.8
F84111	3010.7
F84121	1700.5
F84124	1846.6
F84631	1621.9
F84641	578.4
F84642	1800.7
F84657	2719.7
F84658	1211.0
F84660	284.1
F84661	2008.7
F84666	2085.5
F84669	1378.4
F84670	1405.1
F84672	1402.5
F84673	1077.4
F84677	1622.0
F84679	206.8
F84681	4154.3
F84706	1217.6
F84708	1282.3
F84713	1677.1
F84717	1309.3
F84724	1680.6
F84727	3949.4
F84729	620.8
F84730	1130.7
F84734	747.3
F84735	1405.7
F84739	1498.9
F84740	1461.6
F84741	847.5
F84742	1241.2
F84749	1309.9
Y02823	1489.4
Y02928	2462.6
Y04273	1314.2

Rate (per 100,000) 2ww referrals for suspected cancer

Legend: Lower | No Difference | Higher | England Average | London Average | CCG Average

Area:	NHS Newham CCG

Trend Over Time for Proportion of New Cancer Cases Treated by Two Week Wait Referral

Please note no comparison data are available against the London NHS region average.

Year	Area	England
2010-11	33.2	43.7
2011-12	36.7	45.0
2012-13	47.7	46.3
2013-14	47.2	47.4
2014-15	53.2	48.4
2015-16	48.3	49.7
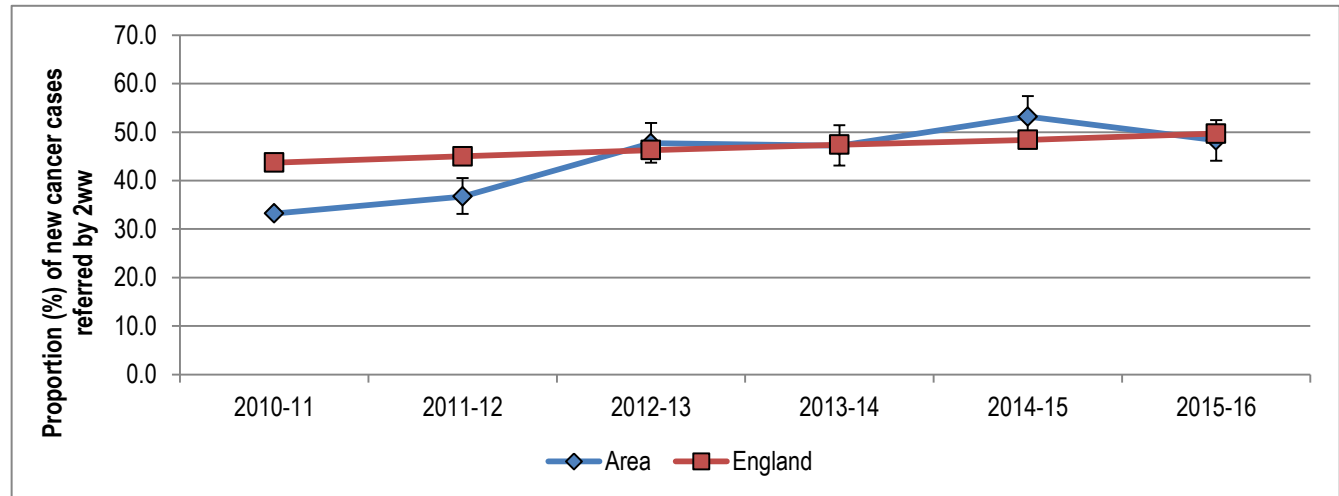
Trend Over Time for Two Week Wait Referrals for Suspected Cancer

Year	Area	London	England
2010-11	650.4	1372.8	1808.3
2011-12	820.9	1491.9	1977.7
2012-13	955.7	1689.7	2165.0
2013-14	1105.1	1931.6	2396.6
2014-15	1475.0	2260	2707.7
2015-16	1667.2	2538.9	2975.1

3 & 4. time trend graphs

Area:	NHS Newham CCG	Year:	2015-16

Two-week wait referrals for suspected breast cancer
(Number per 100,000 population)

The crude rate of referrals per 100,000 persons: the number of Two Week Wait (2ww) referrals for suspected breast cancer (multiplied by 100,000), divided by the list size of the practice in question.

	Area	London	England
Number (N)	1,265	45,557	311,224
Rate per 100,000 population	337.9	484.6	541.1
Statistical difference from average	-	Lower	Lower

Although there is no national standard for this indicator practices which are statistically different to the CCG average, or CCGs which are statistically different to the London average, may wish to review this. Factors to consider are:
• Practices with a high proportion of patients over 65 years may expect a higher 2ww referral rate due to the higher incidence of breast cancer in older women.
• Practices serving populations with lower levels of breast cancer symptom awareness may have a lower referral rate and more cancers diagnosed through emergency presentation.

Several resources are available to aid practices in making 2ww referrals for suspected breast cancer:

• NICE referral guidelines for suspected cancer (www.nice.org.uk/guidance/ng12)
• NICE guidance on familial breast cancer
(https://www.nice.org.uk/guidance/CG164)
• BMJ Learning 'Suspected breast cancer: when you should refer'
(http://learning.bmj.com/learning/module-intro/.html?moduleId=5003318)
(module ID - 5003318)

• Referral forms for breast cancer (available at:
https://www.myhealth.london.nhs.uk/healthy-london/suspected-cancer-referrals).
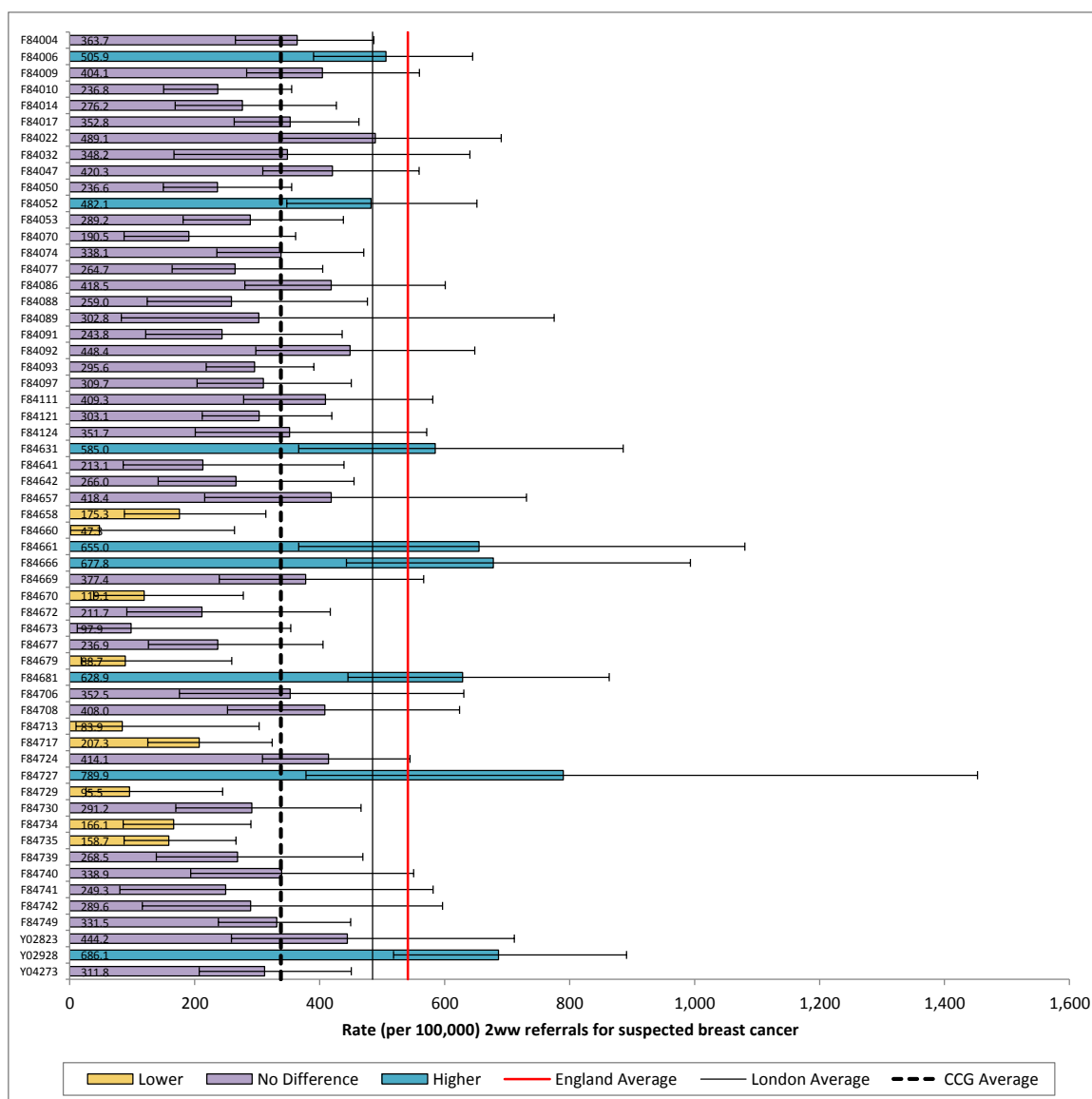
Area Comparison of Two Week Wait Referrals for Suspected Breast Cancer

Practice	Rate
F84004	363.7
F84006	505.9
F84009	404.1
F84010	236.8
F84014	276.2
F84017	352.8
F84022	489.1
F84032	348.2
F84047	420.3
F84050	236.6
F84052	482.1
F84053	289.2
F84070	190.5
F84074	338.1
F84077	264.7
F84086	418.5
F84088	259.0
F84089	302.8
F84091	243.8
F84092	448.4
F84093	295.6
F84097	309.7
F84111	409.3
F84121	303.1
F84124	351.7
F84631	585.0
F84641	213.1
F84642	266.0
F84657	418.4
F84658	175.3
F84660	47.3
F84661	655.0
F84666	677.8
F84669	377.4
F84670	118.1
F84672	211.7
F84673	197.9
F84677	236.9
F84679	88.7
F84681	628.9
F84706	352.5
F84708	408.0
F84713	83.9
F84717	207.3
F84724	414.1
F84727	789.9
F84729	95.5
F84730	291.2
F84734	166.1
F84735	158.7
F84739	268.5
F84740	338.9
F84741	249.3
F84742	289.6
F84749	331.5
Y02823	444.2
Y02928	686.1
Y04273	311.8

Rate (per 100,000) 2ww referrals for suspected breast cancer

Legend: Lower | No Difference | Higher | England Average | London Average | CCG Average

Area:	NHS Newham CCG	**Year:**	2015-16

**Two-week wait referrals for suspected lower GI cancers
(Number per 100,000 population)**

The crude rate of referrals per 100,000 persons: the number of Two Week Wait (2ww) referrals for suspected lower gastrointestinal (GI) cancer (multiplied by 100,000), divided by the list size of the practice in question.

	Area	**London**	**England**
Number (N)	1,073	34,149	260,713
Rate per 100,000 population	286.6	363.2	453.3
Statistical difference from average	-	Lower	Lower

Although there is no national standard for this indicator practices which are statistically different to the CCG average, or CCGs which are statistically different to the London average, may wish to review this. Factors to consider are:
• Practices with a high proportion of patients over 65 years may expect a higher 2ww referral rate due to the increasing incidence of lower GI cancer with age.
• Practices serving populations with lower levels of cancer symptom awareness may have a lower referral rate and more cancers diagnosed through emergency presentation.

Several resources are available to aid practices in making 2ww referrals for suspected lower GI cancer:
• Symptom checker tool for bowel cancer - (available at: http://www.nhs.uk/Tools/Pages/Bowel-cancer-self-assessment.aspx)
• Small c bowel campaign (available at: http://www.smallc.org.uk/bowel/)
• BMJ Learning http://learning.bmj.com/learning/module-intro/cancer-referral.html?moduleId=10053492) — module on 'Quick tips: referral for suspected cancer' (module ID - 10053492)

• Referral forms for lower GI and colorectal cancers (available at: https://www.myhealth.london.nhs.uk/healthy-london/suspected-cancer-referrals).

