

# General Practice Profiles for cancer: Meta-data for profile indicators

Version 1.2, December 2010

This document describes the data sources and processing methods for the General Practice Profiles for cancer.

## 1. Overview of methods

### Selection of practices

The practices included are those in the 2008/09 QOF data. Other data is linked to this 'master' practice list. The practice populations are sourced from the List Size field of the QOF 2008/09 data [1]. Changes in list size since this QOF data was published will not be included.

Additionally, practices are excluded from the profiles if they meet one of the following criteria:

- List size < 1000 persons in 2008/09 QOF data.
- Greater than 10% difference in list size between 2008/09 QOF data and the Attribution Dataset extracted April 2008 (or missing entirely from this Attribution Dataset).
- Practice missing in Attribution Dataset extracted March 2010.

The criteria above result in 180 of 8229 practices being excluded from the profiles. These profiles will be made available, on request, by the GP Practice Profile lead, working with the Cancer Network. A list of the excluded practice and the criteria for exclusion is provided as an annex to this document.

Several secondary datasets cover different periods of time than financial year 2008/09. Therefore certain data items may be missing if the practice exists in the master list but does not in the secondary data set.

### Confidence Intervals and Statistical significance

Confidence intervals for each indicator are calculated using methods recommended by the Association of Public Health Observatories [2]. In all cases, except that of indicator 12 where the comparison is made to the rate for England, statistical significance is calculated relative to the mean rate for the PCT, and at the 95% level.

A practice is identified as significantly different from the PCT mean if the 95% confidence interval for the practice value does not overlap with the 95% confidence interval for the PCT mean (calculated via a z-test method).

### **PCT boundaries**

The PCT of each practice is attributed using the QOF 2008/09 data.

Files dated August 2010 defining PCT names and codes were downloaded from Connecting for Health [3]. Data is split by 146 PCTs and 5 Care trusts. Hertfordshire is represented by a combination of East and North Hertfordshire (5P3) and West Hertfordshire (5P4), with a code of (5QV).

### **Averaging across PCTs and England**

For each indicator the profiles contain PCT and England averages. In all cases (except indicator 12 where the England rate is 100% by definition) these averages are derived by constructing a numerator from the sum of the practice values and a denominator from the sum of the number of people registered at the practice, for all of the practices attributed to a PCT and for all practices for England. This method was chosen to ensure that the practice figures are consistent with those for the practices themselves.

Figures for PCT and England in the profiles may differ to other published sources. Many other sources calculate averages using population data which is based on the number of people that are resident within a region. As mentioned above, the averages in the profiles are based on the number of people registered at the practices (practice list sizes). Practice lists tend to be inflated by multiple registrations [4].

PCT and England figures may also differ to other sources for some individual indicators due to difficulties in linking patient level data to their practice. This may influence the reported averages. This is indicated in the descriptions of the individual indicators.

## **2. Meta-data for specific indicators**

### **2.1 Practice Population aged 65+**

**Number:** The number of persons registered at the practice aged 65+.

**Rate or proportion:** The percentage of persons registered at the practice aged 65+, defined by the number of persons registered at the practice *divided by* the list size of the practice.

**Method:** Data is taken from the PBC budget guidance. The number of persons aged 65+ is the sum across the population in the 65-69, 70-74, 75-79, 80-84, and 85+ age-bands. The fraction of the practice population aged 65+ is calculated by dividing the number aged 65+ by the list size of the practice sourced from the 2008/09 QOF data.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Interpretation:** The percentage of the population over the age of 65 may be expected to have a significant effect on the burden of cancer in the practice population. The percentage of the population is taken as at April 2008 and will not reflect changes since then.

**Source(s):** Data sourced from the Practice-Based Commissioning budget guidance for 2010/11. This was originally sourced from the Attribution Dataset extracted from the Open Exeter system April 2008. Data is available from:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_111057](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111057)

## 2.2 Socio-economic deprivation quintile

**Number:** The estimated quintile of deprivation of the practice.

**Rate or proportion:** The estimated income domain score for the practice, which is the percentage of the practice list that is income deprived [5].

**Method:** Index of Multiple Deprivation (IMD) scores for each deprivation domain have been estimated for each practice by the Association of Public Health Observatories using the IMD 2007 by Lower Super Output Area (LSOA) [6]. Briefly, the overall socio-economic deprivation of the practice is estimated by averaging the socio-economic deprivation of each person on the practice list based on their LSOA of residence. Practices were ranked nationally by Income Domain score and allocated into equal population quintiles (1 being coded as the most affluent quintile, and 5 as the most deprived quintile).

Binomial confidence intervals are calculated using the Wilson score method [2].

**Interpretation:** Several common cancers have a known dependence on the socio-economic status of the population. A more deprived population may be expected to have a higher incidence rate of lung cancer but lower incidence rates of prostate and breast cancer.

**Source(s):** Data provide by the Association of Public Health Observatories.

## 2.3 New cancer cases

**Number:** The number of persons diagnosed with any invasive cancer excluding non-melanoma skin cancer (ICD-10 C00-C97, excluding C44) in 2007

**Rate or proportion:** The crude incidence rate per 100,000 persons: the number of new cases diagnosed *multiplied by 100,000 divided by* the practice list size.

**Method:** All invasive cancers diagnosed in 2007 registered by cancer registries and present in the National Cancer Data Repository were initially included. This list was filtered to remove duplicate registrations between cancer registries. The remaining patients were matched to a GP surgery by

tracing them by NHS number to find their current and previous practice. Persons were allocated to their practice at their time of diagnosis. If this was not possible (for example, due to the patient having moved practice more than once in the time between diagnosis and trace) they were not included. The resultant total number of cancer diagnoses across England is 92% of the Office of National Statistics total number of cases for the country.

**Source(s):** United Kingdom Association of Cancer Registries National Cancer Data Repository 2007. Each patient was traced to a GP Practice using the NHS Personal Demographics Service.

**Interpretation:** This indicator gives the number of new cases and incidence rate of invasive cancer (excluding non-melanoma skin cancer) in the practice population, as estimated from cancer registry data for calendar year 2007. Cancer registry data includes persons diagnosed solely through their death certificate or who died shortly after an emergency presentation in secondary care, so may be larger than number of persons known to the practice. However as 8% of cases could not be traced to a specific practice and are not included numbers at an individual practice may be undercounted by approximately this much. Numbers of cases may also fluctuate year to year meaning that caution should be used in comparing this indicator to other indicators such as the number of new cancer cases treated in 2009 taken from the Cancer Waiting Times database (see section 2.14).

