Public Health England

NHS

Practice Profiles Plus

Transforming Cancer Services Team for London

Selection

Select Area: NHS West Essex 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

Acknowledgments to the Public Health Intelligence Team, Islington for their initial document on which this tool is based.

Acknowledgments to Jason Petit and Chipo Chirewa for their initial work on this tool.

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Area: NHS West Essex 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)	1,587	31,707	290,133
New cancer cases (rate per 100,000 population)	537.3	349.8	515.4
Statistical difference from average	Higher	Higher	No Difference

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)	7,439	156,310	1,392,577
QOF prevalence (%)	2.4	1.7	2.4
Statistical difference from average	-	Higher	No Difference

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)	17.6	11.0	17.2
Statistical difference from average	-	Higher	Higher

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)	16.1	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 West Essex 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.

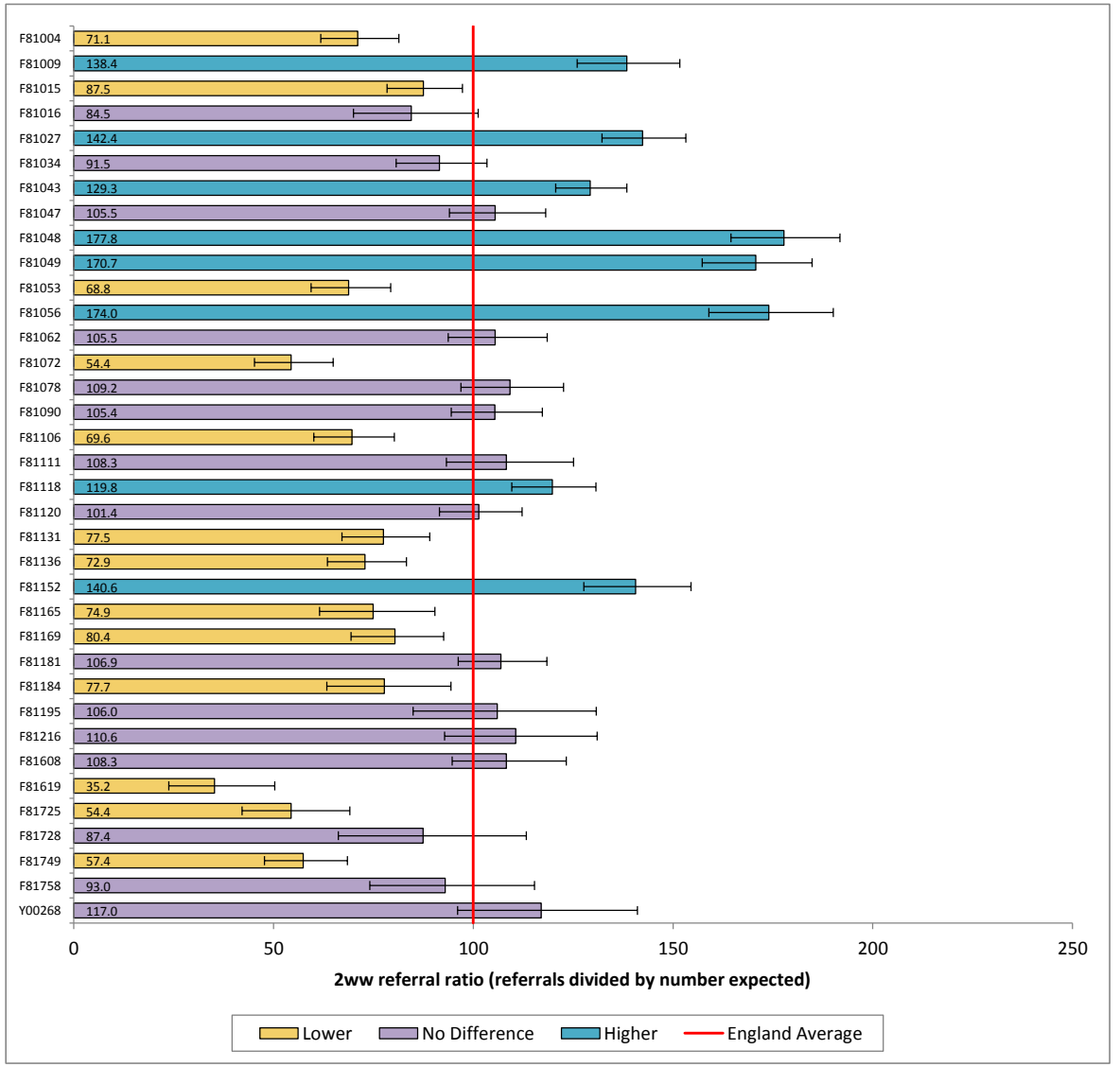
Although there is no standard rate or number of 2ww referrals, practices should consider how their 2ww referral ratio compares to the England averages, in the context of the socio-demographic profile of the practice population and the underlying incidence of cancer in the local population.

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.



Area: NHS West Essex 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.

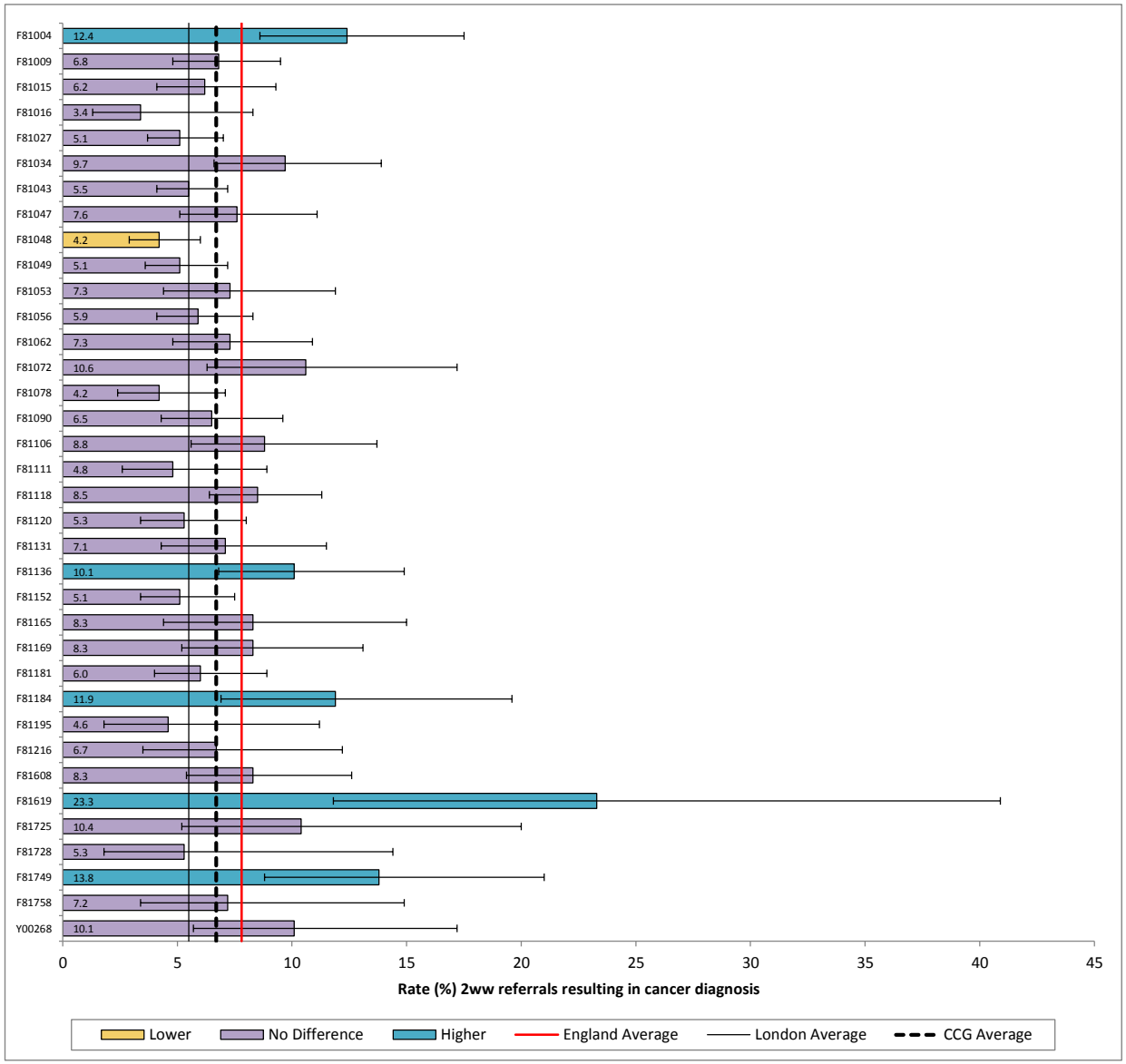
A data quality issue has been identified for this indicator/measure: The number of patients per practice is often quite small so variation is inflated by chance considerably. Generally with small sample sizes, process indicators (e.g., rate of 2ww referrals) are considered to be more reliable than outcome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

	Area	London	England
Number of cases (N) of 2ww referrals resulting in cancer diagnosis	671	13,171	133,016
Average rate (%) 2ww referrals resulting in cancer diagnosis	6.7	5.5	7.8
Expected area cases (N) given regional average	-	551	781
Statistical significance compared to area	-	Higher	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 West Essex 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	675	136,050
Average proportion (%) of new cancer cases referred by 2ww	48.7	49.7
Expected area cases (N) given regional average	-	689
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.

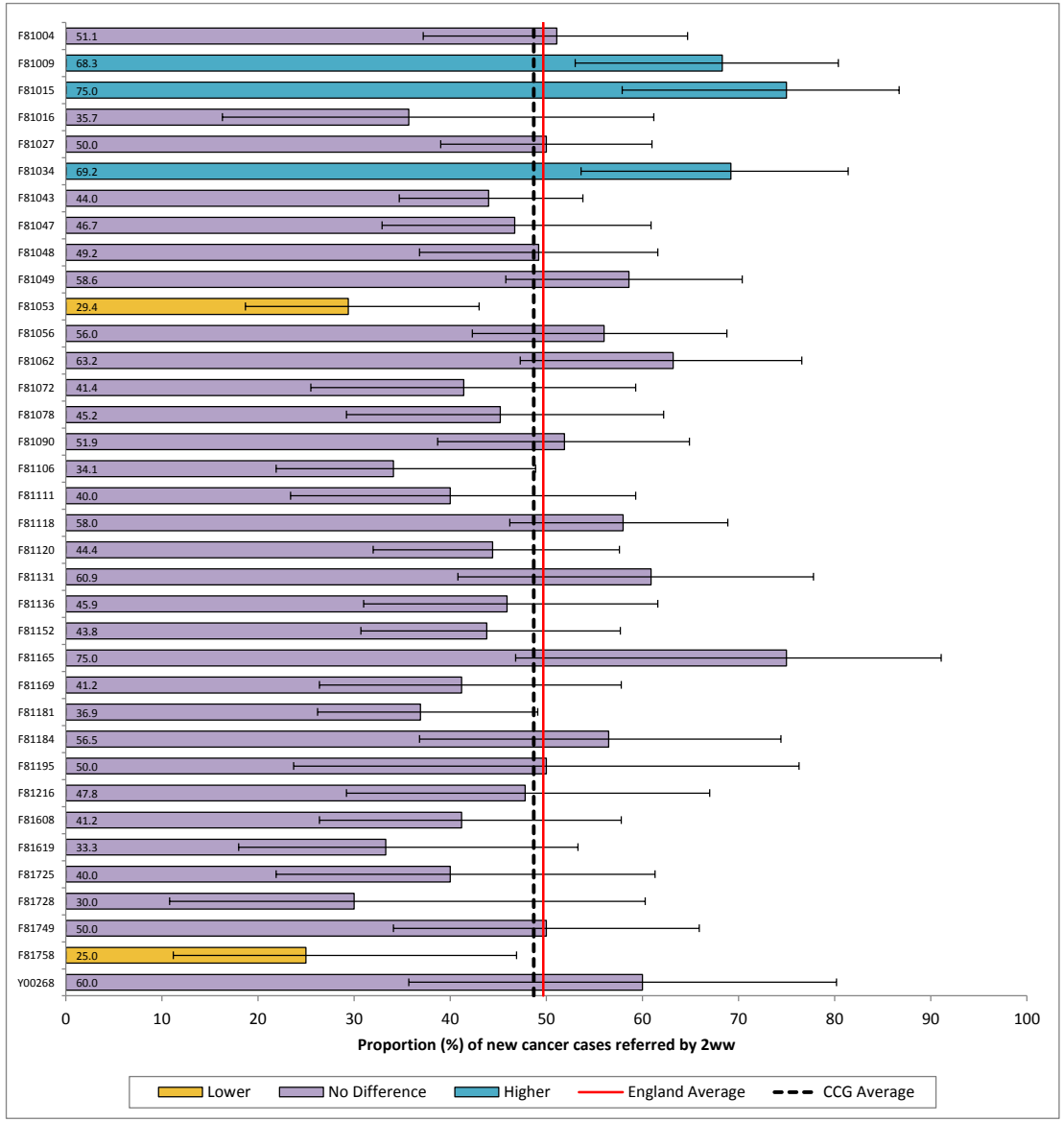
Several resources are available to aid practices in making 2ww referrals:

- 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.