Area Comparison of Two Week Wait Referrals for Suspected Lower GI Cancer

Area:	NHS Newham CCG	Year:	2015-16

Two-week wait referrals for suspected lung cancer (Number per 100,000 population)

The crude rate of referrals per 100,000 persons: the number of Two Week Wait (2ww) referrals for suspected lung cancer (multiplied by 100,000), then divided by the list size of the practice in question.
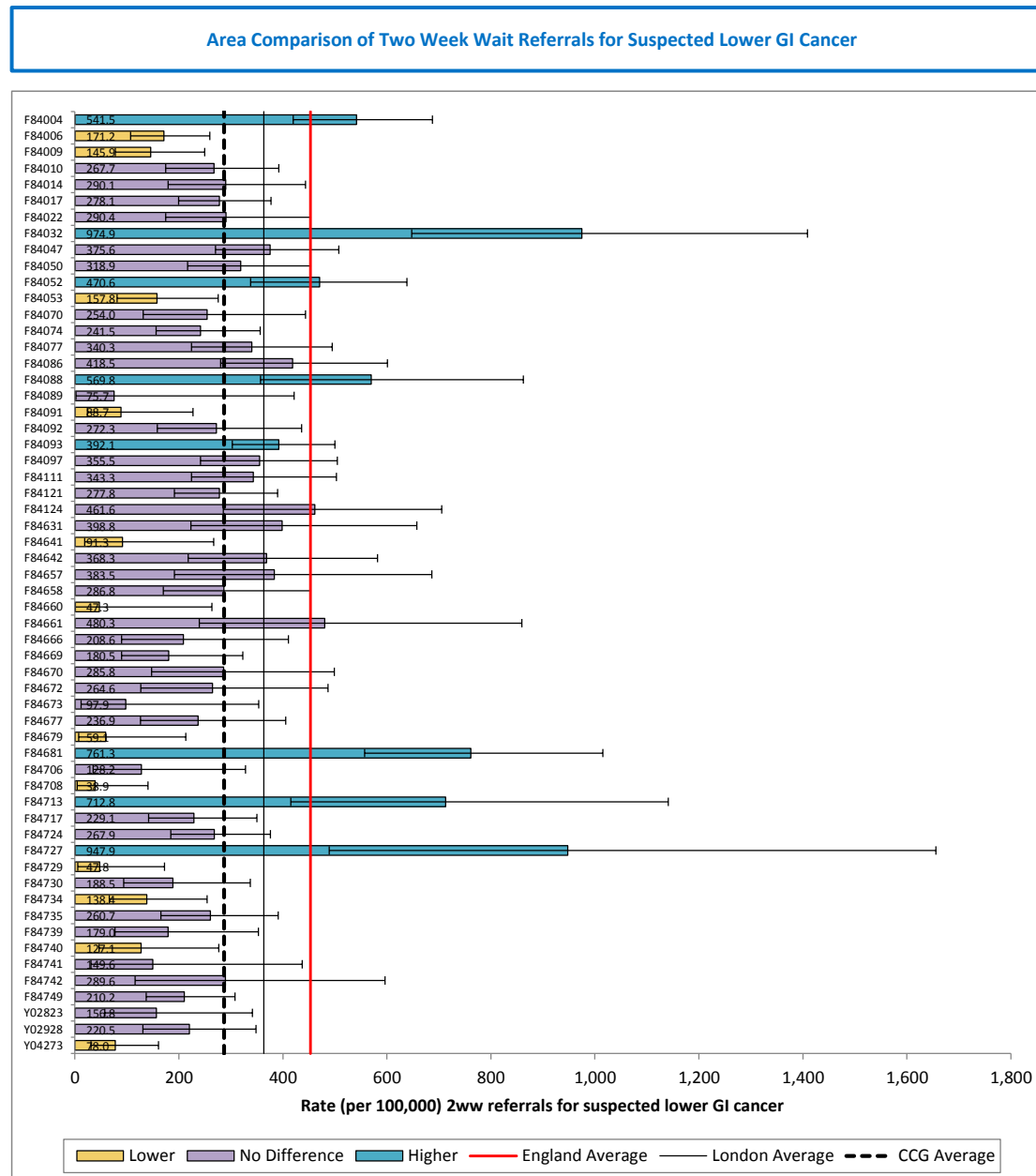
	Area	London	England
Number (N)	204	9,266	59,443
Rate per 100,000 population	54.5	98.6	103.3
Statistical difference from average	-	Lower	Lower

Although there is no national standard for this indicator practices which are statistically different to the CCG average, or CCGs which are statistically different to the London average, may wish to review this. Factors to consider are:
• Practices with a high proportion of patients over 65 years may expect a higher 2ww referral rate due to the increasing incidence of lung cancer with age.
• Practices serving populations with a high smoking prevalence may expect to have a higher rate of 2ww referrals.
• Practices serving populations with lower levels of lung cancer symptom awareness may have a lower referral rate and more cancers diagnosed through emergency presentation.

Several resources are available to aid practices in making 2ww referrals for suspected lung cancer:

• Referral forms for lung cancer - (available at: https://www.myhealth.london.nhs.uk/healthy-london/suspected-cancer-referrals).

• Risk assessment tools for lung cancer (smokers and non-smokers) - (available at: http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/national-awareness-and-early-diagnosis-initiative-naedi)

• Cancer Research UK's Lung cancer campaign: Information for GPs - provides guidance and tips for referrers (http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/be-clear-on-cancer/lung-cancer-campaign/information-for-gps)

• NHS's Clear on Cancer campaign on lung cancer symptoms (http://www.nhs.uk/be-clear-on-cancer/lung-cancer/symptoms)
• NICE guidelines for lung cancer (2015) https://cks.nice.org.uk/lung-and-pleural-cancers-recognition-and-referral#!topicsummary

Area Comparison of Two Week Wait Referrals for Suspected Lung Cancer

Area:	NHS Newham CCG	**Year:**		2015-16

Two-week wait referrals for suspected skin cancer (Number per 100,000 population)

The crude rate of referrals per 100,000 persons: the number of Two Week Wait (2ww) referrals for suspected skin cancer (multiplied by 100,000), divided by the list size of the practice in question.

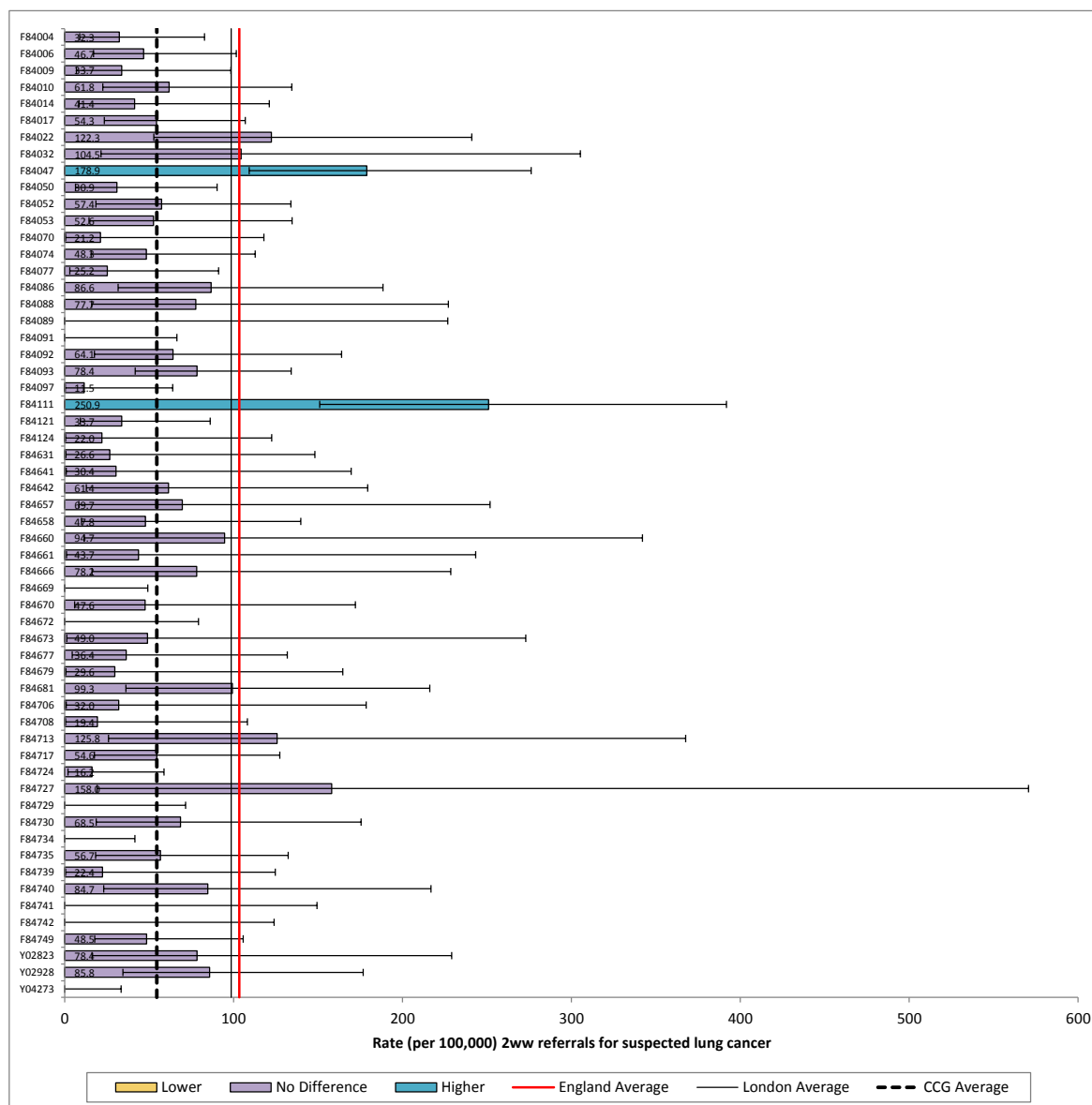|	Area	London	England
Number (N)	610	45,349	328,871
Rate per 100,000 population	162.9	482.4	571.8
Statistical difference from average	-	Lower	Lower

Although there is no national standard for this indicator practices which are statistically different to the CCG average, or CCGs which are statistically different to the London average, may wish to review this. Factors to consider are:

• Practices with a high proportion of patients over 65 years may expect a higher 2ww referral rate due to the higher incidence of skin cancer in this age range.

• Practices serving populations with lower levels of skin cancer symptom awareness may have a lower referral rate and more cancers diagnosed through emergency presentation.

Several resources are available to aid practices in making 2ww referrals for suspected skin cancer:

• NICE referral guidelines for suspected cancer (http://cks.nice.org.uk/skin-cancers-recognition-and-referral#!topicsummary)

• Referral forms for skin cancer (available at: https://www.myhealth.london.nhs.uk/healthy-london/suspected-cancer-referrals).

• Pan-London Suspected Skin Cancer Referral Guide (https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/Pan%20London%20Suspected%20Cancer%20Referral%20Guide%20Skin.pdf)

• Doctors.net Skin Cancer Toolkit (http://www.doctors.net.uk/eclient/cruk/cruk_skin_toolkit_2014/)

• BMJ Learning--Basal cell carcinoma: diagnosis and treatment (archived) (http://learning.bmj.com/learning/module-intro/basal-cell-carcinoma-diagnosis-treatment.html?moduleId=5003142)

• BMJ Learning--Malignant melanomas: diagnosis and management (http://learning.bmj.com/learning/module-intro/malignant-melanomas-diagnosis-management.html?moduleId=5003313) (archived)

Area Comparison of Two Week Wait Referrals for Suspected Skin Cancer

Area:	NHS Newham CCG		Year:	2015-16

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)

Three-year screening coverage (%): The number of females registered to the practice who were adequately screened in previous 36 months, divided by the number of eligible females on last day of the review period.

70% National minimum standard for all Breast Cancer screening

	Area	London	England
Number cases (N)	16,209	582,761	5,044,802
% eligible population screened	59.0	65.1	72.5
Difference from 70% national minimum standard (%)	-11.0	-4.9	2.5
Statistical significance compared to area	-	Lower	Lower

Breast cancer screening is an important intervention for detecting breast cancer early. Screening saves about one life from breast cancer for every 200 women who are screened. This adds up to about 1,300 lives saved from breast cancer by screening each year in the UK (1).

Inequalities exist in screening uptake with certain groups being less likely to attend, including:

• women in the 50-54 age group
• BME groups and Muslim women
• women from a more deprived background

The following initiatives can help improve breast cancer screening coverage and reduce inequalities:

• List maintenance - ensure patient records are accurate and up-to-date, including addresses and telephone numbers.
• Follow-up with women who did not attend their screening appointment. Evidence shows positive endorsement from a healthcare professional can increase screening uptake (2).
• Use reminder flags on patient records for women who have missed their screening appointment to prompt a discussion with the patient regarding breast screening.

• For more information regarding screening:
https://www.myhealth.london.nhs.uk/healthy-london/cancer-resources

• Make use of easy read leaflets for women with learning disabilities.
https://www.gov.uk/government/publications/breast-screening-information-for-women-with-learning-disabilities

1. Source: NHS, NHS Breast Screening: Helping you decide (2013)

2. Hewitson, P., Ward, A., Heneghan, C., Halloran, S. & Mant, D. (2011) Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial

Area Comparison of Females, 50-70, Screened for Breast Cancer in Last 36 Months (3 Year Coverage, %)

Practice	%
F84004	54.7
F84006	61.8
F84009	63.3
F84010	51.1
F84014	68.7
F84017	57.0
F84022	69.4
F84032	49.4
F84047	54.9
F84050	53.9
F84052	59.4
F84053	60.2
F84070	53.1
F84074	60.8
F84077	66.9
F84086	70.2
F84088	52.3
F84089	51.1
F84091	64.2
F84092	56.3
F84093	55.1
F84097	61.6
F84111	61.5
F84121	64.8
F84124	56.7
F84631	67.1
F84641	59.2
F84642	44.5
F84657	54.3
F84658	71.1
F84660	71.2
F84661	64.7
F84666	54.4
F84669	61.0
F84670	58.1
F84672	66.6
F84673	70.5
F84677	61.2
F84679	59.9
F84681	61.3
F84706	69.6
F84708	53.3
F84713	56.0
F84717	55.6
F84724	64.0
F84727	61.4
F84729	60.0
F84730	50.6
F84734	51.2
F84735	55.8
F84739	71.3
F84740	42.4
F84741	57.1
F84742	46.5
F84749	51.4
Y02823	55.2
Y02928	50.6
Y04273	60.5

% eligible population screened

Legend: Lower | No Difference | Higher | England Average | London Average | CCG Average

Area:	NHS Newham CCG	Year:	2015-16

Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)

One-year screening uptake (%): the number of females registered to the practice aged 50-70 invited for screening in the previous 12 months who were screened within 6 months of invitation, divided by the total number of females aged 50-70 invited for screening in the previous 12 months.

70% National minimum standard for all Breast Cancer screening

	Area	London	England
Number cases (N)	5,743	200,519	1,790,555
% eligible population screened	63.4	67.1	73.5
Difference from 70% national minimum standard (%)	-6.6	-2.9	3.5
Statistical significance compared to area	-	Lower	Lower

The proportion of women who are screened within 6 months of invitation is an important metric to measure as it has been found that those that attend screening earlier are often associated with improved survival and better prognosis.

Breast cancer screening is an important intervention for early detection of breast cancers. Screening saves about one life from breast cancer for every 200 women who are screened (1). This adds up to about 1,300 lives saved from breast cancer by screening each year in the UK.

Inequalities exist in screening uptake with certain groups being less likely to attend, including:
• women in the 50-54 age group
• BME groups and Muslim women
• women from a more deprived background

The following initiatives can help improve time to breast cancer screening coverage and reduce inequalities:

• List maintenance - ensure patient records are accurate and up-to-date, including addresses and telephone numbers.

• Follow-up with women who did not attend their screening appointment. Evidence shows positive endorsement from a healthcare professional can increase screening uptake (2).