## 2.4 Cancer deaths

**Number:** The number of deaths with an underlying cause of death which is any invasive cancer (ICD-10 C00-C97) in 2009.

**Rate or proportion:** The crude mortality rate per 100,000 persons: the number of deaths due to invasive cancer *multiplied by* 100,000 *divided by* the practice list size.

**Method:** Records of all deaths in England occurring in 2009 were downloaded from the Primary Care Mortality Database. These were filtered by ICD-10 code to exclude all deaths not due to invasive cancer and aggregated to GP Practices using the built-in practice codes.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** The Primary Care Mortality Database, which is a collaborative project between the Office of National Statistics and the Information Centre.

**Interpretation:** This indicator gives the number of cancer deaths and crude mortality rate in the practice. Numbers of cases may fluctuate year to year meaning that caution should be used in comparing this indicator to other indicators such as the number of new cancer cases in 2007 taken from the Cancer Registration database (see section 2.3).

## 2.5 Prevalent cancer cases

**Number:** The number of persons registered on the practice cancer register.

**Rate or proportion:** The proportion of persons on the practice cancer register: the number of persons on the practice cancer register *divided by* the practice list size.

**Method:** Data is taken from the QOF dataset without further processing. This is defined as a “register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1 April 2003” and was submitted by practices on the 1st January 2009.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Data sourced from the cancer prevalence field of the QOF 2008/09 data. Available from:

[http://www.ic.nhs.uk/webfiles/QOF/2008-09/Prevalence%20tables/QOF0809\\_Pracs\\_Prevalence.xls](http://www.ic.nhs.uk/webfiles/QOF/2008-09/Prevalence%20tables/QOF0809_Pracs_Prevalence.xls)

**Interpretation:** The prevalence data is taken from QOF data for 08/09, and originally sourced from each practice’s cancer register. Recording methodology varies by practice and may underestimate the true cancer prevalence.

## 2.6 Females, 50–70, screened for breast cancer in last 36 months

**Number:** The number of females registered to the practice who were screened adequately in the previous 36 months.

**Rate or proportion:** 3-year screening coverage %: The number of females registered to the practice screened adequately in previous 36 months *divided by* the number of eligible females on last day of the review period.

**Method:** Data was taken from the Open Exeter system without further processing. The data extracted represents the situation at April 2010, and covers the period 2007/08-2009/10.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Interpretation:** Women are invited for screening for the first time between their 50th and 53rd birthdays and every three years thereafter up to but not including their 71st birthdays. Over this 21 year window a woman who responds to each invitation should be screened 7 times. This indicator measures the fraction of this pool of eligible women who have been screened adequately, at least once, in the three years before April 2010.

## 2.7 Females, 50–70, screened for breast cancer within 6 months of invitation

**Number:** The number of females aged 50-70 invited for screening in the previous 12 months who were adequately screened within 6 months of invitation.

**Rate or proportion:** 1-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.

**Method:** Data was taken from the Open Exeter system without further processing. The data extracted represents the situation at April 2010, and covers invitations in the period 2009/10.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Interpretation:** This indicator measures the fraction of women invited in a specified period who are screened within 6 months of their invitation date. Due details of local implementation the number of women invited for screening in the previous year may be low (for example if screening is carried out by mobile units which revisit each area once in a screening round).

## **2.8 Females, 25–64, attending cervical screening within target period**

**Number:** The number of women registered at the practice screened adequately in the previous 42 months (if aged 24-49) or 66 months (if aged 50-64)

**Rate or proportion:** The overall cervical screening coverage: the number of women registered at the practice screened adequately 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.

**Method:** Data was taken from the Open Exeter system without further processing. The data extracted represents the situation at April 2010, and covers the period 2004/05-2009/10.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Interpretation:** Women aged 25-49 are invited for routine screening every 3 years and women aged 50-64 are invited for routine screening every 5 years. This indicator gives a combined coverage for the full age range so that it counts women aged 25-49 screened within a period of 3.5 years and women aged 50-64 within a period of 5.5 years prior to the report date and combines the counts to give the final measure.

## **2.9 Persons, 60–69, screened for bowel cancer in last 30 months**

**Number:** The number of persons registered to the practice who were screened adequately in the previous 30 months.

**Rate or proportion:** 2.5-year screening coverage %: The number of persons registered to the practice screened adequately in the previous 30 months *divided by* the number of eligible persons on last day of the review period.

**Method:** Data was taken from the Open Exeter system without further processing. The data extracted represents the situation at April 2010, and covers the period 2007/08-2009/10.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Data was extracted from the Bowel Cancer Screening System (BCCS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Interpretation:** This indicator measures the fraction of this pool of eligible people who have been screened adequately in the previous 2.5 years. Caution should be used in interpreting the data as not all PCTs had full implementation of the programme in the recorded period.

### **2.10 Persons, 60–69, screened for bowel cancer within 6 months of invitation**

**Number:** The number of persons registered to the practice aged 60-69 invited for screening in the previous 12 months who were screened adequately following an initial response within 6 months of invitation.

**Rate or proportion:** Screening uptake %: the number of persons aged 60-69 invited for screening in the previous 12 months who were screened adequately 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.

**Method:** Data was taken from the Open Exeter system without further processing. The data extracted represents the situation at April 2010 and covers invitations in the period 2009/10.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Data was extracted from the Bowel Cancer Screening System (BCCS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

**Interpretation:** This indicator measures the fraction of people invited who have been screened adequately following an initial response within 6 months of their invitation date. Caution should be used in interpreting the data as not all PCTs had full implementation of the programme in the recorded period.

### **2.11 Two Week Wait referrals**

**Number:** The number of Two Week Wait (GP urgent) referrals where cancer is suspected for patients registered at the practice in question in 2009.

**Rate or proportion:** The crude rate of referral: the number of Two Week Wait referrals where cancer is suspected multiplied by 100,000 *divided by* the list size of the practice in question.

**Method:** Patient level Cancer Waiting Times (CWT) data (including patient identifiers) was downloaded from the DH Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service. Two Week Wait Referrals were identified for patients with a date first seen on the CWT database in 2009. All records with a 'Referral Priority Type' of 3 (Two Week Wait) were counted, excluding patients referred for non-cancer breast symptoms.

Poisson confidence intervals are calculated using Byar's approximation [2].

**Source(s):** Trent Cancer Registry based on Cancer Waiting Times data for England, 2009, held on the DH Cancer Waiting Times Database.

**Interpretation:** The number of Two Week Wait referrals with a suspicion of cancer, whether or not cancer was subsequently diagnosed. This indicator may be expected to be higher in practices with an unusually high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages.