Area: NHS West Essex 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)	10,032	238,678	1,711,263
Rate per 100,000 population	3,290.3	2,538.9	2,975.1
Statistical difference from average	-	Higher	Higher

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.

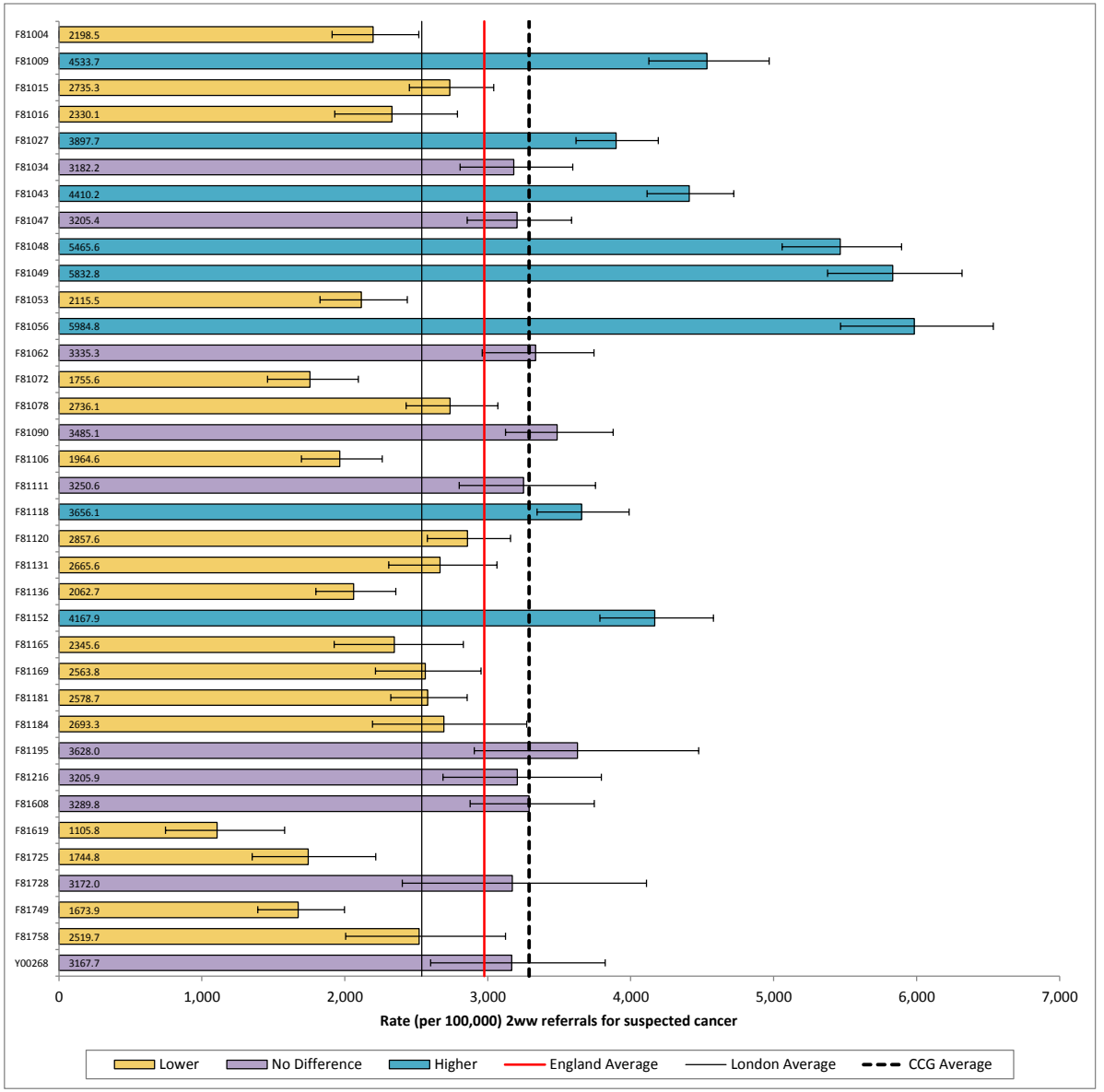
• Practices should also consider this indicator alongside their conversion rate. For example, a high 2ww referral rate with a high conversion rate would be preferable to a high referral rate and a low conversion rate. A high conversion rate and a low 2ww referral rate may indicate a high threshold of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

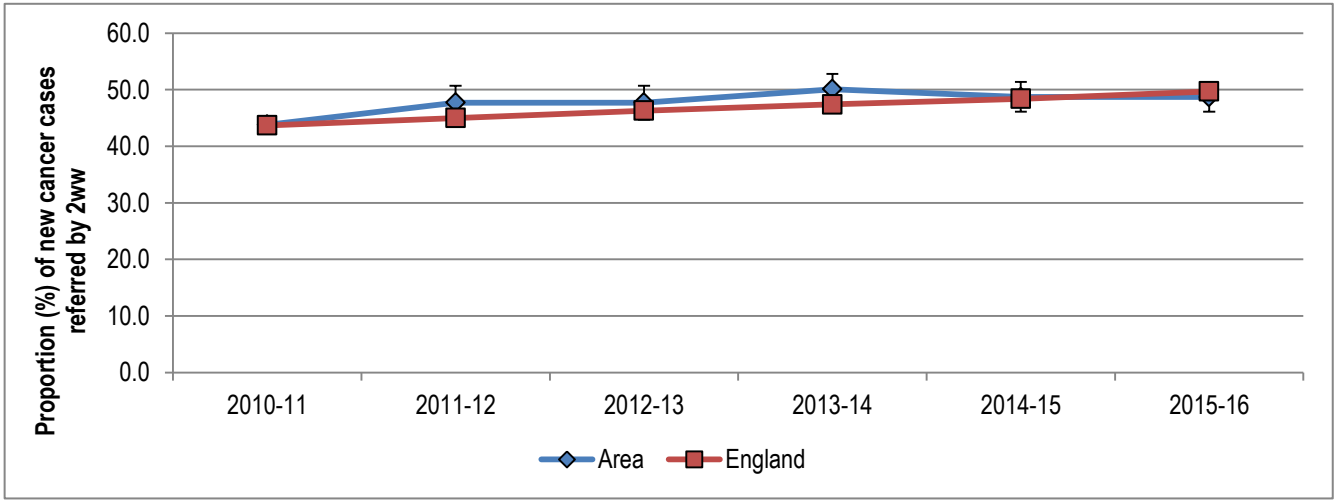


Area:	NHS West Essex CCG

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

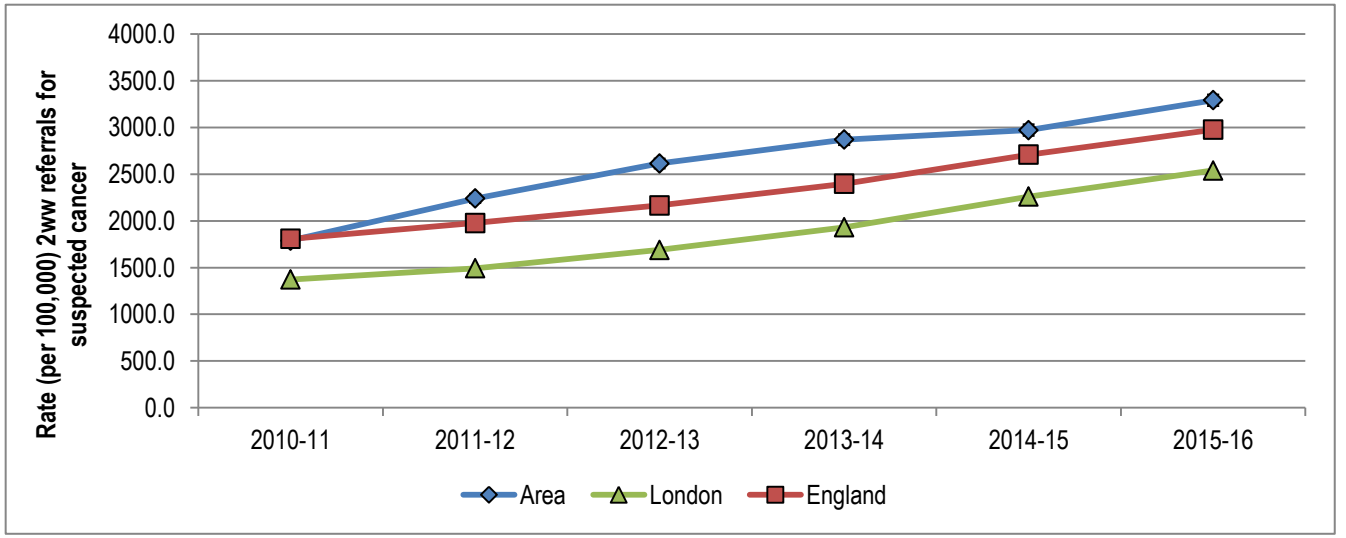
Please note no comparison data are available against the London NHS region average.