• Use reminder flags on patient records for women who have missed their screening appointment to prompt a discussion with the patient regarding breast screening.

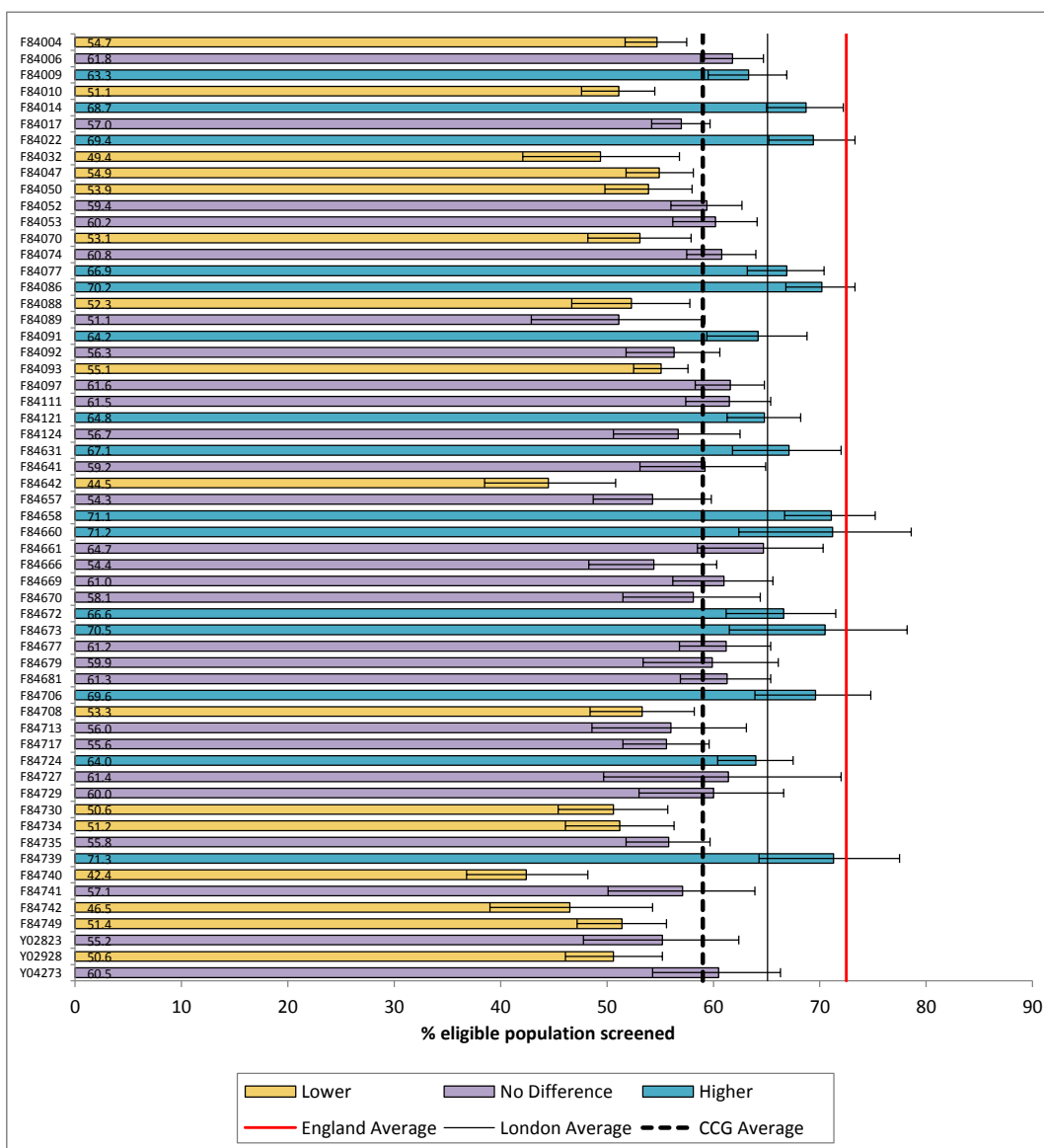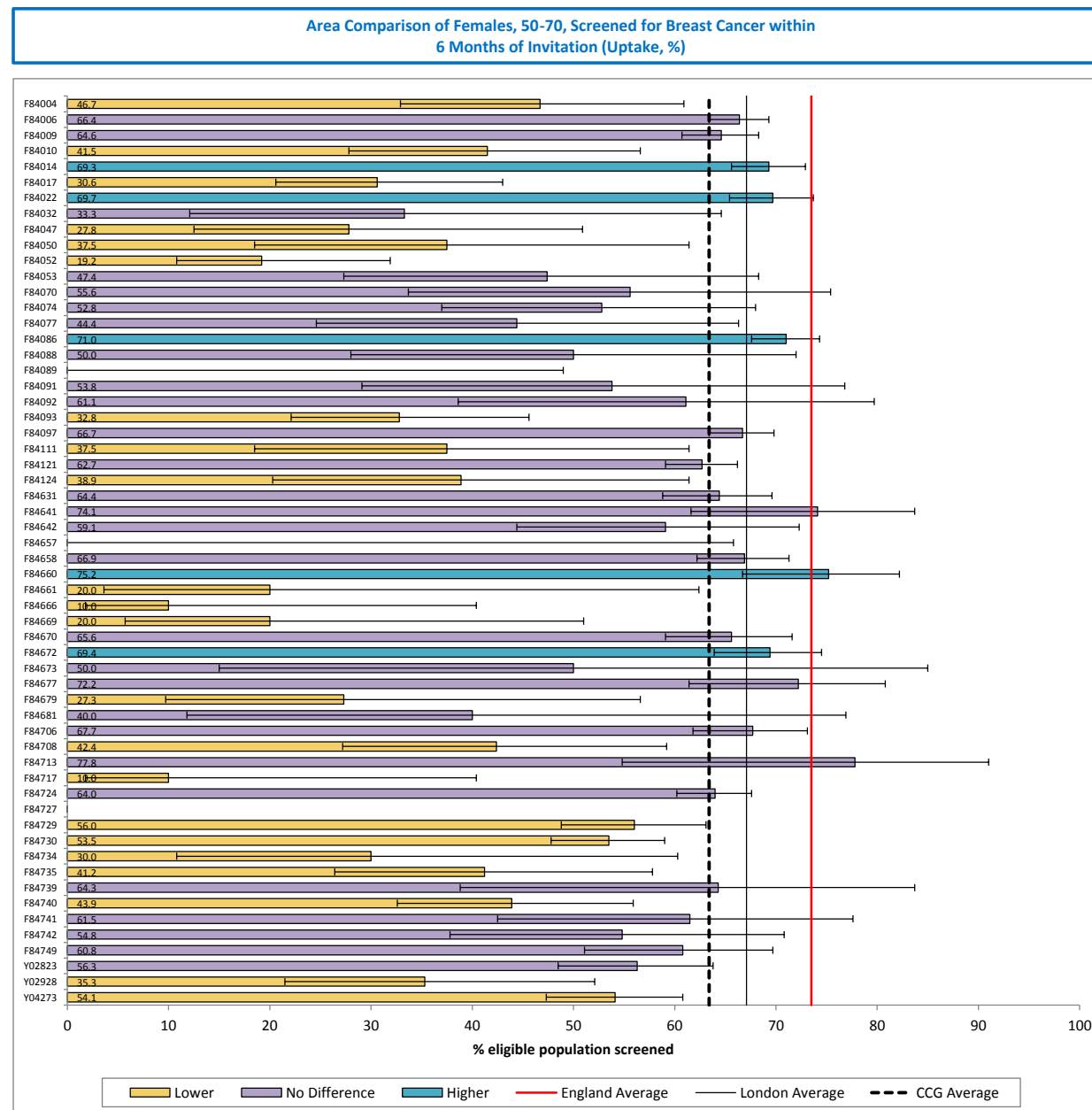• For more information regarding screening:
https://www.myhealth.london.nhs.uk/healthy-london/cancer-resources

• Make use of easy read leaflets for women with learning disabilities.
https://www.gov.uk/government/publications/breast-screening-information-for-women-with-learning-disabilities

1. Source: NHS, NHS Breast Screening: Helping you decide (2013)

2. Hewitson, P., Ward, A., Heneghan, C., Halloran, S. & Mant, D. (2011) Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial

Area Comparison of Females, 50-70, Screened for Breast Cancer within 6 Months of Invitation (Uptake, %)

Practice	Value
F84004	46.7
F84006	66.4
F84009	64.6
F84010	41.5
F84014	69.3
F84017	30.6
F84022	69.7
F84032	33.3
F84047	27.8
F84050	37.5
F84052	19.2
F84053	47.4
F84070	55.6
F84074	52.8
F84077	44.4
F84086	71.0
F84088	50.0
F84089	
F84091	53.8
F84092	61.1
F84093	32.8
F84097	66.7
F84111	37.5
F84121	62.7
F84124	38.9
F84631	64.4
F84641	74.1
F84642	59.1
F84657	
F84658	66.9
F84660	75.2
F84661	20.0
F84666	10.0
F84669	20.0
F84670	65.6
F84672	69.4
F84673	50.0
F84677	72.2
F84679	27.3
F84681	40.0
F84706	67.7
F84708	42.4
F84713	77.8
F84717	10.0
F84724	64.0
F84727	
F84729	56.0
F84730	53.5
F84734	30.0
F84735	41.2
F84739	64.3
F84740	43.9
F84741	61.5
F84742	54.8
F84749	60.8
Y02823	56.3
Y02928	35.3
Y04273	54.1

Legend: Lower, No Difference, Higher, England Average, London Average, CCG Average

Area:	NHS Newham CCG		Year:	2015-16

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

The overall cervical screening coverage (%): the number of women registered at the practice who were adequately screened in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64), divided by the number of eligible women on last day of review period.

80% National minimum standard for Cervical Cancer screening coverage

	Area	London	England
Number cases (N)	64,938	1,778,802	10,441,361
% eligible population screened	64.1	66.8	72.8
Difference from 80% national minimum standard (%)	-15.9	-13.2	-7.2
Statistical significance compared to area	-	Lower	Lower

Cervical cancer screening reduces the incidence of cervical cancer. Evidence suggests that screening was associated with a 60% reduction of cancers in women aged 40, and an 80% reduction in those aged 64 years (1). Screening was also found to be particularly effective in preventing advanced stage cancers.

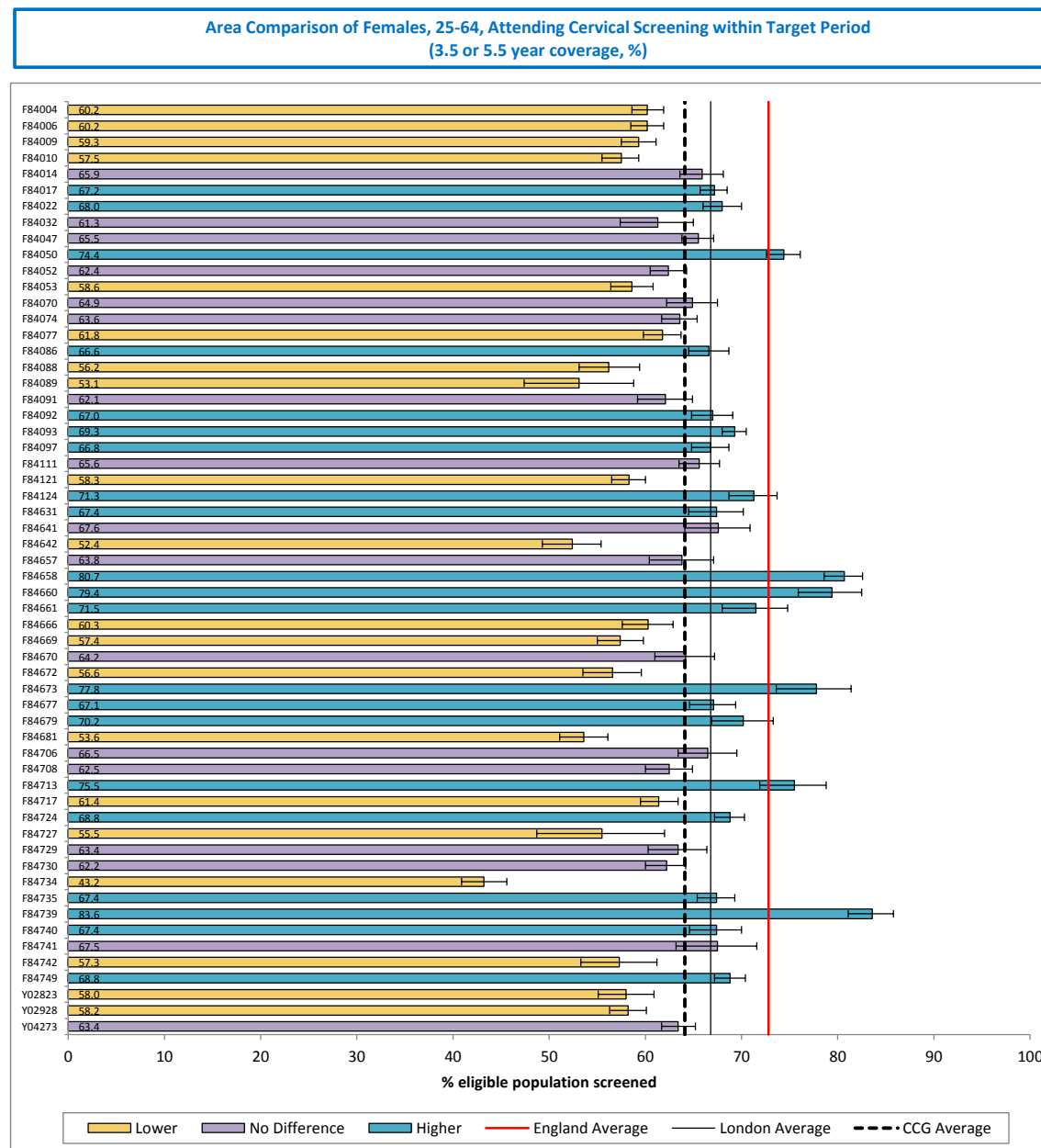Inequalities exist in screening uptake with certain groups being less likely to attend, including:
• women in the 25-34 year age group
• BME groups
• women from a more deprived background

The following initiatives can help improve cervical cancer screening coverage and reduce inequalities:

• List maintenance - ensure patient records are accurate and up-to-date, including addresses and telephone numbers.