## **2.12 Two Week Wait referrals (Indirectly age standardised referral ratio)**

**Number:** The number of Two Week Wait (GP urgent) referrals where cancer is suspected for patients registered at the practice in question in 2009.

**Rate or proportion:** The age standardised referral ratio: the observed number of referrals from the practice *divided by* the expected number of referrals if the practice had the same age-specific referrals rates as England.

**Method:** Patient level Cancer Waiting Times (CWT) data (including patient identifiers) was downloaded from the DH Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service. Two Week Wait Referrals were identified for patients with a date first seen on the CWT database in 2009. All records with a 'Referral Priority Type' of 3 (Two Week Wait) were counted, excluding patients referred for non-cancer breast symptoms. Age specific rates were calculated for all referrals made in England by five-year age bands.

Poisson confidence intervals are calculated using Byar's approximation [2] for number of referrals over 389 and an exact  $\chi^2$  method for numbers of referrals under 389.

**Source(s):** Trent Cancer Registry based on Cancer Waiting Times data for England, 2009, held on the DH Cancer Waiting Times Database.

**Interpretation:** The number of Two Week Wait referrals with a suspicion of cancer, whether or not cancer was subsequently diagnosed. This is expressed as a percentage with "100%" representing the same referral rate as England as a whole, taking into account the age-structure of the practice population.

### 2.13 Two Week Wait referrals with cancer

**Number:** The number of Two Week Wait referrals treated for cancer for patients registered at the practice in question.

**Rate or proportion:** The 'conversion rate', i.e., the proportion of Two Week Wait referrals that are subsequently diagnosed with cancer: the number of new cancer cases treated in 2009 who were referred through the two week wait route *divided by* the total number of Two Week Wait referrals in 2009.

**Method:** Patient level Cancer Waiting Times data (including patient identifiers) was downloaded from the DH Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service. Patients on the CWT database who had received a cancer diagnosis were identified as those patients receiving a first treatment in 2009, i.e. with 'Cancer Treatment Event Type' of 01 (First definitive treatment for a new primary cancer) or 07 (First treatment for metastatic disease following an unknown primary).

It was not possible to directly identify which referrals were subsequently diagnosed with cancer. Therefore, the proportion of referrals diagnosed with cancer was calculated by dividing the number of patients receiving a first treatment in 2009 who were referred through the two week wait route by the number of two week wait referrals. Most of the Two Week Wait referrals first seen in 2009 who were diagnosed with cancer will have started treatment in 2009 but a small number will have started treatment in 2010 and a small number of patients who started treatment in 2009 will have been first seen in 2008. For a very small number of practices, this may result in a 'conversion rate' of more than 100% being calculated.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Trent Cancer Registry based on Cancer Waiting Times data for England, 2009, held on the DH Cancer Waiting Times Database.

**Interpretation:** The number of Two Week Wait referrals with a suspicion of cancer, in which cancer was subsequently diagnosed.

The proportion is the 'conversion rate' for the practice. This varies by cancer type and so will depend on the case-mix of cancers diagnosed in persons registered at the practice. Either an unusually high or an unusually low conversion rate may merit further investigation.

### 2.14 Number of New Cancer Cases Treated

**Number:** The number of patients registered at the practice who have a date of first treatment in 2009 on the cancer waiting times system.

**Rate or proportion:** The proportion of new cancer cases treated who were referred through the Two Week Wait route. This is calculated as the number of persons referred as a Two Week Wait referral who were subsequently diagnosed with cancer (see 2.13) *divided by* the total number of patients registered at the practice who have a date of first treatment in 2009 on the cancer waiting times system.

**Method:** Patient level Cancer Waiting Times data (including patient identifiers) was downloaded from the DH Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service. See 2.13 and 2.14 for definitions used.

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Trent Cancer Registry based on Cancer Waiting Times data for England, 2009, held on the DH Cancer Waiting Times Database.

**Interpretation:** This indicator shows the proportion of cancers that were first diagnosed following a two week wait referral. This varies by cancer type and so will depend on the case-mix of cancers diagnosed in persons registered at the practice.

### **2.15 Two Week Wait referrals with suspected breast cancer**

**Number:** The number of Two Week Wait referrals for suspected breast cancer made for patients registered at the practice in question (this excludes referrals for non-cancer breast symptoms).

**Rate or proportion:** The crude rate of referral per 100,000 persons: the number of Two Week Wait referrals for suspected breast cancer *multiplied by* 100,000 *divided by* the list size of the practice in question.

**Method:** Patient level Cancer Waiting Times data (including patient identifiers) was downloaded from the DH Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service. Two Week Wait Referrals were identified for patients with a date first seen on the CWT database in 2009. All records with a 'Referral Priority Type' of '3' (Two Week Wait) (excluding patients referred for non-cancer breast symptoms) and a 'Cancer Referral Type' of '01' (Suspected Breast Cancer) were included.

Poisson confidence intervals are calculated using Byar's approximation [2].

**Source(s):** Trent Cancer Registry based on Cancer Waiting Times data for England, 2009, held on the DH Cancer Waiting Times Database.

**Interpretation:** The number of Two Week Wait referrals with a suspicion of breast cancer, whether or not cancer was subsequently diagnosed. This indicator may be expected to be higher in practices with an unusually high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages.

## 2.16 Two Week Wait referrals with suspected lower GI cancer

**Number:** The number of Two Week Wait referrals for suspected lower GI cancer made for patients registered at the practice in question

**Rate or proportion:** The crude rate of referral per 100,000 persons: the number of Two Week Wait referrals for suspected lower GI cancer *multiplied by 100,000 divided by* the list size of the practice in question.

**Method:** Patient level Cancer Waiting Times data (including patient identifiers) was downloaded from the DH Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service Two Week Wait Referrals were identified for patients with a date first seen on the CWT database in 2009. All records with a 'Referral Priority Type' of '3' (Two Week Wait) and a 'Cancer Referral Type' of '07' (Suspected Lower GI Cancer) were included.

Poisson confidence intervals are calculated using Byar's approximation [2].

**Source(s):** Trent Cancer Registry based on Cancer Waiting Times data for England, 2009, held on the DH Cancer Waiting Times Database.

**Interpretation:** The number of Two Week Wait referrals with a suspicion of lower GI cancer, whether or not cancer was subsequently diagnosed. This indicator may be expected to be higher in practices with an unusually high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages.

