General Practice Profiles for cancer: meta-data for profile indicators

Version 3.0, December 2012

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 2011/12 QOF data. Other data is linked to this 'master' practice list. The practice populations are sourced from the List Size field of the QOF 2011/12 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 2011/12 QOF data.

- Greater than 10% difference in list size between 2011/12 QOF data and the Attribution Dataset extracted April 2010.

- Practice missing in Attribution Dataset extracted April 2011.

- The practice cannot be allocated to a CCG.

The criteria above result in 158 of 8123 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 2011/12. 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 the Wilson score or Byar's approximation methods[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 CCG, and at the 95% level.

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

CCG attribution

The CCG of each practice is attributed using the interim "interimpcmem (version 3)" data published October 2012 [3]. Data is split by 211 CCG.

Averaging across CCGs and England

For each indicator the profiles contain CCG 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 CCG and for all practices for England. This method was chosen to ensure that the CCG and England figures are consistent with those for the practices themselves.

Figures for CCG 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].

CCG 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 Attribution Dataset, extracted April 2011. 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 2011/12 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 2011 and will not reflect changes since then.

Source(s): Data sourced from the Attribution Dataset provided by the South East Public Health Observatory.

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 English Public Health Observatories using the Index of Multiple Deprivation (IMD) 2010 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 English 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 2010

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 2010 registered by cancer registries and present in the 2010 Office of National Statistics analysis dataset were included. These 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 93% of the Office of National Statistics total number of cases for the country.

Source(s): Office of National Statistics 2010. 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 2010. 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 7% 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 2011/12 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 2011/12.

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 2011/12 were downloaded from the Primary Care Mortality Database. These were filtered on the Underlying Cause of Death by ICD-10 code to exclude all deaths not due to invasive cancer (ICD-10 C00-C97)) 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 2010 (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.

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

Source(s): Data sourced from the cancer prevalence field of the QOF 2011/12 data[1].

Interpretation: The prevalence data is taken from QOF data for 11/12, 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 2011, and covers the period 2009/10-2011/12.

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 2011.

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 2011, and covers invitations in the period 2011/12.

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 2011, and covers the period 2006/07Q3-2011/12.

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 2011, and covers the period 2009/10Q3-2011/12.

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 CCGs 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 2011 and covers invitations in the period 2011/12.

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 CCGs 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 2011/12.

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 2011/12. 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, 2011/12, 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 2011/12.

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 2011/12. 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 χ^2 method for numbers of referrals under 389.

Source(s): Trent Cancer Registry based on Cancer Waiting Times data for England, 2011/12, 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 2011/12 who were referred through the two week wait route *divided by* the total number of Two Week Wait referrals in 2011/12.

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 2011/12, 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 2011/12 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 2011/12 who were diagnosed with cancer will have started treatment in 2011/12 but a small number will have started treatment in 2011/12 and a small number of patients who started treatment in 2011/12 will have been first seen in 2010/11. 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, 2011/12, 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 2011/12 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 2011/12 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, 2011/12, 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 2011/12. 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, 2011/12, 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 2011/12. 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, 2011/12, 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 2011/12. 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, 2011/12, 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 2011/12. 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, 2011/12, 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 2011/12.

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 2011/12.

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 2011/12.

Interpretation: This is the number and rates per 100,000 persons of diagnostic flexible endoscopies 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, 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 were extracted from the inpatient HES database.

Source(s): Hospital Episode Statistics (HES) data for 1st March 2011 to 29th February 2012 was taken from the UKACR "CancerHES" offload originally sourced from the NHS Information Centre for Health and Social Care HES dataset.