Year	Area	England
2010-11	43.8	43.7
2011-12	47.7	45.0
2012-13	47.7	46.3
2013-14	50.1	47.4
2014-15	48.7	48.4
2015-16	48.7	49.7



Trend Over Time for Two Week Wait Referrals for Suspected Cancer

Year	Area	London	England
2010-11	1789.2	1372.8	1808.3
2011-12	2239.5	1491.9	1977.7
2012-13	2613.7	1689.7	2165.0
2013-14	2868.8	1931.6	2396.6
2014-15	2970.5	2260	2707.7
2015-16	3290.3	2538.9	2975.1



Area: NHS West Essex 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)	1,748	45,557	311,224
Rate per 100,000 population	573.3	484.6	541.1
Statistical difference from average	-	Higher	Higher

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:

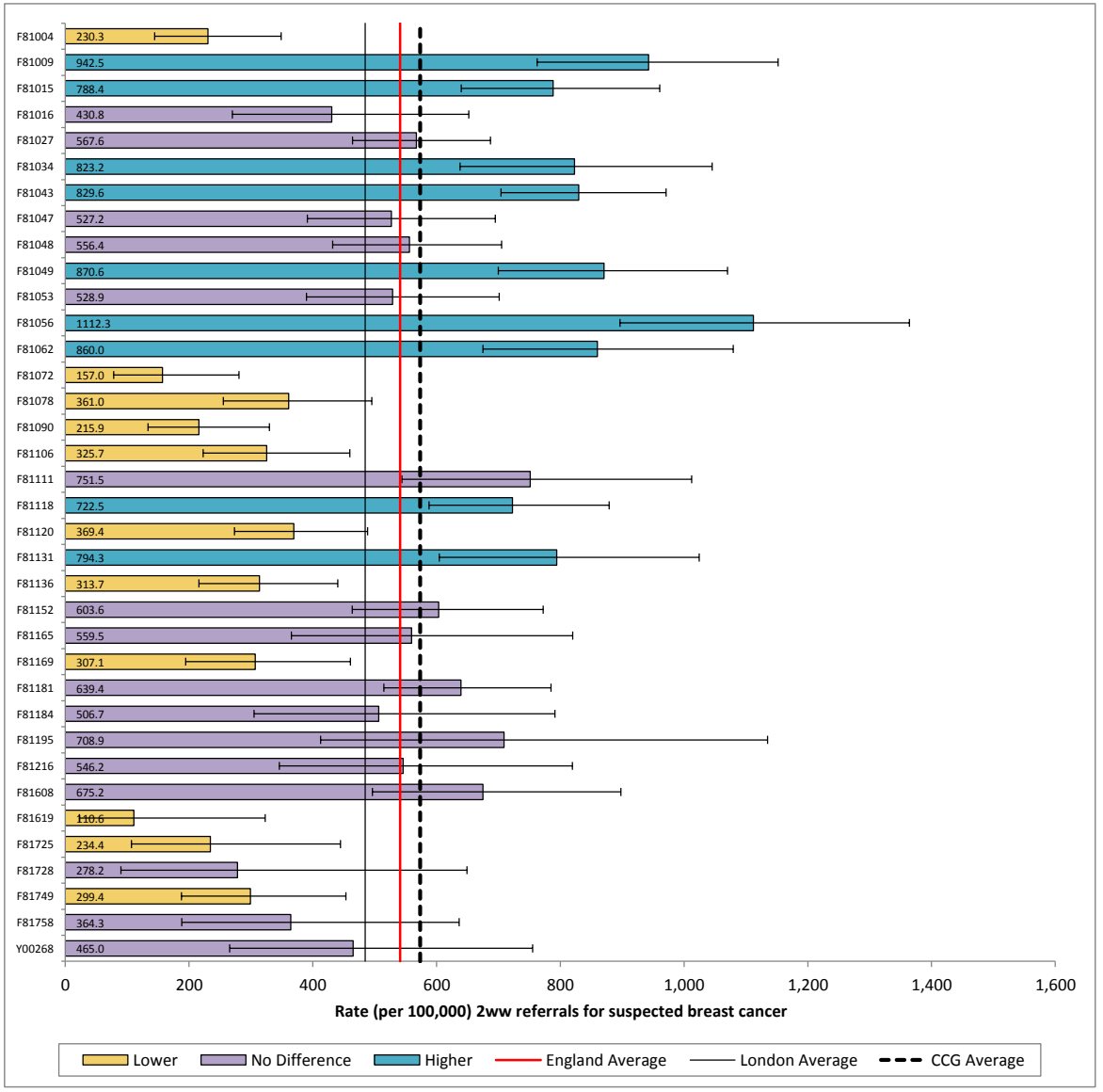
• NICE referral guidelines for suspected cancer (www.nice.org.uk/guidance/ng12)

• 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



Area: NHS West Essex 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)	1,657	34,149	260,713
Rate per 100,000 population	543.5	363.2	453.3
Statistical difference from average	-	Higher	Higher

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:

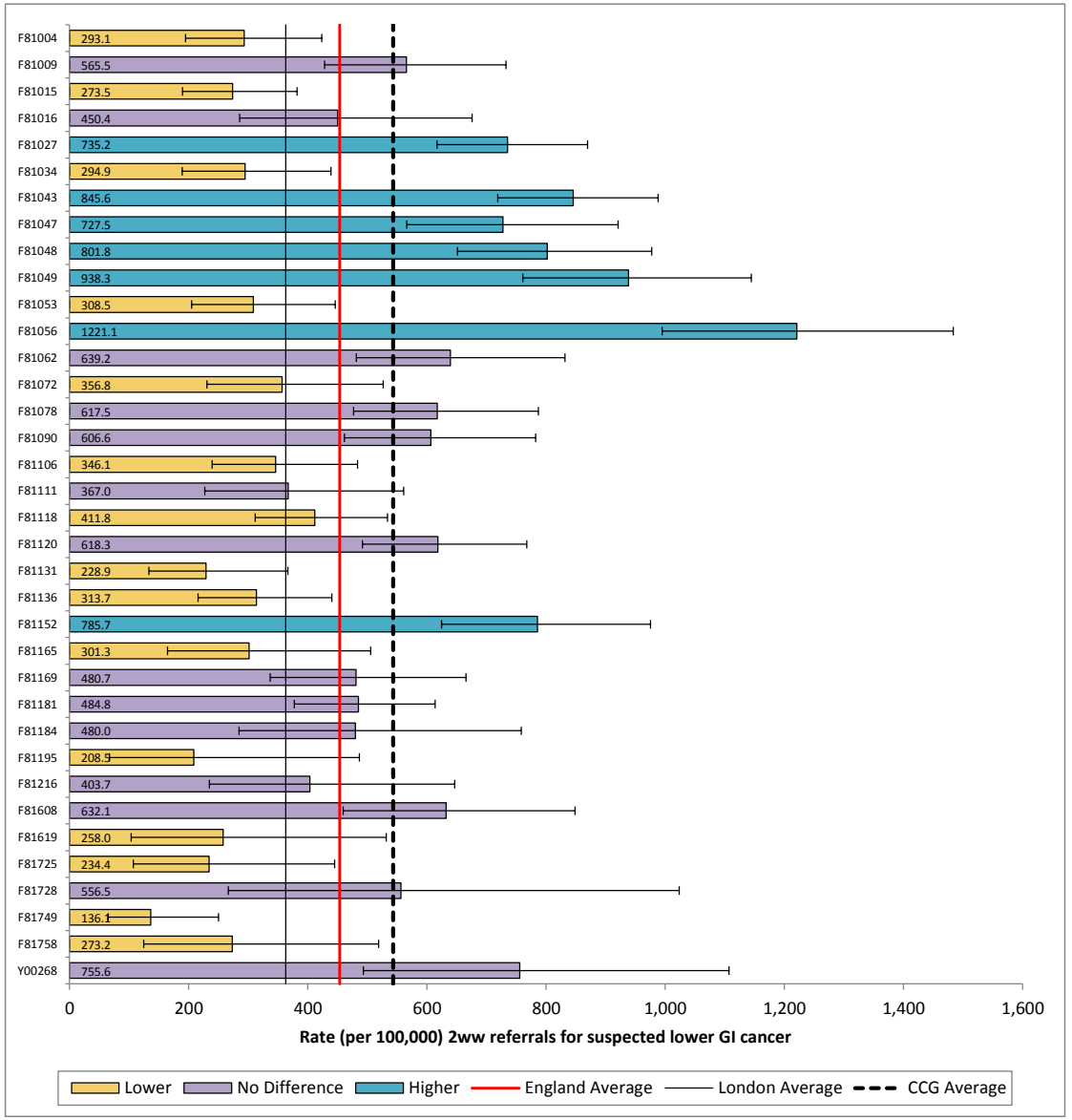
• Symptom checker tool for bowel cancer - (available at: http://www.nhs.uk/Tools/Pages/Bowel-cancer-self-assessment.aspx)

• 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 West Essex 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)	430	9,266	59,443
Rate per 100,000 population	141.0	98.6	103.3
Statistical difference from average	-	Higher	Higher

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).

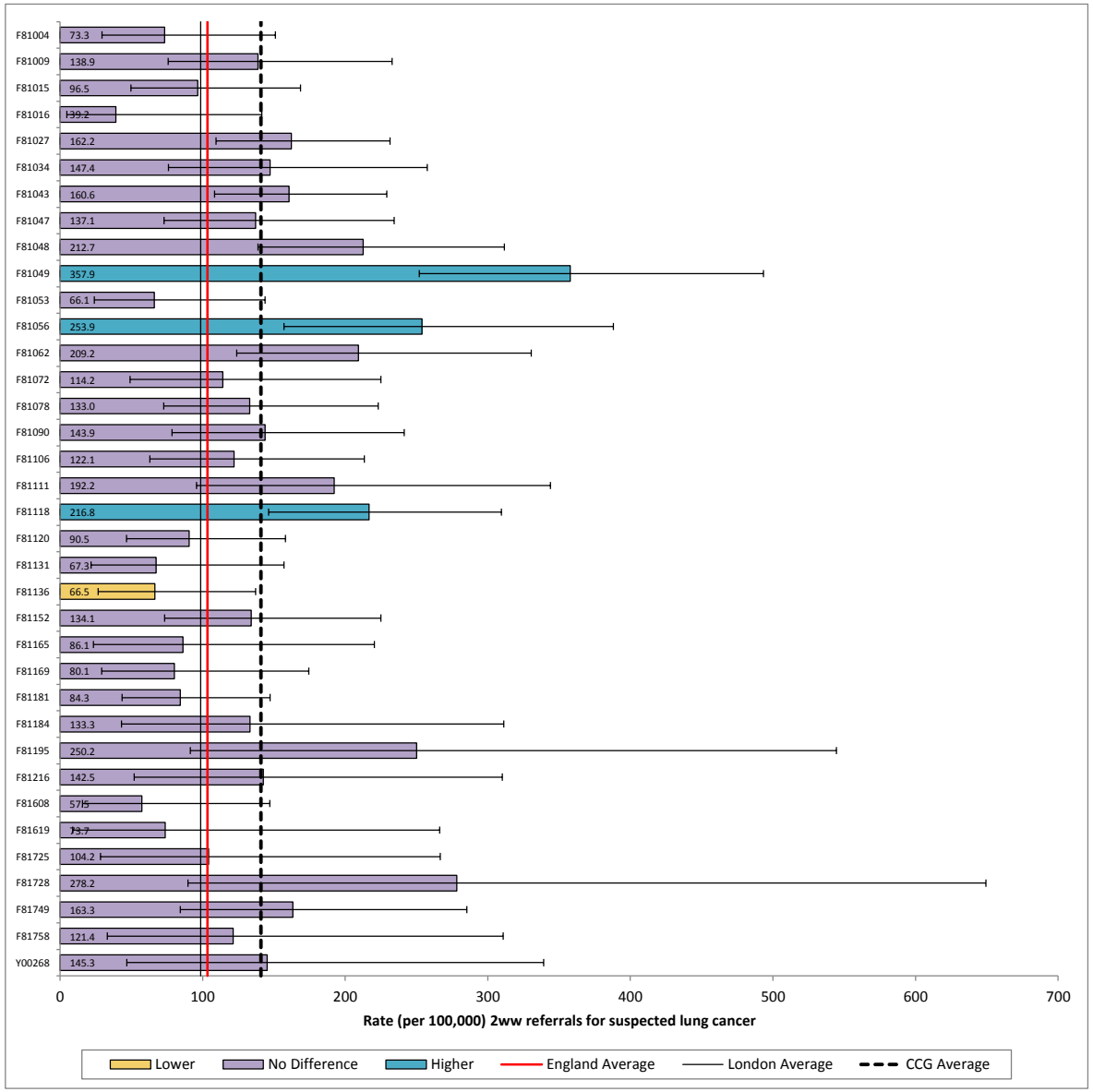
• Risk assessment tools for lung cancer (smokers and non-smokers) - (available at: http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/national-awareness-and-early-diagnosis-initiative-naedi)

• 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 West Essex 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)	2,232	45,349	328,871
Rate per 100,000 population	732.0	482.4	571.8
Statistical difference from average	-	Higher	Higher

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).