• Follow-up with women who did not attend their screening appointment. Evidence shows positive endorsement from a healthcare professional can increase screening uptake (2).

• Use reminder flags on patient records for women who have missed their screening appointment to prompt a discussion with the patient regarding cervical screening.

• Ensure women have access to cervical screening at times and locations that are convenient to them.

• For more information regarding screening:
https://www.myhealth.london.nhs.uk/healthy-london/cancer-resources

• Make use of easy read leaflets for people with learning disabilities
https://www.gov.uk/government/publications/cervical-screening-easy-read-guide

1. Sasieni, P., Castanon, A. and Cuzick, J., 2009. Effectiveness of cervical screening with age: population based case-control study of prospectively recorded data. BMJ, 339, p.b2968.

2. Hewitson, P., Ward, A., Heneghan, C., Halloran, S. & Mant, D. (2011) Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial

Area Comparison of Females, 25-64, Attending Cervical Screening within Target Period (3.5 or 5.5 year coverage, %)

Area:	NHS Newham CCG	Year:	2015-16

Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)

2.5-year screening coverage (%): The number of persons registered to the practice who were adequately screened in the previous 30 months, divided by the number of eligible persons on last day of the review period.

60% National minimum standard for overall Bowel screening coverage

	Area	London	England
Number cases (N)	8,395	335,600	3,494,269
% eligible population screened	42.6	48.8	57.8
Difference from 60% national minimum standard (%)	-17.4	-11.2	-2.2
Statistical significance compared to area	-	Lower	Lower

Bowel cancer screening can reduce deaths from bowel cancer by up to 15% (1). Inequalities exist in screening uptake with certain groups being less likely to attend, including:
• BME groups and Muslim men and women
• people from a more deprived background
• men and women aged 60-65 years

The following initiatives can help improve bowel cancer screening coverage and reduce inequalities:
• List maintenance - ensure patient records are accurate and up-to-date, including addresses and telephone numbers.
• Follow-up patients who did not return their screening kit. Evidence shows positive endorsement from a healthcare professional can increase screening uptake (2).
• Use reminder flags on patient records for those who did not attend

• For more information regarding screening:
https://www.myhealth.london.nhs.uk/healthy-london/cancer-resources
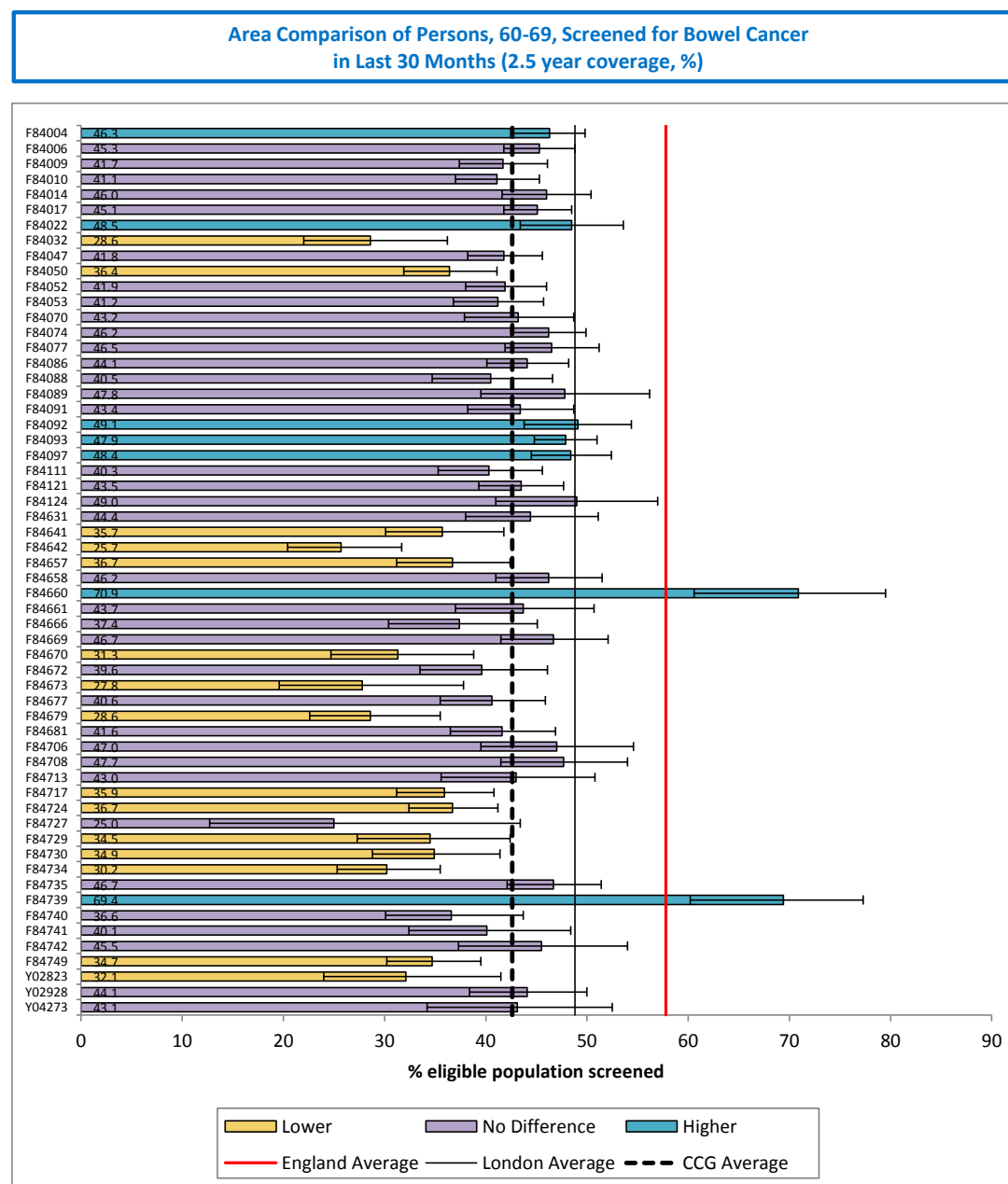
• Make use of easy read leaflets for people with learning disabilities
https://www.gov.uk/government/collections/bowel-cancer-screening-commission-provide-inform

1. Hewitson P, Glazsiou P, Towler B, et al. (2011). Screening for colorectal cancer using the faecal occult blood test: an update. The Cochrane Database of Systematic Reviews. [Online].

2. Hewitson, P., Ward, A., Heneghan, C., Halloran, S. & Mant, D. (2011) Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial

Area Comparison of Persons, 60-69, Screened for Bowel Cancer in Last 30 Months (2.5 year coverage, %)

Practice	%
F84004	46.3
F84006	45.3
F84009	41.7
F84010	41.1
F84014	46.0
F84017	45.1
F84022	48.5
F84032	28.6
F84047	41.8
F84050	36.4
F84052	41.9
F84053	41.2
F84070	43.2
F84074	46.2
F84077	46.5
F84086	44.1
F84088	40.5
F84089	47.8
F84091	43.4
F84092	49.1
F84093	47.9
F84097	48.4
F84111	40.3
F84121	43.5
F84124	49.0
F84631	44.4
F84641	35.7
F84642	25.7
F84657	36.7
F84658	46.2
F84660	70.9
F84661	43.7
F84666	37.4
F84669	46.7
F84670	31.3
F84672	39.6
F84673	27.8
F84677	40.6
F84679	28.6
F84681	41.6
F84706	47.0
F84708	47.7
F84713	43.0
F84717	35.9
F84724	36.7
F84727	25.0
F84729	34.5
F84730	34.9
F84734	30.2
F84735	46.7
F84739	69.4
F84740	36.6
F84741	40.1
F84742	45.5
F84749	34.7
Y02823	32.1
Y02928	44.1
Y04273	43.1

Legend: Lower, No Difference, Higher, England Average, London Average, CCG Average

X-axis: % eligible population screened

Area:	NHS Newham CCG	Year:	2015-16

Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)

Screening uptake (%): the number of persons aged 60-69 invited for screening in the previous 12 months who were adequately screened following an initial response within 6 months of invitation, divided by the total number of persons aged 60-69 invited for screening in the previous 12 months.

60% National minimum standard for overall Bowel screening coverage

	Area	London	England
Number cases (N)	3,722	159,968	1,682,289
% Eligible population screened	36.7	45.6	55.6
Difference from 60% national minimum standard (%)	-23.3	-14.4	-4.4
Statistical significance compared to area	-	Lower	Lower

Bowel cancer screening can reduce deaths from bowel cancer by up to 15% (1). Inequalities exist in screening uptake with certain groups being less likely to attend, including:
• BME groups and Muslim men and women
• people from a more deprived background
• men and women aged 60-65 years

The following initiatives can help improve bowel cancer screening coverage and reduce inequalities:
• List maintenance - ensure patient records are accurate and up-to-date, including addresses and telephone numbers.
• Follow-up with patients who did not return their screening kit. Evidence shows positive endorsement from a healthcare professional can increase screening uptake (2).
• Use reminder flags on patient records for those who did not attend screening.
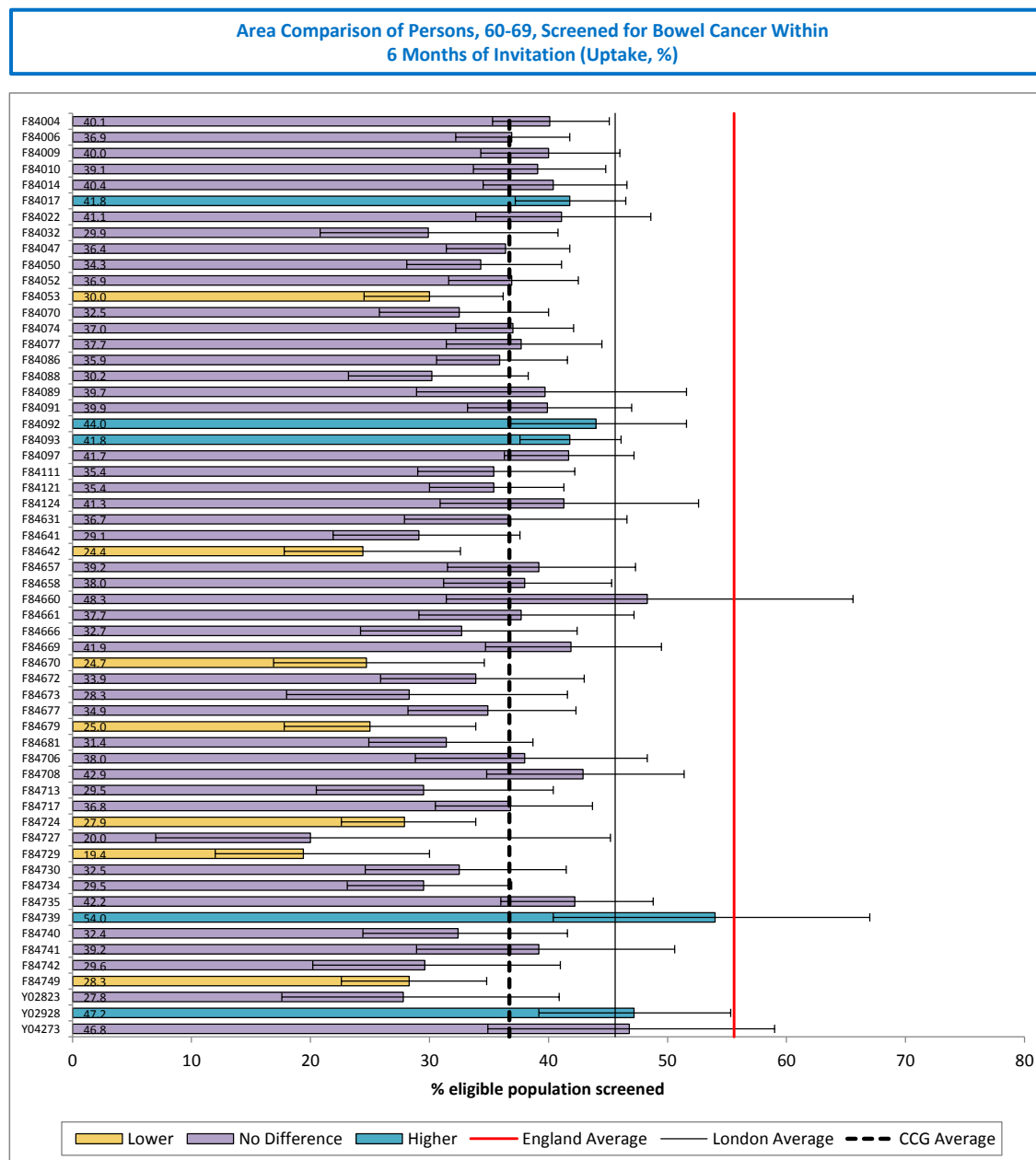
• For more information regarding screening:
https://www.myhealth.london.nhs.uk/healthy-london/cancer-resources

• Make use of easy read leaflets for people with learning disabilities
https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide.

1. Hewitson P, Glazsiou P, Towler B, et al. (2011). Screening for colorectal cancer using the faecal occult blood test: an update. The Cochrane Database of Systematic Reviews. [Online].