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 2008 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 2008. 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 2008 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 2008. 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 2008. 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 2008 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 2008. 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 2008. 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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http://www.ic.nhs.uk/webfiles/publications/002_Audits/QOF_2011-12/Practice_Tables/QOF1112_Pracs_Prevalence.xls

[2] *APHO Technical Briefing 3: Commonly used public health statistics and their confidence intervals.* Available online at:
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[3] Organisational Data Service
http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim

[4] *GP Relevant Population Estimates – Technical Note*. Available online at:
http://www.ic.nhs.uk/cmsincludes/_process_document.asp?sPublicationID=1266938948632&sDocID=6140

[5] *The English Indices of Deprivation 2010*. Communities and Local Government. Available online at: http://www.communities.gov.uk/publications/corporate/statistics/indices2010

[6] *GP practice IMD 2007 – Calculation Notes*, South East Public Health Observatory, 2010.

[7] Routes to Diagnosis methodology, available online at:
http://www.ncin.org.uk/publications/routes_to_diagnosis.aspx

A. Excluded Practices

Practice Code	Practice Name	CCG code	CCG name	Population < 1000	Missing ADS Population	Different Populations	No CCG available
Y00176	BPHC DR G DURU	07M	NHS BARNET CCG		Yes		
Y02986	CRICKLEWOOD HEALTH CENTRE	07M	NHS BARNET CCG	Yes		Yes	
C85022	HOYLAND MEDICAL PRACTICE	02P	NHS BARNSLEY CCG			Yes	
Y02850	LAKESIDE SURGERY	02P	NHS BARNSLEY CCG			Yes	
Y02833	WESTWOOD 8-8 PRIMARY CARE CENTRE	02Q	NHS BASSETLAW CCG			Yes	
Y02592	BATH NHS HEALTH CARE CENTRE	11E	NHS BATH AND NORTH EAST SOMERSET CCG	Yes	Yes		
E81072	DR MEADE AND PARTNERS	06F	NHS BEDFORDSHIRE CCG			Yes	
E81610	DR SHAFI	06F	NHS BEDFORDSHIRE CCG		Yes		
Y02794	OAKLEAF	13P	NHS BIRMINGHAM CROSSCITY CCG			Yes	
Y03007	ERDINGTON GP HEALTH & WELLBEING WIC	13P	NHS BIRMINGHAM CROSSCITY CCG	Yes	Yes		
M85007	WEST HEATH SURGERY	04X	NHS BIRMINGHAM SOUTH AND CENTRAL CCG			Yes	
M85773	REABROOK SURGERY	04X	NHS BIRMINGHAM SOUTH AND CENTRAL CCG			Yes	
E84685	SUDBURY SURGERY	07P	NHS BRENT CCG			Yes	
G81689	MORLEY STREET SURGERY	09D	NHS BRIGHTON AND HOVE CCG	Yes			