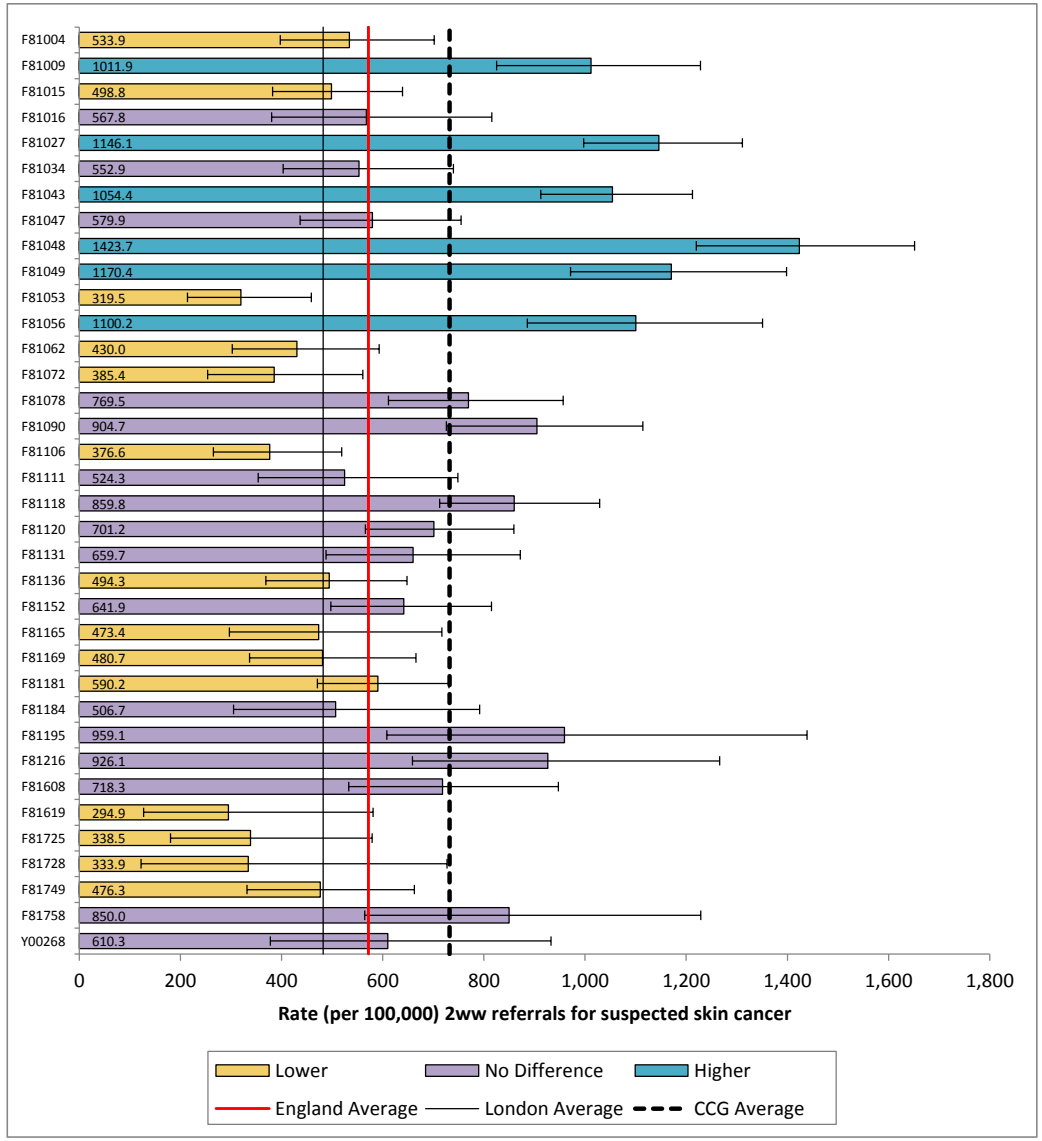
• Pan-London Suspected Skin Cancer Referral Guide (https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/Pan%20London%20Suspected%20Cancer%20Referral%20Guide%20Skin.pdf)

• 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 West Essex 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)	27,320	582,761	5,044,802
% eligible population screened	69.9	65.1	72.5
Difference from 70% national minimum standard (%)	-0.1	-4.9	2.5
Statistical significance compared to area	-	Higher	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:

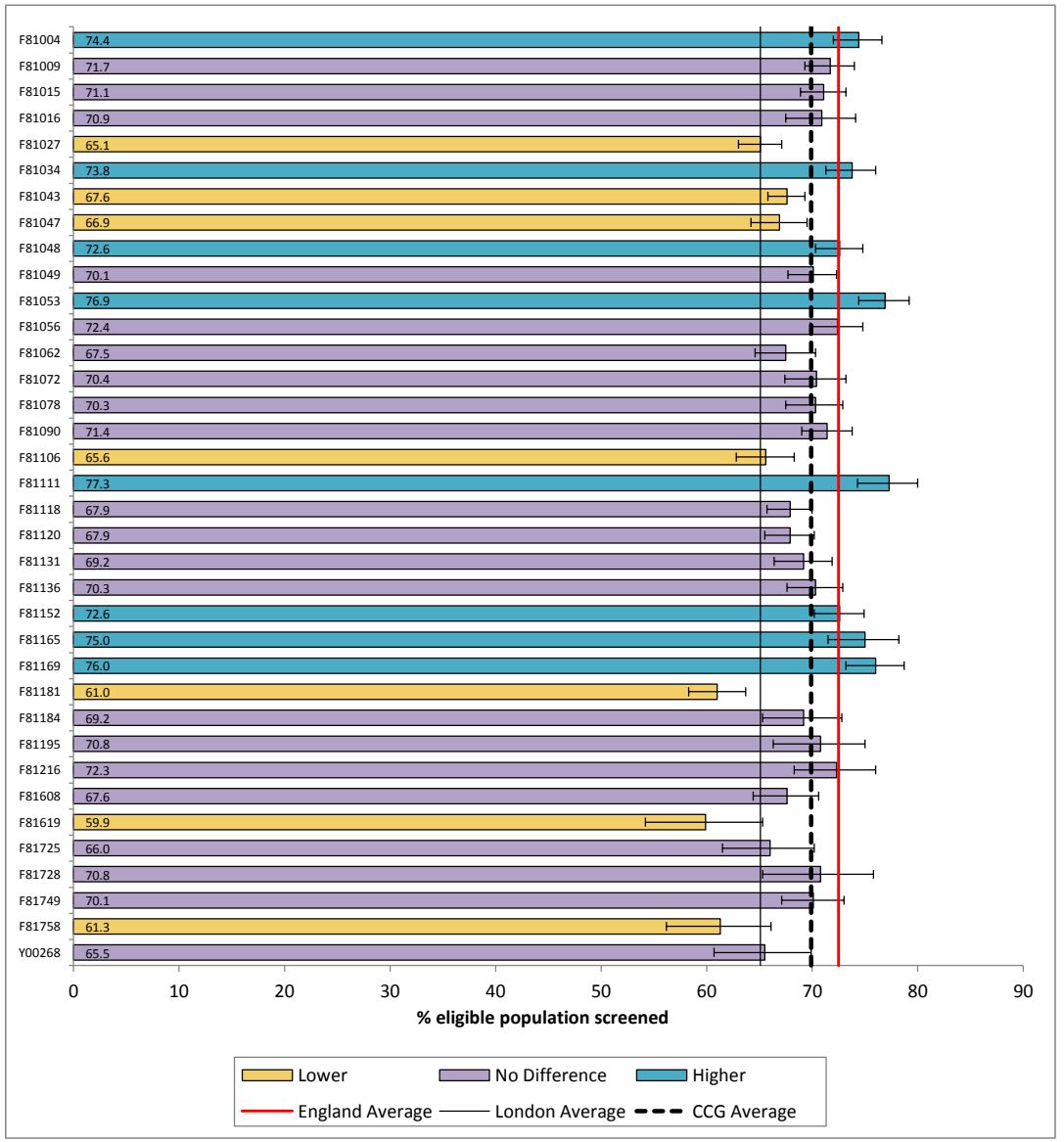
- List maintenance - ensure patient records are accurate and up-to-date, including addresses and telephone numbers.
- Follow-up with women who did not attend their screening appointment. Evidence shows positive endorsement from a healthcare professional can increase screening uptake (2).
- Use reminder 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, %)



Area:	NHS West Essex 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)	9,861	200,519	1,790,555
% eligible population screened	74.1	67.1	73.5
Difference from 70% national minimum standard (%)	4.1	-2.9	3.5
Statistical significance compared to area	-	Higher	No Difference

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.

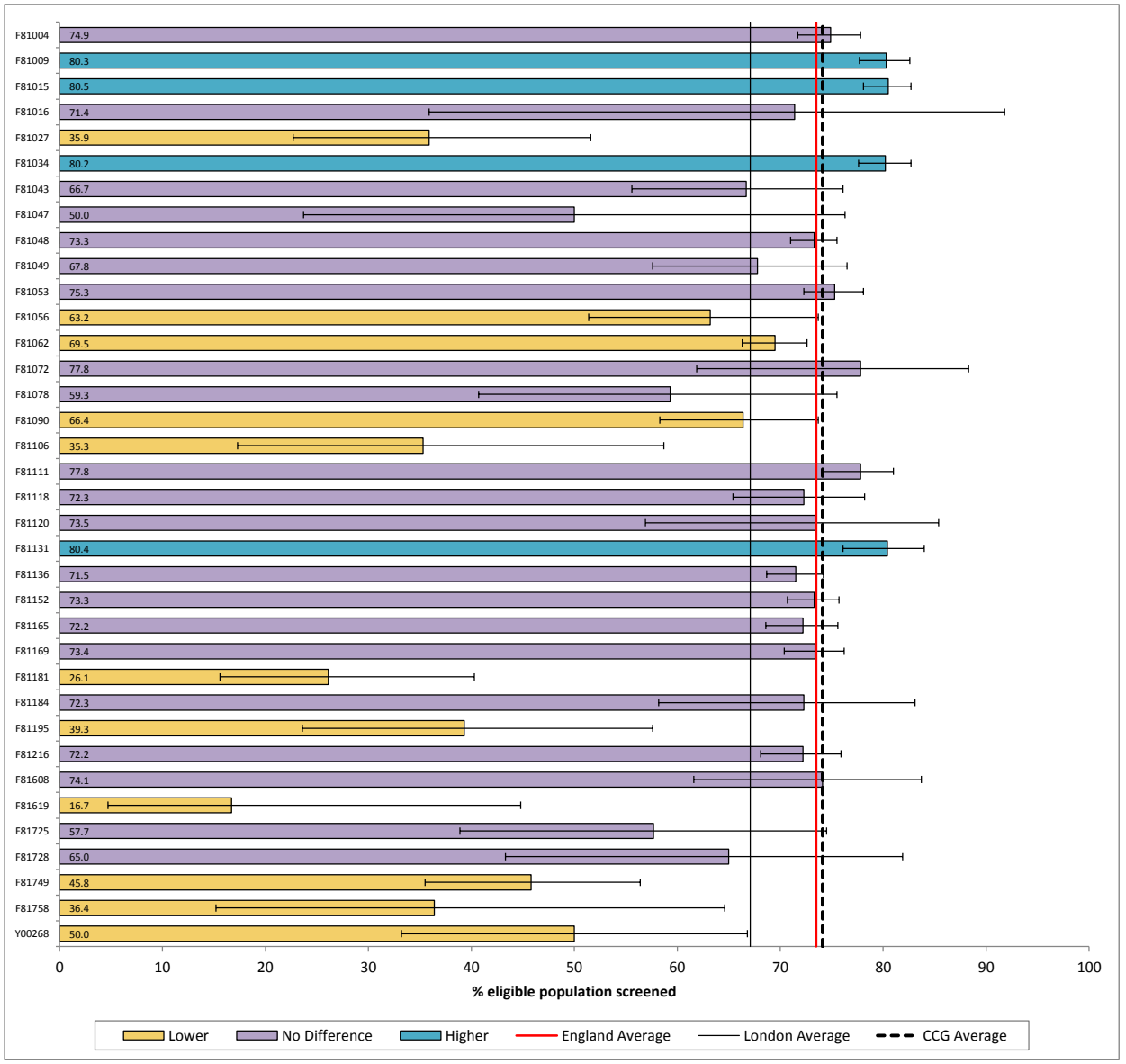
- For more information regarding screening: https://www.myhealth.london.nhs.uk/healthy-london/cancer-resources

- 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, %)



Area:	NHS West Essex 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)	58,829	1,778,802	10,441,361
% eligible population screened	75.2	66.8	72.8
Difference from 80% national minimum standard (%)	-4.8	-13.2	-7.2
Statistical significance compared to area	-	Higher	Higher

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.

