National Audit Office

Department of Health

Delivering the Cancer Reform Strategy

Census of Primary Care Trusts

NOVEMBER 2010

Census of Primary Care Trusts

This document presents the topline results of a census of PCTs carried out by the NAO in April and May 2010. The census was sent to all 152 PCTs, and we received responses from 150 PCTs; a 99% response rate.

The results of this census are predominantly presented as percentages; they are presented as frequency counts only where the sample size is too small to give meaningful percentages.

About the National Audit Office

The role of the National Audit Office is to report to Parliament on the use of public funds by a wide range of government departments and other bodies including the Department of Health, and NHS Trusts. We have a statutory responsibility under the 1983 National Audit Office Act to report on whether those bodies are discharging their responsibilities in an economic, efficient and effective way.

About the census

Cancer has been a priority for the Government since publication of the Cancer Plan in 2000. In December 2007, the Department of Health published its Cancer Reform Strategy to build on the progress of the Cancer Plan. This census of PCTs is a key part of our study examining the mechanisms to deliver the Cancer Reform Strategy.

Please note: **THIS CENSUS IS NOT PART OF AN INSPECTION**; rather its results will inform our report to Parliament.

We recognise that this census is an additional burden on you and your staff and have tried therefore to ensure that as much information as possible is gathered from secondary sources. You should be aware we are also conducting a census of Cancer Networks.

This mandatory data collection has been approved by the NHS Information Centre's Review of Central Returns Steering Committee, ROCR reference number: **ROCR-Lite/10/0001MAND**.

In developing this questionnaire we have consulted with the Department of Health and piloted it with a number of PCTs.

The questionnaire is structured as follows, with sections B to D matching the three main drivers for delivery set out in the Cancer Reform Strategy. In section E, we ask for your chief executive's details to be submitted as evidence that they, as chief executive and accountable officer, have authorised the response on behalf of your PCT.

A. Background
B. Information
C. Commissioning of cancer services
D. Use of resources
E. Chief executive sign-off

Use of results

We expect to publish our report to Parliament in November 2010. For the most part, the results of the census will be aggregated and presented in anonymised form (e.g. 50% of PCTs are aware of and have used the Department of Health's Cancer Commissioning Guidance). We may, however, wish to follow up on some of the issues raised in your response as part of our examination. Where relevant, references to individual PCTs, to illustrate good practice for example, will be cleared with the PCT before publication. Census data may also be shared with the Department of Health to facilitate clearance of our report.

As part of the healthcare inspection Concordat, we may share the data gathered with other audit, inspection and regulation bodies who subscribe to the Concordat. For further details, please see www.concordat.org.uk

Deadline for submission

We require a response from your PCT by **Wednesday 19 May 2010**.

Contacts for further information

If you have any questions relating to the census, please contact Philippa Dixon at philippa.dixon@nao.gsi.gov.uk or telephone 020 7798 5435. For any queries relating to the study, please contact Philippa Dixon or Chris Groom at chris.groom@nao.gsi.gov.uk or telephone 020 7798 7941.

PCT Census Results

Section A - Background

(Q1 received 133 responses covering 150 PCTs)

1.

Name of your Primary Care Trust (PCT)	
If you commission cancer services for any other PCTs, please indicate which ones	
Your name	
Your job title	
Your telephone number	
How long have you been in your present post as a commissioner of cancer services (please state years and months)?	**Mean = 24.0 months (118 responses)**

2. What are the current top three local priorities for improving cancer services in your PCT? (147 responses)

PCTs were asked to identify their top three and rank with 1 being the highest priority, 2 being the second highest and 3 being the third highest. The percentage given here represents the percentage that each of these was mentioned in the top 3.