Y02404	NEW LARCHWOOD SURGERY	09D	NHS BRIGHTON AND HOVE CCG	Yes			
Y00542	WOODLANDS PRACTICE	07Q	NHS BROMLEY CCG			Yes	
Y02811	CATOR MEDICAL CENTRE	07Q	NHS BROMLEY CCG			Yes	
Y02755	ROCK HEALTHCARE LIMITED	00V	NHS BURY CCG			Yes	
Y03112	MEADOW DALE GROUP PRACTICE	02T	NHS CALDERDALE CCG	Yes		Yes	
Y00056	CAMBRIDGE ACCESS SURGERY	06H	NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG	Yes			
F83046	CAMDEN ROAD SURGERY	07R	NHS CAMDEN CCG			Yes	
Y02674	CAMDEN HEALTH IMPROVEMENT PRACTICE	07R	NHS CAMDEN CCG	Yes			
Y02842	MALLING HEALTH AT WESTMINSTER	09A	NHS CENTRAL LONDON (WESTMINSTER) CCG			Yes	
K82023	THE MARLOW MEDICAL GROUP	10H	NHS CHILTERN CCG			Yes	
Y02939	WYCOMBE GP HEALTH CENTRE	10H	NHS CHILTERN CCG	Yes		Yes	
F84632	THE GREENHOUSE WALK-IN	07T	NHS CITY AND HACKNEY CCG	Yes			
H82642	HEALTH CENTRAL SURGERY	09G	NHS COASTAL WEST SUSSEX CCG	Yes	Yes		
Y02424	LAKESIDE PLUS LIMITED	03V	NHS CORBY CCG			Yes	
M86634	TANYFRON	05A	NHS COVENTRY AND RUGBY CCG	Yes			
Y02613	COVENTRY NHS HEALTHCARE CENTRE	05A	NHS COVENTRY AND RUGBY CCG			Yes	
Y02531	HEALTH4CRAWLEY	09H	NHS CRAWLEY CCG			Yes	
H83634	VALLEY PARK SURGERY	07V	NHS CROYDON CCG			Yes	
Y00182	RAINBOW HEALTH CENTRE	07V	NHS CROYDON CCG	Yes	Yes		
Y02962	THE PRACTICE SURGERIES LTD	07V	NHS CROYDON CCG			Yes	
A82613	WRAYSDALE HOUSE SURGERY	01H	NHS CUMBRIA CCG	Yes			
A82620	GLENRIDDING HEALTH CENTRE	01H	NHS CUMBRIA CCG	Yes			
A82622	SEDBERGH SCHOOL MEDICAL CENTRE	01H	NHS CUMBRIA CCG	Yes			
Y02607	DARLINGTON HEALTH CENTRE	00C	NHS DARLINGTON CCG	Yes		Yes	
G82722	HEXTABLE SURGERY	09J	NHS DARTFORD, GRAVESHAM AND SWANLEY CCG			Yes	
Y02635	DONCASTER 8 TO 8 HEALTH CENTRE	02X	NHS DONCASTER CCG			Yes	
Y02650	WEYMOUTH COMMUNITY HEALTH CENTRE	11J	NHS DORSET CCG	Yes			
Y02955	KATES HILL SURGERY	05C	NHS DUDLEY CCG			Yes	
Y01792	DURHAM DALES MEDICAL PRACTICE	00D	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	Yes	Yes		
Y02614	INTRAHEALTH AT HEALTHWORKS	00D	NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	Yes		Yes	
E85717	THE WESTERN ROAD SURGERY	07W	NHS EALING CCG			Yes	
Y02342	FEATHERSTONE RD PRACTICE	07W	NHS EALING CCG			Yes	
E82620	HAILEYBURY COLLEGE	06K	NHS EAST AND NORTH HERTFORDSHIRE CCG	Yes			
Y02639	SPRING HOUSE HEALTH	06K	NHS EAST AND NORTH HERTFORDSHIRE CCG			Yes	
P81025	COLNE RICHMOND COURT GROUP PRACTICE	01A	NHS EAST LANCASHIRE CCG			Yes	
Y02725	GP LED HEALTH CENTRE	03W	NHS EAST LEICESTERSHIRE AND RUTLAND CCG	Yes		Yes	
Y00368	EARLSWOOD MED PRACT	09L	NHS EAST SURREY CCG			Yes	
Y02519	GLOUCESTER HEALTH ACCESS CENTRE	11M	NHS GLOUCESTERSHIRE CCG	Yes		Yes	
H81648	PEASLAKE SURGERY & DISP.	09N	NHS GUILDFORD AND WAVERLEY CCG	Yes		Yes	