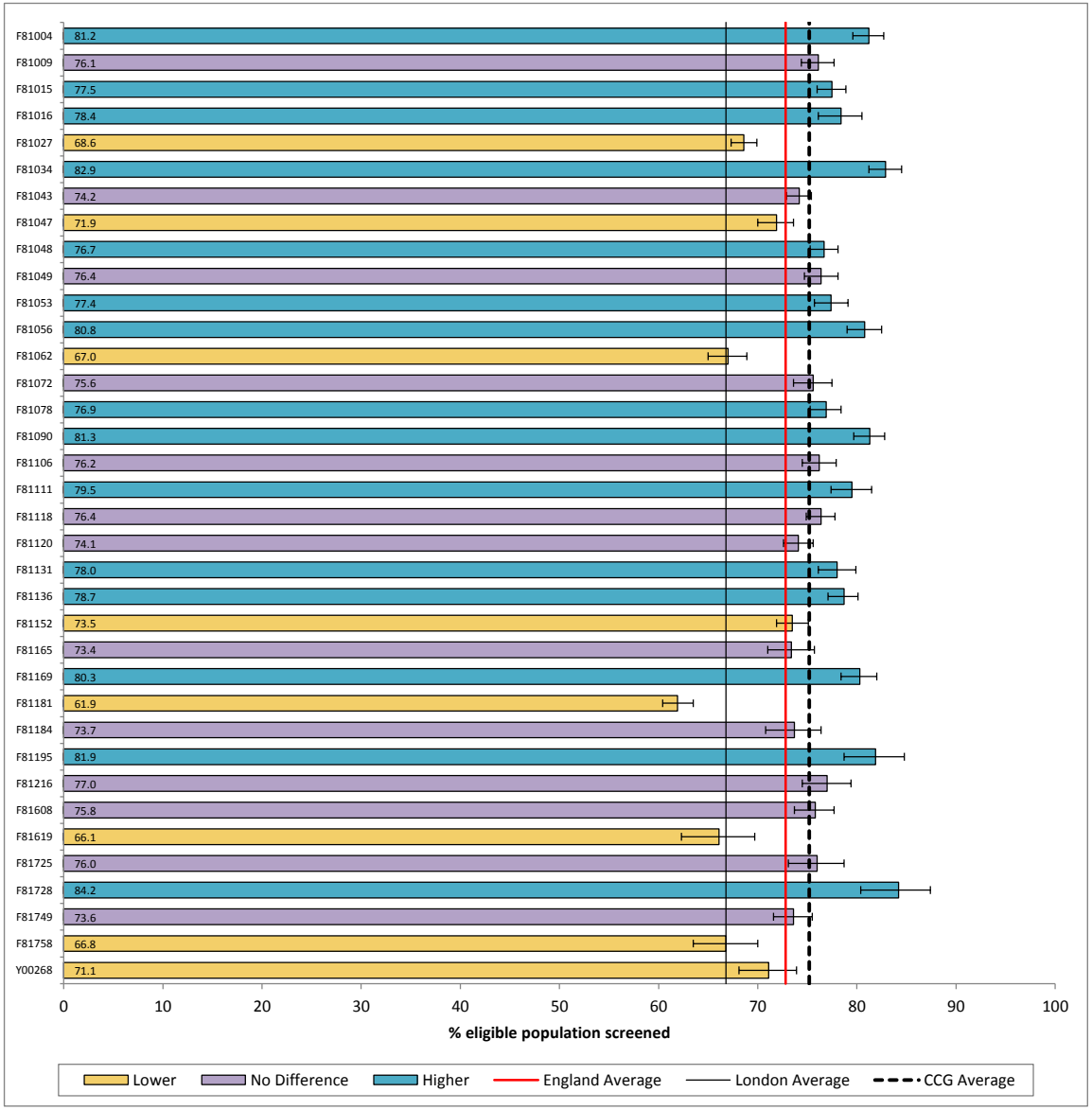
- For more information regarding screening: https://www.myhealth.london.nhs.uk/healthy-london/cancer-resources

- 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 West Essex 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)	18,759	335,600	3,494,269
% eligible population screened	57.4	48.8	57.8
Difference from 60% national minimum standard (%)	-2.6	-11.2	-2.2
Statistical significance compared to area	-	Higher	No Difference

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

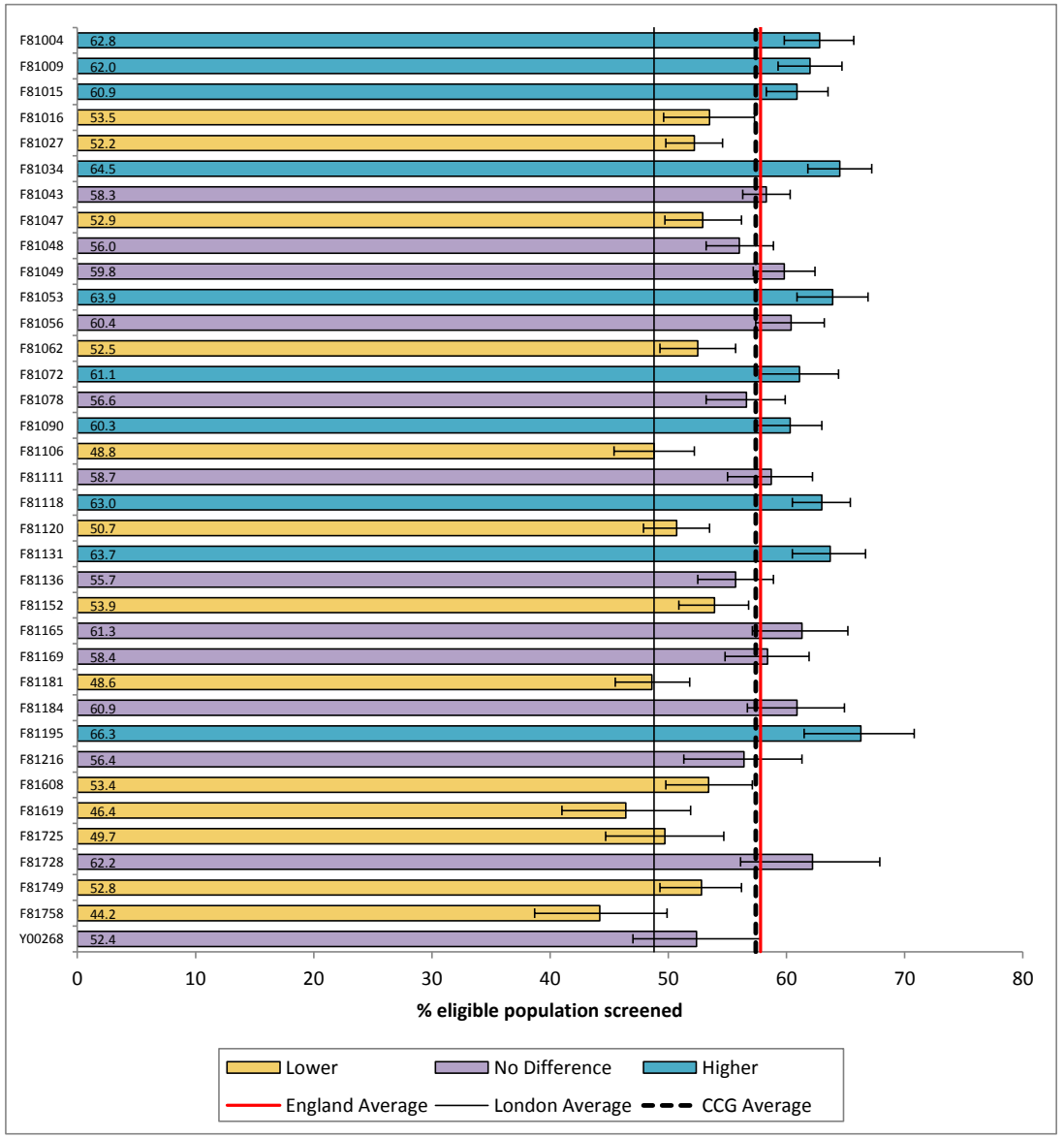
The following initiatives can help improve bowel cancer screening coverage and reduce inequalities:

- 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, %)



Area:	NHS West Essex 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)	8,695	159,968	1,682,289
% Eligible population screened	54.8	45.6	55.6
Difference from 60% national minimum standard (%)	-5.2	-14.4	-4.4
Statistical significance compared to area	-	Higher	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:

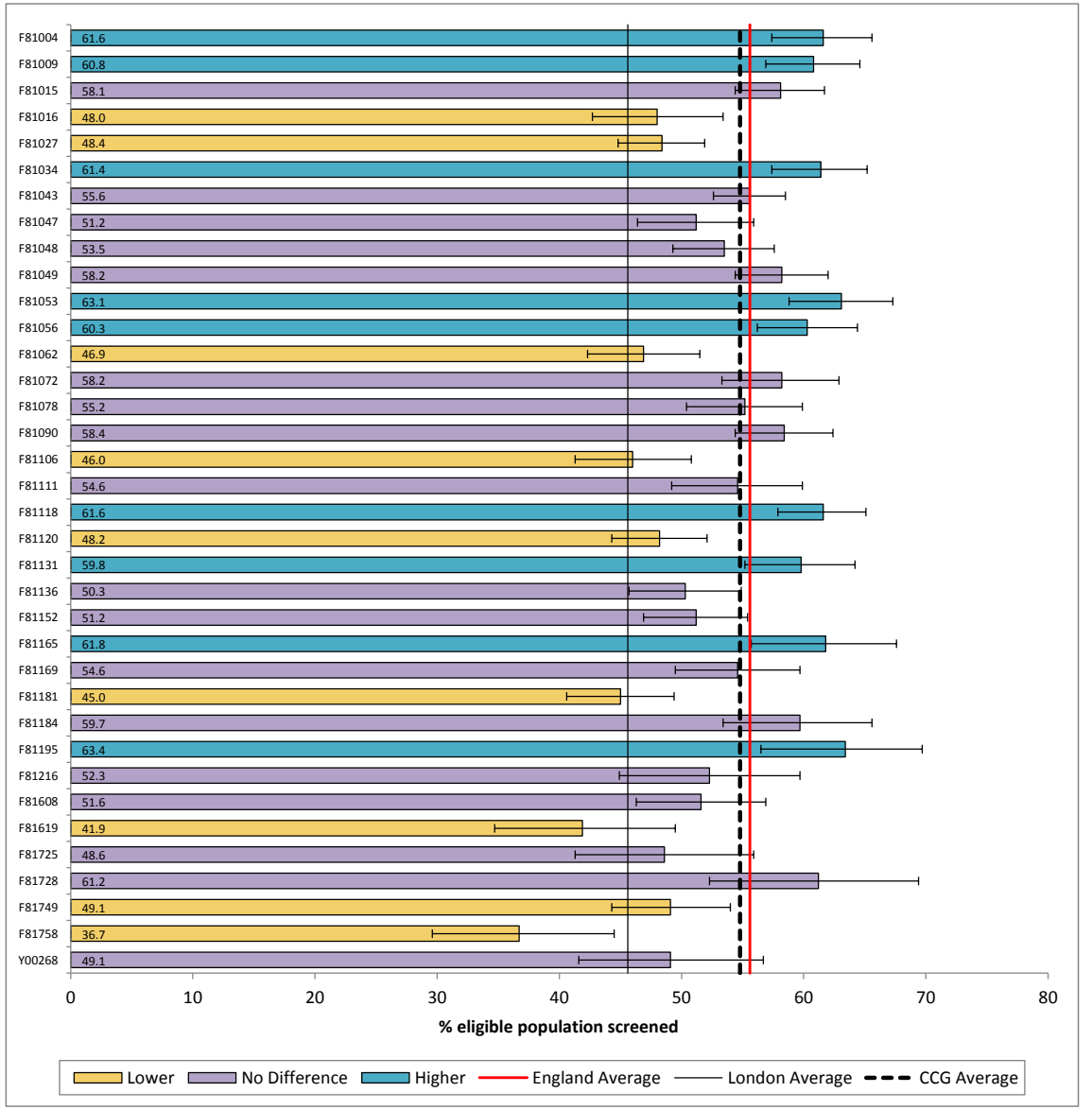
- List maintenance - ensure patient records are accurate and up-to-date, including addresses and telephone numbers.
- Follow-up with patients who did not return their screening kit. Evidence shows positive endorsement from a healthcare professional can increase screening uptake (2).
- Use reminder flags 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, %)



Area: NHS West Essex 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)	2,564	61,183	421,690
Colonoscopies performed (per 100,000 population)	840.9	650.7	733.1
Statistical difference from average	-	Higher	Higher

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.