Cancer prevention	53%
Early diagnosis (including screening)	86%
Public awareness	16%
Ensuring better treatment	37%
Living with and beyond cancer	8%
Reducing cancer inequalities	92%
Delivering care in the most appropriate setting	21%
Other (please specify)	5%

3. To what extent have the following been influential in the setting of your PCT's priorities? (149 responses)

	Very influential	Fairly influential	Not very influential	Not at all influential
Service users	17%	70%	12%	1%
Clinical teams	44%	50%	7%	0%
Cancer Network	63%	32%	5%	1%
Other PCTs within your Cancer Network	12%	47%	37%	5%
Department of Health	58%	37%	5%	0%
National Cancer Action Team	52%	37%	11%	0%
Strategic Health Authorities	30%	36%	31%	3%
General Practitioners	18%	54%	27%	1%
Community Health Services	5%	32%	52%	11%
Hospitals	28%	59%	13%	0%
Cancer Reform Strategy	90%	10%	0%	0%
Charities and voluntary sector organisations	4%	57%	37%	2%

Section B - Information

4a. Please tick the boxes below which best describe your awareness and use of each of the following information sources (149 responses)

	Aware of and have used	Aware of but have not used	Not aware of
Department of Health Cancer Commissioning Guidance	89%	11%	0%
Department of Health Cancer Commissioning Toolkit	81%	20%	0%
National Cancer Intelligence Network (NCIN)	76%	22%	2%
National Cancer Information Service (NCIS)	68%	30%	3%
Health Profiles (from the Association of Public Health Observatories)	77%	20%	4%
Online Cancer e-Atlas	38%	38%	24%
Map of Medicine	59%	38%	3%
NICE Guidance	100%	0%	0%
Improving Outcomes Guidance results	96%	3%	1%
General Practice Research Database (GPRD)	6%	45%	49%
Hospital Episode Statistics (HES)	88%	10%	2%
NHS Evidence (website)	64%	29%	8%
NHS Improvement	69%	24%	8%
NHS Institute for Innovation	66%	33%	1%

4b. For each of the information sources you have used please tick the boxes below which best describe how useful you have found them (147 responses)

	Very useful	Fairly useful	Not very useful	Not at all useful
Department of Health Cancer Commissioning Guidance	48%	49%	3%	0%
Department of Health Cancer Commissioning Toolkit	35%	56%	9%	0%
National Cancer Intelligence Network (NCIN)	43%	54%	3%	1%
National Cancer Information Service (NCIS)	35%	61%	4%	1%
Health Profiles (from the Association of Public Health Observatories)	41%	49%	10%	0%
Online Cancer e-Atlas	20%	61%	16%	3%
Map of Medicine	36%	50%	14%	1%
NICE Guidance				
Improving Outcomes Guidance results	78%	22%	1%	0%
General Practice Research Database (GPRD)	20%	44%	20%	16%
Hospital Episode Statistics (HES)	70%	28%	2%	0%
NHS Evidence (website)	20%	44%	20%	16%
NHS Improvement	52%	42%	5%	1%
NHS Institute for Innovation	39%	53%	7%	1%

4c. If you have encountered any difficulties of particular concern in accessing or using any of the information sources above, please give brief details: (67 responses received)

A range of open answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to triangulate with information collected from other sources.

5. The Cancer Reform Strategy Second Annual Report (published December 2009), includes some information about GPs' use of the two week wait pathway and the percentage of patients diagnosed with cancer through this pathway (page 25, Table 3, column entitled 'Waits'). Please answer the following questions about your use of this information (149 responses)

	Yes	No
Do you monitor variations within your PCT in the use of the two week wait pathway by GPs?	80%	20%
Have you used this information to compare your PCT against other PCTs in England?	76%	24%
Have you used this information to make changes to the way you commission cancer services?	40%	60%

6. Has your PCT carried out an assessment of the future cancer related health needs of its population since the publication of the Cancer Reform Strategy? (149 responses)

Yes, for all cancers	35%
Yes, for some specific cancers	51%
No	14%

7. Has your PCT conducted research to assess the experience of cancer patients within the PCT area since the publication of the Cancer Reform Strategy (149 responses)

Yes, for all cancers	20%
Yes, for some specific cancers	47%
No	33%

8. Has your PCT measured public awareness of cancer risk factors and symptoms within the PCT area since the publication of the Cancer Reform Strategy? (149 responses)

Yes, for all cancers	29%
Yes, for some specific cancers	40%
No	31%

9. Has your PCT undertaken any work to raise public awareness of cancer risk factors and symptoms within the PCT area since the publication of the Cancer Reform Strategy? (149 responses)

Yes, for all cancers	12%
Yes, for some specific cancers	81%
No	7%

10. Since April 2009, on which of the following have you compared your PCT against other PCTs (table shows PCTs who reported having made this comparison) (147 responses)