Practice Code	Practice Name	CCG code	CCG name	Population < 1000	Missing ADS Population	Different Populations	No CCG available
Y02589	HAMMERSMITH & FULHAM CENTRES FOR HEALTH	08C	NHS HAMMERSMITH AND FULHAM CCG			Yes	
F85007	LAWRENCE HOUSE SURGERY	08D	NHS HARINGEY CCG			Yes	
F85052	SPUR ROAD SURGERY	08D	NHS HARINGEY CCG	Yes			
F85677	AAROGYA MEDICAL CENTRE	08D	NHS HARINGEY CCG		Yes		
F85708	GREEN LANES (RAJA)	08D	NHS HARINGEY CCG	Yes			
A81632	BIRCHTREE PRACTICE	00K	NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG	Yes			
Y03051	HASTINGS MED P & WALKIN	09P	NHS HASTINGS AND ROTHER CCG			Yes	
Y02973	HAROLD WOOD POLYCLINIC	08F	NHS HAVERING CCG			Yes	
E82655	SOUTH WEST HERTS HEALTH CENTRE	06N	NHS HERTS VALLEYS CCG			Yes	
Y00243	MEADOWELL SURGERY	06N	NHS HERTS VALLEYS CCG	Yes			
Y02638	WEST HERTS MEDICAL CENTRE	06N	NHS HERTS VALLEYS CCG	Yes			
E86638	DR JP JOSHI'S PRACTICE	08G	NHS HILLINGDON CCG			Yes	
F83630	THE WEDMORE GARDENS PRACTICE	08H	NHS ISLINGTON CCG	Yes			
H84609	BRACKENDALE SURGERY	08J	NHS KINGSTON CCG	Yes			
Y03054	GOSBURY HILL GP CLINIC	08J	NHS KINGSTON CCG	Yes		Yes	
N83608	TOWER HILL PRIMARY CARE RESIDENTIAL & COMMUNITY CENTRE	01J	NHS KNOWSLEY CCG			Yes	
Y00032	82 WADDICAR LANE	01J	NHS KNOWSLEY CCG		Yes		
Y02508	EATPMC (HUYTON)	01J	NHS KNOWSLEY CCG	Yes	Yes		
Y02516	EATPMC (HEALTH CENTRE)	01J	NHS KNOWSLEY CCG	Yes			
G85118	STREATHAM PLACE SURGERY	08K	NHS LAMBETH CCG			Yes	
C82670	INCLUSION HEALTHCARE	04C	NHS LEICESTER CITY CCG	Yes			
Y02500	NORTHERN HEIGHTS MEDICAL CENTRE	04C	NHS LEICESTER CITY CCG	Yes			
G85081	DR PGV MORANT'S PRACTICE	08L	NHS LEWISHAM CCG			Yes	
Y02957	LEWISHAM GP LED HEALTH CENTRE	08L	NHS LEWISHAM CCG			Yes	
G82708	MARLOWE PARK MEDICAL CENTRE	09W	NHS MEDWAY CCG			Yes	
Y02472	COLLEGE HEALTH STERLING	09W	NHS MEDWAY CCG			Yes	