## 2.17 Two Week Wait referrals with suspected lung cancer

**Number:** The number of Two Week Wait referrals for suspected lung cancer made for patients registered at the practice in question

**Rate or proportion:** The crude rate of referral per 100,000 persons: the number of Two Week Wait referrals for suspected lung cancer *multiplied by 100,000 divided by* the list size of the practice in question.

**Method:** Patient level Cancer Waiting Times data (including patient identifiers) was downloaded from the DH Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service. Two Week Wait Referrals were identified for patients with a date first seen on the CWT database in 2009. All records with a 'Referral Priority Type' of '3' (Two Week Wait) and a 'Cancer Referral Type' of '03' (Suspected Lung Cancer) were included.

Poisson confidence intervals are calculated using Byar's approximation [2].

**Source(s):** Trent Cancer Registry based on Cancer Waiting Times data for England, 2009, held on the DH Cancer Waiting Times Database.

**Interpretation:** The number of Two Week Wait referrals with a suspicion of lung cancer, whether or not cancer was subsequently diagnosed. This indicator may be expected to be higher in practices with an unusually high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages. The number of referrals may also be affected by the smoking prevalence within the practice population and so be correlated with the socio-economic make up of the practice (if that acts as a proxy measure of the smoking prevalence).

### 2.18 Two Week Wait referrals with suspected skin cancer

**Number:** The number of Two Week Wait referrals for suspected skin cancer made for patients registered at the practice in question

**Rate or proportion:** The crude rate of referral per 100,000 persons: the number of Two Week Wait referrals for suspected skin cancer *multiplied by 100,000 divided by* the list size of the practice in question.

**Method:** Patient level Cancer Waiting Times data (including patient identifiers) was downloaded from the DH Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service. Two Week Wait Referrals were identified for patients with a date first seen on the CWT database in 2009. All records with a 'Referral Priority Type' of '3' (Two Week Wait) and a 'Cancer Referral Type' of '08' (Suspected Skin Cancer) were included.

Poisson confidence intervals are calculated using Byar's approximation [2].

**Source(s):** Trent Cancer Registry based on Cancer Waiting Times data for England, 2009, held on the DH Cancer Waiting Times Database.

**Interpretation:** The number of Two Week Wait referrals with a suspicion of skin cancer, whether or not cancer was subsequently diagnosed. This indicator may be expected to be higher in practices with an unusually high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages.

### 2.19 In-patient or day-case colonoscopy procedures

**Number:** The number of colonoscopies performed on persons registered at the practice.

**Rate or proportion:** The crude rate per 100,000 persons of colonoscopies performed on persons registered at the practice: the number of colonoscopies *multiplied by 100,000 divided by* the list size of the practice in question.

**Method:** The number of day-case or in-patient procedures was summed for persons registered at each practice (as recorded in the HES dataset). 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. Procedures with OPCS-4 3-digit codes of H22 are included.

Poisson confidence intervals are calculated using Byar's approximation [2].

**Source(s):** Data was provided by the National Cancer Services Analysis Team (<http://www.canceruk.net/>) from the Hospital Episodes Statistics dataset for the financial year 2008/09.

**Interpretation:** This is the number and rates per 100,000 persons of Colonoscopies performed on persons registered to the practice. It is taken from HES data meaning that only in-patient or day-case procedures will be counted. It may therefore be an underestimate of the total number of procedures if some are performed in out-patient care.

## 2.20 In-patient or day-case sigmoidoscopy procedures

**Number:** The number of sigmoidoscopies performed on persons registered at the practice.

**Rate or proportion:** The crude rate per 100,000 persons of sigmoidoscopies performed on persons registered at the practice: the number of sigmoidoscopies *multiplied by 100,000 divided by* the list size of the practice in question.

**Method:** The number of day-case or in-patient procedures was summed for persons registered at each practice (as recorded in the HES dataset). 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. Procedures with OPCS-4 3-digit codes of H25 or H28 are included.

Poisson confidence intervals are calculated using Byar's approximation [2].

**Source(s):** Data was provided by the National Cancer Services Analysis Team (<http://www.canceruk.net/>) from the Hospital Episodes Statistics dataset for the financial year 2008/09.

**Interpretation:** This is the number and rates per 100,000 persons of sigmoidoscopies (both Flexi- and Rigid) performed on persons registered to the practice. It is taken from HES data meaning that only in-patient or day-case procedures will be counted. It may therefore be an underestimate of the total number of procedures if some are performed in out-patient care.

## 2.21 In-patient or day-case upper GI endoscopy procedures

**Number:** The number of endoscopies of the upper gastrointestinal tract performed on persons registered at the practice.

**Rate or proportion:** The crude rate per 100,000 persons of endoscopies of the upper GI tract performed on persons registered at the practice: the number of endoscopies of the upper GI tract *multiplied by 100,000 divided by* the list size of the practice in question.

**Method:** The number of day-case or in-patient procedures was summed for persons registered at each practice (as recorded in the HES dataset). 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. Procedures with OPCS-4 3-digit codes of G16 and G45 are included.

Poisson confidence intervals are calculated using Byar's approximation [2].

**Source(s):** Data was provided by the National Cancer Services Analysis Team (<http://www.canceruk.net/>) from the Hospital Episodes Statistics dataset for the financial year 2008/09.

**Interpretation:** This is the number and rates per 100,000 persons of Sigmoidoscopies (both Flexi- and Rigid) performed on persons registered to the practice. It is taken from HES data meaning that only in-patient or day-case procedures will be counted. It may therefore be an underestimate of the total number of procedures if some are performed in out-patient care.

## 2.22 Number of emergency admissions with cancer

**Number:** The number of persons admitted to hospital as an inpatient or day-case via an emergency admission, with a diagnostic code that includes cancer.

**Rate or proportion:** The number of persons admitted to hospital as an inpatient or day-case via an emergency admission *multiplied by 100,000 divided by* the number of persons in the practice list, expressed as a rate per 100,000 persons.

**Method:** All emergency admissions with an invasive cancer code (ICD-10 C00-C97, excluding C44) present in any diagnostic field were extracted from the national HES database.

**Source(s):** Hospital Episode Statistics (HES) data for 2008/09 provided by the National Cancer Services Analysis Team.

**Interpretation:** The number and crude rate per 100,000 persons of emergency in-patient or day-case admissions, sourced from HES data, with a diagnosis that includes cancer. These may occur at any stage of the cancer pathway and will include persons diagnosed with cancer in prior years. This indicator may be expected to be higher in practices with an unusually high fraction of persons of 65+ years of age, due to the higher incidence of cancer at these ages.