	Breast cancer	Lung cancer	Colorectal cancer	Prostate cancers	Other cancers	All cancer as a whole	No comparison made
Incidence	83%	80%	78%	70%	58%	75%	1%
Prevalence	69%	68%	66%	60%	49%	66%	10%
Mortality	77%	77%	74%	65%	55%	77%	1%
One year survival rate	71%	73%	67%	54%	40%	55%	9%
Five year survival rate	68%	66%	62%	51%	39%	55%	11%
Smoking cessation rates	8%	27%	8%	8%	8%	63%	17%
Waiting times	35%	34%	32%	31%	30%	83%	8%
GP referral rates (two week wait)	46%	38%	35%	34%	33%	81%	9%
Emergency admissions	19%	22%	20%	14%	13%	55%	37%
Screening uptake	87%	13%	74%	8%	61%	17%	2%
Inequalities	47%	41%	37%	27%	27%	64%	16%
Inpatient episodes	17%	19%	15%	12%	11%	47%	44%
Adherence to NICE guidelines (pathology and radio imaging)	17%	16%	15%	15%	10%	38%	55%
Peer Review results	34%	34%	29%	28%	34%	49%	22%
Compliance with Improving Outcomes Guidance	40%	42%	37%	34%	45%	58%	14%
Proportion of patients receiving curative treatment	15%	22%	10%	7%	10%	16%	60%
Use of resources	16%	16%	14%	11%	13%	64%	33%
Proportion of patients managed by a multidisciplinary team	17%	20%	17%	14%	16%	40%	48%
Drug usage by cancer patients	13%	11%	8%	7%	9%	41%	54%

11. Have you undertaken a local equality impact assessment for the following aspects of cancer services in your PCT? (148 responses)

	Yes, between the publication of the CRS (Dec 07) and the beginning of 2009-10	Yes, since the beginning of 2009-10	Plan to do so in the next 12 months	No
Socioeconomic deprivation	30%	23%	34%	13%
Age	27%	20%	32%	21%
Sexuality	11%	12%	29%	49%
Faith or belief	9%	14%	29%	50%
Race	15%	15%	32%	39%
Ethnicity	16%	19%	34%	31%
Disability	13%	15%	29%	43%
Gender	26%	21%	28%	26%

12a. Are there any gaps or limitations in the information currently available to you to support the planning of cancer services in your PCT? (148 responses)

Yes	83%
No	17%

12b. If yes, please identify up to three gaps or limitations:

	Frequency
Lack of demographic data (ethnicity/disability/faith/sexuality)	14
Lack of staging data	12
Lack of financial info	11
Contradictions in data from different sources	7
Lack of data on outcomes	6
General lack of timeliness in data	6
Lack of data at a “small population level” e.g. by GP practice	5
Lack of information on treatment (including cancer drugs/chemotherapy)	4
Incomplete cancer audit data	3
Poor quality info from providers	3
Other	3
Lack of screening data	2
Lack of service user experience data	2
Lack of info to compare with other PCTs	1
General inconsistency in data	1
Lack of data on awareness	1
Total	81

13. If you could change one thing about the information available to you to inform planning of cancer services in your PCT, what would it be?

Response	**Frequency**
More timely info overall	20
Better consolidation of information from different sources	16
More detailed info overall	8
Better outcomes data	8
Better financial info	6
Staging info	6
Other	4
Improved info from providers	3
Clearer definitions of data	3
Information broken down by provider (including GP practices)	2
More timely and complete info in the CCT	1
More timely cancer registry data	1
Better cost benefit data	1
Better PCT benchmarking data	1
Total	**80**

Section C – Commissioning of cancer services

14. Have you agreed a commissioning strategy to deliver the priorities set out in the Cancer Reform Strategy with your Cancer Network? (148 responses)

Yes	59%
No	4%
In preparation	37%

15. How effectively does your PCT work with each of the following in the delivery of cancer services? (149 responses)

	Very effectively	Fairly effectively	Not very effectively	Not at all effectively	Don't know
Your SHA	22%	59%	14%	4%	1%
Your cancer network	71%	28%	1%	0%	0%
Other PCTs within your cancer network	44%	50%	6%	0%	0%
Specialist cancer hospitals	30%	55%	13%	0%	0%
District general hospitals	45%	52%	3%	0%	0%
Other acute trusts	27%	59%	11%	1%	3%
Third sector providers	12%	66%	17%	3%	2%
NHS hospices	34%	55%	8%	0%	3%
Third sector hospices	38%	48%	10%	1%	4%
GPs	26%	59%	15%	0%	0%
Social Services	11%	34%	39%	8%	8%
Patient groups	26%	60%	12%	1%	1%