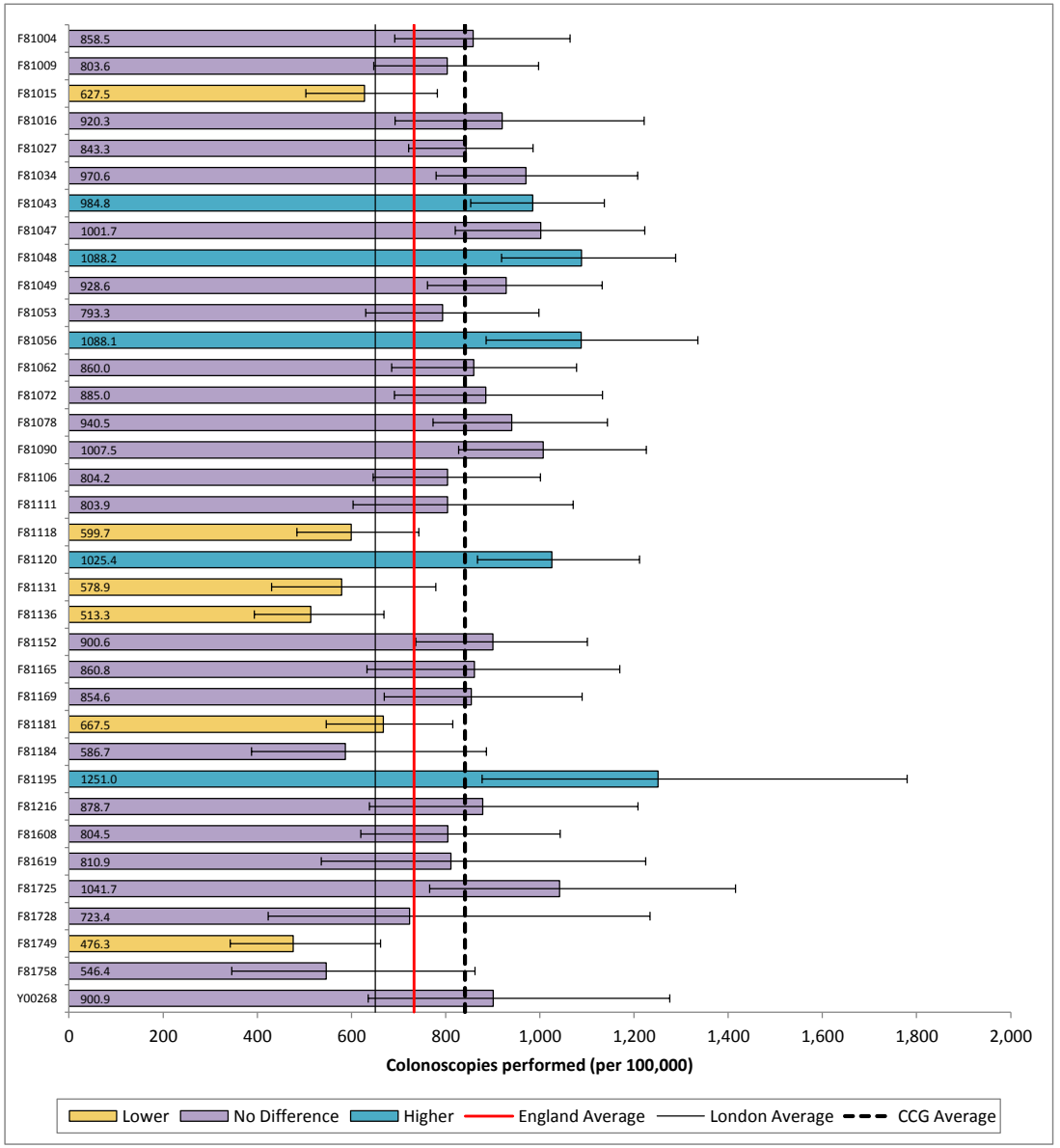
Several resources are available to provide further information on the colonscopy procedure and colorectal cancer testing:

• 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 West Essex 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.

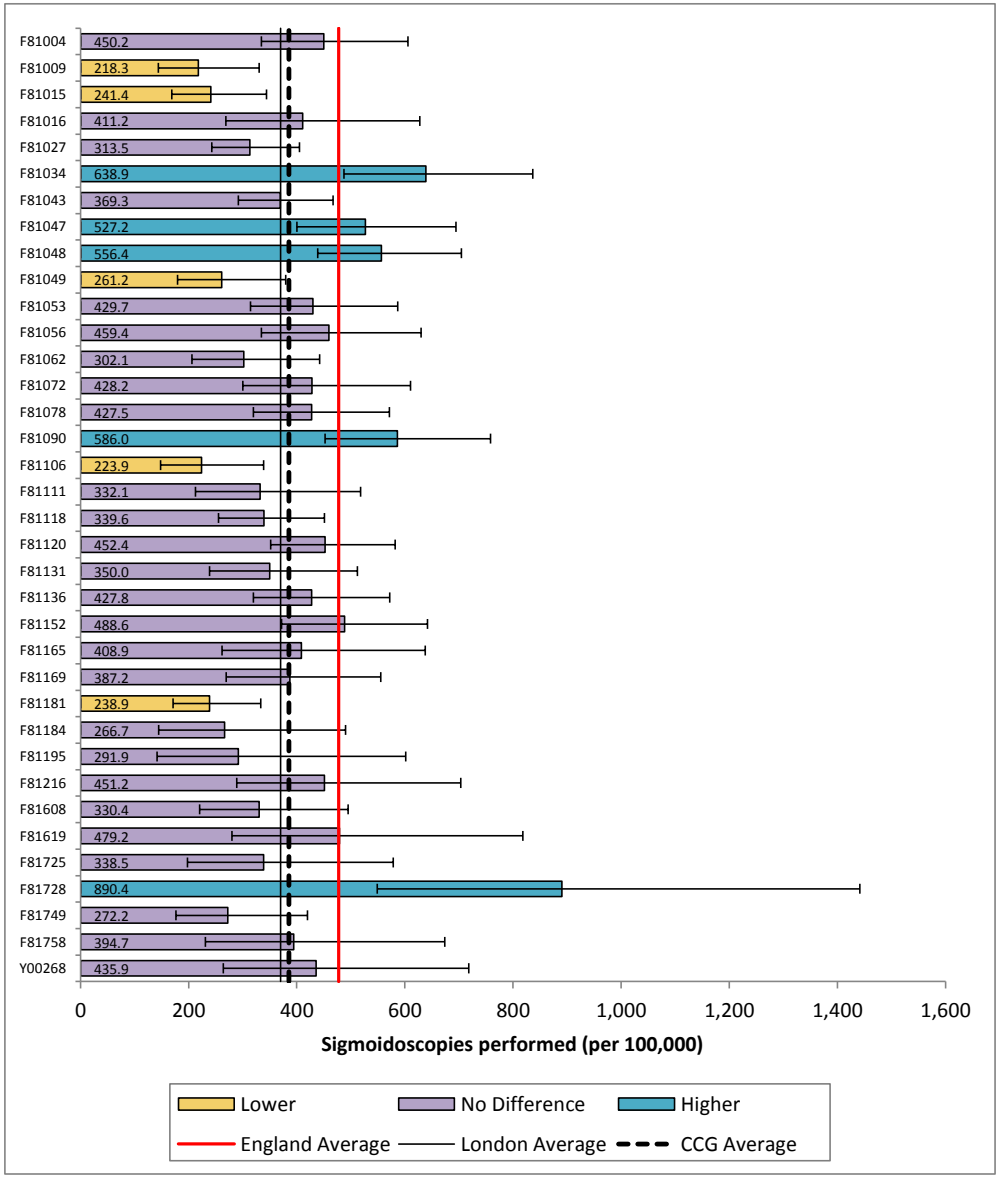
	Area	London	England
Number (N)	1,176	34,829	274,734
Sigmoidoscopies performed (per 100,000 population)	385.7	370.4	477.6
Statistical difference from average	-	No Difference	Lower

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)



Area: NHS West Essex 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)	4,258	104,161	749,164
Upper GI endoscopies performed (per 100,000 population)	1396.5	1107.9	1302.4
Statistical difference from average	-	Higher	Higher