2. Hewitson, P., Ward, A., Heneghan, C., Halloran, S. & Mant, D. (2011) Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial

Area Comparison of Persons, 60-69, Screened for Bowel Cancer Within 6 Months of Invitation (Uptake, %)

Code	Value
F84004	40.1
F84006	36.9
F84009	40.0
F84010	39.1
F84014	40.4
F84017	41.8
F84022	41.1
F84032	29.9
F84047	36.4
F84050	34.3
F84052	36.9
F84053	30.0
F84070	32.5
F84074	37.0
F84077	37.7
F84086	35.9
F84088	30.2
F84089	39.7
F84091	39.9
F84092	44.0
F84093	41.8
F84097	41.7
F84111	35.4
F84121	35.4
F84124	41.3
F84631	36.7
F84641	29.1
F84642	24.4
F84657	39.2
F84658	38.0
F84660	48.3
F84661	37.7
F84666	32.7
F84669	41.9
F84670	24.7
F84672	33.9
F84673	28.3
F84677	34.9
F84679	25.0
F84681	31.4
F84706	38.0
F84708	42.9
F84713	29.5
F84717	36.8
F84724	27.9
F84727	20.0
F84729	19.4
F84730	32.5
F84734	29.5
F84735	42.2
F84739	54.0
F84740	32.4
F84741	39.2
F84742	29.6
F84749	28.3
Y02823	27.8
Y02928	47.2
Y04273	46.8

% eligible population screened

Legend: Lower | No Difference | Higher | England Average | London Average | CCG Average

Area:	NHS Newham CCG	Year:	2015-16

In-patient or day-case colonoscopy procedures (Number per 100,000 population)

The crude rate per 100,000 persons of colonoscopies performed on persons registered at the practice: the number of colonoscopies (in-patient and day-case) multiplied by 100,000, divided by the list size of the practice in question.

These procedures were not filtered by the diagnostic field in the HES data so contain both patients subsequently diagnosed with cancer, those not subsequently diagnosed with cancer, and patients where there was no suspicion of cancer. Further, this includes procedure data for both primary and secondary care referrals. Procedures with Office of Population Census and Surveys Classification of Surgical Operations and Procedures (4th revision) (OPCS-4) 3-digit codes of H22 are included.
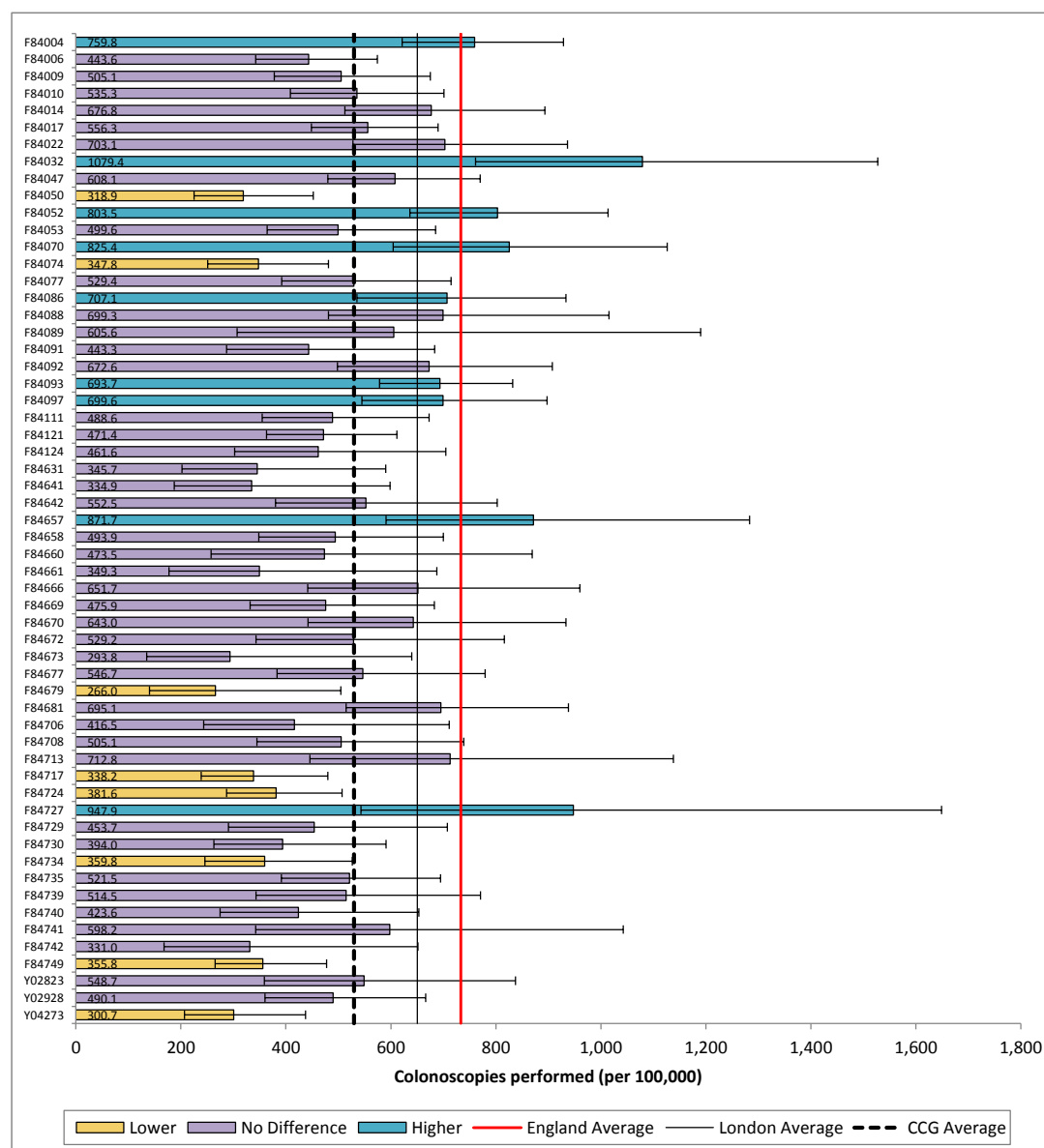
	Area	London	England
Number (N)	1,984	61,183	421,690
Colonoscopies performed (per 100,000 population)	529.9	650.7	733.1
Statistical difference from average	-	Lower	Lower

Despite the rate of colonoscopy procedures also including those for which there is no suspicion of cancer, it is considered that the majority of colonoscopy procedures will be used for investigation of cancer. Comparing the number of colonoscopies between GPs within a CCG and comparing different CCGs to the London and England averages is important because it provides possible insight into the number of investigations for bowel and colorectal cancer.

Several resources are available to provide further information on the colonscopy procedure and colorectal cancer testing:
• Cancer Research UK's guide to Bowel Cancer Tests (http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/diagnosis/bowel-cancer-tests#colonoscopy).

• NHS Choice's guide to Diagnosing bowel cancer (http://www.nhs.uk/Conditions/Cancer-of-the-colon-rectum-or-bowel/Pages/Diagnosis.aspx).

• The BMJ's guide to Colorectal screening for older adults (http://www.bmj.com/content/350/bmj.h2029).

Area Comparison of In-Patient or Day-Case Colonoscopy Procedures (Number per 100,000 Population)

Area:	NHS Newham CCG	Year:	2015-16

In-patient or day-case sigmoidoscopy procedures (Number per 100,000 population)

The crude rate per 100,000 persons of sigmoidoscopies performed on persons registered at the practice: the number of sigmoidoscopies (in-patient and day-case) multiplied by 100,000, divided by the list size of the practice in question.
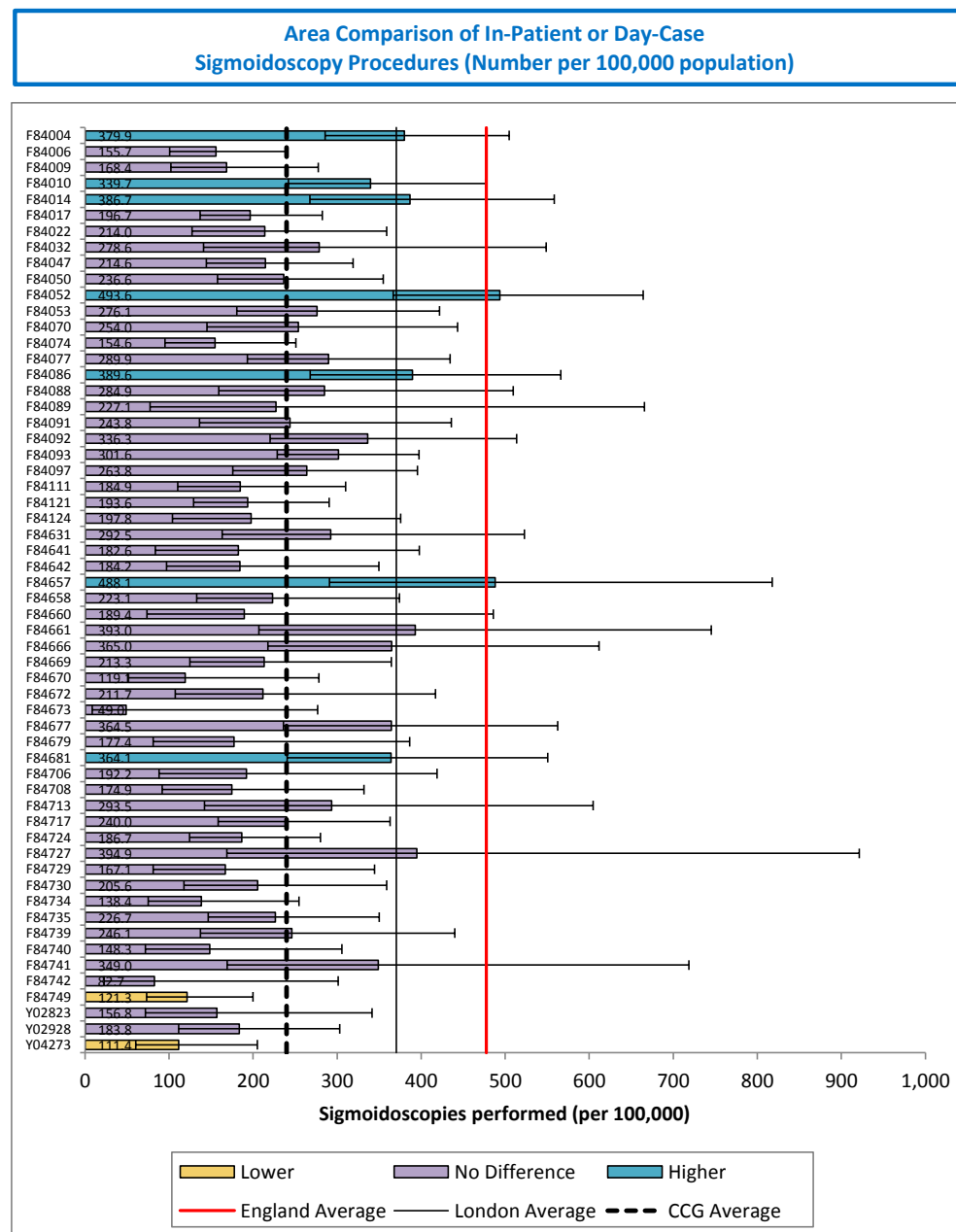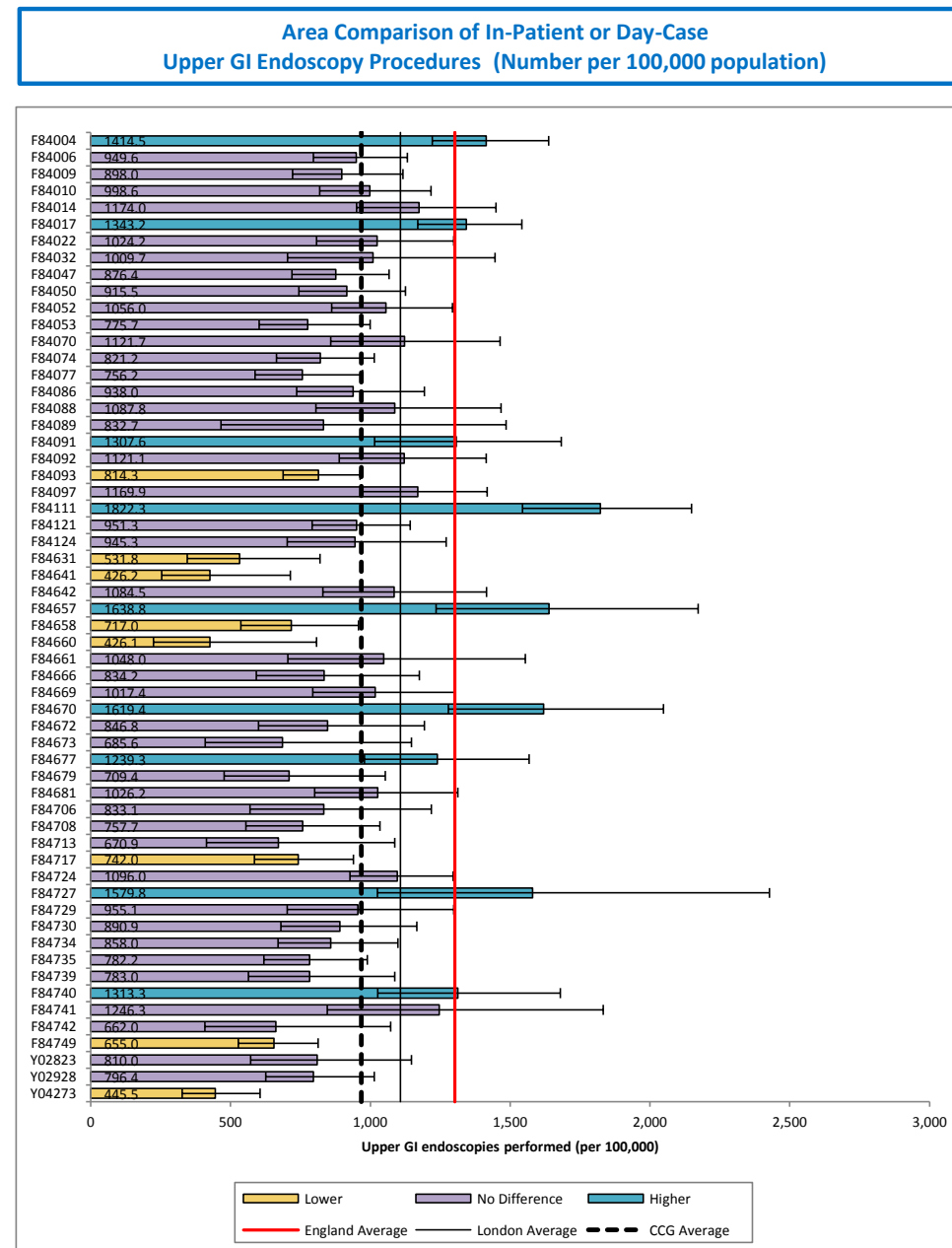
These procedures were not filtered by the diagnostic field in the HES data so contain both patients subsequently diagnosed with cancer, those not subsequently diagnosed with cancer, and patients where there was no suspicion of cancer. Further, this includes procedure data for both primary and secondary care referrals. Procedures with Office of Population Census and Surveys Classification of Surgical Operations and Procedures (4th revision) (OPCS-4) 3-digit codes of H25 or H28 are included.