16a. To what extent has your PCT made use of the advice given by your Cancer Network on the following? (149 responses)

	A great deal	A fair amount	Not very much	Not at all	Don’t know	No advice given by Network
Service improvement and redesign	44%	44%	8%	1%	1%	3%
Planning and prioritisation	33%	50%	12%	0%	2%	3%
Demand profiling	16%	35%	27%	3%	1%	16%
Needs assessment	23%	42%	20%	3%	1%	16%
Collaborative commissioning	41%	47%	5%	1%	1%	5%
Value for money	18%	37%	21%	3%	3%	17%
Cost reductions	17%	35%	23%	5%	5%	15%
Quality assurance	52%	38%	8%	0%	1%	1%
Implementing national guidance	65%	34%	0%	0%	1%	1%
Peer review	75%	20%	5%	0%	0%	1%
Monitoring compliance and adherence to guidance	61%	30%	8%	0%	0%	1%
Provider performance	25%	60%	12%	0%	1%	3%
Patient experience	27%	52%	17%	0%	1%	4%

16b. Has your PCT taken any action as a result of this advice? (148 responses)

Yes	96%
No	4%

16c. If yes, please give up to three examples: (141 responses)

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

17. In commissioning cancer services, how confident are you that you have the information you need to detect variations in the following? (149 responses)

	Very confident	Fairly confident	Not very confident	Not at all confident
Cancer outcomes	17%	57%	22%	5%
Clinical practice in primary care	3%	41%	52%	4%
Clinical practice in secondary care	10%	69%	21%	0%
Service quality	12%	74%	15%	0%
Expenditure	11%	46%	37%	5%
Patient experience	6%	69%	23%	2%
Access to services	27%	66%	7%	0%

18. When commissioning cancer services, how confident are you that you are able to detect low volume providers (e.g. a surgeon operating on small numbers of patients)? (149 responses)

Very confident	27%
Fairly confident	57%
Not very confident	15%
Not at all confident	1%

19. How confident are you that you do not commission cancer services from low volume providers? (149 responses)

Very confident	31%
Fairly confident	52%
Not very confident	17%
Not at all confident	1%

20. What are the three main barriers to better commissioning of cancer services in your PCT?

Response	Frequency
Lack of good quality information	49
Joint working across the different cancer stakeholders (network, commissioners, acute trusts, clinicians)	26
Complexity of cancer services	21
Lack of financial information	19
Lack of staff capacity/skills within PCT	18
Limited financial resources	17
Shortage of cancer workforce/facilities	13
Lack of timely information	11
Focus on key performance indicators/national priorities	11
Other	11
Lack of provider engagement in change in practice	9
Local / population/demographic factors	8
Problems with funding mechanisms including the tariff/payment by results	8
Lack of primary care engagement	7
Working across more than one cancer network	6
Concerns about future commissioning environment	4
Working with more than one acute provider	3
Working with other PCT(s)/commissioners	1
Total	**242**

21. If you could change one thing about the way cancer services are commissioned in your PCT what would it be?

Response	**Frequency**
Better joint working overall	16
Greater commissioning capacity/skills	14
Improve quality of information (consistency/completeness)	10
Commissioning along full cancer pathways	7
Network to take a stronger role	6
Improve earlier diagnosis of cancer	5
Improve timeliness of information	5
Greater challenge of providers	4
Improve financial information	4
Improve engagement with primary care	3
Increased focus on providing services in the community	3
Improve funding mechanisms (including tariff/PBR)	3
other	3
Only have to work with one network	2
Longer term perspective	2
Greater focus on local needs rather than nationally determined priorities	1
Improve engagement with acute sector	1
Improve evidence basis of decision-making	1
Total	**90**

Section D – Use of resources

22. How much did you spend on cancer services in 2009/10? (135 responses)

Not all PCTs were able to provide data in response to this question. The data were therefore not used in the report but were used to cross check with data on spend from a variety of sources including data provided by the Department of Health.