## 2.23 Number of emergency presentations

**Number:** Number of persons diagnosed via an emergency route, as defined by the Routes to Diagnosis project methodology [7]

**Rate or proportion:** Number of persons diagnosed via an emergency route *divided by* the number of persons with any categorised route to diagnosis.

**Method:** The data for the pool of patients diagnosed with cancer (ICD-10 C00-C97 excluding C44) in 2007 cancer registry records was examined. These were linked at a patient level to the Routes to Diagnosis database.

In brief, the Routes to Diagnosis project method was that data sources of Screening, Inpatient HES, Outpatient HES, and Cancer Waiting Times were used to trace the history of each patient diagnosed with cancer in the year 2007. Patient histories in the datasets above prior to diagnosis were used to categorise the route that the patient took to arrive at the point of diagnosis.

Eight main routes were defined in the Routes to Diagnosis project, these are aggregated into three broad routes in these Practice Profiles – Emergency Presentation, Managed Presentation, and Other Presentation. Emergency presentations are those initiated by an emergency event of some type, Managed Presentations consist of those following a routine or Two week Wait referral from a GP, Other Presentations are those via screening, death certificate only, Inpatient Elective, Other outpatients, and Unknown. See the Routes to Diagnosis Project for further information [7].

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Routes to Diagnosis project database.

**Interpretation:** The number of persons who present as an emergency. The rate is the estimated fraction of all presentations that are emergencies, though patients who were diagnosed with multiple independent cancers in the same year were excluded.

Aggregated data may give slightly different totals for England than previously published as it applies only to those patients who can be traced to a practice.

## 2.24 Number of managed referral presentations

**Number:** Number of persons diagnosed via a managed route, as defined by the Routes to Diagnosis project methodology [7]

**Rate or proportion:** Number of persons diagnosed via a managed route *divided by* the number of persons with any categorised route to diagnosis.

**Method:** The data for the pool of patients diagnosed with cancer (ICD-10 C00-C97 excluding C44) in 2007 cancer registry records was examined. These were linked at a patient level to the Routes to Diagnosis database.

In brief, the Routes to Diagnosis project method was that data sources of Screening, Inpatient HES, Outpatient HES, and Cancer Waiting Times were used to trace the history of each patient diagnosed

with cancer in the year 2007. Patient histories in these datasets above prior to diagnosis were used to categorise the route that the patient took to arrive at the point of diagnosis.

Eight main routes were defined in the Routes to Diagnosis project, these are aggregated into three broad routes in these Practice Profiles – Emergency Presentation, Managed Presentation, and Other Presentation. Emergency presentations are those initiated by an emergency event of some type, Managed Presentations consist of those following a routine or Two week Wait referral from a GP, Other Presentations are those via screening, death certificate only, Inpatient Elective, Other outpatients, and Unknown. See the Routes to Diagnosis Project for further information [7].

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Routes to Diagnosis project database.

**Interpretation:** The number of persons who present via a managed presentation route (either as a two week wait urgent presentation or a less urgent routine referral to secondary care). This is sourced from the “Routes to Diagnosis” project database, which is based on Cancer Registry data for calendar year 2007. The rate is the estimated fraction of all presentations that are managed referrals, though patients who were diagnosed with multiple independent cancers in the same year were excluded.

Aggregated data may give slightly different totals for England than previously published as it applies only to those patients who can be traced to a practice.

## 2.25 Number of other presentations

**Number:** Number of persons diagnosed via an emergency route, as defined by the Routes to Diagnosis project methodology [7].

**Rate or proportion:** Number of persons diagnosed via an other route *divided by* the number of persons with any categorised route to diagnosis.

**Method:** The data for the pool of patients diagnosed with cancer (ICD-10 C00-C97 excluding C44) in 2007 cancer registry records was examined. These were linked at a patient level to the Routes to Diagnosis database.

In brief, the Routes to Diagnosis project method was that data sources of Screening, Inpatient HES, Outpatient HES, and Cancer Waiting Times were used to trace the history of each patient diagnosed with cancer in the year 2007. Patient histories in these datasets above prior to diagnosis were used to categorise the route that the patient took to arrive at the point of diagnosis.

Eight main routes were defined in the Routes to Diagnosis project, these are aggregated into three broad routes in these Practice Profiles – Emergency Presentation, Managed Presentation, and Other Presentation. Emergency presentations are those initiated by an emergency event of some type, Managed Presentations consist of those following a routine or Two week Wait referral from a GP,

Other Presentations are those via screening, death certificate only, Inpatient Elective, Other outpatients, and Unknown. See the Routes to Diagnosis Project for further information [7].

Binomial confidence intervals are calculated using the Wilson score method [2].

**Source(s):** Routes to Diagnosis project database.

**Interpretation:** The number of persons who present other than as an emergency or a routine presentation. This is sourced from the “Routes to Diagnosis” project database, which is based on Cancer Registry data for calendar year 2007. The rate is the estimated fraction of all presentations that are not emergencies or managed presentations. The total number of patients with a categorised route to diagnosis may be smaller than the total incidence as a route to diagnosis was not calculated for patients who were diagnosed with multiple independent cancers in the same year.

Aggregated data may give slightly different totals for England than previously published as it applies only to those patients who can be traced to a practice.

### 3. References

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- [5] *The English Indices of Deprivation 2007*. Communities and Local Government. Available online at: <http://www.communities.gov.uk/documents/communities/pdf/733520.pdf>
- [6] *GP practice IMD 2007 – Calculation Notes*, South East Public Health Observatory, 2010.
- [7] Routes to Diagnosis Technical Supplement, September 2010, available online at:  
<http://ncin.org.uk>