	Area	London	England
Number (N)	898	34,829	274,734
Sigmoidoscopies performed (per 100,000 population)	239.9	370.4	477.6
Statistical difference from average	-	Lower	Lower

Despite the rate of sigmoidoscopy procedures also including those for which there is no suspicion of cancer, it is considered that the majority of sigmoidoscopy procedures will be used for investigation of cancer. Comparing the number of sigmoidoscopies between GPs within a CCG and comparing different CCGs to the London and England averages is important because it provides possible insight into the number of investigations for bowel cancer.

Several resources are available to provide further information on the sigmoidscopy procedure and bowel cancer testing:
• Cancer Research UK's guide to bowel cancer tests (http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/diagnosis/bowel-cancer-tests#colonoscopy)
• NHS Choice's guide to diagnosing bowel cancer (http://www.nhs.uk/Conditions/Cancer-of-the-colon-rectum-or-bowel/Pages/Diagnosis.aspx).
• The BMJ's guide to sigmoidoscopy screening for colorectal cancer (http://www.bmj.com/content/338/bmj.b2084).

Area Comparison of In-Patient or Day-Case Sigmoidoscopy Procedures (Number per 100,000 population)

Practice	Rate
F84004	379.9
F84006	155.7
F84009	168.4
F84010	339.7
F84014	386.7
F84017	196.7
F84022	214.0
F84032	278.6
F84047	214.6
F84050	236.6
F84052	493.6
F84053	276.1
F84070	254.0
F84074	154.6
F84077	289.9
F84086	389.6
F84088	284.9
F84089	227.1
F84091	243.8
F84092	336.3
F84093	301.6
F84097	263.8
F84111	184.9
F84121	193.6
F84124	197.8
F84631	292.5
F84641	182.6
F84642	184.2
F84657	488.1
F84658	223.1
F84660	189.4
F84661	393.0
F84666	365.0
F84669	213.3
F84670	119.1
F84672	211.7
F84673	149.8
F84677	364.5
F84679	177.4
F84681	364.1
F84706	192.2
F84708	174.9
F84713	293.5
F84717	240.0
F84724	186.7
F84727	394.9
F84729	167.1
F84730	205.6
F84734	138.4
F84735	226.7
F84739	246.1
F84740	148.3
F84741	349.0
F84742	82.7
F84749	121.3
Y02823	156.8
Y02928	183.8
Y04273	111.4

Legend: Lower, No Difference, Higher, England Average, London Average, CCG Average

Area:	NHS Newham CCG		Year:	2015-16

In-patient or day-case upper GI endoscopy procedures (Number per 100,000 population)

The crude rate per 100,000 persons of endoscopies of the upper gastrointestinal tract performed on persons registered at the practice: the number of endoscopies of the upper gastrointestinal tract (in-patient and day-case) multiplied by 100,000, divided by the list size of the practice in question.

These procedures were not filtered by the diagnostic field in the HES data so contain both patients subsequently diagnosed with cancer, those not subsequently diagnosed with cancer, and patients where there was no suspicion of cancer. Further, this includes procedure data for both primary and secondary care referrals. Procedures with Office of Population Census and Surveys Classification of Surgical Operations and Procedures (4th revision) (OPCS-4) 3-digit codes of G16 and G45 are included.

	Area	London	England
Number (N)	3,623	104,161	749,164
Upper GI endoscopies performed (per 100,000 population)	967.7	1107.9	1302.4
Statistical difference from average	-	Lower	Lower

Despite the rate of upper GI endoscopy procedures also including those for which there is no suspicion of cancer, it is considered that the majority of upper GI procedures will be used for investigation of cancer. Comparing the number of upper GI endoscopies between GPs within a CCG and comparing different CCGs to the London and England averages is important because it provides possible insight into the number of investigations for stomach cancer.

Several resources are available to provide further information on the upper GI endoscopy procedure and stomach cancer testing:

• Cancer Research UK's guide to Endoscopy (http://www.cancerresearchuk.org/about-cancer/cancers-in-general/tests/endoscopy).

• NHS Choices' guide to Endoscopy (http://www.nhs.uk/conditions/Endoscopy/Pages/Introduction.aspx).

Area Comparison of In-Patient or Day-Case Upper GI Endoscopy Procedures (Number per 100,000 population)

Area:	NHS Newham CCG	Year:	2015-16

Number of emergency admissions with cancer (Number per 100,000 population)

The crude rate per 100,000 persons of all emergency admissions with an invasive, in-situ, uncertain or unknown behaviour, or benign brain cancer (ICD-10 C00-C97, D00-D09, D33, and D37-48), present in any of the first three diagnostic fields (HES inpatient database) per patients on the practice register.

A data quality issue has been identified for this indicator/measure: The number of patients per practice is often quite small so variation is inflated by chance considerably. Generally with small sample sizes, process indicators (e.g., rate of 2ww referrals) are considered to be more reliable than outcome indicators, such as this indicator.

	Area	London	England
Number (N)	1,402	39,260	308,950
Rate per 100,000 population	377.9	418.3	537.8
Area statistical difference from average	-	Lower	Lower

Certain cancers are more likely to be diagnosed through an emergency route, with over half (62%) of central nervous system (CNS) cancers in England diagnosed via all emergency routes, as are 39% of lung cancers - the third most common cancer in England. One year relative survival for cancers diagnosed through emergency presentation is significantly lower than all other routes to diagnosis (1). This data is intended to provide an insight into patients' routes to diagnosis to CCGs and to encourage practices to consider how their own patients present with cancer.

Note: Emergency routes include A&E, GP emergency referral, in-patient emergency admission, or other out-patient emergency referral (2).

Further, it has been found that age, sex, deprivation, and tumour site also effect the method of presentation and is something that should be considered (3).
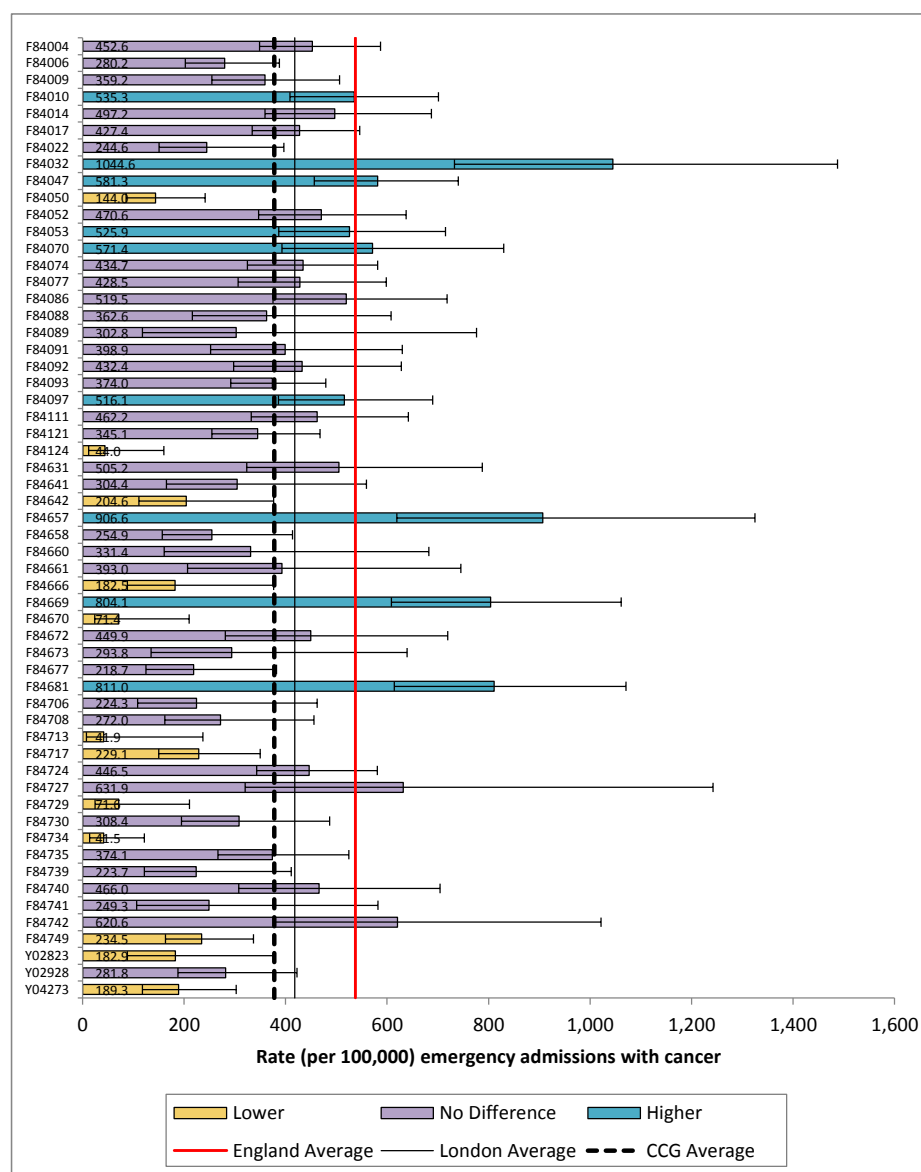
Practices may wish to carry out an audit and/or significant event analysis (SEA) on patients diagnosed through an emergency route, to identify whether any practice level improvements could be made.

The following resources are available to aid practices in undertaking audits and SEAs:

• Royal College of GPs audit template and guidance (available at: http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/significant-event-audit.aspx)

1. Routes to Diagnosis: Exploring Emergency Presentations (2013),
http://www.ncin.org.uk/publications/data_briefings/routes_to_diagnosis_exploring_emergency_presentations

2. Hospital Episodes Survey (HES) Data Dictionary (2015). http://www.hscic.gov.uk/hesdatadictionary

3. Abel, G. A., et al. Cancer-specific variation in emergency presentation by sex, age and deprivation across 27 common and rarer cancers. British Journal of Cancer; 112 (2015): S129-S136.

Area Comparison of Number of Emergency Admissions with Cancer (Number per 100,000 Population)

Area:	NHS Newham CCG	Year:	2015-16

Number of emergency presentations (Number per 100,000 population)

The crude rate of persons diagnosed with cancer via an emergency route, divided by the number of persons in the practice list, expressed as a rate per 100,000 population.

A data quality issue has been identified for this indicator/measure: The number of patients per practice is often quite small so variation is inflated by chance considerably. Generally with small sample sizes, process indicators (e.g., rate of 2ww referrals) are considered to be more reliable than outcome indicators, such as this indicator.

	Area	London	England
Number (N)	190	6,090	51,164
Rate per 100,000 population	50.7	64.8	88.9
Area statistical difference from average	-	Lower	Lower

Certain cancers are more likely to be diagnosed through an emergency route, with over half (62%) of central nervous system (CNS) cancers in England diagnosed via an emergency route, as are 39% of lung cancers - the third most common cancer in England. One year relative survival for cancers diagnosed through emergency presentation is significantly lower than all other routes to diagnosis (1). This data is intended to provide an insight into patients' routes to diagnosis and to encourage practices and CCGs to consider how their own patients present with cancer.

It is important to ascertain what proportion of new cancer cases are diagnosed by emergency route compared to other methods of diagnosis.

Possible reasons for emergency presentation are as follows:
• a person was diagnosed through an emergency route due to not attending a screening appointment
• symptoms had previously been missed by a GP
• severity of symptoms

Note: Emergency routes include A&E, GP emergency referral, in-patient emergency admission, or other out-patient emergency referral (2).

Further, it has been found that age, sex, deprivation, and tumour site also effect the method of presentation and is something that should be considered (3).

Practices may wish to carry out an audit and/or significant event analysis (SEA) on patients diagnosed through an emergency route, to identify whether any practice level improvements could be made.