23. How much did you spend on screening for breast cancer over the last three years? (143 responses)

Not all PCTs were able to provide data in response to this question. The data were therefore not used in the report but were used to cross check with data on spend from a variety of sources including data provided by the Department of Health.

24. How much did you spend on screening for bowel cancer over the last three years? (141 responses)

Not all PCTs were able to provide data in response to this question. The data were therefore not used in the report but were used to cross check with data on spend from a variety of sources including data provided by the Department of Health.

25. How useful is the cost information you have in making economic decisions for funding the service configurations recommended in the Cancer Reform Strategy? (145 responses)

Very useful	13%
Fairly useful	36%
Not very useful	36%
Not at all useful	4%
Don't know	10%

26a. Have you carried out a cost benefit analysis to compare different configurations of cancer services? (147 responses)

Yes	26%
No	74%

26b. If Yes, please provide brief details of your findings: (61 responses)

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

27a. Since the publication of the CRS in December 2007, have you identified where expenditure which does not benefit patients could be eliminated? (147 responses)

Yes	52%
No	48%

If Yes, please give brief details of up to three areas identified and the amount of expenditure which could be eliminated: (57 responses)

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

27b. Please give details of any areas of expenditure which have already been eliminated (97 responses)

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

28a. Has your PCT achieved quantified efficiency gains as a result of implementation of any of the recommendations in the Cancer Reform Strategy? (149 responses)

Yes	20%
No	35%
Don't know	45%

28b. If Yes, please provide brief details of any efficiency gains achieved, including their value: (59 responses)

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

29a. Have you assessed the value for money (economy, efficiency and effectiveness) delivered by your cancer service providers? (148 responses)

Yes	22%
No, but there are plans to	66%
No, and there are no plans to	12%

29b. If Yes, please provide brief details of your findings: (61 responses)

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

30. How effectively does the tariff for cancer services support the commissioning of services by your PCT against the recommendations of the Cancer Reform Strategy? (148 responses)

Very effectively	1%
Fairly effectively	24%
Not very effectively	47%
Not at all effectively	10%
Don't know	19%

31. What improvements could be made to the tariff to improve the delivery of the recommendations of the Cancer Reform Strategy?

Response	**Frequency**
Broader tariff to cover all aspects of cancer pathway	12
Greater clarity/detail re chemotherapy	11
Greater clarity overall (e.g. in what the tariff covers)	11
Needs to be unbundled more easily to reflect changes in practice and transfer of work across settings	8
Better links to outcomes/quality (including patient experience)	7
Greater detail overall	4
Other	4
Greater clarity/detail re radiotherapy	4
Should be more cancer specific	3
Needs to reflect changing practice	3
Better links to best practice	1
Needs to be more local	1
Better stratification	1
Needs to reflect length of stay	1
Total	**71**

32. What are the main barriers to the effective use of resources in your PCT? (up to three)

Response	Frequency
Inability to link costs to activity	38
Improvements in cancer services (e.g. moving services out of acute care) not happening quickly enough	37
Complexity of cancer services	26
Lack of information overall	19
Other	15
Insufficient staff capacity/time	14
Problems with contracting/funding mechanisms	13
Insufficient information on outcomes	9
Problems with the tariff	6
Difficulties in obtaining funding	5
Problems with coding	5
Difficulties in obtaining information from providers	4
Lack of competition between providers	4
Reluctance to reduce spend on cancer services	3
Lack of whole system pathways	3
NICE process	3
Insufficient information in primary care	1
Total	**205**

33. Is there anything else you would like to tell us about cancer services in your PCT? (90 responses)

A range of answers was given; with a wide variety of responses and we have therefore not included them in our headline analyses. We have used them, where relevant, to improve our understanding and to triangulate with information collected from other sources.

Section E – Chief Executive sign-off

Primary care trusts Chief Executives were asked to endorse their PCT's survey results by signing them off. The section of the questionnaire used for this is reproduced below:

34.

Authorising chief executive ______________________

Chief executive email ______________________

Date of authorisation ______________________

This is the end of the survey. If you wish to submit your response, please proceed to the next page.

To submit your response, please click the 'Submit' button below. Please note, that once you have submitted your response, you will be unable to add to, or change your responses. If you wish to add to, or change, your responses for later, please use the 'Save responses' button.

Thank you for taking the time to complete this survey