## A. Excluded Practices

Practice	Practice Name	PCT	PCT Name	Exclusion Criteria			
				Small Population < 1000	Missing ADS 2008 population	QOF and ADS 2008 Populations differ by > 10%	Missing from ADS 2010
A81010	DUNSTONE & JOHNSTON	5D9	HARTLEPOOL PCT				Yes
A81031	HAVELOCK GRANGE PRACTICE	5D9	HARTLEPOOL PCT			Yes	
A81068	GRANGE HOUSE SURGERY	5D9	HARTLEPOOL PCT		Yes		Yes
A81627	BARLEY FIELDS MEDICAL CENTRE	5E1	STOCKTON-ON-TEES TEACHING PCT				Yes
A81631	WEST VIEW MILLENNIUM SURGERY (AWAD)	5D9	HARTLEPOOL PCT			Yes	
A81632	THE BIRCHTREE PRACTICE	5E1	STOCKTON-ON-TEES TEACHING PCT	Yes			
A81633	HAVEN MEDICAL PRACTICE	5KM	MIDDLESBROUGH PCT	Yes		Yes	
A82620	GLENRIDDING SURGERY	5NE	CUMBRIA TEACHING PCT	Yes			
A82622	DR PD BATTY	5NE	CUMBRIA TEACHING PCT	Yes			
A84001	BONDICAR MEDICAL PRACTICE	TAC	NORTHUMBERLAND CARE TRUST	Yes	Yes		Yes
A84613	CAMERON AND PARTNERS	TAC	NORTHUMBERLAND CARE TRUST	Yes			
A86034	DR MAHMOOD	5D7	NEWCASTLE PCT				Yes
A86037	GRAINGER MEDICAL GROUP	5D7	NEWCASTLE PCT			Yes	
A87608	FRIARSLEIGH HEALTH CENTRE	5D8	NORTH TYNESIDE PCT				Yes
A89625	MARITIME PRACTICE	5KL	SUNDERLAND TEACHING PCT	Yes			
B81671	DR S N KESHRI	TAN	NORTH EAST LINCOLNSHIRE CARE TRUST PLUS	Yes			Yes
B82087	DR K M HALLORAN	5NV	NORTH YORKSHIRE AND YORK PCT				Yes
B82639	DR J A BOFFA (PMS PILOT)	5NV	NORTH YORKSHIRE AND YORK PCT	Yes			Yes
B83066	DR JENNINGS K L & PARTNER	5NY	BRADFORD AND AIREDALE TEACHING PCT				Yes
B83618	BRADFORD AND AIREDALE PCT SMITH LANE MED PRACTICE	5NY	BRADFORD AND AIREDALE TEACHING PCT			Yes	Yes
B85608	FARTOWN HEALTH CENTRE	5N2	KIRKLEES PCT				Yes
B85613	DR D BHUYAN	5N2	KIRKLEES PCT				Yes
B85624	DR P SARATHY	5N2	KIRKLEES PCT				Yes
C81071	SHAND & PARTNERS	5N7	DERBY CITY PCT			Yes	
C81105	SINGH MP	5N6	DERBYSHIRE COUNTY PCT				Yes
C81107	THE DALE MEDICAL CENTRE	5N7	DERBY CITY PCT		Yes		Yes
C81630	BAKSHI J	5N7	DERBY CITY PCT				Yes
C82104	DR TK CHOWDHURY & PARTNERS	5PC	LEICESTER CITY PCT			Yes	Yes
C82105	DR A K VANIA	5PC	LEICESTER CITY PCT			Yes	
C82649	DRS D A J KER & PTNS (MARKET OVERTON)	5PA	LEICESTERSHIRE COUNTY AND RUTLAND PCT			Yes	
C82670	DR NC HEWETT & PARTNER	5PC	LEICESTER CITY PCT	Yes			
C84054	D'MELLO MT & PARTNERS	5N8	NOTTINGHAMSHIRE COUNTY TEACHING PCT		Yes		Yes
C84109	TIWARI PP & PARTNER	5EM	NOTTINGHAM CITY PCT				Yes
C84124	WHYBURN MEDICAL PRACTICE	5N8	NOTTINGHAMSHIRE COUNTY TEACHING PCT			Yes	
C84719	ARBOR TETUM HEALTH TEAM T H E	5EM	NOTTINGHAM CITY PCT	Yes			
C86603	ISLAM G	5N5	DONCASTER PCT				Yes
C86604	GONI	5N5	DONCASTER PCT				Yes
C87601	WEST HOUSE PRACTICE	5H8	ROTHERHAM PCT				Yes
D82092	EAST NORWICH MEDICAL PRACTICE	5PQ	NORFOLK PCT				Yes
D83611	THE GUILDHALL AND BARROW SURGERY (137)	5PT	SUFFOLK PCT				Yes
E81619	HIGH ST SOUTH - DONALD	5P2	BEDFORDSHIRE PCT				Yes
E82620	HAILEYBURY COLL - NEWTON	5P3	EAST AND NORTH HERTFORDSHIRE PCT	Yes		Yes	
E83014	BRIGGS AND PARTNER	5A9	BARNET PCT				Yes
E83630	DR N ROSE	5A9	BARNET PCT	Yes			Yes
E83635	JC SHAH	5A9	BARNET PCT				Yes
E83660	CLARE HOUSE	5A9	BARNET PCT				Yes
E85654	DR THEIN	5HY	HOUNSLOW PCT				Yes
E85727	GREENBROOK CHINCILLA	5HY	HOUNSLOW PCT			Yes	
E86616	ELERS ROAD SURGERY	5AT	HILLINGDON PCT				Yes
E87691	DR WISEMAN(P)	5LC	WESTMINSTER PCT	Yes			Yes
E87694	DR EVANS(TIMOTHY)	5LC	WESTMINSTER PCT	Yes			Yes
E87758	THE LUPUS STREET SURGERY	5LC	WESTMINSTER PCT				Yes
F81141	O'REGAN S M & PARTNERS	5PW	NORTH EAST ESSEX PCT			Yes	
F81682	SUN STREET SURG ABEYANCE	5PV	WEST ESSEX PCT				Yes
F81755	THE VICTORIA SURGERY	5P1	SOUTH EAST ESSEX PCT	Yes			
F81759	CLUNY SQUARE SURGERY	5P1	SOUTH EAST ESSEX PCT				Yes
F82667	S SIVALINGAM	5C2	BARKING AND DAGENHAM PCT				Yes
F83641	BELSIZE PRIORY HEALTH CENTRE	5K7	CAMDEN PCT	Yes			Yes
F83656	37 BELSIZE LANE	5K7	CAMDEN PCT				Yes
F84090	KENNARD STREET HEALTH CENTRE	5C5	NEWHAM PCT				Yes