Y02968	GP LED HEALTH CENTRE	08R	NHS MERTON CCG			Yes	
Y03134	THE GATEWAY PRACTICE	00G	NHS NEWCASTLE NORTH AND EAST CCG	Yes			
C81024	DR MG DORNAN'S PRACTICE	04J	NHS NORTH DERBYSHIRE CCG			Yes	
A83023	STANLEY HEALTH CENTRE	00J	NHS NORTH DURHAM CCG			Yes	
A83639	DRS PARTHA & MALLIKA	00J	NHS NORTH DURHAM CCG		Yes		
B81671	KESHRI SN	03H	NHS NORTH EAST LINCOLNSHIRE CCG	Yes	Yes		
Y01948	OPEN DOOR	03H	NHS NORTH EAST LINCOLNSHIRE CCG	Yes			
Y02776	HAMPSHIRE HEALTHCARE CENTRE (BASINGSTOKE)	10J	NHS NORTH HAMPSHIRE CCG	Yes		Yes	
Y02787	MARKET HILL 8 TO 8 CENTRE	03K	NHS NORTH LINCOLNSHIRE CCG			Yes	
Y02581	MALLING HEALTH LLP	11T	NHS NORTH SOMERSET CCG			Yes	
Y00040	HIGH STREET MEDICAL PRACTICE	05G	NHS NORTH STAFFORDSHIRE CCG		Yes		
Y02570	MIDWAY MEDICAL CENTRE	05G	NHS NORTH STAFFORDSHIRE CCG			Yes	
L83117	PARK VIEW SURGERY	99P	NHS NORTH, EAST, WEST DEVON CCG	Yes			
A84613	HARBOTTLE SURGERY	00L	NHS NORTHUMBERLAND CCG	Yes			
Y02751	TIMBER HILL HEALTH CENTRE	06W	NHS NORWICH CCG			Yes	
C84719	ARBORETUM HEALTH TEAM	04K	NHS NOTTINGHAM CITY CCG	Yes			
Y02847	NEMS PLATFORM ONE PRACTICE	04K	NHS NOTTINGHAM CITY CCG			Yes	
Y03124	GRANGE FARM MEDICAL CENTRE	04K	NHS NOTTINGHAM CITY CCG			Yes	
K84066	LUTHER STREET CENTRE	10Q	NHS OXFORDSHIRE CCG	Yes			
K84078	JERICHO HEALTH CENTRE (BOGDANOR)	10Q	NHS OXFORDSHIRE CCG			Yes	
K84605	9 KING EDWARD STREET	10Q	NHS OXFORDSHIRE CCG			Yes	
Y02754	BANBURY HEALTH CENTRE	10Q	NHS OXFORDSHIRE CCG			Yes	
P87614	155/MANCHESTER ROAD MEDICAL PRACTICE	01G	NHS SALFORD CCG			Yes	
Y00443	HORIZON PRIMARY CARE CENTRE MEDICAL PRAC	01G	NHS SALFORD CCG	Yes			
Y02625	SALFORD CARE HOMES PRACTICE	01G	NHS SALFORD CCG	Yes		Yes	
Y02963	FINCH ROAD SURGERY	05L	NHS SANDWELL AND WEST BIRMINGHAM CCG	Yes		Yes	
Y02495	SHROPSHIRE WALK IN HEALTH CENTRE	05N	NHS SHROPSHIRE CCG			Yes	