The following resources are available to aid practices in undertaking audits and SEAs:
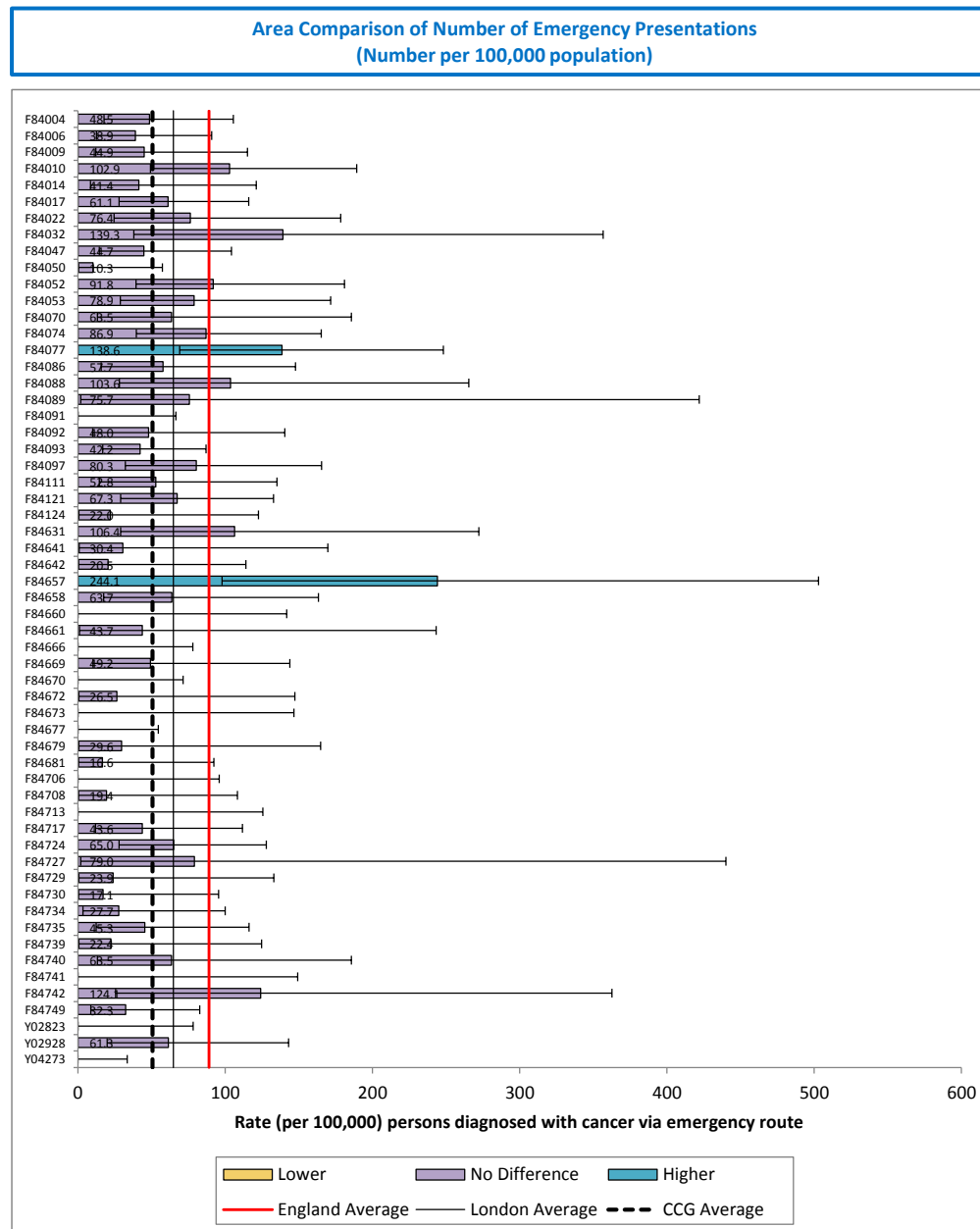• Royal College of GPs audit template and guidance (available at:
http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/significant-event-audit.aspx)

1. Routes to Diagnosis: Exploring Emergency Presentations (2013),
http://www.ncin.org.uk/publications/data_briefings/routes_to_diagnosis_exploring_emergency_presentations
2. Hospital Episodes Survey (HES) Data Dictionary (2015). http://www.hscic.gov.uk/hesdatadictionary
3. Abel, G. A., et al. Cancer-specific variation in emergency presentation by sex, age and deprivation across 27 common and rarer cancers. British Journal of Cancer; 112 (2015): S129-S136.

Area Comparison of Number of Emergency Presentations (Number per 100,000 population)

Rate (per 100,000) persons diagnosed with cancer via emergency route

Legend: Lower | No Difference | Higher | England Average | London Average | CCG Average

Area: NHS Newham CCG		**Year:**	2015-16

Number of other presentations (Number per 100,000 population)

The crude rate of persons diagnosed with cancer via a non-emergency route, divided by the number of persons in the practice list, expressed as a rate per 100,000 persons.

A data quality issue has been identified for this indicator/measure: The number of patients per practice is often quite small so variation is inflated by chance considerably. Generally with small sample sizes, process indicators (e.g., rate of 2ww referrals) are considered to be more reliable than outcome indicators, such as this indicator.

	Area	London	England
Number (N)	630	23,561	207,881
Rate per 100,000 population	168.3	250.6	361.4
Area statistical difference from average	-	Lower	Lower

Certain cancers are more likely to be diagnosed through an emergency route, with over half (62%) of central nervous system (CNS) cancers in England diagnosed via an emergency route, as are 39% of lung cancers - the third most common cancer in England. One year relative survival for cancers diagnosed through emergency presentation is significantly lower than all other routes to diagnosis (1). This data is intended to provide an insight into patients' routes to diagnosis and to encourage practices and CCGs to consider how their own patients present with cancer. Possible non-emergency routes to diagnosis include: screen detected, 2ww, GP referral, in-patient elective, and other non-emergency presentations (2).
Further, it has been found that age, sex, deprivation, and tumour site also effect the method of presentation and is something that should be considered (3).

Practices may wish to carry out an audit and/or significant event analysis (SEA) on patients diagnosed through an emergency route (this metric is looking at non-emergency), to identify whether any practice level improvements could be made.
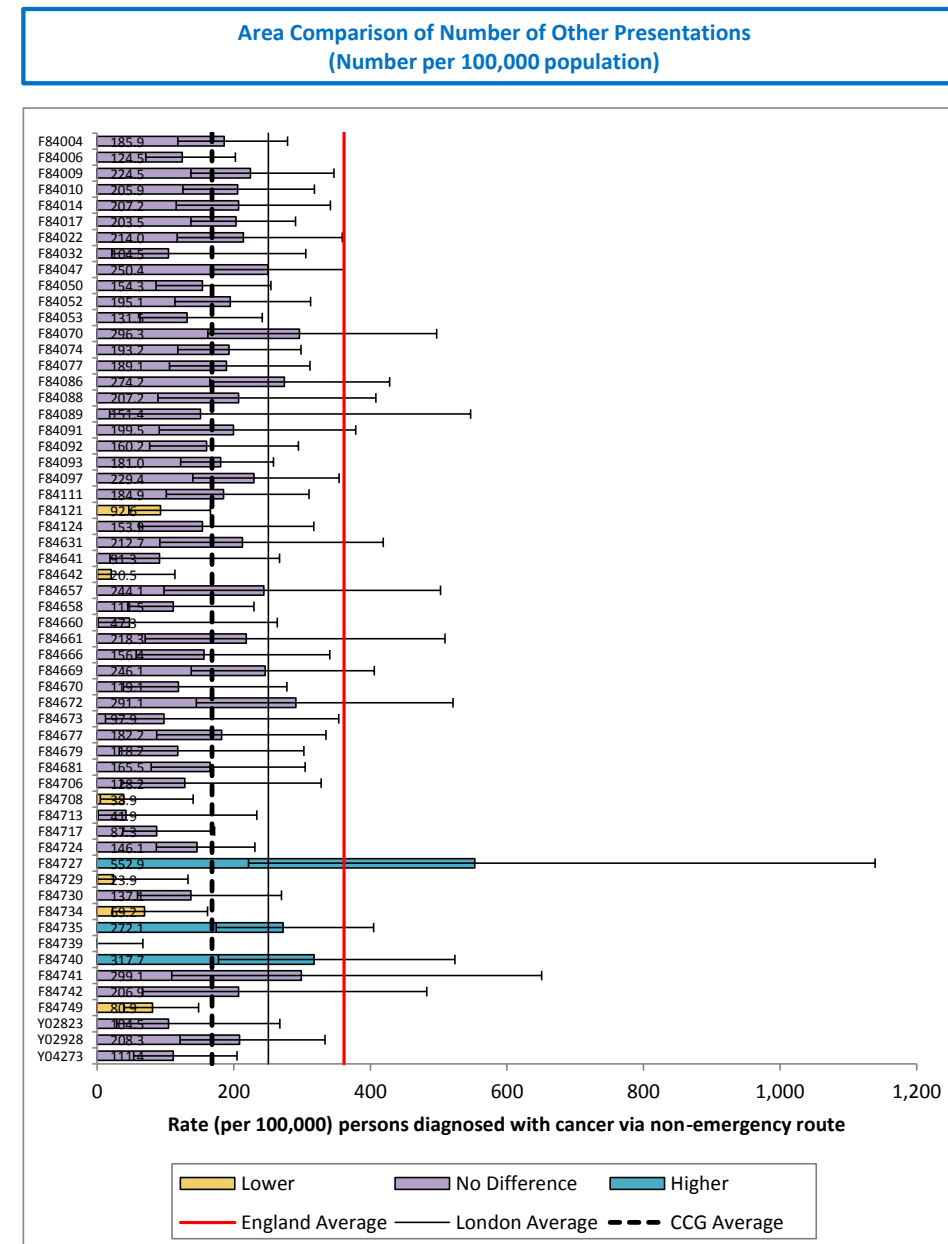The following resources are available to aid practices in undertaking audits and SEAs:

• Royal College of GPs audit template and guidance (available at: http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/significant-event-audit.aspx)

1. Routes to Diagnosis: Exploring Emergency Presentations (2013),
http://www.ncin.org.uk/publications/data_briefings/routes_to_diagnosis_exploring_emergency_presentations

2. Hospital Episodes Survey (HES) Data Dictionary (2015). http://www.hscic.gov.uk/hesdatadictionary

3. Abel, G. A., et al. Cancer-specific variation in emergency presentation by sex, age and deprivation across 27 common and rarer cancers. British Journal of Cancer; 112 (2015): S129-S136.

Area Comparison of Number of Other Presentations (Number per 100,000 population)

Rate (per 100,000) persons diagnosed with cancer via non-emergency route

Legend: Lower | No Difference | Higher | England Average | London Average | CCG Average

Detection Rates Index Table
Note: This table is not available at the London level

Area: NHS Newham CCG

Detection rate is the proportion of cancers detected via the 2 week wait pathway compared to the total number of cancers in that practice. This route is the preferred pathway to ensure rapid access to tests and treatments. Typically, it is around 45-50% in London. However, there is year on year variation in this figure at practice level and at CCG level. Practices demonstrating greater than expected variation in their data can seek reasons for this (sometimes relating to clinical practice or practice systems). In order to take into account natural, expected variation, data from multiple years has been tabulated.

Low numbers of suspected cancer cases at a practice level can lead to large fluctuation in the detection rates. To account for this, three-year rolling averages have been calculated.

Practice Code	Practice Name	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	Average
	England	**43.7**	**45**	**46.3**	**47.4**	**48.4**	**49.7**	**46.75**
	NHS Newham CCG	**33.2**	**36.7**	**47.7**	**47.2**	**53.2**	**48.3**	**44.38**
F84004	Market Street Health Group	36.4	51.9	42.9	60.7	70	60	53.65
F84006	The Shrewsbury Centre	39.1	41.7	45.5	44	56.5	55.6	47.07
F84009	Stratford Village Surgery	29.4	46.7	64.3	29.4	53.3	45	44.68
F84010	St. Bartholomews Surgery	33.3	22.7	37.5	55	69.2	58.3	46.00
F84014	Upton Lane Medical Centre	40	50	50	37.5	81.8	42.9	50.37
F84017	Star Lane Medical Centre	32.1	37.5	37.5	57.7	56.5	54.5	45.97
F84022	Stratford Health Centre	46.7	50	68.8	33.3	61.5	50	51.72
F84032	Barking Road Medical Centre	40	0	75	33.3	0	66.7	35.83
F84047	Custom House Surgery	22.2	25.7	63.3	30.4	70.8	38.5	41.82
F84050	Boleyn Medical Centre	36.4	42.9	38.5	10	80	58.3	44.35
F84052	Essex Lodge	28.6	58.3	41.7	27.8	38.1	53.3	41.30
F84053	Greengate Medical Centre	38.5	45.5	61.5	25	71.4	50	48.65
F84070	Lathom Road Medical Centre	25	0	11.1	71.4	66.7	58.8	38.83
F84074	The Graham Practice	27.3	33.3	42.1	44.4	52.4	45	40.75
F84077	Dr R Samuel & Partner	40	8.3	50	38.5	50	28.6	35.90
F84086	Dr N Driver & Partners	40	50	42.1	37.5	57.1	36.8	43.92
F84088	Plashet Road Medical Centre	38.5	40	66.7	71.4	60	25	50.27
F84089	Manor Park Medical Centre	16.7	33.3	100	75	100	50	62.50
F84091	The Surgery - Dr A Arshad	16.7	50	14.3	100	66.7	25	45.45
F84092	Glen Road Medical Centre	50	28.6	30	100	60	37.5	51.02
F84093	Tollgate Medical Centre	38.5	28.1	65.2	51.5	44	62.2	48.25
F84097	Claremont Clinic	5.9	11.1	46.7	20	55.6	46.7	31.00
F84111	Abbey Road Medical Practice	50	55.6	62.5	80	44.4	23.1	52.60
F84121	E12 Health	43.8	41.7	50	30	38.5	84.6	48.10
F84124	The Project Surgery	0	0	100	25	33.3	50	34.72
F84631	Dr Pi Abiola	41.7	0	66.7	62.5	42.9	66.7	46.75
F84641	Birchdale Road Medical Centre	50	100	0	60	50	0	43.33
F84642	Dr.Sinha Medical Centre	16.7	50	66.7	50	0	0	30.57
F84657	Cumberland Medical Centre	50	33.3	87.5	50	20	50	48.47
F84658	Sangam Practice	66.7	25	42.9	40	75	33.3	47.15
F84660	Dr Cm Patel	0	0	100	0	0	0	16.67
F84661	West Ham Medical Practice	12.5	66.7	50	33.3	0	25	31.25
F84666	The Ruiz Medical Practice	16.7	37.5	66.7	33.3	40	20	35.70
F84669	Newham Medical Centre	42.9	80	40	83.3	50	30.8	54.50
F84670	Westbury Road Medical Practice	25	66.7	0	0	42.9	40	29.10
F84672	Leytonstone Road Medical Centre	0	0	100	0	66.7	62.5	38.20
F84673	Esk Road Medical Centre	0	62.5	0	100	50	0	35.42
F84677	East End Medical Centre	75	30	60	57.1	42.9	62.5	54.58
F84679	Upper Road Medical Centre	0	0	0	100	16.7	50	27.78
F84681	Balaam Street Practice	42.9	40	57.1	58.3	72.7	61.5	55.42
F84706	Dr Sks Swedan	33.3	100	0	60	100	50	57.22

Detection Rates Index Table
Note: This table is not available at the London level

| Area: | NHS Newham CCG |

Detection rate is the proportion of cancers detected via the 2 week wait pathway compared to the total number of cancers in that practice. This route is the preferred pathway to ensure rapid access to tests and treatments. Typically, it is around 45-50% in London. However, there is year on year variation in this figure at practice level and at CCG level. Practices demonstrating greater than expected variation in their data can seek reasons for this (sometimes relating to clinical practice or practice systems). In order to take into account natural, expected variation, data from multiple years has been tabulated.