Practice	Practice Name	PCT	PCT Name	Exclusion Criteria			
				Small Population < 1000	Missing ADS 2008 population	QOF and ADS 2008 Populations differ by > 10%	Missing from ADS 2010
F84632	THE SANCTUARY PORTAKABIN JOHN SCOTT HC	5C3	CITY AND HACKNEY TEACHING PCT	Yes			
F84695	KINGSLAND ROAD - DR DATTANI	5C3	CITY AND HACKNEY TEACHING PCT				Yes
F84728	SEHRA KENNARD STREET HEALTH CENTRE	5C5	NEWHAM PCT				Yes
F86068	THE LOXFORD PRACTICE	5NA	REDBRIDGE PCT				Yes
F86078	DR CAVE & PARTNERS - THE RIDGEWAY SURGERY	5NC	WALTHAM FOREST PCT			Yes	
F86087	DR AK SHAH & PARTNER - GOODMAYES MEDICAL CENTRE	5NA	REDBRIDGE PCT			Yes	
F86634	HENLEY ROAD PRACTICE	5NA	REDBRIDGE PCT				Yes
G81673	WELLINGTON SQ MED CEN- PRACT HH	5P8	HASTINGS AND ROTHER PCT				Yes
G81689	BHH MORLEY STREET	5LQ	BRIGHTON AND HOVE CITY PCT	Yes			
G82009	DR RAHMAN M & PARTNER	5L3	MEDWAY PCT				Yes
G82132	DR DAWSON M J & PARTNER	5P9	WEST KENT PCT				Yes
G82176	DR RAO J H	5L3	MEDWAY PCT				Yes
G82629	DR PASOLA M	5QA	EASTERN AND COASTAL KENT PCT				Yes
G82664	DR VIRDEE B S	5L3	MEDWAY PCT				Yes
G82727	MALLING HEALTH	5L3	MEDWAY PCT			Yes	
G82740	DR DABESTANI M	5L3	MEDWAY PCT				Yes
G83016	DR VUKOTIC L & PARTNERS	5A8	GREENWICH TEACHING PCT			Yes	
G84602	315 PICKHURST LANE	5A7	BROMLEY PCT	Yes			
G85108	GELLATLY ROAD (DR BUTLER)	5LF	LEWISHAM PCT				Yes
G85693	GATE HOUSE PRACTICE	5LF	LEWISHAM PCT	Yes		Yes	Yes
H81630	MILLSIDE SURGERY	5P5	SURREY PCT	Yes		Yes	Yes
H81634	DR K SEHRA	5P5	SURREY PCT				Yes
H81648	KEOWN C	5P5	SURREY PCT	Yes			
H82626	WINDMILL AVENUE HEALTH CENTRE	5P6	WEST SUSSEX PCT				Yes
H82642	HEALTH CENTRAL SURGERY	5P6	WEST SUSSEX PCT	Yes			Yes
H83003	NORBURY HEALTH CENTRE 01	5K9	CROYDON PCT				Yes
H83032	PORTLAND MEDICAL CENTRE	5K9	CROYDON PCT				Yes
H85051	H M FREEMAN	5M7	SUTTON AND MERTON PCT			Yes	
H85104	DR NORTH & PTNS	5LG	WANDSWORTH PCT				Yes
H85636	D B A KHAN	5LG	WANDSWORTH PCT				Yes
H85691	NIGHTINGALE HOUSE	5LG	WANDSWORTH PCT	Yes			Yes
J81638	WEST CANFORD HEATH SURGERY	5QN	BOURNEMOUTH AND POOLE TEACHING PCT				Yes
J82057	RED PRACTICE	5QC	HAMPSHIRE PCT				Yes
J82137	KINGSTON CRESCENT SURGERY	5FE	PORTSMOUTH CITY TEACHING PCT				Yes
J82645	SOLENT SURGERY	5QC	HAMPSHIRE PCT				Yes
K82063	PRACTICE NETWORKS LTD LH	5QD	BUCKINGHAMSHIRE PCT				Yes
K83045	PYTCHLEY COURT HEALTH CENTRE	5PD	NORTHAMPTONSHIRE TEACHING PCT				Yes
K84066	LUTHER STREET MEDICAL CENTRE	5QE	OXFORDSHIRE PCT	Yes			
L81033	NIGHTINGALE VALLEY PRACTICE	5QJ	BRISTOL PCT			Yes	
L81048	OLDLAND SURGERY	5A3	SOUTH GLOUCESTERSHIRE PCT				Yes
L81657	ELM LODGE SURGERY	5QJ	BRISTOL PCT				Yes
L82005	DR HUNTER & PARTNERS	5QP	CORNWALL AND ISLES OF SCILLY PCT		Yes		Yes
L83110	GLENDOWER ROAD SURGERY. PEVERELL WATERFRONT LCG	5F1	PLYMOUTH TEACHING PCT				Yes
L83117	PARK VIEW SURGERY. MUTLEY WATERFRONT LCG	5F1	PLYMOUTH TEACHING PCT	Yes			
L83629	THE SURGERY. 95 UPPER MANOR ROAD. PAIGNTON	TAL	TORBAY CARE TRUST				Yes
L83630	WHARFSIDE SURGERY. TAVISTOCK	5QQ	DEVON PCT				Yes
L83640	THE SURGERY. BOW	5QQ	DEVON PCT		Yes		Yes
L83673	CLOCK TOWER PRACTICE	5QQ	DEVON PCT	Yes			
M83683	DR S AHMED	5PJ	STOKE ON TRENT PCT				Yes
M85003	DR HUGHES T J & PARTNERS	5M1	SOUTH BIRMINGHAM PCT			Yes	
M85063	DR MORLEY R L & PARTNERS	5PG	BIRMINGHAM EAST AND NORTH PCT			Yes	
M85069	DR SHAYLOR J L & PARTNERS	5MX	HEART OF BIRMINGHAM TEACHING PCT			Yes	
M85073	DR SENIOR J A & PARTNERS	5PG	BIRMINGHAM EAST AND NORTH PCT			Yes	
M85080	DR DUNFORD C & PARTNERS	5PG	BIRMINGHAM EAST AND NORTH PCT		Yes		Yes
M85102	DR WINGATE V A	5M1	SOUTH BIRMINGHAM PCT				Yes
M85140	DR SENIOR J A & PARTNERS	5PG	BIRMINGHAM EAST AND NORTH PCT			Yes	Yes
M85151	DR BROWN M	5PG	BIRMINGHAM EAST AND NORTH PCT				Yes
M85635	DR DIWAN S P & PARTNERS	5M1	SOUTH BIRMINGHAM PCT				Yes
M85665	DR PERKINS S L & PARTNERS	5PG	BIRMINGHAM EAST AND NORTH PCT			Yes	Yes
M85668	DRS WATSON D N & ATTALLA M Z	5PG	BIRMINGHAM EAST AND NORTH PCT				Yes