Practice Code	Practice Name	CCG code	CCG name	Population < 1000	Missing ADS Population	Different Populations	No CCG available
L83118	CHELSTON HALL SURGERY	99Q	NHS SOUTH DEVON AND TORBAY CCG			Yes	
L83667	CHELSTON HALL	99Q	NHS SOUTH DEVON AND TORBAY CCG		Yes		
M83732	SPRINGHILL MEDICAL CENTRE	05Q	NHS SOUTH EAST STAFFS AND SEISDON PENINSULAR CCG	Yes			
J82219	HIGHVIEW SURGERY	10V	NHS SOUTH EASTERN HAMPSHIRE CCG	Yes			
J82646	PARK LANE MEDICAL CENTRE	10V	NHS SOUTH EASTERN HAMPSHIRE CCG			Yes	
J82657	GREYWELLS SURGERY	10V	NHS SOUTH EASTERN HAMPSHIRE CCG		Yes		
K81633	SOUTH READING SURGERY	10W	NHS SOUTH READING CCG			Yes	
A81630	FULCRUM MEDICAL PRACTICE	00M	NHS SOUTH TEES CCG	Yes			
A81633	HAVEN MEDICAL CENTRE	00M	NHS SOUTH TEES CCG	Yes			
Y02499	ESTON GRANGE NHS HEALTH CARE CENTRE	00M	NHS SOUTH TEES CCG	Yes			
Y02664	SKELTON PRACTICE	00M	NHS SOUTH TEES CCG	Yes			
Y02880	LANGBAURGH MEDICAL CENTRE	00M	NHS SOUTH TEES CCG	Yes			
Y02999	JARROW GP PRACTICE	00N	NHS SOUTH TYNESIDE CCG	Yes			
Y02838	ADELAIDE GP SURGERY	10X	NHS SOUTHAMPTON CCG			Yes	
F81754	THE GLOBE SURGERY	99G	NHS SOUTHEND CCG	Yes			
F81755	THE VICTORIA SURGERY	99G	NHS SOUTHEND CCG	Yes			
Y02442	DERBY OPEN ACCESS CENTRE	04R	NHS SOUTHERN DERBYSHIRE CCG			Yes	
Y02510	SHERDLEY MEDICAL CENTRE	01X	NHS ST HELENS CCG			Yes	
Y02511	ELDERCARE	01X	NHS ST HELENS CCG	Yes			
Y02647	ENCOMPASS GP PRACTICE 2	00P	NHS SUNDERLAND CCG	Yes			
G82650	MOCKETTS WOOD SURGERY	10E	NHS THANET CCG			Yes	
F81206	THE SHEHADEH MEDICAL CENTRE	07G	NHS THURROCK CCG			Yes	
F81643	DR SHEHADEH, GRAYS HEALTH CENTRE PRACTICE	07G	NHS THURROCK CCG		Yes		
F81659	DR SHEHADEH	07G	NHS THURROCK CCG		Yes		
B82629	BURGESS PJ	03Q	NHS VALE OF YORK CCG	Yes			
Y02509	LCD WAKEFIELD - KING STREET HEALTH CENTRE	03R	NHS WAKEFIELD CCG			Yes	
Y02624	THE WHARF FAMILY PRACTICE	05Y	NHS WALSALL CCG			Yes	
H85691	NIGHTINGALE HOUSE	08X	NHS WANDSWORTH CCG	Yes	Yes		
Y02946	THE JUNCTION HEALTH CENTRE	08X	NHS WANDSWORTH CCG			Yes	
N81655	ST WERBURGH'S MEDICAL	02F	NHS WEST CHESHIRE CCG	Yes	Yes		
Y02903	WEST LANCASHIRE HEALTH CENTRE	02G	NHS WEST LANCASHIRE CCG	Yes			
E87012	KENSINGTON PLACE SURGERY	08Y	NHS WEST LONDON (K&C & QPP) CCG			Yes	
E87711	ROYAL HOSPITAL CHELSEA	08Y	NHS WEST LONDON (K&C & QPP) CCG	Yes	Yes		
Y02593	CROWN HEALTH CENTRE	07K	NHS WEST SUFFOLK CCG	Yes			
Y02887	INTRAHEALTH LSV	02H	NHS WIGAN BOROUGH CCG	Yes		Yes	
J83015	NEW STREET SURGERY	99N	NHS WILTSHIRE CCG		Yes		
J83019	OLD ORCHARD SURGERY	99N	NHS WILTSHIRE CCG			Yes	
J83021	GROVE HOUSE SURGEY	99N	NHS WILTSHIRE CCG			Yes	
J83621	TILL VALLEY SURGERY	99N	NHS WILTSHIRE CCG		Yes		
J83631	BECHERS BROOK SURGERY	99N	NHS WILTSHIRE CCG		Yes		
Y02666	SALISBURY WALK-IN HEALTH CENTRE	99N	NHS WILTSHIRE CCG	Yes		Yes	
Y02569	ALL DAY HEALTH CENTRE	12F	NHS WIRRAL CCG	Yes			
E85755	NORTH HYDE MEDICAL PRACTICE	NA	Unknown				Yes
Y02128	SHINFIELD MEDICAL PRACTICE	NA	Unknown		Yes		Yes
Y03296	CLOVER HEALTH CENTRE	NA	Unknown			Yes	Yes
Y03362	THE WATERSIDE SURGERY	NA	Unknown	Yes		Yes	Yes
Y03363	SOUTHGLADE HEALTH CENTRE	NA	Unknown	Yes			Yes
Y03364	GREAT LEVER PRACTICE	NA	Unknown				Yes
Y03366	OLIVE FAMILY PRACTICE	NA	Unknown				Yes
Y03402	EVERGREEN SURGERY LTD	NA	Unknown	Yes		Yes	Yes
Y03430	LYMEBROOK SURGERY	NA	Unknown				Yes
Y03445	LYME MEDICAL CENTRE	NA	Unknown				Yes