Low numbers of suspected cancer cases at a practice level can lead to large fluctuation in the detection rates. To account for this, three-year rolling averages have been calculated.

Practice Code	Practice Name	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	Average
F84708	Dr T Lwin	25	60	75	28.6	37.5	50	46.02
F84713	East Ham Medical Centre	33.3	0	33.3	25	100	0	31.93
F84717	Royal Docks Medical Practice	25	66.7	58.3	50	28.6	37.5	44.35
F84724	Woodgrange Medical Practice	41.7	66.7	30	50	63.6	21.1	45.52
F84727	Prime Medical Centre	33.3	0	0	50	60	57.1	33.40
F84729	Dr Nb Bhadra	16.7	33.3	0	60	0	100	35.00
F84730	Dr Pcl Knight	0	50	44.4	57.1	54.5	40	41.00
F84734	Boleyn Road Practice	83.3	0	0	75	20	0	29.72
F84735	The Azad Practice	20	44.4	76.9	50	70	47.6	51.48
F84739	E12 Medical Centre	40	0	20	0	75	0	22.50
F84740	Newham Transitional Practice	0	0	22.2	40	50	45.5	26.28
F84741	Dr T Krishnamurthy	33.3	33.3	66.7	50	100	71.4	59.12
F84742	The Summitt Practice	0	0	20	50	66.7	83.3	36.67
F84749	Lantern Health-Carpenters Practice	66.7	100	20	52.9	57.1	70	61.12
Y02823	Dmc Vicarage Lane	50	50	25	50	0	50	37.50
Y02928	The Practice Albert Road	33.3	50	36.4	66.7	44.4	46.2	46.17
Y04273	Liberty Bridge Road Practice					0	58.3	29.15

Rolling Averages Detection Rates Index Table
Note: This table is not available at the London level

Source: http://fingertips.phe.org.uk/profile/cancerservices

Area: NHS Newham CCG

Three-year rolling average detection rates have been presented at a practice level for a selected CCG, along with the average detection rate over the six years.

Low numbers of suspected cancer cases at a practice level can lead to large fluctuation in the detection rates. To account for this, three-year rolling averages have been calculated.

Practice Code	Practice Name	2010/11-2012/13 Average	2011/12-2013/14 Average	2012/13-2014/15 Average	2013/14-2015/16 Average	2010/11- 2015/16 Average
	England	**45.00**	**46.23**	**47.37**	**48.50**	**46.75**
	NHS Newham CCG	**39.20**	**43.87**	**49.37**	**49.57**	**44.38**
F84004	Market Street Health Group	43.73	51.83	57.87	63.57	53.65
F84006	The Shrewsbury Centre	42.10	43.73	48.67	52.03	47.07
F84009	Stratford Village Surgery	46.80	46.80	49.00	42.57	44.68
F84010	St. Bartholomews Surgery	31.17	38.40	53.90	60.83	46.00
F84014	Upton Lane Medical Centre	46.67	45.83	56.43	54.07	50.37
F84017	Star Lane Medical Centre	35.70	44.23	50.57	56.23	45.97
F84022	Stratford Health Centre	55.17	50.70	54.53	48.27	51.72
F84032	Barking Road Medical Centre	38.33	36.10	36.10	33.33	35.83
F84047	Custom House Surgery	37.07	39.80	54.83	46.57	41.82
F84050	Boleyn Medical Centre	39.27	30.47	42.83	49.43	44.35
F84052	Essex Lodge	42.87	42.60	35.87	39.73	41.30
F84053	Greengate Medical Centre	48.50	44.00	52.63	48.80	48.65
F84070	Lathom Road Medical Centre	12.03	27.50	49.73	65.63	38.83
F84074	The Graham Practice	34.23	39.93	46.30	47.27	40.75
F84077	Dr R Samuel & Partner	32.77	32.27	46.17	39.03	35.90
F84086	Dr N Driver & Partners	44.03	43.20	45.57	43.80	43.92
F84088	Plashet Road Medical Centre	48.40	59.37	66.03	52.13	50.27
F84089	Manor Park Medical Centre	50.00	69.43	91.67	75.00	62.50
F84091	The Surgery - Dr A Arshad	27.00	54.77	60.33	63.90	45.45
F84092	Glen Road Medical Centre	36.20	52.87	63.33	65.83	51.02
F84093	Tollgate Medical Centre	43.93	48.27	53.57	52.57	48.25
F84097	Claremont Clinic	21.23	25.93	40.77	40.77	31.00
F84111	Abbey Road Medical Practice	56.03	66.03	62.30	49.17	52.60
F84121	E12 Health	45.17	40.57	39.50	51.03	48.10
F84124	The Project Surgery	33.33	41.67	52.77	36.10	34.72
F84631	Dr Pi Abiola	36.13	43.07	57.37	57.37	46.75
F84641	Birchdale Road Medical Centre	50.00	53.33	36.67	36.67	43.33
F84642	Dr.Sinha Medical Centre	44.47	55.57	38.90	16.67	30.57
F84657	Cumberland Medical Centre	56.93	56.93	52.50	40.00	48.47
F84658	Sangam Practice	44.87	35.97	52.63	49.43	47.15
F84660	Dr Cm Patel	33.33	33.33	33.33	0.00	16.67
F84661	West Ham Medical Practice	43.07	50.00	27.77	19.43	31.25
F84666	The Ruiz Medical Practice	40.30	45.83	46.67	31.10	35.70
F84669	Newham Medical Centre	54.30	67.77	57.77	54.70	54.50
F84670	Westbury Road Medical Practice	30.57	22.23	14.30	27.63	29.10
F84672	Leytonstone Road Medical Centre	33.33	33.33	55.57	43.07	38.20
F84673	Esk Road Medical Centre	20.83	54.17	50.00	50.00	35.42
F84677	East End Medical Centre	55.00	49.03	53.33	54.17	54.58
F84679	Upper Road Medical Centre	0.00	33.33	38.90	55.57	27.78

Rolling Averages Detection Rates Index Table
Note: This table is not available at the London level

Area: NHS Newham CCG

Three-year rolling average detection rates have been presented at a practice level for a selected CCG, along with the average detection rate over the six years.

Low numbers of suspected cancer cases at a practice level can lead to large fluctuation in the detection rates. To account for this, three-year rolling averages have been calculated.

Practice Code	Practice Name	2010/11-2012/13 Average	2011/12-2013/14 Average	2012/13-2014/15 Average	2013/14-2015/16 Average	2010/11- 2015/16 Average
F84681	Balaam Street Practice	46.67	51.80	62.70	64.17	55.42
F84706	Dr Sks Swedan	44.43	53.33	53.33	70.00	57.22
F84708	Dr T Lwin	53.33	54.53	47.03	38.70	46.02
F84713	East Ham Medical Centre	22.20	19.43	52.77	41.67	31.93
F84717	Royal Docks Medical Practice	50.00	58.33	45.63	38.70	44.35
F84724	Woodgrange Medical Practice	46.13	48.90	47.87	44.90	45.52
F84727	Prime Medical Centre	11.10	16.67	36.67	55.70	33.40
F84729	Dr Nb Bhadra	16.67	31.10	20.00	53.33	35.00
F84730	Dr Pcl Knight	31.47	50.50	52.00	50.53	41.00
F84734	Boleyn Road Practice	27.77	25.00	31.67	31.67	29.72
F84735	The Azad Practice	47.10	57.10	65.63	55.87	51.48
F84739	E12 Medical Centre	20.00	6.67	31.67	25.00	22.50
F84740	Newham Transitional Practice	7.40	20.73	37.40	45.17	26.28
F84741	Dr T Krishnamurthy	44.43	50.00	72.23	73.80	59.12
F84742	The Summitt Practice	6.67	23.33	45.57	66.67	36.67
F84749	Lantern Health-Carpenters Practice	62.23	57.63	43.33	60.00	61.12
Y02823	Dmc Vicarage Lane	41.67	41.67	25.00	33.33	37.50
Y02928	The Practice Albert Road	39.90	51.03	49.17	52.43	46.17
Y04273	Liberty Bridge Road Practice			0.00	29.15	29.15

GP Practice Index Table

Note: This table is not available at the London level

For further information regarding population size of each practice, and additional variables, for the most recent year please visit http://fingertips.phe.org.uk/profile/general-practice/data

Area:	NHS Newham CCG				
Practice Code	**Practice Name**	**New cancer cases (rate per 100,000 population)**	**Quality and Outcomes Framework (QOF) Prevalence (%)**	**Proportion of population 65+ (%)**	**Practice specific deprivation score (IMD Score)**
	Most recent year available:	2013-14	2015-16	2016	2015
F84004	Market Street Health Group	324.5	1.2	8.8	34.4
F84006	The Shrewsbury Centre	304.5	0.9	7.7	30
F84009	Stratford Village Surgery	273.3	1	6.4	32.1
F84010	St. Bartholomews Surgery	247.1	0.7	9	32
F84014	Upton Lane Medical Centre	212.7	0.7	10.1	31.1
F84017	Star Lane Medical Centre	348.5	1.4	7.6	41.3
F84022	Stratford Health Centre	141.3	1.2	7.4	31.1
F84032	Barking Road Medical Centre	100	0.9	6.1	32.3
F84047	Custom House Surgery	368.6	1.3	7.8	41.2
F84050	Boleyn Medical Centre	174.1	0.6	4.7	31.5
F84052	Essex Lodge	332.9	1.1	9.8	34.5
F84053	Greengate Medical Centre	185.3	1.2	7.6	33.8
F84070	Lathom Road Medical Centre	336.2	0.9	9.4	30.6
F84074	The Graham Practice	237.1	1	8.5	30.1
F84077	Dr R Samuel & Partner	199.1	0.9	7.1	31.8
F84086	Dr N Driver & Partners	362.6	1.4	10.6	30.3
F84088	Plashet Road Medical Centre	308.6	1.6	10.9	31.9
F84089	Manor Park Medical Centre	281.1	1.1	18.9	34.7
F84091	The Surgery - Dr A Arshad	152.4	0.6	8.2	29.3
F84092	Glen Road Medical Centre	141.9	0.7	5.8	33.7
F84093	Tollgate Medical Centre	250.7	1.2	5.3	31.9
F84097	Claremont Clinic	191.7	0.8	8.2	30.5
F84111	Abbey Road Medical Practice	228.2	0.8	5.6	35.4
F84121	E12 Health	117.9	0.7	6.1	34.1
F84124	The Project Surgery	165	0.7	3.4	34.5
F84631	Dr Pi Abiola	330.1	1.1	7	30.8
F84641	Birchdale Road Medical Centre	348.8	0.9	8.6	30.7
F84642	Dr.Sinha Medical Centre	126.1	0.4	5.2	30.7
F84657	Cumberland Medical Centre	438.4	1.1	14	37.1
F84658	Sangam Practice	124.6	0.9	7.3	33.6
F84660	Dr Cm Patel	154.4	0.5	3.5	29.8
F84661	West Ham Medical Practice	282.1	1.4	10.9	30.2
F84666	The Ruiz Medical Practice	208.5	1	4.8	38
F84669	Newham Medical Centre	73.8	1	6.1	31.7
F84670	Westbury Road Medical Practice	250	0.8	5.1	32.5
F84672	Leytonstone Road Medical Centre	229.8	1.1	8.4	31.4
F84673	Esk Road Medical Centre	132.6	0.7	3.5	33.9
F84677	East End Medical Centre	141.7	1	8.6	30.6
F84679	Upper Road Medical Centre	193.9	0.5	4.6	35.4
F84681	Balaam Street Practice	274.6	0.9	7	37
F84706	Dr Sks Swedan	293.5	0.7	5.4	30.9
F84708	Dr T Lwin	264.4	0.5	3.8	38.3
F84713	East Ham Medical Centre	200	0.9	6.1	29.7
F84717	Royal Docks Medical Practice	123.9	0.6	3.9	30
F84724	Woodgrange Medical Practice	132.7	0.5	3.6	32.7
F84727	Prime Medical Centre	339.1	0.9	9	33.2
F84729	Dr Nb Bhadra	128.5	0.5	4	35.8
F84730	Dr Pcl Knight	154.3	0.5	4.2	32.2
F84734	Boleyn Road Practice	72.7	0.4	3.9	30.8
F84735	The Azad Practice	158.5	0.7	5.7	31.9
F84739	E12 Medical Centre	40	0.4	2.6	28.4
F84740	Newham Transitional Practice	78	0.6	3.1	33.4
F84741	Dr T Krishnamurthy	369.5	1	12.6	30.9
F84742	The Summitt Practice	284.6	1	6.8	31.3
F84749	Lantern Health-Carpenters Practice	135.8	0.7	3.7	35.1
Y02823	Dmc Vicarage Lane	69.3	0.3	1.5	32.3
Y02928	The Practice Albert Road	123.4	0.7	4.3	28.5
Y04273	Liberty Bridge Road Practice		0.3	1	31.6

GP Practice Index Table

Note: This table is not available at the London level

For further information regarding population size of each practice, and additional variables, for the most recent year please visit http://fingertips.phe.org.uk/profile/general-practice/data

Area:	NHS Newham CCG				
Practice Code	**Practice Name**	**New cancer cases (rate per 100,000 population)**	**Quality and Outcomes Framework (QOF) Prevalence (%)**	**Proportion of population 65+ (%)**	**Practice specific deprivation score (IMD Score)**
	Most recent year available:	**2013-14**	**2015-16**	**2016**	**2015**