Practice	Practice Name	PCT	PCT Name	Exclusion Criteria			
				Small Population < 1000	Missing ADS 2008 population	QOF and ADS 2008 Populations differ by > 10%	Missing from ADS 2010
M85691	DRS CROCKER C B & MOORE V J	5M1	SOUTH BIRMINGHAM PCT				Yes
M85702	DR ZAKI A S	5PG	BIRMINGHAM EAST AND NORTH PCT				Yes
M85703	DR SANGHERA J S	5PG	BIRMINGHAM EAST AND NORTH PCT				Yes
M85745	DR WALKER W E	5M1	SOUTH BIRMINGHAM PCT			Yes	Yes
M85759	DR BRINKSMAN S & PARTNERS	5MX	HEART OF BIRMINGHAM TEACHING PCT			Yes	
M85817	ASYLUM SEEKERS HEALTH TEAM	5MX	HEART OF BIRMINGHAM TEACHING PCT	Yes			
M86603	DR S HALDER	5MD	COVENTRY TEACHING PCT				Yes
M86634	DR KS FRANCIS	5MD	COVENTRY TEACHING PCT	Yes			
M88624	YEW TREE SURGERY	5PF	SANDWELL PCT			Yes	
M92008	WAGSTAFF & PARTNERS	5MV	WOLVERHAMPTON CITY PCT			Yes	
M92016	AGRAWAL	5MV	WOLVERHAMPTON CITY PCT			Yes	
M92021	CUTHBERT	5MV	WOLVERHAMPTON CITY PCT			Yes	Yes
M92023	WTON PCT LOCUM	5MV	WOLVERHAMPTON CITY PCT		Yes		Yes
M92607	VIJ VIJ & RIKHI	5MV	WOLVERHAMPTON CITY PCT			Yes	
M92631	PENDEFORD LOCUM	5MV	WOLVERHAMPTON CITY PCT		Yes		Yes
M92644	GHOSH	5MV	WOLVERHAMPTON CITY PCT				Yes
N81655	ST WERBURGH'S	5NN	WESTERN CHESHIRE PCT	Yes			Yes
N82646	DR HEGDE & DR MAHADANAARACHCHI'S PRACTICE	5NL	LIVERPOOL PCT			Yes	
P81052	LYTHAM ROAD H C - PARKINSON	5HP	BLACKPOOL PCT		Yes		Yes
P81159	ST MARY'S SURGERY	5HP	BLACKPOOL PCT			Yes	
P81216	GREEN PRACTICE T H E	5NG	CENTRAL LANCASHIRE PCT				Yes
P81775	THE PRACTICE	5NF	NORTH LANCASHIRE TEACHING PCT				Yes
P84635	THE ALEXANDRA RANGE	5NT	MANCHESTER PCT			Yes	
P86627	TRIPLE H PRACTICE	5NQ	HEYWOOD, MIDDLETON AND ROCHDALE PCT	Yes			Yes
P87626	LOCUM TO DR CHOWDHURY	5F5	SALFORD PCT			Yes	Yes
P88013	CARITAS GENERAL PRACTICE PARTNERSHIP	5F7	STOCKPORT PCT			Yes	
P88035	ELLESMERE MEDICAL CENTRE	5F7	STOCKPORT PCT		Yes		Yes
P91001	MARSH DJ	5NR	TRAFFORD PCT				Yes
P91005	LUKEMAN PJ & PARTNERS	5NR	TRAFFORD PCT				Yes
P91034	DRABBLE KJ & PARTNERS	5NR	TRAFFORD PCT				Yes
P91602	ALLRED JP	5NR	TRAFFORD PCT				Yes
P91612	LORD NP	5NR	TRAFFORD PCT				Yes
P91614	SANGHA MS	5NR	TRAFFORD PCT				Yes
Y00056	DR C HUGH-JONES	5PP	CAMBRIDGESHIRE PCT	Yes			
Y00104	ALLOCATION SCHEME S	5P1	SOUTH EAST ESSEX PCT	Yes			Yes
Y00151	COLLINGWOOD PRACTICE	TAC	NORTHUMBERLAND CARE TRUST			Yes	
Y00182	RAINBOW HEALTH CENTRE	5K9	CROYDON PCT	Yes		Yes	Yes
Y00243	MEADOWELL SURGERY - ROBSON	5P4	WEST HERTFORDSHIRE PCT	Yes			
Y00315	THE LAURELS HEALTHY LIVING CENTRE	5C9	HARINGEY TEACHING PCT			Yes	
Y00359	R K SINHA	5NJ	SEFTON PCT				Yes
Y00404	THE WELCOME CENTRE	5NT	MANCHESTER PCT	Yes			Yes
Y00443	HORIZON PRIMARY CARE	5F5	SALFORD PCT	Yes			
Y00561	SHORTSTOWN SURGERY - WALSH	5P2	BEDFORDSHIRE PCT	Yes		Yes	
Y01638	EARNSHAW TG	5NR	TRAFFORD PCT				Yes
Y01792	DURHAM DALES PRACTICE	5ND	COUNTY DURHAM PCT	Yes			Yes
Y01812	HEARTWOOD MEDICAL PRACTICE	5N6	DERBYSHIRE COUNTY PCT			Yes	
Y01948	OPEN DOOR	TAN	NORTH EAST LINCOLNSHIRE CARE TRUST PLUS	Yes		Yes	
Y01962	RIVERSIDE MEDICAL	5LD	LAMBETH PCT			Yes	
Y01964	BERRYFIELDS MEDICAL CENTRE	5QD	BUCKINGHAMSHIRE PCT	Yes		Yes	
Y02002	ONE MEDICARE LLP	5N1	LEEDS PCT			Yes	
Y02128	SHINFIELD MEDICAL PRACTICE	5QF	BERKSHIRE WEST PCT				Yes
Y02216	VIDYA MEDICAL PRACTICE UHUK	5N7	DERBY CITY PCT			Yes	Yes
Y02222	DR COUTINHO M J	5A8	GREENWICH TEACHING PCT			Yes	
Y02274	T H E INTRAHEALTH P BRIDGE	5HG	ASHTON, LEIGH AND WIGAN PCT	Yes		Yes	
Y02319	SSP HEALTH BOLTON GP	5HQ	BOLTON PCT	Yes		Yes	
Y02321	INTRAHLTH TYLDESLEY	5HG	ASHTON, LEIGH AND WIGAN PCT			Yes	
Y02325	CHARLESTOWN	5NT	MANCHESTER PCT	Yes		Yes	
Y02384	THE SPRINGBANK SURGERY	5QH	GLOUCESTERSHIRE PCT	Yes		Yes	
Y02404	NEW LARCHWOOD SURGERY	5LQ	BRIGHTON AND HOVE CITY PCT	Yes		Yes	Yes
Y02442	DERBY OPEN ACCESS CENTRE ONE MEDICARE	5N7	DERBY CITY PCT	Yes			