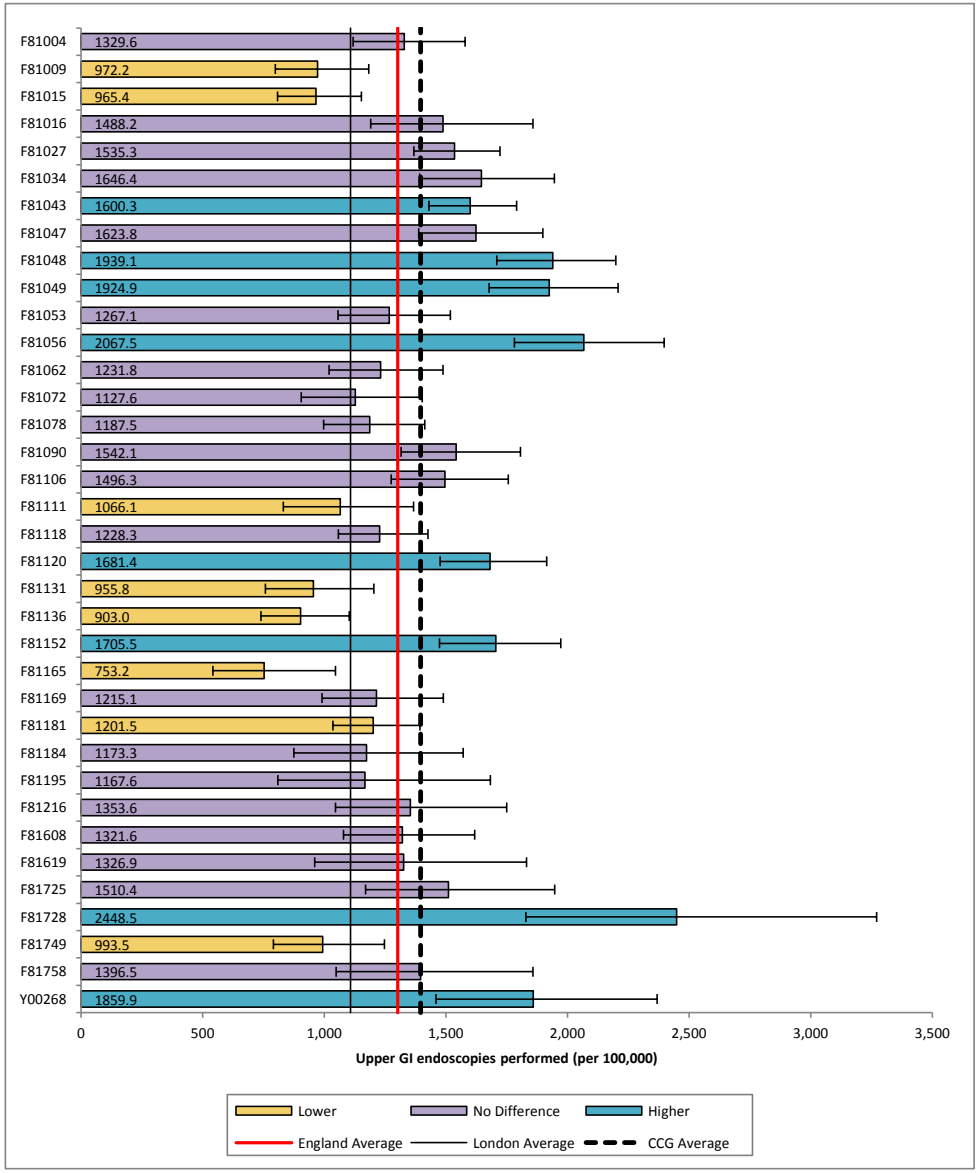
Despite the rate of upper GI endoscopy procedures also including those for which there is no suspicion of cancer, it is considered that the majority of upper GI procedures will be used for investigation of cancer. Comparing the number of upper GI endoscopies between GPs within a CCG and comparing different 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 West Essex 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)	1,620	39,260	308,950
Rate per 100,000 population	531.3	418.3	537.8
Area statistical difference from average	-	Higher	No Difference

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:

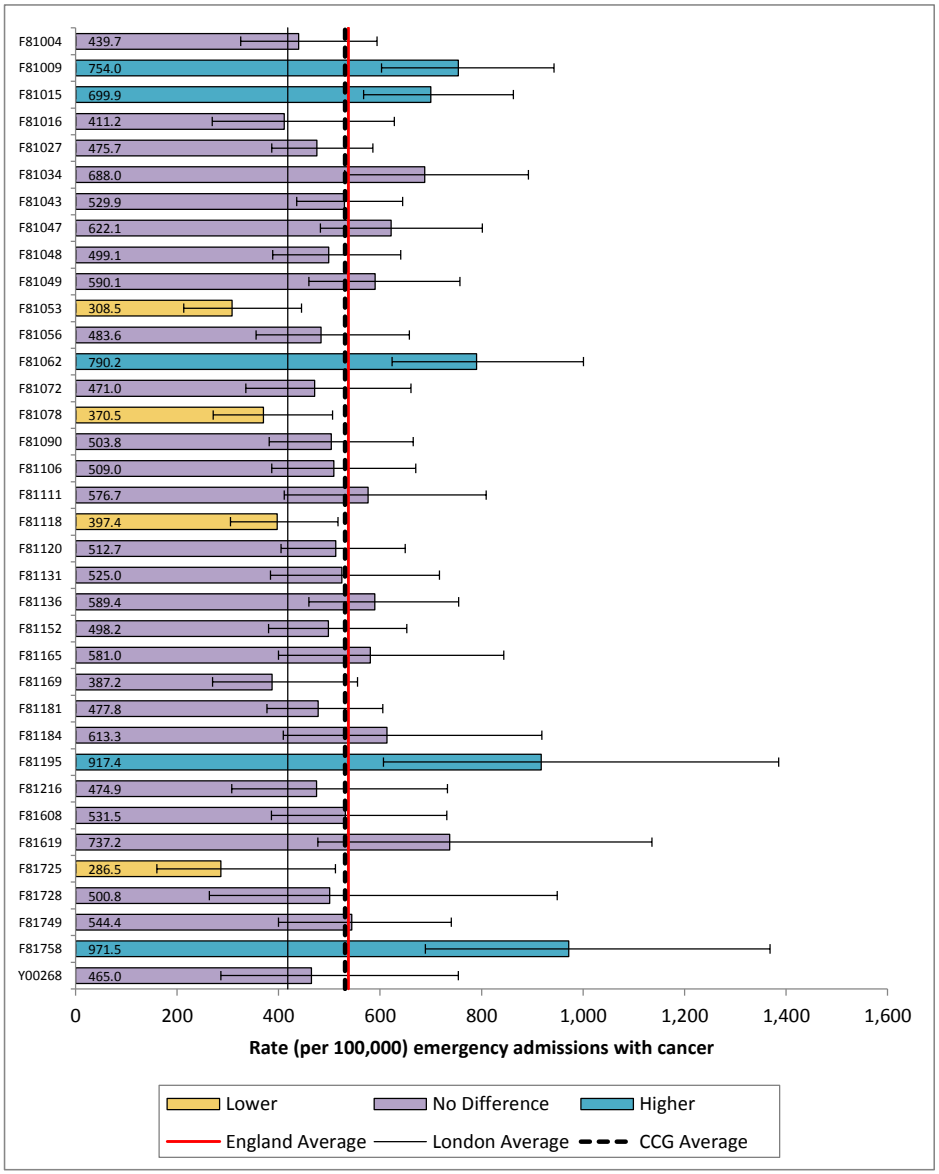
• Royal College of GPs audit template and guidance (available at: http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/significant-event-audit.aspx)

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 West Essex 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)	249	6,090	51,164
Rate per 100,000 population	81.7	64.8	88.9
Area statistical difference from average	-	Higher	No Difference

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:

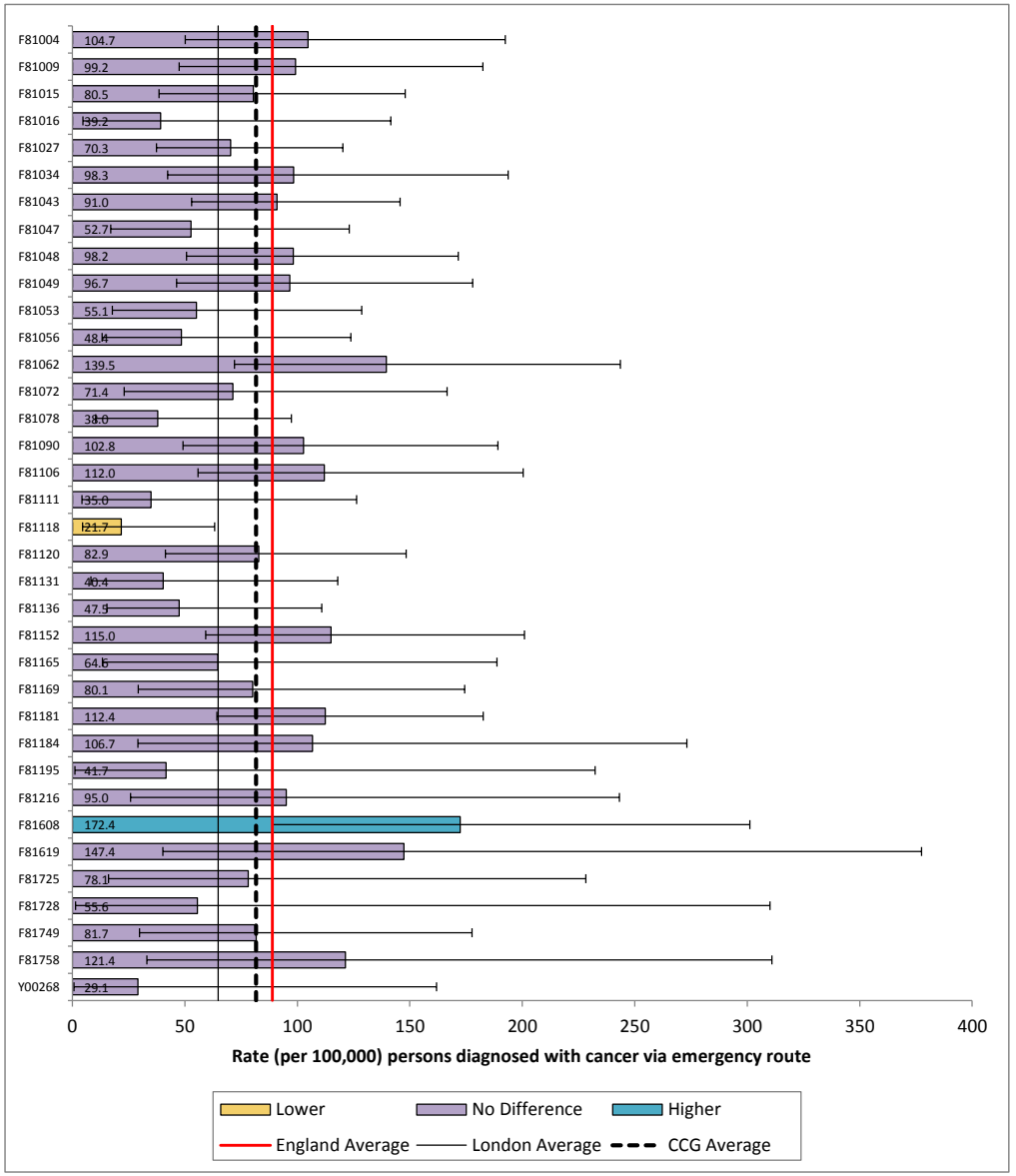
- Royal College of GPs audit template and guidance (available at: http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/significant-event-audit.aspx)

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)



Area: NHS West Essex 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)	1,034	23,561	207,881
Rate per 100,000 population	339.1	250.6	361.4
Area statistical difference from average	-	Higher	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:

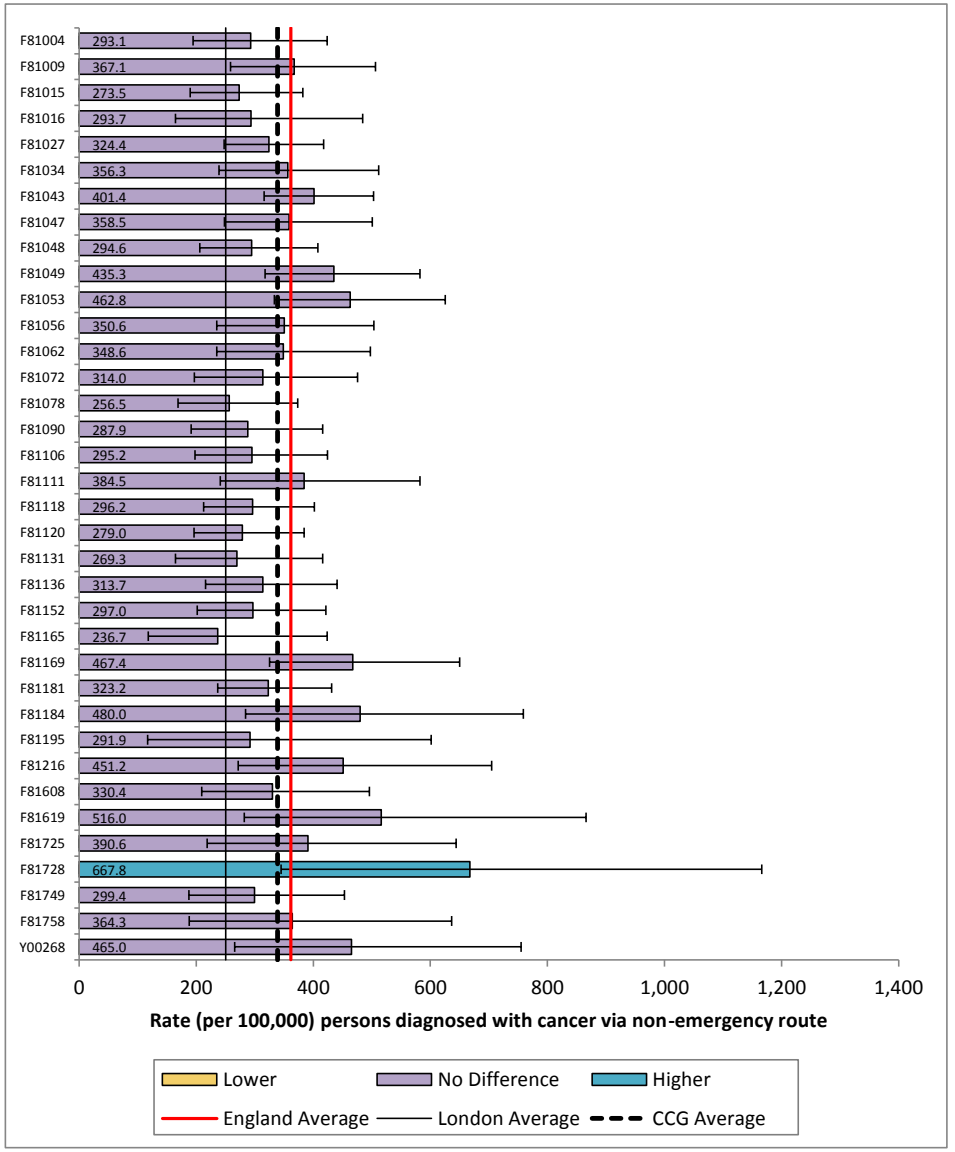
• Royal College of GPs audit template and guidance (available at: http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/significant-event-audit.aspx)

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)



Detection Rates Index Table

Note: This table is not available at the London level

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

Area: NHS West Essex 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 West Essex CCG	**43.8**	**47.7**	**47.7**	**50.1**	**48.7**	**48.7**	**47.78**
F81004	The Eden Surgeries	61.8	70.4	48.9	67.6	48.3	51.1	58.02
F81009	The Gold Street Surgery	39.1	59.3	58.9	54.9	63.6	68.3	57.35
F81015	Crocus Medical Practice	20	62.5	51.7	22.9	63.6	75	49.28
F81016	Barbara Castle Health Centre	50	27.3	80	48.1	35.5	35.7	46.10
F81027	Lister Medical Centre	44.2	32.1	41	61.7	51.8	50	46.80
F81034	Newport Surgery	39.2	39	60.5	46.7	66.7	69.2	53.55
F81043	The Limes Medical Centre	35.4	51.1	48.1	36.7	47.2	44	43.75
F81047	The Hamilton Practice	35.9	45.7	35.6	42.9	51.6	46.7	43.07
F81048	Loughton Health Centre	38.7	53.1	51.7	48.2	60.4	49.2	50.22
F81049	Ongar Health Centre	45.5	30.6	58.5	63.5	43.3	58.6	50.00
F81053	Stansted Surgery	31.6	63.2	54.1	40.9	40.5	29.4	43.28
F81056	Old Harlow Health Centre	47.1	40	34.8	59.3	48.1	56	47.55
F81062	Chigwell Medical Centre	44.7	50	41.7	40.6	55.2	63.2	49.23
F81072	High Street Surgery, Epping	46.7	38.5	52	32.4	32.1	41.4	40.52
F81078	Church Langley Medical Practice	20	41.9	29.6	50	50	45.2	39.45
F81090	Angel Lane Surgery	46.8	71.4	50	57.5	66.1	51.9	57.28
F81106	The Ross Practice	52.9	38.7	52.9	51.1	41.2	34.1	45.15
F81111	Elsenham Surgery	47.6	53.8	57.1	72.7	66.7	40	56.32
F81118	John Tasker House Surgery	69.6	61.2	72.2	57.4	59	58	62.90
F81120	Nuffield House Health Centre	47.6	43.6	50	47.1	36.2	44.4	44.82
F81131	Thaxted Surgery	55.6	61.4	52.6	63.2	56.7	60.9	58.40
F81136	The Loughton Surgery	25	41.7	42.9	50	31.3	45.9	39.47
F81152	Forest Practice	33.3	43.3	59.6	57.6	48.3	43.8	47.65
F81165	Palmerston Road Surgery	53.3	53.3	53.3	40.9	36.8	75	52.10
F81169	Kings Medical Centre	51.9	60	42.3	56	60.9	41.2	52.05
F81181	Addison House - Haque Practice	32.3	40.5	38.1	53.5	45.5	36.9	41.13
F81184	Abridge Surgery	54.5	46.2	64.3	66.7	44	56.5	55.37
F81195	Steeple Bumpstead Surgery	45.5	47.1	42.1	14.3	33.3	50	38.72
F81216	The River Surgery	50	84.6	36.4	35.7	56.3	47.8	51.80
F81608	Keyhealth Medical Centre	40	26.5	48.4	55.1	39.5	41.2	41.78
F81619	Sydenham House Surgery	25	46.2	28.6	50	45.8	33.3	38.15
F81725	Maynard Court Surgery	55.6	58.8	38.9	50	22.9	40	44.37
F81728	The Ongar Surgery	44.4	61.5	23.1	52.9	42.9	30	42.47
F81749	Market Square Surgery	40	27.8	30.4	30	26.9	50	34.18
F81758	Osler House Medical Centre	50	8.3	29.2	26.7	40	25	29.87
Y00268	Nazeing Valley Health Centre	16.7	62.5	60	42.9	44.4	60	47.75

Detection Rates Index Table

Note: This table is not available at the London level

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

Area:	NHS West Essex 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

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 West Essex 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 West Essex CCG	**46.40**	**48.50**	**48.83**	**49.17**	**47.78**
F81004	The Eden Surgeries	60.37	62.30	54.93	55.67	58.02
F81009	The Gold Street Surgery	52.43	57.70	59.13	62.27	57.35
F81015	Crocus Medical Practice	44.73	45.70	46.07	53.83	49.28
F81016	Barbara Castle Health Centre	52.43	51.80	54.53	39.77	46.10
F81027	Lister Medical Centre	39.10	44.93	51.50	54.50	46.80
F81034	Newport Surgery	46.23	48.73	57.97	60.87	53.55
F81043	The Limes Medical Centre	44.87	45.30	44.00	42.63	43.75
F81047	The Hamilton Practice	39.07	41.40	43.37	47.07	43.07
F81048	Loughton Health Centre	47.83	51.00	53.43	52.60	50.22
F81049	Ongar Health Centre	44.87	50.87	55.10	55.13	50.00
F81053	Stansted Surgery	49.63	52.73	45.17	36.93	43.28
F81056	Old Harlow Health Centre	40.63	44.70	47.40	54.47	47.55
F81062	Chigwell Medical Centre	45.47	44.10	45.83	53.00	49.23
F81072	High Street Surgery, Epping	45.73	40.97	38.83	35.30	40.52
F81078	Church Langley Medical Practice	30.50	40.50	43.20	48.40	39.45
F81090	Angel Lane Surgery	56.07	59.63	57.87	58.50	57.28
F81106	The Ross Practice	48.17	47.57	48.40	42.13	45.15
F81111	Elsenham Surgery	52.83	61.20	65.50	59.80	56.32
F81118	John Tasker House Surgery	67.67	63.60	62.87	58.13	62.90
F81120	Nuffield House Health Centre	47.07	46.90	44.43	42.57	44.82
F81131	Thaxted Surgery	56.53	59.07	57.50	60.27	58.40
F81136	The Loughton Surgery	36.53	44.87	41.40	42.40	39.47
F81152	Forest Practice	45.40	53.50	55.17	49.90	47.65
F81165	Palmerston Road Surgery	53.30	49.17	43.67	50.90	52.10
F81169	Kings Medical Centre	51.40	52.77	53.07	52.70	52.05
F81181	Addison House - Haque Practice	36.97	44.03	45.70	45.30	41.13
F81184	Abridge Surgery	55.00	59.07	58.33	55.73	55.37
F81195	Steeple Bumpstead Surgery	44.90	34.50	29.90	32.53	38.72
F81216	The River Surgery	57.00	52.23	42.80	46.60	51.80
F81608	Keyhealth Medical Centre	38.30	43.33	47.67	45.27	41.78
F81619	Sydenham House Surgery	33.27	41.60	41.47	43.03	38.15
F81725	Maynard Court Surgery	51.10	49.23	37.27	37.63	44.37
F81728	The Ongar Surgery	43.00	45.83	39.63	41.93	42.47
F81749	Market Square Surgery	32.73	29.40	29.10	35.63	34.18
F81758	Osler House Medical Centre	29.17	21.40	31.97	30.57	29.87
Y00268	Nazeing Valley Health Centre	46.40	55.13	49.10	49.10	47.75

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 West Essex 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

GP Practice Index Table

Note: This table is not available at the London level

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

Area:	NHS West Essex 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
F81004	The Eden Surgeries	549.6	2.5	17.5	10.6
F81009	The Gold Street Surgery	676.8	3.4	20.3	9
F81015	Crocus Medical Practice	566.9	2.6	17.8	9
F81016	Barbara Castle Health Centre	600.9	1.7	13	20.7
F81027	Lister Medical Centre	352.8	2.1	14.9	25.6
F81034	Newport Surgery	690.2	3.8	22.5	8.3
F81043	The Limes Medical Centre	610	2.6	22.6	14
F81047	The Hamilton Practice	564.7	2.8	16.7	24.8
F81048	Loughton Health Centre	503.3	1.5	17.2	14.3
F81049	Ongar Health Centre	728	2.8	22.6	16
F81053	Stansted Surgery	453.1	2.7	17.9	9.2
F81056	Old Harlow Health Centre	781.1	3.2	21.8	16.7
F81062	Chigwell Medical Centre	539.8	3.3	19.9	16.4
F81072	High Street Surgery, Epping	646.7	2.5	20	12.7
F81078	Church Langley Medical Practice	343.1	1.1	10.3	12.5
F81090	Angel Lane Surgery	638.7	2.6	20.9	11.4
F81106	The Ross Practice	515.6	2.2	14.5	25.1
F81111	Elsenham Surgery	320.6	2.8	15.4	8.1
F81118	John Tasker House Surgery	541.1	2.7	17.6	11.1
F81120	Nuffield House Health Centre	487.5	2.2	15.1	26.6
F81131	Thaxted Surgery	624	3.6	22.7	10.5
F81136	The Loughton Surgery	557.1	2.1	15	15.3
F81152	Forest Practice	635.4	3.3	16.6	18
F81165	Palmerston Road Surgery	850.5	2.3	16.9	8.8
F81169	Kings Medical Centre	433.1	2.5	19.4	8.6
F81181	Addison House - Haque Practice	317.8	1.2	10.7	28.3
F81184	Abridge Surgery	414.4	3.1	22.2	17.5
F81195	Steeple Bumpstead Surgery	367.5	3.4	20.6	11
F81216	The River Surgery	426	2.3	15.2	12.9
F81608	Keyhealth Medical Centre	633.8	2.3	17.9	23
F81619	Sydenham House Surgery	468.6	1	19.2	27.1
F81725	Maynard Court Surgery	540.8	2.4	21.6	24.2
F81728	The Ongar Surgery	936.5	3.5	24	15.9
F81749	Market Square Surgery	404.9	1.8	15.7	23.1
F81758	Osler House Medical Centre	545.4	2.2	14.3	25.4
Y00268	Nazeing Valley Health Centre	557.6	1.6	12.8	13.5

GP Practice Index Table

Note: This table is not available at the London level

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

Area:	NHS West Essex 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